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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

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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 (Synonyms often used: 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 or GFATM	Global Fund / Global Fund to Fight AIDS, Tuberculosis 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 Population
KM	Knowledge Management
KMCS	Knowledge Management and Communication Strategy
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
OHD	Oblast Health Department
Ops Manager	Operations Manager
OSA	Oblast State Administration
OVI	Objectively Verifiable Indicators
PBB	Performance Based Budgeting

PEPFAR	President's Emergency Plan For AIDS Relief
PH	Public Health
PHC	Primary Healthcare
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
SES	State Epidemiology Service
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
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EXECUTIVE SUMMARY

In Project Year 2, the HIV Reform in Action (HIV RIA) team achieved considerable results on project activities and milestones as outlined in the Year Two work plan. The project supported the development of Regional AIDS Programs (RAP) across 14 regions in Ukraine; strengthened our collaborative relationship with the Ministry of Health (MoH); provided support to the public health system transformation efforts following the abolishment of the State Service on Socially Dangerous Diseases and the State Epidemiology Service; developed the “Ukraine Core HIV Patient Pathways” analysis that provided information on major gaps in the healthcare system contributing to patient loss to follow-up; conducted “Human Resources for HIV Comprehensive Situational Analysis”; continued collaboration with UCDC and support in strategic planning and strengthening of regional AIDS centers; trained and built the capacity for governmental and non-governmental stakeholders, with special emphasis on change agents for reforms and innovative strategies in HIV; and forged strong partnerships with national and international stakeholders on initiatives directed at health system reforms and HIV sustainability strategies.

The project started the implementation of regional pilot interventions in three regions, including Dnipropetrovsk, Poltava and Lviv. During the third and fourth quarters, in response to USAID’s strategy to consolidate efforts in high-burden regions, the project gradually expanded into Odesa, Mykolayiv, Kherson and Kyiv city and additionally, to Cherkasy oblasts. Project activity in these five regions included RAP development support and participation in training activities. Given evolved emphasis on high and medium burden oblasts, the project scaled down activities in the Lviv region.

Considerable progress was made towards designing regional pilots aimed at developing sustainable service delivery models for the provision of critical HIV prevention services to key affected populations and PLWHA. HIVRIA team selected implementing organizations and developed the workplan for the pilots in Krivij Rih and Poltava rayons. Specific focus areas for the pilots include:

1. Support rayon administration in developing a sustainable model for critical HIV services at the primary and specialized health care facilities and in the partnership with NGO/CBOs
2. Develop a model for patient co-financing costs related to the follow-up of opioid drug use treatment using medication assisted therapy (MAT)

In planning the pilots, study tours were organized for oblast stakeholders to Poland and Georgia to learn about international experience and best practices to help design pilot interventions. Counterparts that attended the study tours stated that these events were highly-impactful, advanced their knowledge and skills on leading practices for designing pilot interventions, and that the experience and knowledge acquired could be directly applied to their future pilot projects.

Objective 1: Health Policy and Governance

Major accomplishments were achieved by the HIVRiA team under Obj.1 in Project Year Two. Specifically, the team developed the HIV Patient Pathways roadmap that provided analytical evidence for actions required from the Ukrainian Ministry of Health, public health authorities and international donor organizations to increase the effectiveness of HIV/AIDS programs in Ukraine. The HIV Patients Pathways addressed the major areas in patient loss to follow-up by analyzing six major service entry points and aimed to improve case management and monitoring of patient referrals across the cascade of services to ensure the achievement of 90-90-90 targets and a decrease in the number of patient drop-outs from the system. The development of this tool showcased the project's ability to work collaboratively with the MOH, NGOs, and counterparts to advance project activities and achieve results. In addition to being presented to MOH, USAID Ukraine, and relevant stakeholders in Ukraine, it was also presented in Canada at the International AIDS Society Conference.

The HIVRiA project achieved significant progress in developing RAP's in 14 regions in Ukraine and 8 oblast councils approved the program formally allocating budget for RAP interventions. The project developed and used the instrument harmonizing RAP activities with the National AIDS Program (NAP).

Following the CCM decision and sustainability forum recommendations, the MoH established a multi-sectoral working group comprising of HIV/AIDS and TB stakeholders targeted to develop a national HIV and TB sustainability Strategy for Ukraine. HIVRiA project established a technical secretariat that facilitates activities of the policy, financing and legal subgroups of the TWG.

