

## SECTIONS IV – VIII: Detailed information on each component of the proposal

**PLEASE COMPLETE THE FOLLOWING SECTIONS FOR EACH COMPONENT**  
**Please copy sections IV – VIII as many times as there are components**

*Please note: a component refers to a disease, i.e. your proposal will have more than one component only if it covers more than one disease. There should only be 1 component per disease.*

*If there are any objectives or broad activities within a particular component that are of a system-wide/cross-cutting nature such as capacity building or infrastructure development that may go beyond the scope of that particular component, please indicate those aspects clearly and specify how they would relate to other components of the proposal when detailing them in Question 27. (Guidelines para. IV.47 – 49)*

*If this is a fully integrated proposal, where two or more components are linked in such a way which would not make it realistic or feasible to separate, mark the boxes in Table IV.23 to identify all diseases which would be directly affected by this integrated component. (Guidelines para. 50)*

### **SECTION IV – Scope of proposal**

**23. Identify the component that is detailed in this section (mark with X):**

Table IV.23

Component (mark with X):	<input checked="" type="checkbox"/>	HIV/AIDS
	<input type="checkbox"/>	Tuberculosis
	<input type="checkbox"/>	Malaria
	<input type="checkbox"/>	HIV/TB

**24. Provide a brief summary of the component** (Specify the rationale, goal, objectives, activities, expected results, how these activities will be implemented and partners involved) (2–3 paragraphs):

The HIV/AIDS component is developed as a multi-sectoral, multi-level coordinated set of interventions aimed at complementing the national response and ensuring the full implementation of the National AIDS Strategy. All partners submitting this proposal believe that Romania has the capacity and opportunity for confining the HIV/AIDS epidemic and promoting long-term low incidence. The main goal of this component is to scale up prevention intervention in priority areas in a sustainable manner, while strengthening the system of treatment, care, social support and access to services for people living with HIV/AIDS and vulnerable populations. The proposed goals over the five-year period are to maintain the incidence by 2007 at the 2001 level, and to increase life expectancy of people living with HIV/AIDS.

This component includes three major objectives:

The first is that of ensuring sustainable prevention programmes to reduce the transmission of HIV/AIDS. This objective proposes a set of 11 major activities targeting a whole range of priority groups and populations including youth, vulnerable and disadvantaged persons and those involved in high-risk situations. The expected result is a significant and sustainable increase in the level of motivated

safe behaviour based on knowledge, access to services, products and commodities. Strategies for ensuring this include the expansion of model interventions, nationwide information, education and communication campaigns, and targeted interventions for vulnerable populations developed within a supportive environment. Special focus will be placed on STIs and the prevalence risk behaviour relating to IV drug use.

The second objective is that of strengthening the national system of health care and psychosocial support to reduce the impact of HIV/AIDS on infected, affected and vulnerable people. The six major activities proposed under this objective are intended to bring about sustainable and equitable universal access to the best possible treatment, care and psychosocial support for infected people, as well as a significant national capacity increase for the treatment, care and rehabilitation of sexually-transmitted infections and drug dependencies. Strategies for bringing this about include the establishing and expanding model services and interventions, ensuring human resources, addressing barriers that exist in providing the most cost-efficient and accessible combination of services.

The third objective is that of developing and strengthening monitoring and surveillance systems for HIV/AIDS and associated risk behaviours. These three major activities proposed under this objective are expected to bring about a national integrated surveillance system. Such a system will identify trends and propose timely interventions in the area of HIV/AIDS, STIs and drug abuse, and strategies include capacity-building, the initiation of second generation surveillance measures, the expansion of models of data collection, analysis and dissemination.

All activities are to be implemented in a coordinated manner under the mechanisms of the National AIDS Strategy implementation by large partnership of government institutions, local authorities, NGOs and CBOs, professional organizations with special emphasis on the involvement throughout all stages of implementation of the target populations.

**25. Indicate the estimated duration of the component:**

*Table IV.25*

<b>From</b> (month/year):	January 2003	<b>To</b> (month/year):	December 2007
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**26. Detailed description of the component for its FULL LIFE-CYCLE:**

*Please note: Each component should have ONE overall goal, which should translate into a series of specific objectives. In turn each specific objective should be broken-down into a set of broad activities necessary to achieve the specific objectives. While the activities should not be too detailed they should be sufficiently descriptive to understand how you aim to achieve your stated objectives.*

**Indicators:** *In addition to a brief narrative, for each level of expected result tied to the goal, objectives and activities, you will need to identify a set of indicators to measure expected result. Please refer to Guidelines paragraph VII.77 – 79 and Annex II for illustrative country level indicators.*

**Baseline data:** *Baseline data should be given in absolute numbers (if possible) and/or percentage. If baseline data is not available, please refer to Guidelines paragraph*

VII.80. Baseline data should be from the latest year available, and the source must be specified.

**Targets:** Clear targets should be provided in absolute numbers (if possible) and percentage.

**For each level of result, please specify data source, data collection methodologies and frequency of collection.**

An example on how to fill out the tables in questions 26 and 27 is provided as Annex III in the Guidelines for Proposals

**26.1. Goal and expected impact** (Describe overall goal of component and what impact, if applicable, is expected on the targeted populations, the burden of disease, etc.), (1–2 paragraphs):

*Please note: the impact may be linked to broader national-level programmes within which this component falls. If that is the case, please ensure the impact indicators reflect the overall national Programme and not just this component.*

*Please specify in Table IV.26.1 the baseline data. Targets to measure impact are only required for the end of the full award period.*

The main goal of this component is to scale up in a sustainable manner the prevention interventions in priority areas while strengthening the system of treatment, care, social support and access to services for people living with HIV/AIDS and vulnerable populations. The component's major objectives are defined based on the priority areas identified in the National AIDS Strategy, namely youth, vulnerable groups, nosocomial infection control, health care and social support and testing policies and surveillance

A five-year implementation of the National AIDS Strategy is intended to bring about the development of a comprehensive primary prevention programme to virtually eliminate vertical transmission and to significantly increase the level of safe behaviour and practices among young people. Expanded and targeted interventions proposed among vulnerable groups, especially thousands of adolescents with AIDS, aim at reaching significant proportions of these groups to avoid any possible further outburst of the HIV epidemic and to maintain at the 2002 level the overall HIV incidence in 2007. A significant downtrend in the STI epidemic and in the numbers of intravenous drug users is also expected over the five-year period of the National AIDS Strategy implementation. The component also complements the already existing treatment and care system for people living with HIV/AIDS, especially the thousands of adolescents, aimed at increasing their life expectancy and quality of life. Because country programmes are finding it hard to address new emerging problems, such as intravenous drug use, this component aims also to strengthen a national coherent Programme for the treatment and rehabilitation of drug users, and the prevention of HIV and other communicable diseases among IDUs.

Table IV.26.1

<b>Goal:</b>		
<b>Impact indicators</b>	<b>Baseline</b>	<b>Target</b> (last year of proposal)

<i>(Refer to Annex II)</i>	<b>Year:</b>	<b>Year:</b>
HIV rate among general population	2001 0,04%	2007 0,04%
Incidence of syphilis among general population	2001 55/100.000	2007 25/100.000
Incidence of HCV among IDUs	2002 60%	2007 20%
% of infants born HIV positive from HIV positive mothers	2001 20%	2007 1-5%
AIDS mortality rate/100,000 inhabitants	2001 0.6	2007 0.3

**27. Objectives and expected outcomes** (Describe the specific objectives and expected outcomes that will contribute to realizing the stated goal), (1 paragraph per specific objective):

*Question 27 must be answered for each objective separately. Please copy Question 27 and 27.1 as many times as there are objectives.  
Please note: the outcomes may be linked to broader programmes within which this component falls. If that is the case, please ensure the outcome/coverage indicators reflect the overall national Programme and not just this component.*

*Specify in Table IV.27 the baseline data to measure outcome/coverage indicators. Targets are only required for Year 2 onwards.*

**Objective 1: Ensuring sustainable prevention programmes to reduce incidence of HIV**

The implementation of activities proposed under this objective is a major undertaking proposed by a partnership of more than five ministries, their subordinate national networks and 15 NGOs, relying also on the participation and contributions of the private sector, including mass media. Proposed activities have been developed on the basis of previous experience of the implementing partners for extending coverage to national level of prevention programmes and intervention to determine sustainable and motivated changes in behaviour of different population groups.

<b>Objective 1:</b>	<b><i>Ensuring sustainable prevention programmes to reduce incidence of HIV</i></b>				
<b>Outcome/coverage indicators</b>	<b>Baseline</b>	<b>Targets</b>			
<i>(Refer to Annex II)</i>	<b>Year:</b>	<b>Year 2:</b>	<b>Year 3:</b>	<b>Year 4:</b>	<b>Year 5:</b>
% of young people (15–25) who correctly identify means of preventing transmission of HIV	<b>2000</b> 40	60	70	80	80
% of young people reporting the use of condom at first sexual intercourse	<b>1999</b> 32	45	50	50	50
% of young people reporting use of condom during sexual intercourse with a non-regular sex partner	<b>1999</b> 27	50	60	65	65

% of CSW reporting use of condom with most recent client	<b>1999</b> 21	35	40	45	50
% of MSM reporting use of condom with a non-regular sex partner	<b>1999</b> 30	45	50	55	60
% of known IDUs active in the last month reporting sharing injecting equipment last time they injected	<b>2002</b> 52	40	35	30	25
% of Roma sexually active in targeted areas that correctly identify means for preventing HIV transmission	<b>1999</b> 28	40	45	50	50
% of pregnant women that are appropriately counseled and tested for HIV and STI	<b>2001</b> 13	40	45	50	60
% of pregnant women that report to the antenatal care system during the first trimester of pregnancy	<b>2001</b> 40	55	65	75	85

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

The activities proposed under this objective aim to support the strengthening of the national health care system for infected people and those at risk (STI patients and drug addicts) to increase the capacity of the system to provide the most cost-effective and accessible combination of services. Complementary activities target the development of a diverse range of social support interventions tailored to respond to the particular needs of different individuals. The expected outcome is a significant increase of the quality and coverage of medical and social services based on increased access and addressability and a significant improvement in the quality of life of the PLWA.

