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## HIV REFORM IN ACTION

CORPORATE AGREEMENT- HEALTH SYSTEMS STRENGTHENING FOR A SUSTAINABLE HIV / AIDS RESPONSE IN UKRAINE (HSS SHARE)

## ANNUAL REPORT

October 1, 2013 – September 30, 2014

AWARD NUMBER: AID-121-A-13-00007  
DELOITTE CONSULTING, LLP

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## LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral (drug)
CB	Capacity building
CME	Continuous Medical Education
CPD	Continuing Professional Development
CSO	Civil Society Organization
CMU	Cabinet of Ministers of Ukraine
COP	Chief of Party
C&T	Counselling and Testing (Synonyms often used: HCT, VCT)
DCOP	Deputy Chief of Party
ER	Expected results
GF	The Global Fund for AIDS, TB, and Malaria
GoU	the Government of Ukraine
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HIVRIA	HIV Reform in Action
HQ	Headquarters
HR	Human Resources
HRH	Human Resources for Health
HRIS	Human Resource Information System
IDUs	Intravenous Drug Users
IT	Information Technology
KAP	Key Affected Populations
KM	Knowledge Management
KMCS	Knowledge Management and Communication Strategy
MAT	Medication-assisted treatment
MOF	Ministry of Finance
MOH	Ministry of Health
MOE	Ministry of Economics
MOU	Memorandum of Understanding
MSM	Men who Have Sex with Men
M&E	Monitoring and Evaluation
NAP	National AIDS Program
NASA	National AIDS Spending Assessment
NGO	Non-Governmental Organization
NHA	National Health Accounts
PBB	Performance Based Budgeting

PEPFAR	the President's Emergency Plan For AIDS Relief
PHC	Primary Healthcare
PLHIV	People Living with HIV/AIDS
PLWH	People Living with HIV/AIDS
PMEP	Performance Monitoring and Evaluation Plan
PPP	Private Public Partnership
PWID	People Who Inject Drugs
RCC	Regional coordination Council
SOW	Scope of Work
STTA	Short-Term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TOR	Terms of Reference
UCDC	Ukrainian Center for Disease Control
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counselling and Testing
WG	Working group
WHO	World Health Organization

**SECTION A.**

**Table 1. GENERAL PROJECT INFORMATION**

<b>Country:</b>	Ukraine	<b>Project:</b>	HIV Reform in Action
<b>Regions/oblasts:</b>	Dnipropetrovsk, Lviv, Poltava	<b>short name:</b>	HIVRiA
		<b>CoAg number:</b>	AID-121-A-13-00007
		<b>Implementer:</b>	Deloitte Consulting LLP
<b>Agreement Officer Representative (AOR)</b>	Paola Pavlenko	<b>Start Date:</b>	October 1 <sup>st</sup> , 2014
<b>Alternate AOR</b>	Mark Breda	<b>End Date:</b>	September 30 <sup>th</sup> , 2018
<b>Date of Report Submission:</b>	October 15 <sup>th</sup> , 2014	<b>Latest modification # and date:</b>	Mod 1 signed March, 31, 2014
<b>Period covered by the report:</b>	October 1 <sup>st</sup> , 2013 – September 30 <sup>th</sup> , 2014		

**Table 2. PROJECT PURPOSE INDICATORS MATRIX**

Purpose Statement	Objectively Verifiable Indicators/ OVIs (can be taken from available sources of epid/ or operational data of country partners/ e.g. AU, MoH; can be proxy indicators)	Comments / assumptions
<p>Contribute to a sustainable, GoU-owned, integrated, gender-sensitive and stigma-free HIV/AIDS response in Ukraine through prioritization and optimization of services (especially for MARPs), greater ownership in health financing, and strengthening of the HIV workforce</p>	<p>Percentage of civil society organizations receiving HIV program funding in project selected regions (PEPFAR – CO_CS0_NAT) 100%</p> <p>Number and percent of MARPs covered with VCT – <b>115722 / 20,8%</b> (2013)</p> <p>Number and percent of IDUs reached with MAT programs – <b>7353 / 2,96%</b> (2013)</p> <p>Number and percent of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV – <b>55784 / 23,8%</b> (2013)</p> <p>Percentage of HIV-infected with late diagnosis (III-IV stages) among all new diagnoses – <b>53,6%</b> (2013)</p> <p>Level of introduction of gender-based approach in MAT programs – <b>0,56</b> (2013)</p> <p>Percent of HIV-positive patients that receive ART services funded by GoU – <b>79,9%</b> (2013)</p>	<p>All-purpose indicators are indirect to Project activity and are collected as part of the Project PMEP. Reported indicators' data are the same as Project baseline data, due to the Government reporting system (report includes 2013 statistics). Final data for Year 1 will be reported in the 2nd Quarterly report for Y2.</p> <p>Project target values were harmonized with NAP draft</p> <p>Data for some indicators are available from the 6 months of 2014.</p> <p>Indicator “number and percent of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV” has increased to 61713 / 26.5%. The GoU input in treatment financing was also improved - “percent of HIV-positive patients that receive ART services funded by GoU” has increased to 81.4%, which is a positive trend in current political situation.</p>