Throughout Year Two, the project supported national health reforms, especially focusing on ensuring a smooth transfer of SS functions to the MOH. The following major results were achieved: TOR, staffing and functional plan developed for the new PH department of MOH, conducted a situational analysis and justification for establishing the national PH center; conducted a series of regional consultations and trainings to help support PH system reform and the integration of HIV services at the regional level, to improve HIV programming and implementation.

Finally barriers for active utilization of social contracting, public-private partnership and other potential financing mechanisms for funding HIV prevention services in Ukraine were conducted and the findings will be used to develop sustainability scenarios for the national strategy and piloting interventions at the regional level.

Objective 2: Health Finance and Budgeting

Under Obj. 2, the project team provided assistance to UCDC to complete the validation and finalization of data for the National AIDS Spending Assessment for 2011 and 2012, which is part of GARPR Report on Ukraine, to provide information on expenditures for HIV/AIDS services. The analysis increased the transparency of HIV expenditures and the functionality of the data, to allow for forecasting expenses for the current national AIDS Program.

In order to determine HIV service packages that can be effectively implemented by variety of service providers with the state budget and after phasing out of the Global Fund, HIVRiA team together with UNAIDS initiate phase II of Investment case. This study will assist Ukraine to move from “expenditure-based” to “investment-based” approaches in financing HIV.

The project also organized trainings for oblast administration personnel in economic and regulatory aspects of effective planning of regional programs in the health sector. Financial specialists and managers from Health Departments of 7 Oblasts (Odesa, Mykolaiv, Kherson, Dnipropetrovsk, Cherkasy, Lviv and Poltava) and Kyiv City studied performance-based approach during transition to the autonomy of health care facilities and DRG approach for the costing of health services and other activities during the preparation of regional programs.

Objective 3: Human Resources for Health

The activities under the Objective 3 focused on a number of strategic areas in human resource development for HIV. In particular, the HRH situational analysis was conducted and presented to stakeholders to provide evidence on HRH needs and gaps. Additionally, this analysis was used as a guide to inform programmatic decision-making for HRH project activities. Ultimately, by conducting this analysis, the HIVRiA team was able to more effectively tailor HRH technical assistance to counterparts to address their specific gaps. To further assess the current Continuous Medical Education/Continuous Professional Development (CME/CPD) system in HIV, the separate situational analysis was conducted and presented to national stakeholders, including a larger presentation to stakeholders from academia. The results of the analysis provide substantial data for both national actors and international partners, helping to plan interventions aimed at improvement of the current educational system and ensuring sustainability of training programs.

The project provided substantial technical assistance to UCDC to improve the operational effectiveness of the technical working group on HIV HRH Strategy development. As a result, at the end of Y2, UCDC presented the first draft of the HR Strategy Concept for HIV to the TWG, which was ultimately endorsed by the TWG. The project worked extensively with UCDC to identify a tool for human resource projections in HIV and several potential instruments were discussed and tested. This activity will continue to be piloted in YR3 and will use the data of several regions.

The project also conducted analysis of legal barriers for implementation of social contracting, Private Public Partnership and other financing mechanisms for funding HIV prevention services in Ukraine. These findings provide background information for introducing new strategies towards ensuring sustainability and additional funding allocations for HIV services, specifically for KPs.

Cross-cutting activities

In Year Two, the project issued three grants to implement specific project activities to address key problems in HIV/AIDS, while also developing the institutional capacity of local systems and organizations. Regarding the award of grants, one reoccurring challenge has been receiving qualified applicants able to deliver on the services outlined in the scope of work. Several solicitations illustrated the lack of capacity among local organizations in proposal writing and in responding to RFAs. As a result, the project modified its current solicitation process to include grant conferences/webinars to build the institutional capacity of local organizations and strengthen their ability to apply for grants. These activities will be continued in Y3.

The project's capacity building activities focused on working with the governmental agencies and institutions at the national and regional level. Additionally, the project's strategy focused on strengthening the capacity of the grantees and potential grantees, to strengthen local organizations and future providers of technical assistance. By doing so, the project will improve the sustainability of the Ukrainian health system by assisting in the development of local organizations that are equipped to provide technical assistance in Ukraine. The project's main priorities were reflected in the Capacity Building Strategy Framework developed during the project. The main recipients of CB interventions were UCDC and regional AIDS centers who have participated in a series of strategic planning workshops.

