HIV REFORM IN ACTION

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

QUARTERLY REPORT

October 1, 2014 – December 31, 2014

AWARD NUMBER: AID-121-A-13-00007

DELOITTE CONSULTING, LLP

This report is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents of this report is the sole responsibility of Deloitte Consulting LLP and its implementing partners and do not necessarily reflect the views of USAID or the United States Government.

TABLE OF CONTENT

Contents

TABLE OF CONTENT **2**
LIST OF ACRONYMS **3**
SECTION A. **6**
Table 1. GENERAL PROJECT INFORMATION 6
SECTION B. **8**
Table 2. OVERALL PROJECT PROGRESS AND PERFORMANCE IN REPORTING PERIOD ... 8
SECTION C. **23**
TABLE 5. Evaluation of Activity with Respect to Environmental Impact 23
Table 6. EXECUTIVE SUMMARY 23

LIST OF ACRONYMS

Acronym	Description
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average length of stay
ART	Antiretroviral Therapy
ARV	Antiretroviral (drug)
BCC	Behavior Change Communication
BL	Baseline
B&M Plan	Branding and Marking Plan
CB	Capacity building
CD	Capacity development
CME	Continuous Medical Education
CPD	Continuing Professional Development
CSO	Civil Society Organization
CSSFCY	Center of Social Services for Family, Children and Youth
CMU	Cabinet of Ministers of Ukraine
COP	Chief of Party
C&T	Counselling and Testing (also : HCT, VCT)
DCOP	Deputy Chief of Party
DRG	Diagnostic Related Groups
EPI INFO	Public domain statistical software for epidemiology developed by Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia (USA)
ER	Expected results
FCPA	Foreign Corrupt Practice Act
FM	Family Medicine
FSW	Female Sex Workers
GARP	Global AIDS Report
GF	Global Fund
GFATM	Global Fund to Fight AIDS, TB and Malaria
GoU	Government of Ukraine
HCF	Health Care Facilities
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HR	Human Resources
HRH	Human Resources for Health
HRIS	Human Resource Information System
HSS-SHARe	Health System Strengthening for a Sustainable HIV/AIDS Response
ICD	International Classification of Disease
ICT	Information Communication Technology
IDUs	Intravenous Drug Users

iHTP	Integrated Healthcare Technology Package
Intl.	International
IS	Information system
IT	Information Technology
KAP	Knowledge Attitude Practice/Key Affected Populations
KM	Knowledge Management
KMCS	Knowledge Management and Communication Strategy
KP	Key populations
LOC	Letter of Credit
LTTA	Long-Term Technical Assistance
MARPs	Most-At-Risk Populations
MAT	Medication-assisted treatment
MMBT	Maturity Model Benchmarking Tool
MoF	Ministry of Finance
MoH	Ministry of Health
MOU	Memorandum of Understanding
MoV	Means of Verification
MSM	Men who Have Sex with Men
MSP	Ministry of Social Policy
M&E	Monitoring and Evaluation
NAP	National AIDS Program
NASA	National AIDS Spending Assessment
NGO	Non-Governmental Organization
NHA	National Health Accounts
NHP	National HIV Plan
Obj	Objective
Ops Manager	Operations Manager
OVI	Objectively Verifiable Indicators
PBB	Performance Based Budgeting
PEPFAR	President's Emergency Plan For AIDS Relief
PH	Public Health
PHC	Primary Health Care
PLHIV	People Living with HIV/AIDS
PLWH	People Living with HIV/AIDS
PM	Project Management
PMEP	Performance Monitoring and Evaluation Plan
POC	Point of Contact
PPP	Private Public Partnership
PWID	People Who Inject Drugs
Q&A	Questions and Answers
RAP	Regional AIDS Program

RCC	Regional TB and HIV Coordination Council
RFA	Request For Applications
ROI	Return on Investment
SLA	Service-Level Allocation
SOW	Scope of Work
SS	State Service of Ukraine on HIV and Other Socially Dangerous Diseases
STTA	Short-Term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TBD	To Be Determined/To be done
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