**Table 3. OVERALL PROJECT PROGRESS AND PERFORMANCE IN YEAR 1**

Objectives/ IRs and sub-IRs OVIs	Progress	
	Planned (for reported period)	Actual (including comments if required)
<p>Objective 1: National leadership is strengthened to integrate gender-sensitive and evidence-based HIV/AIDS services into policy and program implementation, providing the basis for an effective and efficient integrated health system within the healthcare reform context and anticipated Global Fund phase-out</p>		
<p>Provide TA support to MOH WG, UNAIDS Technical Advisory Group and Inter-sectorial round-table collaboration matching HIV Reform In Action SOW</p>	<p>Defined Scope of Work for HIV Reform in Action project support to working groups in collaboration with MOH and partner stakeholders</p>	<p>Project team provided recommendations to MOH on inter-ministerial and inter-sectorial roundtable meetings to facilitate cooperation in optimizing and restructuring of HIV services at (i) PHC level and (ii) Referral level.</p>
	<p>Technical assistance provided to Working Groups and roundtable, aligned to MOH policy priorities in areas such as: Assistance to MOH follow-up execution under regional Operational Plan roll-out, (ii) Cost-efficacy in implementation of Oblast operational plans, (iii) options for service integration ( primary, secondary and tertiary level, (iv) TA on service package priorities, (v); TA on cost-effective service-delivery modalities</p>	<p>Project staff members were invited and participated in the State Service WG on the development of the sustainability strategy after the GF phase-out.</p> <p>Throughout various WGs, Project staff participated and contributed to the consultation process with Ukrainian counterparts, to plan the improved scale up of services to people who inject drugs for testing, treatment and prevention of HIV (UNAIDS).</p> <p>Project prepared the Financial Gap Analysis with background calculations for Ukraine's Concept Paper and application to the GF.</p>
<p>Provide direct and interim TA support to National/Oblast Coordination Council on HIV, TB and other infectious diseases via MOH, SS and oblast administrations</p>	<p>Established collaborative interface with MOH-allied ministries such as but not limited to: MoF, Ministry of Social Policy, Ministry of Education, Ministry of Internal Affairs and Penitentiary System State Services.</p>	<p>During inception and engagement missions to Lviv, Mykolaev and Kherson Oblasts, the Project team established cooperative relationships with Regional Coordination Councils, Oblast Administrations and regional HIV Centers, as well as initiated discussions about MOUs.</p> <p>At the request of the State Service for Socially Dangerous Diseases (SS), Project team provided recommendations on NAP 2014-2018 revision and provided input to the National HIV/AIDS Treatment Strategy for 2014-2018 by addressing variations in the treatment cost through a number of schemes and simplification of HIV HTC procedures.</p> <p>Also, at the special request of the State Service, several sections of the NFM HIV/TB application to the Global Fund were drafted by the Project.</p>

<p>Meet data/evidence needs in support to HIV strategy implementation and oblast operational plans in areas such as: ARV, MAT, provider-initiated screening and counselling and Prevention through cost-effective service integration</p>	<p>Analysis on problems and barriers against optimal use and scale up VCT, provider initiated screening and counseling, ART and MAT vs GF phase out.</p>	<p><b><u>An analysis of the status of the policy framework for HIV C&amp;T</u></b>, the availability of guidelines, standards, orders regulating the provision of these services along the patient's route, and a review of the efficiency of C&amp;T at different facility levels (government and non-governmental) has been conducted as a preparation activity for recommending models of integration of C&amp;T services at PHC.</p> <p>Legislative and other barriers in the provision of HIV VCT, ART, MAT and other medical and preventive services at the PHC level were investigated, including considerations for developing modalities for piloting HIV services at the primary health care level. <b><u>A report was produced.</u></b></p> <p>Project contributed to the SS Working Group on MAT development and drug rehabilitation reform to discuss amendments to policies regulating MAT, including those at the primary health care level.</p>
	<p>Service integration alternatives scoping, in consideration of prior/current research such as LSHTM/Sedona Sweeny et al.</p>	<p>Project conducted an analysis of the practical integration models and reviewed past international experience adjusting HIV delivery in the conditions of reform of a Semashko model, that was based on a recent UNAIDS study "Impact of Integrating HIV/AIDS Services with Other Health Services on Costs and Efficiency: A review of Current Evidence and Experience", by LSHTM/Sedona Sweeny</p> <p>Study also included national practices of HIV services at PHC level integration: Chernihiv region (Abt) and Zakarpattia region (WHO, Clinton Foundation). Health reform in Ukraine (HCFs, functions, financing, etc. at each level), policy framework regulating the health reform, service level allocations (SLA) were analyzed, challenges of integration of HIV services at PHC level as well as recommendations were identified and included in the finalized integration <b>concept paper</b> that was drafted by the project as a base for further oblast-piloting and service costing.</p>
	<p>Prioritization of medical and social service packages based on EBM and C/E balance in view of resource frame post-GF phase-out</p>	<p>Project staff has conducted an analysis, <b><u>resulting in analytical note</u></b>, of prioritization of medical and social services that were based on the research of evidence levels conducted by the RESPOND Project.</p>
<p>Prepare and establish access to evidence-based medical resources, such as the world-wide Cochrane Centre network for HIV/AIDS, at an institutional home within the MOH or other appropriate stakeholder (TBD in collaboration with other relevant</p>	<p>Recommendations for collaborative arrangement between HIV Reform in Action, relevant MOH agency and/or institutional partner as platform for Evidence-based excellence such as Cochrane, NICE</p>	<p>Setting-up of the Cochrane worldwide network unit for evidence data has been formulated as a prospective piloting grant idea. Project staff investigated institutional platforms and facilities, which could host national Cochrane Center and the web portal has been started.</p> <p>Consultations with UCDC and RESPOND were conducted to synchronize the activities.</p>