In Year Two, the HIVRiA team worked to expand our communication strategy and media presence, to highlight project activities, events, and accomplishments. Specifically, the project developed a website, launched a facebook page on HIV reforms, published newsletters, and conducted speaker series on high priority HIV topics in the 3 pilot regions. As a result of our concentrated effort to increase our media presence, the HIVRiA project was presented in more than 80 regional journals and publications.

In Year Two, the project also integrated HIV stigma and discrimination topics into all discussion events during Y2, and designed the approach for better integrate gender issues. Special emphasis was made on training and capacity development of change agents as promoters of gender sensitive and stigma free strategies in HIV response at the regional level.

Highlights and Challenges

Year 2 highlights:

1. Supported the development and approval of the Regional AIDS Programs

HIVRiA provided technical assistance to 14 Oblast State Administrations (OSA) to draft and thoroughly cost Regional AIDS Programs (RAPs). Fourteen (14) RAPs were prepared and submitted to OSA for further review and approval. In 8 oblasts (Poltavska, Khmelnytska, Mykolayivska, Kirovohradka, Cherkaska, Chernihivska, Zaporizhska, Khersonska oblasts) RAPs

were approved by Regional Radas, which resulted in funds being allocated and approved in local budgets for HIV activities.

2. Completed the HIV Patient Pathway analysis

HIVRiA, in cooperation with UCDC, conducted a HIV Patient Pathways analysis for Ukraine in which entry points into the health care system were examined along the continuum of services. The six major service entry points analyzed included: (1) Maternal Care Services; (2) TB/STI/drug Rehabilitation Clinics; (3) Prison services; (4) Primary Health Care Clinics; (5) Voluntary Counseling and Testing (VCT) Sites; and (6) Community Outreach Points. The pathways identified steps in the service cascade with the highest impact on patients' losses in the way to follow-up. Additionally, the Patient Pathways helped national and international stakeholders to conceptualize the process, thus allowing for tailored approaches and interventions to make a greater impact.

3. Support the national public health system reform and transfer of HIV policy and programming functions from the State Service for HIV, TB and other socially dangerous diseases to the Ministry of Health

HIVRiA supported MOH in health system reform efforts, namely in the formation of the national public health system which followed the liquidation of two major state services – State Service for HIV, TB and other socially dangerous diseases (SS) and State Epidemiology Service (SES). As part of this assistance HIVRiA provided MOH with ToRs and staffing plans for the Public Health Department that took over major responsibilities of the SS. The PH department was established based on the recommendations and ToRs developed by the project.

Additionally, HIVRiA produced analytical reports to justify the creation of the National Public Health Center (NPHC) which included a situational analysis of key public health operations, with special emphasis on HIV response functions. The report provided recommendations for structural reforms of state institutes under MOH and their consolidation into a single NPHC. The NPHC functions and responsibilities, with special emphasis on surveillance, programming and monitoring functions related to HIV, were also developed. The report also contributed to the issuance of the Cabinet of Ministers' resolution and subsequent MOH decree on establishing the National Public Health Center.

Challenges and opportunities for mitigation:

1. Delay of the IC phase I results and the CCM decision on the development of the National HIV sustainability strategy

HIVRiA delayed activities towards the End of Project Result: *GOU financial strategy to absorb costs once the Global Fund grants are completed in 2016, and PEPFAR and other donor funding diminishes – is developed, endorsed and supported for implementation by the GOU and other stakeholders by March 2015*. The delay was caused by the late decision of the country CCM to start development of the national HIV sustainability strategy with the technical working group established in August, 2015, therefore holding up HIVRiA's work on the strategy during the Project Y2. As part of this effort, the project will support the development of the financial strategy that will specify the sources of funding allocations for prioritized services. Thus, the End of Project Result will be achieved by December, 2015.

Similarly, the IC study phase II implementation was delayed due to the delay in the completion and results of the IC phase I study.

2. Lack of support for HIV services at the regional level

Despite the severity of HIV/AIDS in Ukraine and in particular high burden regions, there is still a lack of understanding and appreciation of the problem in OSAs, including regional health administrations. For this reason, the project faced difficulties to get the attention of regional leaders to support interventions targeted at developing sustainable service delivery models ahead of the anticipated termination of GF funding. This resulted in RAPs not being approved in some high burden oblasts such as Odesa and Kiev city; and in Dnipropetrovsk, only an incomplete list of essential interventions was budgeted.