Country:	Ukraine	**Project:**	HIV Reform in Action
Regions/oblasts:	Dnipropetrovsk, Lviv, Poltava	**Short name:**	HIVRiA
		CoAg number:	AID-121-A-13-00007
		Implementer:	Deloitte Consulting LLP
Agreement Officer Representative (AOR)	Paola Pavlenko	**Start Date:**	October 1st, 2014
		End Date:	September 30th, 2018
Alternate AOR	Mark Breda	**Latest modification # and date:**	Mod 1 signed March, 31, 2014
Date of Report Submission:	January 15, 2015		
Period covered by the report:	October 1st, 2014 – December 31st, 2014		

SECTION B.

TABLE 2. OVERALL PROJECT PROGRESS AND PERFORMANCE IN REPORTING PERIOD

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reporting period)	**Actual** (including comments if required)	**Planned for next period**
Objective 1: Enhance national leadership and capacity for evidence-based and gender-sensitive HIV policy programming and implementation			
Sub-objective 1.1: Support national government institutions in AIDS policy development, programming and implementation			
1.1.1. Facilitate dialogue between MoH, MoF, MSP, Parliament members and regional entities to ensure finance allocation for national AIDS response.	Support interagency working group and dialogue for preparation of annual budget requests and justification of National AIDS Program (NAP) funds allocation	In collaboration with the SS and UCDC, the Project team organized seminars for public sector agencies and regional representatives in December 2014 on the development of Regional AIDS Programs (RAPs).	In coordination with SS and UCDC, the Project team will provide TA to 13 regions on the development of RAPs.
1.1.2. Strengthening MoH capacity in national HIV/AIDS policy development, programming, monitoring and evaluation	Provide technical support to MoH in Health Reform Strategy development efforts in HIV/AIDS area	The Project team participated in meetings with the Health Reform Strategic Advisory Group (SAG) and developed and proposed health reform strategy development ideas. Several meetings were held with the Deputy Minister of Health for European Integration, SAG members	The ongoing process will be formalized upon the formation of the new team at MoH and new leadership for health reform implementation.

		and UCDC on the strategies for the development of HIV and TB system within the overall PH system reform framework. Potential ideas for a system-wide approach to service delivery models were discussed at the HIV RiA stakeholder meeting.	
	Assist with the organizational development of relevant structure within MoH responsible for policy and programming after termination of the SS	The Project held consultations with SS, UCDC and MoH, as well as WHO and UNAIDS, to discuss succession and/or distribution of functions of SS upon its termination. At the special meeting with the Deputy Minister of Health and the Head of the present PH Unit under MoH, technical recommendations regarding the structure of the potential PH department were provided.	The Project developed analytical review of current functions of the SS stipulated in the TOR and analyzed those in relation to national HIV legislation and functions of other state entities, such as UCDC. Special recommendations were developed regarding the proper distribution of the SS functions: policy making functions transferred to the new PH department under MoH, while the programming, surveillance and monitoring functions strengthened at the UCDC. The Project will hold stakeholder consultations to present the results of the review in the beginning of the second quarter.

Sub-objective 1.2: Strengthen capacity of local government entities in implementing regional AIDS programs with emphasis on key affected population			
1.2.1 Support the development of RAPs, including budget planning.	Support Regional TB and HIV Coordination Councils (RCC) in RAP preparation (3 REGIONS)	Meetings conducted with regional teams on RAP development in 3 regions. Agreed on schedules for RAP preparation. **Dnipropetrovsk.** All existing drafts were analyzed and validated. Regional activities were prioritized and integrated in RAP template. Proposed calculations were checked, corrected and used for RAPs. Additional calculations were done and provided for each activity in the list. RAP is finalized. **Poltava.** Existing draft Program was reviewed and transformed into the RAP template. Calculations were checked and comments were provided to the regional team for corrections and update. New version of calculations was reviewed, finalized and returned to the team. RAP is on the final stage prior to finalization (expected in January).	Provide assistance to Poltava and Lviv to finalize their RAPs. Work with 3 regional teams on preparation of the official packages of documents necessary for RAP approval (if this TA is requested).