<b>Objective 2:</b>	<b><i>Strengthening the national system of health care and psycho-social support to reduce the impact of HIV/AIDS on infected, affected and vulnerable people</i></b>				
<b>Outcome/coverage indicators</b>	<b>Baseline</b>	<b>Targets</b>			
<i>(Refer to Annex II)</i>	<b>Year:</b>	<b>Year 2:</b>	<b>Year 3:</b>	<b>Year 4:</b>	<b>Year 5:</b>
% of HIV/AIDS patients that qualify (CDC/national guidelines) for and are enrolled in ARV treatment	<b>2001</b> 63	80	80	90	100
% of people living with HIV/AIDS having regular access to basic treatment and care services	<b>2001</b> 55	65	70	70	75
% of people living with HIV/AIDS benefiting from the legal forms of applicable social support	<b>2001</b> 40	65	75	80	80

% of people with STI at health facilities who are appropriately diagnosed, treated and counseled	<b>2001</b> 65	70	75	80	80
Capacity of health care system to provide treatment and care for drug addiction	<b>2001</b> 668 detox courses	1,500	2,500	3,000	3,000
% of known IDUs that qualify for and are enrolled in substitution maintenance (methadone or other) programmes	<b>2001</b> 5 (still not confirmed)	25	32	35	35

**Objective 3: Strengthening the monitoring and surveillance systems for HIV/AIDS and associated risk behaviours within the National Communicable Diseases Surveillance Network**

Activities proposed under this objective target the development and strengthening of ways to collect, analyze and disseminate data to have timely and accurate information about the situation and trends. This will bring about early warning indicators based on behavioural data and will allow for timely interventions. Also an emphasis will be placed on the proper use of data for planning and revising interventions and for maximizing the use of available resources.

<b>Objective 3:</b>	<b>Strengthening the monitoring and surveillance systems for HIV/AIDS and associated risk behaviours</b>				
<b>Outcome/coverage indicators</b> (Refer to Annex II)	<b>Baseline</b>	<b>Targets</b>			
	<b>Year: 2002</b>	<b>Year 2:</b>	<b>Year 3:</b>	<b>Year 4:</b>	<b>Year 5:</b>
Quarterly national reports of HIV/AIDS cases including treatment information and social coverage information	Available but incomplete	Available and complete	Available and complete	Available and complete	Available and complete
Yearly Plan for Treatment and Care based on reporting system data	Not available	Available	Available	Available	Available
Quarterly reports on STI cases	Available, but incomplete	Available	Available	Available	Available
Yearly reports regarding HIV/STI estimated incidence into, pregnant women, vulnerable groups	Not available	Available	Available	Available	Available
Yearly reports on risk behaviour of vulnerable groups	Not available	Available	Available	Available	Available

**27.1. Broad activities related to each specific objective and expected output**

(Describe the main activities to be undertaken, such as specific interventions, to achieve the stated objectives) (1 short paragraph per broad activity):

*Please note: Process/output indicators for the broad activities should directly reflect the specified broad activities of THIS component.*

*Specify in Table IV.27.1 below the baseline data to measure process/output indicators. Targets need to be specified for the first two years of the component.*

*For each broad activity, specify in Table IV.27.1 who the implementing agency or agencies will be.*

While activities related to each of the objectives are in line with the National AIDS Strategy, their division is based on their already existent or planned implementation.

***Objective 1: Ensuring sustainable prevention programmes to reduce the incidence of HIV***

***Activity 1: Promoting safe behaviour among the general population with special focus on children and young people***

A consortium of partners that include ARAS, the Institute of Health Services Management (IHSM) through the National Center for Health Promotion, PSI Romania, SECS, and Youth for Youth (YFY) have developed this broad activity to decrease the incidence of STI/HIV/AIDS among 15–25-year-old Romanians and the prevalence of risk behaviour among these young people. The implementing partners will build on past successes and lessons learned to develop and implement effective IEC activities targeting youth at risk of transmitting and contracting STIs and HIV/AIDS. This project will not only increase the accessibility of affordable condoms but also increase risk assessment skills, risk reduction and condom use among youth by effectively targeting and inter-linking both mass media and interpersonal communication campaigns at youth. The creative and innovative messages will incorporate the most important components of the behaviour change model by addressing solution efficacy, personal risk perception, self-efficacy and social support. In addition to the national IEC campaign, the partners are proposing outreach activities targeting youth in 10 priority counties where the partners currently have the capacity of expanding the scope and breadth of their activities. The partners will expand project activities to at least 8 other counties over the life of the project.

***Activity 2: Developing and introducing health education into the school curricula***

This activity aims at complementing and supporting the National Programme "Health Education in Romanian Schools" launched by The Ministry of Education and Research in a leading role, and the Ministry of Health and Family in December 2001, under the high patronage of the Romanian Government and the Romanian Prime Minister. The expected result of this Programme is the introduction of health education in all Romanian schools, both as an elective (and/or classes included in other disciplines), and as an extra-curricular activity by school year 2007-2008. The overall long-term final results of the programme will be to form responsible attitudes and behaviours about health among pupils and students.

The activity proposed for funding will cover the development of chapters related to "Personal Hygiene", "Use and abuse of toxic substances", "TB prevention", and "Reproductive Health", which includes HIV/AIDS and STI prevention. Besides curricula development, subsequent activities will include piloting the curricula, training teachers, and printing and disseminating manuals.

### **Activity 3: Promotion of safe behaviour in closed settings: prisons and military units**

As regards closed settings, every year some 100,000 young men between the ages of 18–22 are conscripted for compulsory military service in Ministry of Defense (MOD) and Ministry of the Interior (MOI) units, while Romania's prison population is around 90,000. This activity aims to use the medical networks of the MOI, MOD and the Prison Department of the Ministry of Justice (MOJ) to implement a comprehensive programme of HIV/STI, drug abuse and TB prevention, and to determine safe behaviour and practices among recruits and prisoners. The expected outcome is the increased capacity of these medical networks of the respective Ministries to carry out IEC activities and to develop a system of access to preventive measures (condoms, needles). This activity includes also a strong peer education component and will be developed in partnership with well-established NGOs. The main advantage of this activity is that it uses existing human resources and networks to determine safe practices and behaviour among a very large young population (MOD and MOI) most of whom are from rural areas where access to information and services is limited. Activities in prisons are expected to bring about a reduction of STI and HIV incidence (5 to 10 times higher than among the general population).

### **Activity 4: Reducing the HIV/STI transmission associated with commercial sex**

The implementing partners, Save the Children, ACCEPT, ARAS, and PSI Romania will build on past successes and lessons learned to develop and implement effective behaviour change communication (BCC) activities targeting commercial sex workers (CSW) at risk of transmitting and contracting STI and HIV/AIDS. The project will be implemented in collaboration with local health and social services authorities in each of the priority high-risk areas aiming at expanding the # of outreach prevention interventions. This project will not only increase the accessibility of affordable condoms but also increase risk assessment and condom use among CSWs, pimps and their clients. ARAS, and ACCEPT will increase risk reduction by improving knowledge among CSWs (both male and female) about how to access testing and treatment for STI and HIV/AIDS while SECS will provide training to medical providers on quality testing and treatment services with access to other health and social services. A subsequent advocacy component of this activity will target the legal barriers that are reducing the access of CSW to education and services.

### **Activity 5 : Reducing HIV/STI transmission associated with men having sex with men**

ACCEPT and PSI Romania will build on past successes and lessons learned to develop and implement effective behaviour change communication (BCC) activities targeting 50,000 men who have sex with men (MSM) at risk of transmitting and contracting STI and HIV/AIDS. The activities will be implemented in collaboration with Local Health Authorities in each of the priority high-risk areas.

The expected result will not only be increased accessibility to affordable condoms but also increase risk assessment and partner reduction among MSMs in Romania. Activities will include male commercial sex workers (CSWs) Therefore, outreach activities and materials will also be designed to target male CSWs in high-risk zones. Formative research with MSMs will be used to determine real barriers, social issues and effective means of convincing MSMs to make consistent use of condom, as well as improve access to social and health services. Materials and models will be



developed from information provided in such formative research, which will then be implemented in behaviour change communication and outreach activities.

**Activity 6: Reducing transmission of HIV/STI and other infectious diseases associated with intravenous drug use**

The Romanian Harm Reduction Network (having as members 7 public institutions and NGOs) will expand its activities aimed at intravenous drug users (IDU), especially in Bucharest, where important numbers of IDUs were registered in a variety of studies (the study referring to 34,000, has not yet been confirmed). It will also develop the capacity to implement interventions in other areas, as appropriate. It is expected to reach a coverage of at least 60% of IDUs through outreach IEC and an inclusion of at least 30% in needle exchange programmes.

**Activity 7: Reducing the HIV/STI transmission into hard to reach communities (Roma and street children)**

Save the Children, ARAS and Prochild, in collaboration with the Ministry of Health and Family and local authorities, will build on their previous experience to extend IEC activities for HIV/STI prevention to street children in Bucharest and to Roma communities in Bucharest and a further 26 Counties (of a total of 41 counties). The strategy is to develop appropriate IEC materials and to train Roma health mediators to act as peer educators in their communities and to ensure the connection with medical and social services. The activities will reach over 60,000 members of the target communities.