partners such as RESPOND Project)		
Explore options based on international best practice for social marketing, peer role model projections, and public and service provider attitudes to address stigma and discrimination in the Ukrainian context (including possible collaboration with media, NGOs, and other USAID support projects such as RESPECT and RESPOND).	Speaker series and communication-motivation campaign based in Evidence and matched to recipient target group analysis	Project identified Speaker Series as a core function of project engagement with oblasts during roll-out and oblast inception activities; first round of Speaker Series was launched during the engagement with Lviv oblast, targeting family medicine professionals and oblast administration officials.  <b><u>Speaker Series concept was developed</u></b> to formulate core messages; delivery modalities and identification of target audience, based on evidence and international best practice.
Assist MOH to draft concept for HIV-integrated service delivery, with a focus on PHC level integration (SLA and integrated service delivery quality assurance mechanisms). This will be done in coordination with key stakeholders such as RESPOND project, GF PRs, and others.	Review presented with recommendations for needed updating of legislation and/or legal norms and guidelines for screening, case-identification, reporting, case-management and care of pts with socially dangerous diseases – from perspective of MOH regulatory position, service-provider compliance requirements, patient human rights and responsibilities, and oversight inspection, supervision and monitoring.	Project team has prepared the <b><u>Integration Concept Paper</u></b> on priority of HIV services at PHC level.  Project team has prepared a framework for HIV integrated care which includes training needs and salary incentives for primary health care physicians and identified differences in incentive mechanisms.
Develop clear objectives and working procedures for Change Agents and Champions program in consultation with MOH and Oblast level other stakeholders	Identify Change Agents to address Stigma, Gender and Discrimination alleviation in the medical educational system (undergraduate students at medical schools; family-medicine and specialist training; and CME): to address and facilitate service delivery reorganization in oblast level integration of primary, secondary and tertiary level service provision (linked to Objectives 1,2 3)	Project staff developed criteria for selecting Change Agents - representatives of project partners and various specialists in the areas of HIV, primary health care, infectious diseases are expected to encourage data-driven decision making within GoU.  Terms of reference for Oblast coordinators including working procedures for collaboration with Change Agents and Champions at oblast level were developed.  Objectives and procedures for engaging Change agents and champions were discussed with Regional administration and health authorities in Lviv Region.
Design, develop and align with changes Communication Strategy to promote policy dialogue and evidence based data driven decision making	GoU officials and oblast level stakeholders reached with key information and messages	<b><u>Project Communication Strategy was developed.</u></b>

<p>Assist State Service to draft strategy for the delivery of quality services for MARPS and PLWHIV (such as VCT, MAT, ART), after Global Fund phase-out (will be done through WGs and in coordination with RESPOND project, Global Fund Principle Recipients, UNAIDS, WHO, and others)</p>	<p>Based on international and national practices, analysis of policy framework for health reform, HR, finance resources, develop strategy for the delivery of quality services for key populations after the GF phase-out</p>	<p>Project supported participation of <b>the</b> Ukrainian delegation of national level stakeholders including representatives of State Service, MOH, Min Soc, Min Fin, UCDC and key NGOs at <b>the seminar/workshop to elaborate models and mechanisms on supporting sustainability of priority medical and social services for key populations</b> that was held in Tbilisi, Georgia,</p> <p>Using the tools developed, participants learned how to structure assessments and conduct mappings of the existing services for KAPs, discussed possible consolidation strategies with country stakeholders, advocacy and promotion plans as well as shared lessons learned and best practices for the nine countries across the CEECA region for implementation of this development in national strategies.</p>
<p><b>Objective 2: Resource allocation and financing is improved and optimized for sustained, integrated HIV/AIDS response at the oblast level and reflects priority services with attention to MARPs, cost- efficacy, impact, and state and regional budget realities given GFATM phase-out</b></p>		
<p>Review the existing broader health financing strategy and in collaboration with the stakeholders, define HIV financing objectives around resource mobilization, pooling and allocating, purchasing, and resource management focused on the transition.</p>	<p>Strategy for new unified financing of integrated HIV/AIDS services developed</p> <p>Y1 target: Development of strategy concept has begun.</p>	<p><b><u>Project made a contribution to the development of the health financing reform concept</u></b> which defines health financing strategy in health care. This work was coordinated closely with the Ministry of Health and the World Bank. The Concept of the health care reform which includes health financing reform was finalized by the MOH and submitted to the Cabinet of Ministers for approval.</p>
<p>Support the development of the risk- and output-adjusted capitation for financing HIV services at the primary healthcare level</p>	<p>Proposal prepared and presented to MOH on a risk-adjusted capitation budgeting mechanism and case-based staff incentive scheme for meeting HIV service needs.</p>	<p>Project drafted the concept of the new budgeting mechanism for providing HIV services at PHC level and presented to the State Service. It has also been discussed with UCDC, The World Bank and WHO.</p> <p><b><u>The draft paper on “Risk adjusted Capitation for integrated PHC care including essential HIV-AIDS response was prepared.</u></b></p>
<p>Following the national timeline, support national and oblast efforts in</p>	<p>A number of National AIDS Spending Assessments (NASAs) completed during life of the project to date</p>	<p>Project provided TA to UCDC on data collection and consolidation. Draft of consolidated base was provided to UCDC in June 2014 and preliminary</p>