		Lviv. The project team conducted the workshop for regional stakeholders on RAP development. TA was provided on prioritization of regional activities and estimation of the needs. Calculations were done and entered into RAP template. Regional team is working on the final update of the activity list and will require additional support in preparation of the final budget and RAP finalization (expected in January).	
	Support for RAP development for all regions	The project team provided technical assistance to the State Service in conducting 3 workshops on AIDS program development held for: 1 – National institutions responsible for NAP implementation; 2 – M&E experts from regional AIDS centers; 3 – Regional AIDS center directors. A package of standardized tools for RAP development was prepared (including	In coordination with the SS, all regions of Ukraine will be provided with financial instrument with key costing information and list of indicators and their values. In addition, 13 regions will receive TA and assistance of 2 consultants and Project team for detailed RAP development: identification of specific regional activities in addition to national ones, costing of services and calculation of RAP expenditures.

		calculation of cost of services for MARPs, estimated need in equipment, estimated need in HR, etc.) and presented to M&E experts, and piloted during the workshop. Based on the collected comments, the tools were updated and finalized. At the meeting with the AIDS center directors, the algorithms for RAP development were discussed and agreed upon. 2 technical consultants were trained to provide TA to regions on RAP development. Regional disaggregation of national indicators used for RAP budgeting prepared in the partnership with UCDC, and agreed at the National M&E Working Group. The indicators were formally provided to the regional authorities with the official letter from the State Service.	
1.2.2. Provide national and local partners with adequate regional data and information	In coordination with the RESPOND Project, update regional profiles (facility, HRH, etc.) and present the most recent data and	The Project collected detailed data and information at the oblast level for preparing regional profiles. The profiles	Lviv oblast profile data collection has not been completed due to the delay in information being

	information for Dnipropetrovsk, Poltava and Lviv Oblasts	of Poltava and Dnipropetrovsk oblasts are completed. Data and subsequent analysis was presented and actively used in RAP development.	provided by regional partners. All profiles will be uploaded to the Project website.
Sub-objective 1.3: Improve and sustain comprehensive service delivery models and financing mechanisms for key affected populations.			
1.3.1. Provide TA for the development of the National strategy on access to HIV prevention services for key populations (KPs)**.**	Participate in technical working group (TWG) and provide input to strategy development	HRH/HSS Advisors participated in two meetings of the TWG in October and November 2014. After the TWG meeting in November, recommendations for the revisions to the draft Strategy were submitted to TWG secretariat.	Follow-up to finalize the draft Strategy on sustainability of HIV prevention services for KPs. Support finalizing and endorsing the Strategy, since the liquidation of SS may lead to the suspension of the Strategy development process.
1.3.2. Develop specific service delivery and financing strategies for piloting in project regions (discuss with key stakeholders at national and regional level).	Conduct desk review of analytical data on delivery of HIV services in Ukraine, with specific emphasis on key populations	The Project conducted a desk review of analytical data on delivery of HIV services in Ukraine, with special emphasis on key populations. Desk review includes a library and a list of 152 analytical documents.	It is agreed with UCDC that the library will be placed at the UCDC strategic information portal.
Objective 2: Improve and optimize resource allocation and financing for the national and selected regional HIV/AIDS programs targeting key populations			
Sub-objective 2.1: Develop evidence pool to create support for funding decisions in HIV response at the national and regional level			