**Activity 8: Extend the programme of mother to child transmission prevention at the national level**

The Ministry of Health and Family, in partnership with Romanian Angel Appeal (RAA), will extend the model prevention programme of mother to child transmission (MTCT) that was developed in Constanța County to another 16 priority counties. This model is based on a large local partnership that reaches 90% of pregnant women with MTCT interventions beginning with outreach work, increasing attendance for prenatal care during the first trimester of pregnancy, and ending with enforced ARV treatment protocols to reduce MTCT. One of the main interventions will be the training of local health staff.

Outside the 16 priority counties the partners will build the capacity of the local health authorities through training to ensure coverage of 60% of the pregnant women with MTCT interventions over the period of implementation.

The ARV regimens recommended for MTCT prevention will be provided from the MOHF budget and from drug company donations, such as the Boehringer-Ingelheim.

**Activity 9: Expanding the capacity of Voluntary Testing and Counseling**

The Ministry of Health and Family, in partnership with Romanian Angel Appeal (RAA) and ARAS, aims to enhance the capacity of 16 HIV testing facilities established in priority areas to provide adequate voluntary testing and counseling (VCT) services. The strategy will include training personnel and marketing VCT services in the respective areas. Guidelines and training materials will also be distributed to testing facilities in other areas to ensure the possibility of turning these into adequate VCT clinics.

**Activity 10: Prevention of HIV/STI transmission to child protection institutions and facilities**

The National Authority for Child Protection and Adoption, in partnership with Save the Children Romania and ARAS, are proposing a set of activities to build the capacity of the staff of Child Protection institutions to deliver adequate information and education for the prevention of HIV/STI/Drug abuse into such institutions. The expected result would be that over a period of two years at least 100 Child Protection institutions would have in place trained staff in HIV/STI/Drug abuse prevention.

**Activity 11: IEC campaign for stimulating voluntary blood donations in Romania**

This activity aims to build a National IEC campaign for stimulating voluntary blood donations. At the present time, blood donation in Romania is remunerated and no voluntary blood donation system is in place. This has resulted in a decrease in the number of units of blood donated and a high increase of donations coming from high risk donors. The expected result of this activity is an increase of voluntary blood donations.

Table IV.27.1

Objective 1:	<b>Ensuring sustainable prevention programmes to reduce the transmission of HIV/AIDS</b>				
Broad activities	Process/Output indicators (indicate one per activity) (Refer to Annex II)	Baseline (Specify year)	Targets		Responsible/Implementing agency or agencies
			Year 1	Year 2	
<b>1. Promoting safe behaviour for the general population, with special focus on children and young people</b>					
1.1 National Campaign on risk assessment and reduction	# of people exposed regularly to the messages	2001 500,000	3.5 million	6 million	National Centre for Health Promotion (NCHP), PSI, Save the Children Romania
1.2 Condom promotion through IEC campaigns	# of people exposed to condom promotion messages	2002 1.5 million	4 million	8 million	PSI, ARAS
1.3 Training peer educators	# of yearly training sessions	0	4	4	PSI, ARAS, SECS, Youth for Youth (YfY), Save the Children
1.4 Expand peer outreach activities	# of outreach activities	50	500	1000	PSI, ARAS, SECS, YfY, Save the Children
1.5 Establish the National HIV/AIDS/STI/Drug Abuse clearing center	# of beneficiaries (institutions, organizations) of the clearing center	0	50	150	National Centre for Health Promotion
<b>2. Develop and introduce health education into the school curricula</b>					
2.1 Develop and distribute the new intergrated curricula for grades 1-12	% of children and young people attending school exposed to health education appropriate for their age	2002 3	23	43	Ministry of Education and Research, YfY, Save the Children
<b>3. Promoting safe behaviour in closed settings: prisons and military units.</b>					

3.1. Training of military medical personnel in the area of conducting IEC for safe behaviour	% of military medical personnel trained (MOI and MOD)	2001	5	40	75	Ministry of Defense, Ministry of the Interior, Youth for Youth Foundation
3.2. Promotion of safe behaviour among recruits and military personnel	% of recruits and military personnel regularly exposed to IEC for safe behaviour	2000	5	40	90	Ministry of Defense, Ministry of Interior, Youth for Youth Foundation
3.3 Training of prison staff for promoting safe behaviour	% of prisons having the staff trained	2001	10	40	60	Ministry of Justice – Prison Department,
3.4. Training peer educators among prisoners	# of prisoners acting as peer educators	2002	90	170	390	Ministry of Justice – Prison Department,
<b>4. Reducing the HIV/STI transmission associated with commercial sex</b>						
4.1.Outreach prevention interventions targeting CSW, pimps and clients in high prevalence areas	# of consistent outreach prevention interventions		2	8	20	Ministry of Health and Family, PSI, SECS, ARAS, Save the Children, Romania
4.2.Condom distribution and needle exchange	# of CSW, pimps, clients regularly receiving condoms/clean needles		300	1500	3000	ARAS, PSI
4.3. Access to services	# of CSW that are accessing the HIV/STI/Drug abuse services through the referral system		50	250	500	Ministry of Health and Family, PSI, SECS, ARAS
<b>5. Reducing the HIV/STI and other infectious diseases transmission associated with intravenous drug use</b>						
5.1 Emergency programme for Bucharest	% of IDUs participating in needle exchange programmes		10	20	30	Ministry of Health and Family, Harm Reduction Network

5.2. Increasing the capacity for outreach interventions	# of new organizations prepared to implement counseling and harm reduction interventions in and outside Bucharest	3	7	12	Ministry of Health and Family, Harm Reduction Network
5.3. Rapid assessment		2002 1		1	
<b>6. Reducing the HIV/STI transmission associated with men having sex with men</b>					
6.1. interpersonal IEC for behaviour change	# of self-identified MSM reached	2001 1,000	3,000	5,000	Bucharest Acceptance Group, PSI
6.2. increase access to services and commodities	# of MSM referred to HIV/STI testing and treatment services	2001 100	1,000	2,000	Bucharest Acceptance Group, PSI
<b>7. Reducing HIV/STI transmission in hard-to-reach communities (Roma, street children)</b>					
7.1 IEC to reduce HIV/STI transmission in Roma communities and other hard-to-reach populations	# of communities being exposed to prevention interventions through peer education and health mediators	2002 4	15	26	MOHF, ARAS, ProChild, Save the Children
<b>8. Expanding the programme of mother to child transmission prevention at national level</b>					
8.1 Expanding the model MTCT prevention intervention to 16 priority counties	# of counties with MTCT prevention intervention covering 90% of total pregnant women from that county	2001 1	10	16	Ministry of Health and Family, Romanian Angel Appeal (RAA)
8.2 Strengthening the capacity of health care system to provide	% of pregnant women introduced to the MTCT	20	40	60	Ministry of Health and Family, Romanian Angel

adequate MTCT interventions outside the 16 priority counties	prevention protocol as part of the pre/postnatal care package of benefits				Appeal (RAA), Prochild	
<b>9. Expanding the capacity of Voluntary Counseling and Testing (VCT)</b>						
9.1. Increase access of general population to VCT services	# of HIV testing facilities with counseling capacity		4	11	20	Ministry of Health and Family, Romanian Angel Appeal (RAA), ARAS
9.2. VCT capacity building in prisons	% of prisoners accessing VCT	2001	2	5	10	Ministry of Justice – Prison Department,
<b>10. Prevention of HIV/STI transmission to child protection institutions and facilities</b>	# of child protection institutions having in place trained staff and effective programmes for the prevention of HIV/STI/drug abuse		6	50	100	ANPCA, Save the Children ARAS
<b>11. IEC campaign for stimulating voluntary blood donation in Romania</b>	# of blood units donated voluntarily	2001	50 units	5,000	10,000	National Blood Donation Center, Foundation for Non-Remunerated Blood Donation

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

***Activity 12: Ensuring universal access to treatment and care for people living with HIV/AIDS***

This activity aims to complement the existing National Plan for Universal Access to HIV/AIDS Treatment and Care 2001 – 2003 launched by MOHF. Under this activity the overall management of the treatment and care programme will be strengthened and the number of different services will be expanded. This activity will include an important component of training for medical personnel from different levels of care treatment and delivery. The focus will be on developing and strengthening the most cost effective and accessible combination of services. The expected result will be the development of a comprehensive system of care based on the existing structure of Regional Centers, Infectious Disease Hospitals and Day Care Units by expanding their capacity and functions to ensure a maximum coverage with adequate services for people living with HIV/AIDS.

***Activity 13: Strengthening the health care system for sexually transmitted infections***

This activity aims to strengthen the existing National sexually transmitted infection (STI) Programme through a set of interventions that include:

- training health care staff at different levels to enforce the National STI Treatment Guide
- improve the system of STI patient management
- expanding the capacity of HIV counseling within the STI treatment network
- improving the quality of STI laboratories
- improve the quality of STI diagnosis and treatment services and increase access to these

Implementation will be ensured through the MOHF network of STI diagnosis and treatment in conjunction with the networks of family practitioners and Family Planning Units.

***Activity 14: Developing and strengthening the health care system and the psychosocial support system for drug dependencies***

Romania is confronted with a serious emerging problem of IV drug use, especially in the capital, Bucharest. This activity aims to establish under the Emergency Programme for Bucharest the capacity for services to provide adequate treatment, care and rehabilitation for drug addicts. It will complement MOHF and MOJ (Prison Department) plans to expand services for drug users by ensuring that appropriate standards, rules and regulations are developed and trained staff is in place.