<p>HIV-related resource tracking to generate data and evidence</p>		<p>information was used for preparation of the country's application to the Global Fund – NFM Proposal (Section of Gap Analysis).</p> <p><b><u>Preliminary consolidated tables/dataset on NASA Gap analysis section of NFM Proposal was developed.</u></b> The project will assist with final NASA data validation in Y2.</p>
<p><b>Objective 3: An optimized, flexible and strengthened HRH system is developed that is able to provide sustainable, integrated, gender-sensitive and stigma-free HIV/AIDS services</b></p>		
<p>Study/define HRH needs for HIV response including key populations with regards organizational capacity and task distribution, including needs of key populations HRH demand to address them</p>	<p>As a final task, HRH needs for HIV service provision defined. For the first year: draft concept for HRH development in HIV agreed with partners and planning study to justify HRH Strategy and further planning</p>	<p>Based on the desk study, <b><u>a review of the different approaches of defining HRH needs for HIV response was conducted and presented</u></b> to partners working with HRH in HIV Response - UCDC, WHO WB, as well as to State Service.</p>
<p>Facilitate consultative discussions with core GoU agencies, regional governments departments and other stakeholders to discuss HRH priorities to meet HIV/AIDS service delivery performance needs</p>	<p>Summary of prioritized HRH development needs drafted. Recommendations developed</p>	<p>Project team presented modern, internationally recognized approaches in assessing HRH needs (targeted service-based vs population-based planning) with recommendations that resulted in the agreement to collaborate in HRH Strategy development. The Project has been officially requested to provide justification for HRH strategy development by the task force under UCDC.</p>
<p>Conduct working meetings/consultations with stakeholders to finalize recommendations regarding HRH priorities</p>	<p>HRH needs for HIV programs presented at meetings, including inter-sectorial working groups, and finalized</p>	<p>Project drew attention of the stakeholders and discussed at several meetings HRH priorities, in particular in relation to HIV prevention services and quality of practical skills of healthcare workforce in HIV.</p> <p>Inter-sectorial working group for HRH Strategy discussion will be fully operational from Y2</p>
<p>Assess organizational maturity gaps using MMBT in enabling HRH priorities through counterpart-led organizational assessment</p>	<p>Comparative analysis/review of existing models conducted and gaps identified. MMBT proposed to counterparts and gaps/priorities analyzed and recommendations formulated.</p>	<p>Delegated to CD advisor and postponed until the grant activities are started. Planned to be run concurrently with the grant activities.</p>
<p>Develop tools/methodology of a baseline/analytical study on current state of HRH and implications on service delivery, including gender, HRIS needs and other aspects</p>	<p>Tools developed; TOR for study defined and advertised; Study implementer identified</p>	<p>Project developed and discussed with UCDC, WB, WHO and other partners a methodology and tools for analytical study of service delivery implications estimated against the three modalities, assuming a potential task shifting between specialized HIV services and PHC.</p>