2.1.1. Support Government of Ukraine (GOU) in conducting the Investment Case study Phase II (extension of HIV allocative efficiency study) in collaboration with UNAIDS, including analysis of resource allocations and financial sustainability of service delivery to key populations.	Collect operational and service data related to prevention services for KAPs (MARPs) and social support for PLWH in 25 regions of Ukraine	The data collection was postponed due to finalizing the data collection methodology and the delay in the grantee selection process.	Data collection is planned to start in Q2. The RFA will be announced in January.
	Develop TOR and methodology of the study	TOR development started in the partnership with MoE and UNAIDS. Methodology for regional sampling prepared.	To be continued in Q2 (January)
	Conduct a Stakeholder Workshop for decision makers to discuss and finalize methodology of the study	Series of meetings held in the partnership with UNAIDS. The meeting to present the final methodology is scheduled for January.	To be continued in Q2 (January)
2.1.2. Provide technical assistance to UCDC on NASA data validation process for 2011-2012	Prepare report	The original database reviewed and comments provided to UCDC. Process is at stage of the additional data collection and validation. After receiving and verifying additional data, the report will be prepared.	To be continued in Q2 (January-February)
Objective 3: Optimize and strengthen human resources for health (HRH) for the delivery and scale-up of gender-sensitive HIV/AIDS services targeting key populations			

Sub-objective 3.1: Provide evidence based data for HRH strategy in HIV response.			
3.1.1. Analyze human resource needs and gaps for HIV/AIDS service delivery	Conduct a situation analysis on HRH for HIV	Situational analysis has been completed and draft presented to partners at the joint UCDC/HIVRiA meeting on December 23, 2014. The situational analysis report is attached.	Present the results and findings of the situational analysis at the intersectoral working group meeting on HRH strategy development in February 2015. Use the SitAn information for the Project implementation activities.
3.1.2 Estimate capacity of current CME/CPD system in HIV area and its needs for TA and capacity development, analyze needs and gaps	Conduct a situation analysis on current CME/CPD system capacity in HIV.	RFA for the analysis of current CME/CPD system capacity in HIV was released in October 2014, and the grant had to be awarded in December 2014. However, due to poor quality of applications, the deadline has been extended to January 19, 2015.	The grant will be awarded in early February 2015.
Sub-objective 3.2: Support the introduction of systemic and operational changes in HRH for provision of sustainable and integrated HIV/AIDS services at the national and regional level			
3.2.1. Facilitate consultative discussions with core GoU agencies, regional government departments and other stakeholders to discuss HRH priorities to meet HIV/AIDS service delivery performance needs	Conduct stakeholder meetings on capacity and TA needs	As part of the regional partners meeting on Nov 21st, 2014, the workshop on HRH priorities to meet HIV/AIDS service needs was conducted. Partners have expressed their suggestions and shared concerns on gaps in HRH in the three Project regions.	Three stakeholder meetings will be conducted in the Project regions next quarter during the field visits.

	Support interagency working group to discuss HRH priorities to meet HIV/AIDS service delivery performance needs	Inaugural meeting of the interagency working group on HRH needs for HIV services delivery was held on December 23, 2014, with a wide participation of national academic institutions, training centers, international TA projects, GF Principal Recipients. It was agreed to initiate the HRH development working group.	At the meeting in December 2014, it was agreed to hold such meetings regularly; the next meeting is tentatively scheduled for February 2015.
3.2.2. Facilitate HRH Strategy development and introduction of relevant changes in the HRH legislation (Order #33).	Provide TA and recommendations to HRH technical working group under the UCDC (MoH)	Series of consultations were held with partners (RESPECT and ACCESS Projects, the Alliance, RESPOND Project, WHO) to agree on collaboration in TA to bridge gaps in developing HR in HIV.	Extended stakeholder meeting will be conducted in February 2015.
	Provide capacity building to RCC on HRH for HIV strategic planning	In December, during the joint Deloitte / SS meeting with M&E specialists on RAP development, a special session on HRH development was held. Topics covered HR planning related to scaling up of HTC, MAT and ART services in the NAP.	The workshop on current workforce for HIV planning policies and existing gaps in HRH needs estimations will be held.
3.2.3. Support the development of Regional AIDS Programs, including HRH planning and training	Provide CD to RCCs in HRH planning for RAPs	Training on HRH needs calculation for RAPs has been postponed till Q2 due to the	Training on HRH needs calculation for RAPs is scheduled for January 27-29, 2015.