***Activity 15: Strengthening the universal precaution implementation and development of post exposure interventions***

This activity aims to complement the National Programme for Universal Precaution (UP) of the Ministry of Health and Family through the development of a set of standards and regulations for UP enforcement in all health care services and to strengthen the system of monitoring and control. An added component will provide for the development of an adequate protocol for HIV post-exposure intervention to be enforced also at all levels of health care services.

***Activity 16: Develop the system of social and psychological support for people living with and affected by HIV/AIDS***

This activity aims to complement the existing programme for medical and social support of people living with HIV/AIDS through increasing the access to services and building the capacity of local authorities to respond better to the needs of people infected and affected. The strategies include the enhancement of existing services, like Day Care Clinics to incorporate social functions, while building the capacity of associations of people infected and affected to better defend their rights and access to support services.

One important intervention is diagnosis disclosure for the adolescent living with HIV/AIDS. 80% of the 2,400 children followed up by the Sunflower Smile day clinic network were not aware of their diagnosis at the beginning of 2002 (Source: Romanian Angel Appeal (RAA) reports). Based on previous RAA experience in providing integrated multidisciplinary care through the Sunflower Smile network, the programme will address more than 5,000 teenagers through complex social and psychological counselling complemented by informative and educational sessions and peer-education activities.

***Activity 17: Ensure the social integration of children living with HIV/AIDS***

Integration of children living with HIV/AIDS is a major indicator of the level of community development and acceptance of PLWA. This activity aims to expand model interventions developed in a few areas of Romania for integrating institutionalized children living with HIV/AIDS into communities and thereupon integrating them into the public education system, as their health status permit.





Table IV.27.1

Objective 2:	<b>Strengthening the national system of health care and psychosocial support to reduce the impact of HIV/AIDS on the people infected, affected and vulnerable</b>				
Broad activities	Process/Output indicators (indicate one per activity) (Refer to Annex II)	Baseline (Specify year)	Targets		Responsible/Implementing agency or agencies
			Year 1	Year 2	
<b>12. Ensuring universal access to treatment and care for people living with HIV/AIDS</b>					
12.1 Strengthening the overall management of the Ministry of Health and Family National Programme for Treatment and Care	# of patients receiving multidisciplinary health care	2002 4,410	5,000	7,000	Ministry of Health and Family, National Health Insurance House
12.2 Extend the Day Care Clinic Network	# of new clinics established	2002 6	10	16	Ministry of Health and Family, Baylor
12.3 Training of health staff through continuous medical education	# of health care staff trained	2002 1,000	3,600	4,800	College of Physicians, Ministry of Health and Family, RAA, Baylor
12.4 Providing dental and dermatological medical services through mobile unit	# of interventions in 30 locations	2002 3,000	6,000	6,000	Ministry of Health and Family, RAA
12.5 Ensuring appropriate treatment monitoring	% of HIV/AIDS patients monitored according to international guidelines	35	65	100	Ministry of Health and Family
<b>13. Strengthening the health care system for sexually transmitted infections</b>					Ministry of Health and Family, National Health Insurance House
13.1 Training medical staff to	% of staff from STI network	2001			

enforce STI treatment guide	trained	20	60	100	
13.2 Training family practitioners	% of family practitioners trained	2001 15	30	40	
13.3 Improving quality of services and access to services	% of syphilis cases detected in stages II and III	2001 70	50	40	
<b>14. Developing and strengthening the healthcare system and psychosocial support system for drug dependencies</b>					
14.1 Strengthening the management of the MOHF National Drug Addiction Programme	Developed standards for treatment, care and monitoring/reporting	No	Yes		Ministry of Health and Family, National Health Insurance House
14.2 Training personnel involved in providing services in newly-established services	# of health care professionals trained	20	100	150	Ministry of Health and Family, Save the Children Romania
14.3 Developing prison drug addiction treatment services	% of drug dependant prisoners accessing adequate services	2001 0	30	50	Prison Medical Departments
<b>15. Strengthening the universal precaution (UP) implementation and development of post exposure interventions</b>	% of health care units having UP procedures and post exposure procedures in place and staff trained	20	40	60	Ministry of Health and Family, National Health Insurance House
<b>16. Develop the system of social and psychological support for people living with and affected by HIV/AIDS</b>					
16.1 Integrating social and psychological services into basic package of services for infected and affected by HIV/AIDS	# of counseling sessions and interventions	2001 30,000	70,000	70,000	Ministry of Labor and Social Solidarity, Romanian Angel Appeal (RAA), Save the Children, Close to You, National Authority for Child Protection, Baylor

16.2 Education and prevention programmes for teenagers living with HIV/AIDS	# of teens counseled and informed about their HIV status (data reported/counseling sessions)	1,000	2,600	3,500	RAA, Baylor
16.3 Capacity building of associations of people infected/affected to promote and defend their rights	# of associations well established with a trained staff and operational capacity	2002 7	12	25	UNOPA, Close to You
16.4 Training of personnel in child protection institutions and social assistance services	% of personnel trained to respond to the needs of people infected and affected	10	20	35	National Authority for Child Protection, Romanian Angel Appeal (RAA), Close to You
<b>17. Ensure the social integration of children living with HIV/AIDS</b>					
17.1 Integrate children with HIV/AIDS living in institutions into alternative family care	# of institutionalized children living with HIV/AIDS integrated into natural family or foster care	96	120	170	National Authority for Child Protection, HAR, AVSI
17.2 Integrate children living with HIV/AIDS into the public educational system	% of children living with HIV/AIDS attending public education	59	65	70	National Authority for Child Protection, HAR, Save the Children, AVSI, ARAS, Close to You

***Objective 3: Developing and strengthening the monitoring and surveillance systems for HIV/AIDS and associated risk behaviour***

***Activity 18: Strengthening the monitoring and surveillance system for HIV/AIDS***

This activity aims to complement the existing National Surveillance System for HIV/AIDS to ensure proper and timely reporting of detected cases, provide adequate information about treatment, care and social situation, as well as behavioural information needed to monitor the impact of the National AIDS Strategy implementation. Information about MTCT will be included.

***Activity 19: Strengthening the monitoring and surveillance system for STIs***

This activity aims to develop and strengthen the existing surveillance system for STIs to ensure proper collection, analysis and dissemination of data and the integration of STI surveillance with within the general surveillance of communicable diseases. Information management will be computerized. Besides passive surveillance this activity will introduce sentinel surveillance in priority areas and will build the capacity of local medical staff to collect, analyze and use information.

***Activity 20: Developing the system of monitoring and surveillance of drug consumption and abuse***

This activity aims to support the development of the newly-established National Observatory for Illegal Drugs. The strategy is to support the capacity building of National Observatory staff and the process of developing monitoring and surveillance instruments, data collection, analysis and dissemination. Resources requested will be used also for building the capacity of the Observatory to monitor some of the indicators defined in the present component that directly relate to IDU risk behaviour.

Table IV.27.1

Objective 3:	<b>Developing and strengthening the monitoring and surveillance systems for HIV/AIDS and associated risk behaviours</b>				
Broad activities	Process/Output indicators (indicate one per activity) (Refer to Annex II)	Baseline (Specify year)	Targets		Responsible/Implementing agency or agencies
			Year 1	Year 2	
<b>18. Strengthening the monitoring and surveillance system for HIV/AIDS</b>	National Database to include information on: - Epidemiology - Clinical - Treatment - 2 <sup>nd</sup> generation surveillance - trends analysis - psychological and social info about people infected/affected	2002 - EPI incomplete - treatment completed - psychological-social incomplete	- 100% detected cases included - 100% treatment information included - estimation of # of PLWA included (through sentinel surveillance) - 100% social information	-Estimated incidence into IDUs, CSW, MSM, Pregnant women, prisoners -trends analysis -Behavioural data	Ministry of Health and Family, Romanian Angel Appeal (RAA)
<b>19. Strengthening the monitoring and surveillance system for STIs</b>	National Surveillance System with staff trained in place to provide following information: - national quarterly reports for syphilis - estimations for gonorrhea and chlamydia	2002 - yearly report for syphilis	- quarterly reports for syphilis	- trend analyses, estimations for gonorrhea and chlamydia	Ministry of Health and Family
<b>20. Developing the</b>	National Database	2002	- estimated # of drug	- trends analysis	Inter-Ministerial Commission

<b>system of monitoring and surveillance of drug consumption and abuse</b>	including: - drug users accessing different services - estimated # of drug users - estimated # of IDUs - estimated HIV, HBV, HCV, syphilis prevalence among IDUs - trends analysis	- drug users accessing treatment services	users - estimated # of IDUs - estimated HIV, HBV, HCV prevalence among IDUs		for Illegal Drugs of MOHF, Institute for Health Services Management
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**28. Describe how the component adds to or complements activities already undertaken by the government, external donors, the private sector or other relevant partner:** (e.g., does the component build on or scale-up existing programmes; does the component aim to fill existing gaps in national programmes; does the proposal fit within the National Plan; is there a clear link between the component and broader development policies and programmes such as Poverty Reduction Strategies or Sector-Wide Approaches, etc.), (*Guidelines para. III.41 – 42*), (2–3 paragraphs):

The HIV/AIDS component has been developed to complement existing activities, some of which already have funding available, to be implemented according to the National AIDS Strategy. Funds are requested to either expand effective interventions that are not fully funded at the national level or to initiate interventions proposed by the Strategy which have not begun due to budgetary restrictions. Furthermore, the HIV component aims to build capacity within a variety of sectors to promote participation of a multi-sectoral effort requested by the National AIDS Strategy.