Conduct baseline/analytical study on current state of HRH and implications on service delivery, including gender, HRIS needs and other aspects	Analysis conducted and report prepared including sections on gender gaps among HRH, HRIS needs and normative/legal parameters for HRH/HIV	Project conducted analysis of the current stage of preventive, social and care & support services to key populations and implications on service delivery after the GF Program phase-out in 2017. Recommendations on possible strategies aimed at sustainability of services for KAPs were reflected in the <b>analytical note</b> and presented at taskforce meetings with State Service, UCDC, Alliance, PLWH Network.
Conduct review of HRIS IT system technical development, including cost benefit analysis	Recommendations developed and given for an optimal IT product/system solution	Following partners requests, work on this component was commenced earlier, in Year 1. HRH Project staff discussed data/components of information system in HIV with UCDC, State Service, Network and Alliance.  Project staff – HRH Advisor and IT Advisor - provided expertise on HRIS as TA to the Working Group on HIV IS system development under the SS.
Discuss with MOH leadership HRIS system type	Decision on system type and implementation process reached, including identifying organizations with HRIS ownership	HRIS system type and implementation process, including identifying ownership organizations was discussed and agreed with MOH and UCDC and HIV IS technical WG under the State Service.  Research on Software Solutions for HR and Health Resource Planning and Management (iHTP & HAPSAT) was conducted and the conclusion was reached that these are not suitable for HRIS in Ukraine's HIV system framework. The decision was made to coordinate efforts and support the creation of National HIV HRIS with UCDC and ACCESS to avoid duplication of work.
Develop rationalization options (define form results of planned assessment studies and EBM review vsv local context)	List of options defined	Seminar in Tbilisi and follow-up meetings in Kyiv facilitated consultative discussions between core GOU agencies (MOH, MOF, MSP, State Service on HIV and UCDC, regional government departments and other stakeholders) on mechanisms for meeting HIV/AIDS service delivery needs for KAPs.  Best practices and lessons learned presented by 9 countries across the CEECA region enriched participants' capacity in developing models to ensure sustainability of priority services for KAPs.  List of rationalization options will be finalized for further piloting in Y2.
Conduct an anonymous survey on incentives to improve services for key populations	Survey conducted; options for meaningful incentives identified	The concept and model for simulating options for incentive-based salary package was prepared - to be validated with key stakeholders, in preparation for field-testing in the context of project activities in oblast pilot sites.

## SECTION B.

**Table 4. RELEVANT INDICATORS FOR YEAR 1**

OVI (Relevant indicators for Year 1)	Progress	Comments
<b>Objective 1. National leadership is strengthened to integrate gender-sensitive and evidence-based HIV/AIDS services into policy and program implementation, providing the basis for an effective and efficient integrated health system within the healthcare reform context and anticipated Global Fund phase-out</b>		
Number of desk study recommendations provided by the Project to GoU (national/regional/local) to be incorporated into regulatory documents (Cumulative)	<b>4 (Y1 target 4)</b>	Project prepared 4 desk study recommendations: <ul style="list-style-type: none"> <li>Regulatory barriers regarding HIV services provision (C&amp;T, MAT, ART, NSP) at PHC</li> <li>Draft of models of integration of HIV services targeted at PHC level, depending on the placement of family type ambulatory.</li> <li>Draft concept paper on priority options for integration of priority HIV services at PHC level</li> <li>Draft of Salary Incentives for PHC physicians, as a method to enable integrated care including HIV/AIDS services</li> </ul>
Number of actions on communications portal	<b>0 (Y1 target 50)</b>	The communication portal has not been launched yet. Due to changes in project leadership, the strategy for the portal was modified. The Project has been closely coordinating activity on engaging National communications portal with UCDC and RESPOND. Project is in the process of finalizing the HIVRiA website; it is currently pending USAID approval.
<b>Objective 2. Resource allocation and financing for sustained integrated HIV/AIDS response is improved and optimized at oblast and national level and reflects needed priority services with attention to MARPs, cost-efficacy and impact as well as addresses GF phase-out and state- and regional budget realities</b>		
Strategy for new unified financing of integrated HIV/AIDS services developed	<b>1 (Y1 target - 1)</b>	Project made a contribution to the development of the Concept of the health financing reform which defines health financing strategy in health care.
Concept on a risk-adjusted capitation budgeting mechanism and case-based staff incentive scheme for meeting HIV service needs prepared	<b>1 (Y1 target - 1)</b>	Draft of concept on a risk-adjusted capitation budgeting mechanism
Number and percent of project-supported studies in which at least one member of the study team is delegated and actively involved by the national and/or sub-national authorities (Cumulative)	<b>1 (Y1 target - 1)</b>	National AIDS Spending Assessment for the years 2011 and 2012 was initiated by UCDC, Data collection was facilitated by UCDC while the Project was requested to conduct data verification, finalize the dataset, and produce the tables and graphs.
<b>Objective 3. An optimized, flexible and strengthened HRH system is developed that is able to provide sustainable, integrated, gender-sensitive and stigma-free HIV/AIDS services</b>		

<p>Number of person-courses completing in-service training within the reporting period (PEPFAR)</p>	<p><b>10 (Y1 target - 175)</b></p>	<p>Seminar – workshop in Tbilisi (Georgia) to elaborate models and mechanism on supporting sustainability of priority medical and social services for Key population was attended by a Ukrainian delegation of national level stakeholders including representatives of Ministries, UCDC and key NGOs. Using the tools developed, participants learned how to structure assessments and conduct mappings of the existing services for KAPs, discussed possible consolidation strategies with country stakeholders' technical support, as well as advocacy and promotion plans for implementation of this development in national strategies.</p> <p>Participants received an opportunity to familiarize themselves with lessons learned and good practices of the 9 countries across the CEECA region, as well as approaches for development of a model for identification and dissemination of effective interventions.</p>
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<p><b>Does Logframe, PMEP or WorkPlan Require Revision?</b></p>
<p><b>Yes, a new version of PMEP was prepared on October 15<sup>th</sup>,2014</b></p>

Table 5.