		delay with RAP development process.	
3.2.5. Provide TA on HRIS and IS piloting and implementation.	Provide technical and operational support to working group on HIV IS development.	Progress was not achieved because meetings on HRIS were not organized by SS	Ongoing.
Sub-objective 3.3: Strengthen capacity of Ukrainian institutions in HRH policy development and implementation.			
3.3.1. Strengthening capacity of national and regional level Institutions in proper planning of HRH	Hold consultative meetings to identify and address CB\TA needs for HRH planning at the national and regional levels	Several consultative meetings were conducted with partners (UCDC, National HIV training center, Shupik post-graduate Medical Academy) to discuss HRH development, including social services. Meetings on harmonization of TA to educational institutions were held with the RESPOND Project and the Alliance.	Key partners responsible for HR development in social area will be invited to a joint meeting conducted by the Project and the Alliance in February 2015. The topics will cover options to ensure sustainability of human resources for HIV in social services.
Institutionalization and Grant Management	Finalize HF grant (RFA 2014-001) Release HRH grant (RFA 2014-002)	The grant to support HF component was not awarded because the short-listed applicant did not apply. The selection of a new grantees was postponed to FY2015 Q2. The RFA was modified and a revised SOW was developed. HRH grant: SOW finalized, RFA 2014-002 released on 11/27/2014, application	HF grant: the revised RFA will be released The grant program strategy will be revised and finalized next quarter.

		submission due date extended to 01/19/2015	
Capacity Building	In the framework of activity 1.1.3 “Learning international best practices and experiences in HIV response”, plan a study tour to share strategic vision for health reforms among regional policy makers and change agents, in cooperation with USAID PtP project.	Goals and objectives for the tour as well as the main theme and participants’ profile were defined. A concept of the study tour/visitor exchange request form was completed and submitted to PtP Project along with a preliminary list of participants.	Exact dates of the tour and list of participants will be finalized next quarter (January 2015).
Gender and stigma sensitization	Conduct training for 20 national and regional level change agents on gender and stigma	The training was postponed to late January 2015. TOR for the training was prepared and preliminary consultations regarding selection of participants conducted.	Training will be conducted in FY2015 Q2 (January 2015)
Communication and Knowledge Management	Conduct stakeholder meeting	On November 21, 2014, the Project organized stakeholder meeting on consolidation and coordination of partners’ efforts to streamline effective response to HIV/AIDS in Ukraine. The meeting focused on current healthcare reforms in Ukraine and their influence on HIV.	Project will continue consolidating and coordinating partners’ efforts in HIV domain. Also, the Project will contribute to health reform in Ukraine and will assist MoH in reforming processes with a focus on HIV, in light of general healthcare reforms.
	Launch the Facebook page “HIV Reform in Ukraine”	The Project has launched a Facebook page (facebook.com/HIVReformUA)	The Facebook page will be promoted from mid-January 2015 among the Project’s

		dedicated to the issues of HIV reforms in Ukraine.	partners who are invited to post their items there to ensure a broad discussion of vital HIV issues in Ukraine.
	Produce newsletters	The Project has contributed to two issues of the USAID Newsletter (in November and December 2014)	The first issue of HIV RiA newsletter will be circulated in early January 2015.
	Present Project mission and activities	On December 16, 2014 the Project's Communications Manager conducted a presentation on the HIVRiA project to more than 80 regional journalists, who took part in a seminar organized by the USAID DIALOG project.	
	Conduct meetings of Regional Partners	On November 21, 2014, a meeting of Regional Partners was conducted, following the stakeholder meeting, to bring together 27 representatives from the three pilot regions. The purpose of the meeting was to highlight the important role of local partners in HIV/AIDS response and in the sustainability of HIV services, in light of GF phase-out and health reform; to present the current situation and challenges in HIV response in the pilot regions; and to inform	Information presented and issues discussed will be used in the implementation of Project work plans at the regional level. It was proposed to hold similar two-day meetings of regional partners on a quarterly basis.

		partners on the Project's regional activities by objectives.	
	Regularly update Project's website	The Project's website was developed but did not go live, as it is still pending final approval from the Website Governance Board.	As soon as a final approval from the Website Governance Board is obtained, the Project's website will go live and regular updates will be provided.
Monitoring and Evaluation	Update PMEP	PMEP updated, including PEPFAR MER indicators and baseline data	Ongoing.