Though political commitment for HIV/AIDS is currently high, it is recognized that the level of national-level resources that can be allocated for implementation of the National AIDS Strategy is reduced due to the country's difficult socioeconomic circumstances. Funds being requested from GFATM are intended to cover over a short period the financing gaps in the implementation of the National AIDS Strategy. Based on the positive economic trends of the past few years it is expected that Romania's health and social spending will generally increase to ensure the sustainability of the programmes and activities proposed to be initiated with GFATM funding.

**29. Briefly describe how the component addresses the following issues (1 paragraph per item):**

**29.1. The involvement of beneficiaries such as people living with HIV/AIDS:**

Various beneficiaries of this proposal were involved in the development of this GFFATM Proposal from the very beginning, and will continue to be involved in all phases throughout the component lifecycle. This will include their involvement in numerous activities, research, monitoring and evaluation. It will also ensure the widest possible participation in proposal design and implementation of different groups and associations representing these beneficiaries.

**29.2. Community participation:**

Community participation is ensured through the participation of the major community-based organizations in the CCM and as implementation partners. This component aims to build the capacity of certain communities, such as Roma, MSM and PLWA to respond to the problems related to HIV and ensure the sustainability over time of the necessary interventions.

**29.3. Gender equality issues (*Guidelines paragraph IV.53*):**

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 look at responsibilities and opportunities from a social, cultural, and political perspective. Various instruments for monitorization, evaluation and surveillance will be designed accordingly to provide gender disaggregated data and to determine gender focused interventions.



**29.4. Social equality issues** (*Guidelines paragraph IV.53*):

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.

**29.5. Human Resources development:**

The development of human resources is a major objective throughout the entire proposal. Most of the activities include interventions for capacity-building, and capacity and training expansion, primarily concentrated in the first two years of implementation, and is considered the key element for ensuring long-term sustainability of the programmes.

**29.6. For components dealing with essential drugs and medicine, describe which products and treatment protocols will be used and how rational use will be ensured (i.e. to maximize adherence and monitor resistance),** (*Guidelines para. IV.55*), (1–2 paragraphs):

**SECTION V – Budget information**

Table IV.27.1

Objective 1:	<b>Ensuring sustainable prevention programmes to reduce the transmission of HIV/AIDS</b>						
Broad activities	Total	Year					Responsible/Implementing agency or agencies
		Year 1	Year 2	Year 3 estimate	Year 4 estimate	Year 5 estimate	
<b>1. Promotion of safe behaviour among the general population, with special focus on children and young people</b> 1.1 National Campaign on risk assessment and reduction 1.2 Condom promotion through IEC campaigns 1.3 Expand peer outreach activities 1.4. Expand number of sales outlets with affordable condoms	4,094,559	1,496,520	1,469,570	742,657	229,749	156,063	Ministry of Health and Family, National Centre for Health Promotion, Population Services International, Romanian Association Against AIDS, Bucharest Acceptance Group, Society for Contraceptive and Sexuality Education, Youth for Youth Foundation, Save the Children
1.5 Establishment of National HIV/AIDS/STI/Drug Abuse clearing center	339,000	165,000	102,000	29,000	28,000	15,000	NCHP
<b>2. Developing and introducing the health education into the school curricula:</b> 2.1 Developing and distributing the new integrated	2,967,084	1,465,170	719,197	465,035	260,906	56,776	Ministry of Education and Research, Youth for Youth Foundation, Save the Children

curricula for grades 1-12 2.2. Training teachers to use the new curricula							
<b>3. Promotion of safe behaviour into closed settings: prisons and military units.</b>							
3.1. Training of military medical personnel to conduct IEC for safe behaviour 3.2. Promotion of safe behaviour among recruits and military personnel 3.3. Condom distribution to military units	1,237,236	421,366	315,590	231,660	139,260	129,360	Ministry of National Defense, Ministry of Interior, Youth for Youth Foundation
3.4. Training of prison staff for promoting safe behaviour 3.5. Training peer educators among prisoners 3.6. KAP	521,450	236,900	162,200	53,850	38,500	30,000	Ministry of Justice – Prison Department,
<b>4. Reducing HIV/STI transmission associated with commercial sex:</b> 4.1. Outreach prevention interventions targeting CSW, pimps and clients in high prevalence areas 4.2. Condom distribution and needle exchange 4.3. Access to services 4.4. KAP	1,368,043	542,890	467,914	152,082	142,572	62,585	Ministry of Health and Family, PSI, SECS, ARAS, Save the Children

<b>5. Reducing the transmission of HIV/STI and other infectious diseases associated with intravenous drug use:</b> 5.1 Emergency programme for Bucharest 5.2. Increasing the capacity for outreach interventions 5.3 Access to services 5.4 Rapid assessment	1,171,220	464,540	584,420	43,420	39,420	39,420	Ministry of Health and Family, Harm Reduction Network
<b>6. Reducing transmission of HIV/STI associated with men having sex with men:</b> 6.1. interpersonal IEC for behaviour change 6.2. increase access to services	749,990	398,115	351,875	-	-	-	PSI, Bucharest Acceptance Group
<b>7. Reducing transmission of HIV/STI into hard to reach communities (Rroma, street children):</b> 7.1 IEC for reducing HIV/STI transmission in Roma communities 7.2. Training peer educators and health mediators among Roma and street children	837,500	351,500	334,000	64,000	49,000	39,000	Ministry of Health and Family, ARAS, ProChild, Save the Children Romania
<b>8. Expanding the programme of mother to child transmission prevention at national level:</b>	1,762,341	617,741	757,552	129,016	129,016	129,016	Ministry of Health and Family, Romanian Angel Appeal (RAA), ARAS, Close to You

8.1 Expanding the model MTCT prevention intervention to 16 priority Counties							
8.2 Strengthening the capacity of the healthcare system to provide adequate MTCT interventions outside the 16 priority Counties	450,000	228,000	180,000	22,000	10,000	10,000	Ministry of Health and Family, SECS,
<b>9. Expanding the capacity of Voluntary Testing and Counseling (VCT)</b>							
9.1 Expanding VCT services for the general population	192,520	91,940	100,580				Ministry of Health and Family, Romanian Angel Appeal (RAA), ARAS
9.2 VCT capacity building in prisons	208,800	108,000	59,200	16,000	12,800	12,800	Ministry of Justice – Prison Department,
<b>10. Prevention of transmission of HIV/STI to child protection institutions and facilities</b>	532,000	199,000	99,000	88,000	68,000	78,000	ANPCA, Save the Children, ARAS
<b>11. IEC campaign for stimulating voluntary blood donation in Romania</b>	610,000	180,000	180,000	100,000	100,000	50,000	National Blood Donation Center, Foundation for Non-remunerated Blood Donation
<b>Total</b>	<b>17,603,342</b>	<b>6,966,682</b>	<b>5,883,098</b>	<b>2,136,720</b>	<b>1,247,223</b>	<b>808,020</b>	

<b>Objective 2:</b>	<b><i>Strengthening the national system of health care and psychosocial support to reduce the impact of HIV/AIDS on the people infected, affected and vulnerable</i></b>					
<b>Broad activities</b>	<b>Total</b>	<b>Targets</b>				<b>Responsible/Implementing agency or agencies</b>

		Year 1	Year 2	Year 3 estimate	Year 4 estimate	Year 5 estimate	
<b>12. Ensuring universal access to treatment and care for people living with HIV/AIDS</b>							
12.1 Strengthening the overall management of the National MOHF Programme for treatment and care 12.2 Ensuring appropriate treatment monitoring	2,635,000	1,239,000	1,306,000	-	-	-	Ministry of Health and Family, National Health Insurance House
12.3 Extend Day Care Clinic Network 12.4 Training health staff through continuous medical education 12.5 Providing dental and dermatological medical services through mobile unit	2,290,030 RAA: 2,148,030	836,800 RAA: 744,800	831,780 RAA: 781,780	RAA: 207,150	RAA: 207,150	RAA: 207,150	Ministry of Health and Family, Romanian Angel Appeal (RAA), College of Physicians, Baylor
<b>13. Strengthening the health care system for sexually transmitted infections</b>	1,700,000	680,000	680,000	340,000			Ministry of Health and Family, National Health Insurance House
<b>14. Developing and strengthening the health care system and the psychosocial support system for drug dependencies:</b> 14.1 Strengthening the management of the National MOHF Drug Addiction Programme	304,321	94,660	53,470	35,920	74,061	46,210	Ministry of Health and Family, National Inter-ministerial Commission for Fighting Against Illegal Drugs, National Health Insurance House, Save the Children

14.2 Training personnel involved in providing services in newly-established services							
14.3 Developing drug addiction treatment services in penitentiaries	137,000	129,000	7,500	500			Ministry of Justice – Prison Department
<b>15. Strengthening the universal precaution implementation and development of post-exposure interventions</b>	380,000	288,000	66,000	12,000	12,000	2,000	Ministry of Health and Family, Health Insurance House
<b>16. Develop the system of social and psychological support for people living with and affected by HIV/AIDS</b>							
16.1 Integrating social and psychological services into the basic package of services for people infected and affected by HIV/AIDS	1,180,000	540,000	434,000	88,000	67,000	51,000	Romanian Angel Appeal (RAA), Close to You, National Authority for Child Protection, AVSI, Baylor
16.2 Education and prevention programmes for teenagers living with HIV/AIDS	Romanian Angel Appeal (RAA): 44,000	RAA: 16,000	RAA: 16,000	RAA: 4,000	RAA: 4,000	RAA: 4,000	National Authority for Child Protection, Close to You, ARAS
16.3 Building the capacity of associations of people infected/affected to promote and defend their rights	479,000	170,000	115,000	65,000	65,000	64,000	UNOPA, Close to You
16.4 Training personnel from child protection institutions	106,500	23,000	25,000	23,000	23,000	12,500	National Authority for Child Protection, RAA, Close to You,

and social assistance services							Baylor
<b>17. Ensure social integration of children living with HIV/AIDS</b>	509,000	291,500	100,500	48,000	38,000	31,000	National Authority for Child Protection, Health Aid Romania, Save the Children, AVSI, Close to You
17.1 Integrating children with HIV/AIDS living in institutions into alternative family care							
17.2 Integrating children living with HIV/AIDS into the public education system							
<b>Total</b>	<b>9,764,851</b>	<b>4,397,960</b>	<b>3,635,250</b>	<b>823,570</b>	<b>490,211</b>	<b>417,860</b>	