Lessons learned, and suggested dissemination	
(i) Project Level Lessons	<ul style="list-style-type: none"> <li>• Overly narrow focus on integrating most HIV services into PHC made the Project activities more rigid and susceptible, unable to address various political developments in Ukraine.</li> <li>• During the reporting year it became obvious that some Project activities overlap with other partner projects (GF or USAID) thus, creating a need for the Project to redefine/revise the focus and/or agree with partners/stakeholders on coordination of activities and clear division of responsibilities, in order to avoid duplication and maximize the leveraging of resources. Insufficient communication and coordination with other implementers has on some occasions led to non-cohesion, duplication and ineffective coordination.</li> <li>• Significant efforts are needed to support our GOU partners in properly prioritizing and articulating their TA needs, with further follow up cooperation and capacity building. Defining needs for TA in HRH Strategy development could serve as an example.</li> <li>• Insufficient local technical capacity in HIV policy, finance and HRH hampered proper STTA selection in support of capacity building initiatives.</li> </ul>
(ii) Sector Level or Thematic Lessons	<p>Significant changes in the government of Ukraine have resulted from dramatic social and economic disturbances over the past year. These events also triggered certain changes in the GOU's focus areas. While GOU's attention to the Health Reform, including HIV/AIDS, was pulled away by other immediate priorities, innovative tools and solutions in Health/HIV Finance space have become even more important focus area for HIVRiA project in Y2.</p>
(iii) General Development Lessons	<p>Operating in the environment when priorities of the central government of Ukraine have been shifting, HIVRiA project team has learned to re-focus project's resources, in coordination with USAID and other key project stakeholders. The team was able to re-focus activities to the regional programs, while providing support to GOU counterpart agencies through the cycle of restructuring and new leadership appointments. Once the new structure and leadership settle at the central level, we will increase the project's engagement with the government counterparts and support them in achieving the project's goals.</p>

## SECTION C.

Table 6. EXECUTIVE SUMMARY

<b>Executive Summary of the progress achieved during the reporting period</b>
<p>In Year One, the Project studied obstacles for HIV reform in Ukraine and focused on creating a base of evidence for proposed rationalization options. However the project implementation was affected by the dramatic challenges and changes that Ukraine faced over the course of the year. The country's President and Cabinet of Ministers were replaced in full and part of Ukraine's territory was occupied, including regions initially planned for the Project's work in Year One. The new Minister of Health announced the re-launch of Ukraine's health reform.</p> <p>Major accomplishments by HIVRiA during Year One include: strengthened collaboration with the Ministry of Health (MOH), State Service on Socially Dangerous Diseases and UCDC. The cooperation was also established with authorities of the Lviv, Kherson and Mykolaiv oblasts. Project team actively contributed to the Healthcare Reform Working Group and provided support towards the development of an investment case for HIV/AIDS. Additionally, the project contributed to Ukraine's HIV/TB application to the Global Fund under the New Funding Model (NFM).</p> <p>The Project also contributed to the work of the TWG on Sustainability of HIV prevention services for Key populations under the State Services. Innovative approaches to Human Resource for Health (HRH) for HIV response were presented to key partners and have resulted in achieving consensus among the stakeholders on creating of a task-force for HRH Strategy development. The Project provided TA in HRIS in HIV (became a member of TWG in IS development and provided recommendations to UCDC as a PR of R10 GF). The project developed a draft concept of HIV service integration at PHC level and conducted the Analysis of barriers for implementation of HTC, MAT and ART.</p> <p><b>Regional strategy</b></p> <p>Three regions – Dnipropetrovsk, Lviv and Poltava oblasts have been selected for the initial stage of the project's regional implementation. The oblast selection process for the project's regional implementation was organized in several stages and included consideration of factors influencing oblasts' response to HIV epidemic in Ukraine. The selection criteria were developed based on the core principles of combating the epidemic and included epidemiological data, capacity, commitment, healthcare reform involvement, alignment with other USAID-funded projects and other factors reflecting the context of the response. Information was collected from the official HIV/AIDS statistics, as well as in discussions and interviews with key partners and stakeholders. Decision matrix was used for screening and shortlisting the oblasts (see Oblast Selection Matrix attached). Mapping of USAID-funded projects and other donors and projects present in Ukraine was used to have a whole picture of the regional HIV TA landscape.</p> <p>Out of all 27 regions reviewed, fifteen were shortlisted for further evaluation (Crimea, Kyiv City, Kherson, Donetsk, Odessa, Lviv, Mykolayiv, Dnipropetrovsk, Sevastopol City, Chernihiv, Kyiv, Luhansk, Zaporizhzhya, Poltava and Cherkassy), with the eight oblasts pre-selected (Kherson, Donetsk, Lviv, Mykolayiv, Dnipropetrovsk, Chernihiv, Luhansk and Poltava. Although the selection criteria remained the same, further selection was affected by political and social events that took place in Kyiv and South-Eastern Ukraine</p>

in the beginning of 2014. Following the unrest and political developments in the country, Crimea, Luhansk and Donetsk oblasts were excluded from the preliminary list. The final list of five pilot regions included Dnipropetrovsk, Kherson, Lviv, Mykolayiv and Poltava. However, considering the delay with the actual roll-out of the project implementation at the regional level, the decision was made to focus Year Two activities on three out of the five shortlisted oblasts – Dnipropetrovsk, Lviv and Poltava. Cohesion of the project plans and objectives with the World Bank’s regional health reform program was the critical factor for selecting these three regions aside from other criteria such as available professional capacity, strong political will, health reform experience and readiness for change and development.