Table 4

(i) Project Level Lessons	• During the intermediary period, with no MoH leadership appointed, the Project focused on regional activities, namely providing support to RCCs in the pilot regions for the development of RAPs. At the request of the SS, the Project also responded to the request of other regions and assisted the SS in RAP training. Additional technical assistance has been planned to support RAP development in high-burden regions. This activity will help to create the capacity necessary in the regions for the selection and expansion of the pilot oblasts for the third year of the Project. • During the reporting quarter, the Project has actively collaborated with other partner projects (funded by USAID, UN and GF) to avoid overlap and ensure complementarity of TA, in particular in the pilot regions. Joint and complementary activities are planned with UNAIDS (Investment Case), RESPOND, STBCU and RESPECT projects. • Insufficient technical capacity of local organizations in HIV and general health policy, finances and human resource development has significantly hampered the grantee selection process under the Project. This required several changes of TORs and modification of RFA process. • Insufficient local technical capacity and/or lack of expertise in health and specifically HIV policy, has complicated the selection of the Objective 1 Lead. The Project has used several STTAs to perform specific tasks under the Policy component.

(ii)	Sector Level or Thematic Lessons	Changes in the GoU has continued with the new Parliament elected and the new Minister of Health appointed only in December. The formation of the new team at the MoH has been further delayed. The Project continued working with MoH and other state agencies – SS and UCDC, however, the anticipated organizational and personnel changes have hampered government stakeholders' commitment to work with the Project.
(iii)	General Development Lessons	While operating in the unstable environment before the appointment of the new Cabinet of Ministers, HIV RiA Project team has learned to re-focus Project resources and activities, in coordination with USAID and other key Project stakeholders. The team was able to re-focus on regional programs, while providing support to GoU counterpart agencies through restructuring process. The focus on RAPs was critical for the success of NAP implementation and, as soon as the MoH team is formed, we will increase the Project's engagement with the government counterparts and support them in achieving the Project's objectives.

SECTION C.

TABLE 5. EVALUATION OF ACTIVITY WITH RESPECT TO ENVIRONMENTAL IMPACT

- With respect to the Initial Environmental Examination (IEE) conditions of the Cooperative Agreement, project activities for the quarter did not include the illustrative activities referenced in the IEE (3.1.5, 3.1.6, 4.1.2, 4.1.4, and 4.1.5).
- Future project activity will impact the illustrative activities of the IEE and will be reported in quarterly reports, annual reports and the Project Monitoring and Evaluation Plan.

TABLE 6. EXECUTIVE SUMMARY

Executive Summary of the progress achieved during the reporting period (not more than 3 pages)
During the latest reporting period, the Project made significant progress in several areas. Starting from July 2014, the Government of Ukraine has targeted reforms in several sectors, including the development of Health Reform Strategy initiated in July 2014, which may also influence Project activities. Therefore, the team closely collaborates with the Health Strategic Advisory Group (hereinafter referred to as Health SAG) in order to streamline Project activities with the reform ideas. During consultations with the Deputy Minister of Health, Yuriy Savko (responsible for European integration), MoH showed interest in the Project expertise in public health system reform and will need TA and consultation on the development of the structure of the new Department under MoH responsible for the functions traditionally under the SS that is expected to be liquidated in mid-January 2015. Through continuous consultations with MoH and other government agencies, the UN, and other international stakeholders the Project has established strong collaborative-relationships that facilitate coordination of HIV reform efforts. During Q1 of the Project Year 2, the efforts towards consolidation and coordination of partners' activities were made. The Project team organized stakeholder meeting and presented the new Strategy of Health Reform and other Project and partners' activities to illustrate the framework for consolidation and planning. Discussions were logically built around the three Project components - Policy, Finance and Human Resources - which were also key objectives of the upcoming reform. The substantial progress was also made in exploring pilot regions for Y2: Lviv, Poltava and Dnipropetrovsk oblast. A strong partnership was built in all three regions, including oblast authorities, regional health departments, and regional