Objective 3:		<i>Strengthening the national system of health care and psychosocial support to reduce the impact of HIV/AIDS on the people infected, affected and vulnerable</i>					
Broad activities	Total	TARGETS					Responsible/Implementing agency or agencies
		Year 1	Year 2	Year 3 estimate	Year 4 estimate	Year 5 estimate	
1. Strengthening the monitoring and surveillance system for HIV/AIDS	RAA 284,180	RAA: 112,740	RAA: 70,640	RAA: 33,600	RAA: 33,600	RAA: 33,600	Ministry of Health and Family, Romanian Angel Appeal (RAA)
2. Strengthening the monitoring and surveillance system for STIs	600,000	345,000	170,000	85,000			Ministry of Health and Family
3. Developing a system of monitoring and surveillance of drug consumption and abuse	502,000	102,000	118,000	92,000	97,000	93,000	Inter-ministerial Commission for Illegal Drugs, Ministry of Health and Family, IHSM
<b>Total</b>	<b>1,386,000</b>	<b>559,740</b>	<b>358,640</b>	<b>210,600</b>	<b>130,600</b>	<b>126,600</b>	

**General Total: 28,192,765**

30. Indicate the summary of the financial resources requested from the Global Fund by year and budget category, (Refer to *Guidelines paragraph V.56 – 58*):

Table V.30

Resources needed (USD)	Year 1	Year 2	Year 3 (Estimate)	Year 4 (Estimate)	Year 5 (Estimate)	Total
Human Resources	1,818,363	2,065,541	586,873	506,346	419,047	5,396,170
Infrastructure/Equipment	1,765,587	677,680	159,200	61,000	57,000	2,720,467
Training/Planning	3,464,096	3,219,440	1,601,816	689,894	347,192	9,322,438
Commodities/Products	2,664,726	2,674,286	285,168	234,182	185,773	6,605,735
Drugs	0	0	0	0	0	0
Monitoring and Evaluation	452,163	364,303	192,863	123,699	128,705	1,261,733
Administrative Costs	559,192	542,433	212,161	143,804	105,645	1,563,235
Other (Please specify)	1,200,255	333,305	132,809	109,109	109,109	1,884,587
<b>Total</b>	<b>11,924,382</b>	<b>9,876,988</b>	<b>3,170,890</b>	<b>1,868,034</b>	<b>1,352,471</b>	<b>28,192,765</b>

**The budget categories may include the following items:**  
**Human Resources:** Consultants, recruitment, salaries of front-line workers, etc.  
**Infrastructure/Equipment:** Building infrastructure, cars, microscopes, etc.  
**Training/Planning:** Training, workshops, meetings, etc.  
**Commodities/Products:** Bednets, condoms, syringes, educational material, etc.  
**Drugs:** ARVs, drugs for opportunistic infections, TB drugs, anti-malaria drugs, etc.  
**Monitoring & Evaluation:** Data collection, analysis, reporting, etc.  
**Administrative:** Overhead, programme management, audit costs, etc  
**Other (please specify):**

30.1. For drugs and commodities/products, specify in the table below the unit costs, volumes and total costs, for the FIRST YEAR ONLY:

Table V.30.1

Item/unit	Unit cost (USD)	Volume (specify measure)	Total cost (USD)
Activity 1 leaflets	0.20	375,000	<b>75,000</b>
A3 Syringes	0.05	200,000	10,000
Lubricants	0.5	100,000	50,000
Educational materials	1	20,000	20,000
<b>Total</b>			<b>80,000</b>
A4 Medical check-up kits	12	1,000	12,000
Education materials	1	726	726
<b>Total</b>			<b>12,726</b>
A5 Syringes	0.05	units 2,400,000	120,000

Swabs: units x	0.1	1,500,000	150,000
Distilled water: units x	0.01	2,400,000	24,000
Containers: x	3	12,000	36,000
IEC materials	0.3	20,000	6,000
<b>Total</b>			<b>336,000</b>
A7			
Printed materials	0.3	50,000	15,000
Audio tapes	10	1,400	14,000
Hygienic kits	10	5,500	55,000
<b>Total</b>			<b>84,000</b>
A8			
Training materials	1	64,000	64,000
Leaflets	2	32,000	64,000
Rapid tests kits	160	96	15,360
Hygienic kits	120	160	19,200
<b>Total</b>			<b>162,560</b>
A9			
Informative materials	5	16,000	80,000
<b>Total</b>			<b>80,000</b>
A9			
HIV ELISA blood tests (including other testing supplies)	5	2,000	10,000
Safety containers for each prison	3	100	300
Brochures on HIV testing	1.83	16,500	30,200
<b>Total</b>			<b>40,500</b>
A10			
Video tapes	20	300	6,000
Leaflets	0.3	20,000	6,000
First aid kits	50	150	7,500
Teacher manuals	5	500	2,500
Other printed materials]	20	400	8,000
<b>Total</b>			<b>30,000</b>
A11,			
Integrated national mass-media campaign	90,000	1	90,000
Leaflets	0.1	200,000	20,000
<b>Total</b>			<b>110,000</b>
A12			
CD4 tests	25	11,000	275,000
Viral load tests	85	10,000	850,000
Viral resistance tests	200	625	125,000
<b>Total</b>			<b>1,250,000</b>
A12			
Educational material kits	120	192	23,040
Training materials: books, medical journals	75	192	14,400
Informative materials	1	10,000	10,000
Medical kits for dentistry and dermatology	5	1,500	7,500
<b>Total</b>			<b>54,940</b>
A13			
National STI information campaigns	40,000	2	80,000
A14			
IDU Treatment Guideline	10	500	5,000
A15			

Universal Precautions (UP) manual	11	5,000	55,000
UP IEC kit for each medical unit	20	6,000	120,000
Post exposure manual	5	5,000	25,000
<b>Total</b>			<b>200,000</b>
A16			
Printed materials	20	350	<b>7,000</b>
A17			
National campaign against discrimination	42,000	1	<b>42,000</b>
A20			
reporting forms	0.1	150,000	<b>15,000</b>
<b>GENERAL TOTAL</b>			<b>2,664,726</b>

**30.2. In cases where Human Resources (HR) is an important share of the budget, explain to what extent HR 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 (1 paragraph):**

In most of the activities included in this component funding is required to support Human Resources on a limited period of time to support various organizations to start expanding their HIV/AIDS related activities. Along with the expected increase in public funding for HIV/AIDS activities the resources needed for HR will gradually be covered from domestic funding.

**31. If you are receiving funding from other sources than the Global Fund for activities related to this component, indicate in the Table below overall funding received over the past three years as well as expected funding until 2005 in US dollars (Guidelines para. V.62):**

Table V.31.1

	1999	2000	2001	2002	2003	2004	2005
<b>Domestic</b> (public and private)	10,031,500	15,627,414	23,469,416	19,030,066	23,452,121	24,760,444	26,142,283
<b>External</b>	1,082,241	1,393,939	1,710,880	2,326,093	1,426,480	1,321,480	940,000
<b>Total</b>	<b>11,113,741</b>	<b>17,021,353</b>	<b>25,180,296</b>	<b>21,356,159</b>	<b>24,878,601</b>	<b>26,081,924</b>	<b>27,082,283</b>

**TOTAL: 152,714,357**

*Please note: The sum of yearly totals of Table V.31.1 from each component should correspond to the yearly total in Table 1.b of the Executive Summary. For example, if Year 1 in the proposal is 2003, the column in Table 1.b labeled Year 1 should have in the last row the total of funding from other sources for 2003 for all components of the proposal.*

**32. Provide a full and detailed budget as attachment, which should reflect the broad budget categories mentioned above as well as the component's activities. It should include unit costs and volumes, where appropriate.**

**33. Indicate in the Table below how the requested resources will be allocated to the implementing partners, in percentage (Refer to Guidelines para. V.63):**

Table V.33

Resource allocation to implementing partners* (%)	Year 1	Year 2	Year 3 Estimate	Year 4 Estimate	Year 5 Estimate	Total
Government	7,275,307 (60.8%)	5,386,197 (54.5%)	1,657,992 (52.3%)	895,708 (48%)	567,853 (42%)	15,782,787 (56%)
NGOs / Community-Based Org.	4,649,075 (39.2%)	4,490,791 (45.5%)	1,512,898 (47.7%)	972,326 (52%)	784,618 (58%)	12,409,708 (44%)
Private Sector						
People living with HIV/TB/ malaria						
Academic / Educational Organizations						
Faith-based Organizations						
Others (please specify)						
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Total in USD</b>	11,924,382	9,876,988	3,170,890	1,868,034	1,352,471	28,192,765

\* If there is only one partner, please explain why.