Inception visits for assessing readiness for cooperation, capacity and commitment were conducted to Lviv, Dnipropetrovsk, Kherson and Mykolayiv oblasts. Collaboration was established with the Oblast Administrations, Oblast Health Departments, Oblast AIDS Centers, NGOs and other local stakeholders and their respective POCs were identified. Regional Coordinators were selected and hired in all three regions. Two additional regions will be selected and initiated in Year Two with actual engagement of these regions planned for the beginning of Year Three.

### **Communication**

In Year One, the Project developed a communication strategy and laid grounds for an online knowledge management portal which will serve as a forum for policy makers, providers, national and regional stakeholders involved in the reform. This activity will be coordinated with UCDC and RESPOND project in Y2 to support UCDC in developing data information and education sets for HIV/AIDS.

### **Grants Program**

In Year One, the first round of calls for concept papers was conducted and one organization was selected that will be invited to submit a full proposal with the aim to award the grant in November 2014.

The Grant Manual has been adapted to the HIVRiA Project needs. The Grant Manual includes a Specific Project Grant Program Guide, eligibility criteria for potential grantees, and a list of possible grant topics. The list of grants may be updated as needed.

### **Capacity Building**

Capacity Building constitutes one of the cross-cutting activities of the Project; aiming to strengthen technical and organizational competencies of national and regional stakeholders and partners, including governmental agencies, academic institutions and non-governmental organizations. During the reporting year, activities in this area have been tailored to assist in formulating the Project’s approach to capacity building, target implementation areas, expected results and target audience. A mapping of prospective partner organizations and recipients of capacity building interventions has been conducted and the priorities for launching CB activities defined for the three Project Objectives at the national and regional levels.

Additionally, the Project team developed introductory and awareness material to demonstrate the Project’s vision of strengthening institutional capacity. The Project leveraged Deloitte’s CYPRESS (Capacity, Performance, Results, and Sustainability) methodology

and the Maturity Model Benchmarking Tool (MMBT), tailored the framework to the current situation in Ukraine, and translated it into Ukrainian so that it could be used at all levels of the health system.

Capacity building activities should have started in July-August of the reporting year, with Health Finance grantee, focusing on its institutional capacity strengthening, with the aim for this organization to become fully capable and eligible for USG or other funds and contracts after the completion of HIVRiA Project. However, due to changes in the Workplan which were reflected in the revised SOW, signing of grant agreements was postponed and moved into the next year, and launch of capacity building activities followed. In Year Two, the capacity building activities for this grantee will start in the first quarter, followed by other grantees in subsequent quarters.

In Year One, the Project developed a Performance Monitoring and Evaluation Plan (PMEP) that describes expected products, outputs, and outcomes of the support provided. PMEP includes the required PEPFAR indicators and a set of comprehensive indicators. To track all M&E data, the project prepared two M&E databases – to record all project data (Online Project Monitoring Database) and to track data related to PMEP.

#### **Key Issues/ Points of information**

- **Programmatic:** project delivery at the central and regional level was unfavorably affected by dramatic social events that started in November 2014 and evolved in political and economic instability. These events have significantly changed GOU priorities, pulling the government's resources and attention away from HIV/AIDS issues. Our mitigation plan included flexible approach to focus on regional counterparts, while staying engaged and continue providing support to the central government counterpart agencies responsible for HIV/AIDS through the restructuring and new leadership appointments.
- **Cross-cutting/contextual:** a number of significant cross-cutting project deliverables were developed in Y1, such as Grants program launch, setting up online PMP tracking system, developing project communication strategy, design and development of the project website (official launch pending USAID approval), and localizing our capacity building tools and methodologies. These tools are going to be critical in Year Two in implementing planned activities across all three project objectives, both at the central and regional level.
- **Management:** in summer 2014, original COP, DCOP, and two out of three objective leads of HIVRiA project were replaced, in coordination with and upon the approval by USAID. To support this management transition and continue providing uninterrupted support to project counterparts, Deloitte mobilized our Home Office management team and additional short term resources. New COP, DCOP and Objective 2 Lead have been timely deployed and at the time of this report have been successfully playing their respectful roles in project delivery and developing working relationships with project stakeholders. Despite the project transition, all contractual deliverables were produced and submitted for USAID review and acceptance in a timely manner.