AIDS Centers, Narcology clinics as well as NGOs. In all three regions, the project team organized series of consultations to assess needs in technical assistance and finalized regional profiles.

Furthermore, additional TA was provided for the development of Regional AIDS Programs in line with National AIDS Program, approved by the Law of Ukraine. Regional AIDS Programs should have the list of activities similar to those in the NAP, reflect specific regional issues, the list of equipment and a detailed cost calculation with standard costing categories and methodology of calculation. Such efforts were made and process of transparent RAP development was organized and draft programs were prepared. As of the Quarterly Report submission date, all three draft RAPs were prepared for submission to the Oblast Councils for approval in order to ensure fund allocation for HIV activities in the region.

The Progress was made under Objective 3 – Human Resources in HIV. Collaboratively with UCDC, the Project team contributed to the organization of a stakeholder meeting and started moving towards the Strategy for development of Human Recourses in HIV, under the leadership of UCDC.

Regarding planning for the next period, HIV RiA team will move towards achieving progress in all 3 Objectives and key results of the Project workplan. Meanwhile, the Project will coordinate its activities with key stakeholders in this area, including government partners, other USAID projects, Global Fund activities and efforts that are made on regional level.

Key Issues/ Points of information

- **Programmatic**
  HIV RiA started organizing partners' consultations and stakeholder meetings to coordinate partners efforts in certain areas, because some duplications in different projects were noticed, which means not efficient and effective utilization of existing TA support.
- **Cross-cutting/ contextual**
  In terms of cross-cutting activities, HIV RiA team made progress in capacity building inside the Project team by supporting colleagues in the development of needed skills, such as project management, project monitoring, administrative skills and skills of making public presentations.
  In order to provide more information on the Project to the partners, HIV RiA developed a monthly Project Newsletter, which will be presented to the partners on a quarterly basis, detailing Project activities and useful information on joint activities, updates or grant issues, and significant information in the HIV area.
- **Management**
  Regarding project management, progress was achieved in the field by establishing cross-cutting activities that transcend all 3 Objectives, building off progress made in support of each objective area. The Project workplan was

revised for duplication of efforts with other USAID projects, joint HIV\TB Global Fund project and in the context of health reform. The Y2 workplan was approved by USAID and shared with other partner organizations such as the Project Beneficiary - the State Service of Ukraine on HIV and Other Socially Dangerous Diseases and other partners. Further effort is planned to hire and onboard a new Objective 1 Lead and other supportive staff to the Project in January-February, 2015.		
Recommendations/ suggested changes	**Responsibility**	**Date for completion**
1. Improve coordination of Project activities with other USAID projects on HIV and Government Strengthening, and increase involvement of managers from USAID.	COP and DCOP	On a quarterly basis
2. Since official Beneficiary of the Project – the State Service - will be terminated and its functions will be shared by the new Department to be created under MoH and UCDC, HIV RiA suggests related changes. Thus, the next Beneficiary should be the MoH or its Department and UCDC as the leading national agency in HIV response.	COP and DCOP	End of Y2 Q2
Key Milestones and Activities planned for the next quarter		
Among key millstones and activities for the next quarter are workplan activities under all 3 Objectives, grants awarding to those who was successful in competition. We expect to sign agreement with recipient and start grant implementation. The Project will provide technical assistance in RAP development to RCCs of 10 additional high burden oblasts. A new Department under MoH should be created and HIV RiA project was asked to support in the development of a TOR for this department, which is expected to take all functions of State Service and share some of responsibilities with MoH and UCDC.		