**Please note: The following three sections (VI, VII and VIII) are all related to proposal/component implementation arrangements.**

**If these arrangements are the same for all components, you do not need to answer these questions for each component. If this is the case, please indicate clearly in which component the required information can be found.**

#### **SECTION VI – Programmatic and Financial management information**

*Please note: Detailed description of programmatic and financial management and arrangements are outlined in Guidelines para. VI. 61 – 73, including the main responsibilities and roles of the Principal Recipient (PR).*

- 34. Describe the proposed management arrangements** (outline proposal implementation arrangements, roles and responsibilities of different partners and their relations), (*Guidelines para. VI.64*), (1–2 paragraphs):

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 will designate a Executive Committee (EC) to coordinate the elements related to the implementation, to determine what actions are required and resolve obstacles hindering the progress of implementation. The CCM Executive Committee will include the key stakeholders of the CCM (President and Vice Presidents, Principal Recipient (PR), NGO representative, and one international organization). 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 the Ministry of Health and Family through its Project Management Unit (PMU), which is already in place for the present World Bank Health Reform Project. The PMU will be responsible for the financial implementation of the proposal and will be accountable to the CCM. The PMU will also be responsible for managing the funds and ensuring efficient disbursement to the implementers. In the period preceding grant approval, the PMU (as part of the CCM) will act as a Project Preparation Unit. As such, it will facilitate the proper preparation of project implementation (Grant Agreement Draft, Government Decision Draft, guidelines for financing and monitoring the implementers, and a general working plan based on the working plans of implementers). UNICEF and the World Bank have expressed their intention of assisting the PMU with supplementary personnel, training and equipment 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. The project will be overseen by the PMU, using adapted World Bank procedures for procurement of goods, works and services. This assistance will reinforce the legal framework and transparency of all proposed procedures in respect to international and national legislation. These rules respond to the Global Fund principles, promoting cost-effectiveness, transparency and rapid implementation. To facilitate timely project implementation, the PMU will establish, maintain, operate and manage a special US Dollar account in a commercial bank, according to agreed terms and conditions. The PMU will manage the use of all funds according to the provision of the Grant Agreement and will report to LFA, CCM and the Global Fund the progress and results of the project.

The PMU will fully handle the management of the project, and will make recommendations on adjustments to be made to the plans of implementers, 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 their proposal, the PMU 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. Implementers will liaise with the PMU for procurement, disbursement and project reporting. Sub-recipients (especially Ministries and other government institutions) will designate, by ministerial order, the official entities within the Ministries that will be responsible for implementation. Specific existing procedures of the World Bank will be used to contract with NGOs (Direct Contracting, Quality and Cost Selection). All the sub-recipients will have contractual arrangements with the PMU.

**34.1 Explain the rationale behind the proposed arrangements** (e.g., explain why you have opted for that particular management arrangement), (1 paragraph).

The decision to nominate the PMU on behalf of the Ministry of Health and Family will ensure local ownership and sustainability of the project. Likewise, it will increase the capacity of the Ministry of Health to partner with other government and non-governmental organizations and civil society, to strengthen prevention, care, treatment, and surveillance programmes related to important health issues. The role of the MOHF as PR will be reinforced within the Grant Agreement and a related Government Decision will ratify its role, ensuring the political support of the Romanian Government for the project. The proposed arrangements have proven

their efficiency in other programmes and, based on lessons learned, will ensure transparency and flexibility.

**35. Identify your first and second suggestions for the Principal Recipient(s)** (Refer to *Guidelines para. VI.65–67*):

*Table VI.35*

	<b>First suggestion</b>	<b>Second suggestion</b>
<b>Name of PR</b>	Ministry of Health and Family	
<b>Name of contact</b>	Carmen Angheluta Project Management Unit	
<b>Address</b>	Strada Cristian Popisteanu nr. 1-3, Bucharest, Sector 1, Romania	
<b>Telephone</b>	+ 40-21 311 29 64	
<b>Fax</b>	+ 40-21 312 35 88	
<b>E-mail</b>	acarmen@ms.ro	

*Please note: If you are suggesting to have several Principal Recipients, please copy Table VI.35 below.*

**35.1 Briefly describe why you think this/these organization(s) is/are best suited to undertake the role of a Principal Recipient for your proposal/component** (e.g. previous experience in similar functions, capacity and systems in place, existing contacts with sub recipients etc), (*Guidelines para. VI.66–67*), (1–2 paragraphs):

The staff of the MOHF PMU is highly qualified in critical aspects of fiscal management and project implementation, stipulated by the Global Fund (project management, financial management and accounting, international procurement, monitoring and evaluation, public health, and management of health services). The core staff for the PR for this project will be drawn from the present PMU of the World Bank health project, in place since 1997. This team managed and disbursed the first World Bank Loan worth \$150 million, and the same team presently manages a second loan, amounting to \$40 million. During the implementation of WB projects, the team skillfully concluded hundreds of contracts as result of international tenders, international acquisitions, various mechanisms to select consultants, etc. Both projects were nationwide applications and each involved over 25 implementing partners. The objective of the projects supported primary, emergency care, preventive medicine and health promotion (including HIV/AIDS and TB issues), financing and administrative reform, developing a school for public health, etc. The first project had the support of international organizations like USAID, UNICEF, UNFPA, WHO, etc, while the second one is supported by DFID (British Embassy), SDC (Swiss Embassy), CHPS (Open Society Foundation). The World Bank rated the general performance of the first project (1992-1999) as satisfactory. Some components, such as the improvement in reproductive health, and the establishment of the school of health management, were rated highly satisfactory (international donors also financed the component of reproductive health and the PMU implemented a well-coordinated programme of assistance). The World Bank is underlining the performance of the last two years implementation lead by the PMU. The performance of the actual project was rated highly satisfactory. Both projects have been successfully audited by PriceWaterhouseCoopers, KPMG, the Ministry of Public Finance, and the Court of Accounts.

The PMU also successfully managed the implementation and financial arrangements of emergency projects financed through grants from the Swiss and Greek Governments, thereby gaining experience with non-reimbursable funds. The PMU is also responsible for developing new regulations, arrangements and procedures for implementing public-private partnerships in the health sector, based on competitive principles (support from IFC as external consultant). As a result of these efforts, tender procedures will be launched shortly.

**35.2 Briefly describe how your suggested Principal Recipient(s) will relate to the CCM and to other implementing partners (e.g., reporting back to the CCM, disbursing funds to sub-recipients, etc.), (1 paragraph):**

The PR will report quarterly to the CCM on the status of project implementation, according to agreed-upon procedures. It will also describe the physical progress of project implementation, and set forth actual sources and applications of funds for the Global Fund project. Likewise, it will show expenditures financed from the proceeds of the Grant, determine the status of procurement within the project and expenditures under contracts financed from grant proceeds. During the preparation period, the PR will prepare guidelines for financing and monitoring sub-recipients, based on procedures used by international financiers. It will also draw up guidelines to support a working plan (objectives, breakdown of activities, human resources, timing, estimated cost, monitoring indicators) contract arrangements, advance payments, statements of expenditures, etc. Sub-recipients will be responsible for developing, monitoring and updating the plans and timetables for their component and will report these to the PR. Each beneficiary will provide copies of all relevant project financial accounting documents (invoices, contracts, payments, bank statements, etc.) to the PR.

**36. Briefly indicate links between the overall implementation arrangements described above and other existing arrangements (including, for example, details on annual auditing and other related deadlines). If required, indicate areas where you require additional resources from the Global Fund to strengthen managerial and implementation capacity, (1–2 paragraphs):**

Once the Grant Agreement is signed, the PR and LFA will identify and appoint qualified auditors to audit the project accounts (including special accounts and statements of expenditure) in accordance with International Standards of Audit. The evaluation of the auditor will include specific references on whether grant funds provided were used in accordance with relevant financial agreements. It will also indicate whether all necessary supporting documents, records and accounts have been kept in accordance to all expenditures, including Special Account payments and expenditures made on the basis of Statements of Expenditures (SOE), and give a true and fair view of the financial situation of the project, etc.

In order to strengthen the managerial capacity, some administrative costs will be required. Considering the excellent qualifications of the PMU staff, and the wide range of skills that will be required (managerial capacity, international financing, accounting and procurement, medical and health management, internal controls, monitoring and evaluation capacity, training and assistance to be provided to sub-recipients, additional staffing) project funds must be allocated for salaries. Office equipment, specialized software packages and other costs related to PMU activities would be provided from the



administrative cost. The total estimated amount for PR activities is 3% of the total cost of the project.

**SECTION VII – Monitoring and evaluation information**

**37. Outline the plan for conducting monitoring and evaluation including the following information, (1 paragraph per sub-question).**

**37.1. Outline of existing health information management systems and current or existing surveys providing relevant information** (e.g., Demographic Health Surveys, Living Standard Measurement Surveys, etc.), (*Guidelines para. VII.76*):

The Ministry of Health and Family has a special department for health statistics that issues annual reports on the major health indicators, while the National Institute for Statistics provides quarterly and annual reports on demographic, social and economic indicators. None of these reports include all the information needed for monitoring and evaluating the implementation of the HIV and TB National Strategies and Programmes.

**37.2. Suggested process, including data collection methodologies and frequency of data collection** (e.g., routine health management information, population surveys, etc.):

For the implementation of this proposal, in the wider context of implementing the HIV, TB and STI strategies, the CCM proposes to establish a special Monitoring and Evaluation (M&E) Unit. This Unit will be part of the Institute for Health Services Management (IHSM), the latter subordinate to MOHF, with a long-standing record in M&E for the major components of Health Reform in Romania. The special M&E Unit would annually review routine health statistics (morbidity and mortality data) collected by MOHF, the Center for Health Statistics, the Institute of Statistics and other institutions.

It is necessary to fill the gap between existing data and data required for a better appreciation of the current situation. The methodology to be used will be population surveys on specific issues, target populations and/or in those regions where there is no reliable data. There will also be monthly monitoring of case management (diagnosis and treatment), training, logistics, communication and advocacy, by record and report (by the implementing institutions), review, direct observation, interviews with health workers and patients.