## PROJECT PROGRESS AND PERFORMANCE ON THE MONITORING PLAN

### High level results

Purpose level indicator	2013 Baseline	Target value Y1	Report data Year 1	Comment
Number and percent of MARPs covered with VCT	115722 / 20,8%	TBD	115722 / 20,8%	Indirect indicators Reported indicators data are same as Project baseline data, due to the Government reporting system. Final data for Year One will be reported in 2 <sup>nd</sup> Quarter report Year Two.
Number and percent of IDUs reached with MAT programs	7353 / 2,96%	5%	7353 / 2,96%	
Number and percent of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	55784 / 23,8%	BL increased by 2,5%	55784 / 23,8%	
Percentage of HIV-infected with late diagnosis (III-IV stages) among all new diagnoses	53,6%	41%	53,6%	
Percentage of civil society organizations receiving HIV program funding in project selected regions (PEPFAR – CO_CS0_NAT)	N/D	TBD	100%	
				Data presented for Lviv, Poltava and Dnepropetrovsk oblast

**Objective 1: National leadership strengthened to integrate gender-sensitive and evidence-based HIV/AIDS services into policy and program implementation, providing the basis for an effective and efficient integrated health system within the healthcare reform context and anticipated Global Fund phase-out**

Indicator	2013 Baseline	Target value Y1	Report data Year 1	Comment
Number of regulatory documents for which the Project provides evidence-based recommendations during development or revision (Cumulative)	0	1	0	
Regulation for licensing of entities for HIV service delivery prepared	0	1	N/A	
Number of PEPFAR-supported DSD and TA sites (PEPFAR – SITE_SUPP)	TBD	TBD	0	Project will provide site TA in Year Two during piloting
Number and percent of HIV-positive patients that receive ART services funded by GoU	79,9%	TBD	N/A	Indirect indicator. Reported indicators data are same as Project baseline data, due to the Government

				reporting system. Final data for Year One will be reported in 2 <sup>nd</sup> Quarter report Year Two.
Number of desk study recommendations provided by the Project to MOH and State Service to be incorporated into regulatory documents (Cumulative)	0	4	0	
Prioritized service package SLA prepared	0	0	0	

**Objective 2: Improve and optimize resource allocation and financing for the national and selected regional HIV/AIDS programs targeting key populations**

Indicator	2013 Baseline	Target value Y1	Report data Year 1	Comment
Strategy for new unified financing of integrated HIV/AIDS services developed	0	1	1	
Concept on a risk-adjusted capitation budgeting mechanism and case-based staff incentive scheme for meeting HIV service needs prepared	0	1	1	
Number of selected regions actively formulating budgets for integrated HIV services through application of risk and output adjusted capitation	0	0	0	
Number and percent of sites in selected regions that receive Project TA in the areas of financing, budgeting and/or resource handling	0	TBD	0	
Number and percent of health financing and budgeting staff in the selected regions administrations trained	0	TBD	0	
Number and percent of project-supported studies in which at least one member of the study team is delegated and actively involved by the national and/or sub-national authorities (Cumulative)	0	1	1	

**Objective 3: Optimize and Strengthen Human Resources for Health for the Delivery and Scale-up of Gender Sensitive HIV/AIDS services targeting key populations**

Indicator	2013 Baseline	Target value Y1	Report data Year 1	Comment
Human Resource Information Systems (HRIS) Assessment Framework (PEPFAR – HRH_HRIS)	N/A	TBD	N/A	
National 5-year plan for HRH planning and management strategy aligned with NAP is introduced	0	0	0	

Number of selected regions that have started HRH strengthening plan implementation, which is developed based on prioritized needs and integrated HIV/AIDS services (Cumulative)	0	0	0	
Number of selected regions with an operational HRIS system that monitors regions healthcare staff continuous medical education pertaining to HIV skills (Cumulative)	0	0	0	
Number and percent of facilities in selected regions that provide HIV services that are including staffing information, by cadre, in the HRIS (Cumulative)	0	TBD	0	
Number of new health workers who graduated from a pre-service training institution or program as a result of PEPFAR-supported strengthening efforts, within the reporting period, by select cadre (PEPFAR)	0	TBD	0	
Number of person-courses completing in-service training within the reporting period (PEPFAR)	0	175	8	
Number and percent of change agents/champions enrolled and trained that apply the new skills/tools / approaches into practice	0	TBD	0	

**Cross-Cutting areas:*****Institutionalization and Grants Management***

<b>Indicator</b>	<b>2013 Baseline</b>	<b>Target value Y1</b>	<b>Report data Year 1</b>	<b>Comment</b>
Percentage improvement in self-assessment scores	N/A	NBD	N/A	First data will be available at the end of Project Year Two.

***Communication and Knowledge Management***

<b>Indicator</b>	<b>2013 Baseline</b>	<b>Target value Y1</b>	<b>Report data Year 1</b>	<b>Comment</b>
Number of actions on communications portal	0	50	0	

***Gender and stigma sensitization***

<b>Indicator</b>	<b>2013 Baseline</b>	<b>Target value Y1</b>	<b>Report data Year 1</b>	<b>Comment</b>
Level of introduction of gender-based approach in MAT programs	0,56	N/A	N/A	Indirect indicator. Reported indicators data are same as Project baseline data, due to the Government reporting system. Final data for Year One will be reported in 2 <sup>nd</sup> Quarter report Year Two.