A change is needed in health indicators (health statistics) and in knowledge, attitudes and practices (by 3 KAP studies carried out at the beginning of a project, at the end of two years, and at the end of the project, as well as an annual anthropological/behavioural study).

**37.3. Timeline:**

Activity	Year 1	Year 2	Year 3	Year 4	Year 5
Review of routine health statistics					
Population surveys					
Monitoring the activities of the implementing institutions					

Review health indicators								
KAP studies								
Anthropological/behavioural study								

**37.4. Roles and responsibilities for collecting and analyzing data and information:**

Depending on the specific data, the responsibility for its collection lies with a variety of health workers reporting to the County Public Health Authority, which in turn reports to the MOHF, and with implementing institution staff. Data will be gathered at the Institute of Health Services Management IHSM, where a four-member Global Fund Monitoring Office will be established. Their main activities will be to review routine health statistics, monitor the activities of the implementing institutions, review health indicators, and provide consultancy to implementing agencies on IEC materials. If certain monitoring issues exceed the human resource capacity of IHSM, this will be sub-contracted to special organizations.

**37.5. Plan for involving target population in the process:**

All the interventions proposed include self monitoring instruments, first to design the interventions tailored to the needs of the target populations, second to pilot the interventions, and third to monitor the impact of that intervention. In all three phases the target population will be directly involved, especially in the design and monitoring of the intervention.

**37.6. Strategy for quality control and validation of data:**

A variety of quality control measures can be used for data coming from implementing intuitions, such as: training for data collection, random re-collection of data, record verification, subsequent visits to the field where data was collected, and direct observation of the data collection process. The strategy for quality control and validation of data will be built into the studies that will be contracted outside IHSM.

**37.7. Proposed use of M&E data:**

- Identify and resolve operational problems as soon as they emerge
- Identify causes and corrective actions
- Provide feedback for improving/modifying/reshaping activities of the implementing institutions
- Report to the funding institution (GFFATM)
- Design national programmes
- International reports/studies
- In-country and international comparisons
- Plan the needs for financial support

**38. Recognizing that there may be cases in which applicants may not currently have sufficient capacity to establish and maintain a system(s) to produce baseline data and M&E indicators, please specify, if required, activities, partners and resource requirements for strengthening M&E capacities.**

Please note: As M&E activities may go beyond specific proposals funded by the Global Fund, please also include resources coming from other sources at the bottom of Table VII.38.

Examples of activities include collecting data, improving computer systems, analyzing data, preparing reports, etc.

Table VII.38

Activities (aimed at strengthening Monitoring and Evaluation Systems)	Partner(s) (which may help in strengthening M&E capacities)	Resources Required					
		Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Regular M&amp;E activities</b>							
Subcontracting for certain M&E activities		100,000	50,000			20,000	170,000
IHSM Global Fund Monitoring Office (staff and administration costs)		50,000	50,000	50,000	50,000	50,000	250,000
Development of monitoring and evaluation methodology		20,000	10,000				30,000
Population surveys		100,000					100,000
Training for procedures and methodology application		50,000	50,000				
On field activities		150,000	150,000				
KAP & Anthropological/behavioral studies		150,000	100,000	30,000	30,000	30,000	340,000
<b>Capacity Strengthening</b>							
Data base development & maintenance		20,000	15,000	15,000	15,000	15,000	80,000
New indicators development		5,000					5,000
IT endowment of central monitoring office (hardware and software)		50,000	15,000				65,000
Strengthening the communication system infrastructure between the involved institutions		50,000	10,000				60,000
<b>Total requested from Global Fund</b>		<b>745,000</b>	<b>450,000</b>	<b>95,000</b>	<b>95,000</b>	<b>115,000</b>	<b>1,500,000</b>

**SECTION VIII – Procurement and supply-chain management information**

**39. Describe the existing arrangements for procurement and supply chain management of public health equipment products integral to this component's proposed disease interventions, including pharmaceutical products as well as**

equipment such as injections supplies, , rapid diagnostics tests, and commodities such as micronutrient supplements, condoms and bed nets (Refer to *Guidelines paragraph VIII.86*).

Table VIII.39

Component of procurement and supply chain management system	Existing arrangements and capacity (physical and human resources)
How are suppliers of products selected and pre-qualified?	An open and competitive process is used to select implementers, who must prepare the most adequate technical specifications of products (in cooperation with recognized experts). The assessments of the suppliers will take into consideration the results of need analysis and market research to identify the most cost-effective products.
What procurement procedures are used to ensure open and competitive tenders, expedited product availability, and consistency with national and international intellectual property laws and obligations?	The procurement procedures are the same as those of the World Bank and will be described in the Grant Agreement. The Grant Agreement will be ratified by Governments Decision. This will reinforce the legal framework and transparency of all proposed procedures in regard to international and national legislation. For this purpose the tenders will be conducted through the methods described in the Procurement Guidelines for Goods, Works and Services: International Competitive Bidding, Limited International Bidding, Shopping (International and National), Direct Contracting.
What quality assurance mechanisms are in place to assure that all products procured and used are safe and effective?	The quality of procured products will be assured through specific requirements. The Bidding Documents and Technical Specifications will require for each type of product documented evidence of the conformity of the goods and services with international standards of quality. This will be GMP in the case of pharmaceutical products issued by national or international agencies and ISO 900X or CE brands or equivalent European and international accredited standards. Other mandatory requirements to assure that products are safe and effective will include supplier training, warranty periods, etc. Training, counseling, etc. will be provided by the implementers, as needed.

What distribution systems exist and how do they minimize product diversion and maximize broad and non-interrupted supply?	In order to assure that products reach the beneficiary, the suppliers will use existing distribution channels, including hospitals, family planning centres, pharmacies, NGOs, family doctors, etc. If required, new distribution channels will be developed for risk groups.
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**40. Describe the existing arrangements for procurement of services (e.g., hiring personnel, contracts, training programmes, etc.), (1–2 paragraphs):**

Selection of the personnel will follow the existing rules described in the Guidelines of the World Bank. The most adequate the existing procedures for selection of personnel, services will be used for each category, for example the selection based on job description, experience and qualification. The arrangements for training programs are following the same rules. The contract agreement is based on the training curricula, qualification and experience of the trainer and estimated cost. Specific procedures of procurement of services described in the Guidelines of the World Bank (Quality and Cost Selection, Least Cost Selection, Single Source Selection, use of NGOs) will be applied. Standard contracts in simple or complex format such as (Lump Sum, Time Based) will be used.

**41. Provide an overview of the additional resources (e.g., infrastructure, human resources) required to support the procurement and distribution of products and services to be used in this component, (2–3 paragraphs):**

**42. Detail in the table below any additional sources from which the applicant plans to obtain products relevant to this component, whether additional requests have been requested or granted already. (For each source, indicate a contact person at the programme in question, the volume of product in the request of grant, and the duration of support. Examples of such programmes are the Global TB Drug Facility or product donations from pharmaceutical manufacturers), (*Guidelines para. VIII.88*):**

*Table VIII.42*

Programme name	Contact person (with telephone & email information)	Resources requested (R) or granted (G)	Timeframe and duration of request or grant

**42.1. Explain how the resources requested from the Global Fund for the products relevant to this component will be complementary and not duplicative to the additional sources, if any, described above (1 paragraph):**

## LIST OF ATTACHMENTS

*Please note:*

*The list of attachments is divided into two parts: the first part lists the attachments requested by the Global Fund as support for Sections III and IV.*

*The second part is for applicants to list attachments related to other Sections such as the Information on applicants (Section II), Detailed Budget (Section IV), or other relevant information.*

*Please note which documents are being included with your proposal by indicating a document number.*

<p><b>General documentation:</b></p> <ol style="list-style-type: none"> <li>1. Poverty Reduction Strategy Paper (PRSP)</li> <li>2. Medium Term Expenditure Framework</li> <li>3. Sector strategic plans</li> <li>4. Any reports on performance</li> </ol>	<p><b>Attachment #</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>HIV/AIDS specific documentation:</b></p> <ol style="list-style-type: none"> <li>5. Situation analysis</li> <li>6. Baseline data for tracking progress<sup>1</sup></li> <li>7. National strategic plan for HIV/AIDS, with budget estimates</li> <li>8. Results-oriented plan, with budget and resource gap indication (where available)</li> </ol>	<p><b>Attachment #</b></p> <p>_____</p>
<p><b>TB specific documentation:</b></p> <ol style="list-style-type: none"> <li>9. Multi-year DOTS expansion plan and budget to meet the global targets for TB control</li> <li>10. Documentation of technical and operational policies for the national TB programme, in the form of national manuals or similar documents</li> <li>11. Most recent annual report on the status of DOTS implementation, expansion, and financial planning (routine annual WHO TB Data [and Finance] Collection Form)</li> <li>12. Most recent independent assessment/review of national TB control activities</li> </ol>	<p><b>Attachment #</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Malaria specific documentation:</b></p> <ol style="list-style-type: none"> <li>13. Situation analysis</li> </ol>	<p><b>Attachment #</b></p> <p>_____</p>

<sup>1</sup> Where baselines are not available, plans to establish baselines should be included in the proposal.

14. Baseline data for the tracking of progress	_____
15. Country strategic plan to Roll Back Malaria, with budget estimates	_____
16. Result oriented plan, with budget and resource gap indication (where available)	_____
<b>General documentation:</b>	<b>Attachment #</b>  _____ _____ _____ _____
<b>HIV/AIDS specific documentation:</b>	<b>Attachment #</b>  _____
<b>TB specific documentation:</b>	<b>Attachment #</b>  _____ _____ _____ _____
<b>Malaria specific documentation:</b>	<b>Attachment #</b>  _____ _____ _____ _____
<b>Crosscutting documents/activities</b>	<b>Attachment #</b>