The project also faced challenges in involving government stakeholders in the discussions regarding the design of pilots, which delayed initiation of regional pilot interventions. In project Y3, HIVRiA will continue working with the regional inter-sectoral working groups in Odesa, Dnipropetrovsk and Kiev to finalize RAPs and submit for approval to regional councils. In addition to technical assistance, HIVRiA is planning advocacy activities aimed at ensuring approval of the RAPs and support for alternative strategies in the pilot districts.

3. Parliament's delay in approving MOH health reform legislation

Parliament's disapproval of the MOH health care reform legislation package delayed implementation of the Health Reform Strategy, thus creating barriers for the implementation of several project components. In particular, HIVRiA piloting strategies in HRH were delayed, as the Order #33 was not cancelled, thus not allowing for optimization and reallocation of human resources. The project's piloting of performance-based financing and other alternative financing models was also delayed as the provider payment system reform was rejected. In Y3, the project will continue close collaboration with MOH and will strengthen collaboration with the Ministry of

Economy and Ministry of Finance, as well as with WB and WHO. These partnerships will help facilitate the piloting of alternative financing models, and also the piloting of task-shifting and HRH planning strategies at the facility level in order to provide evidence for improved human resource planning and management decisions at the national and regional level.

OVERALL PROJECT PERFORMANCE IN YEAR 2

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

In Project Year 2, the HIVRiA team worked with project counterparts to support national government institutions in AIDS policy development, programming, and implementation. Specifically, the Public Health Technical Working Group completed a situational analysis of key public health operations (WHO). This analysis identified gaps in the performance of PH operations, as well as duplicative and/or overlapping functions between various government entities and was presented at the National Public Health conference jointly organized by MOH and WHO. Based on the situational analysis, PH TWG developed recommendations for establishing national PH center, including the integration of HIV/TB services as part of the national PH policy development.

HIV Sustainability Forum was held in June, 2015 dedicated to the issues of the HIV services (and associated costs) transfer to the Government ownership to ensure sustainability of ART, prevention and care. At the Forum, the results of the Ukraine allocative efficiency analysis, Value for Money in Ukraine's HIV Response, were presented. HIVRiA project representatives who participated in Phase 1 of the Study, supported the preparation of the presentation and recommendations provided to GoU. Additionally, the Project team participated in several meetings with the Deputy Minister of Health for European Integration, SAG members, and UCDC to assist in 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.

In support of the public health system reform initiated by MOH, the PH TWG proposed a scenario for restructuring Ukraine's public health system under the single mandate PH institution, with regional entities. This proposal also defined roles and responsibilities at the national, regional and rayon levels. The recommendations included integration of PH surveillance, policy development and programming functions for HIV and AIDS. Proposed models were presented at the national PH workshop jointly organized by MOH and WHO. The PH TWG developed an organizational chart, terms

of reference (TOR) and explanatory note for the establishment of the MOH PH Department that was submitted to MOH. In addition, the Project analyzed the functions of SS and SES and developed recommendations for sharing these functions between MOH PH Department and a national level public health entity. The Ministry of Health established a public health department based on the TOR and staffing recommendations provided by the project in the Q2Y2. During Q3Y2, the project developed a model structure for the national PH center with the description of functions and responsibilities of its departments and sub-units. The situational analysis of the PH operations mentioned above serves as the background justification for the establishment of the national PH center. Moreover, the Project conducted capacity building activities with the new PH department and provided training on the PH system models to increase the effectiveness and sustainability of the department.

NAP Dashboard was developed as an integral part of the Strategic Information portal. Further support of NAP Dashboard is planned in Y3 (adaptation, data updates).

Two study tours (to Poland and Georgia) were conducted during Y2. Main goals of the tours were to: 1) introduce foreign successful experience in public health and HIV prevention programs, 2) facilitate experience exchange between public and NGO service providers of Ukraine, Poland and Georgia, 3) forge international contacts between local health authorities of Ukraine, Poland and Georgia, 4) inspire Ukrainian change agents to actively participate in regional and national reform processes based on best evidence.

Sub-objective 1.2: Strengthen capacity of local government entities in implementing regional AIDS programs with emphasis on key affected population

In coordination with State Service and UCDC, the HIV RIA team supported RAP development in pilot regions for Year 2:

Dnipropetrovsk: RAP was developed and got RCC approval. Draft of the RAP was submitted to OHD and further advocacy is needed for approval by OSA.

Lviv: Project support RAP development and advocate for RCC approval. Now HIV RiA team and oblast partners looking forward for RAP approval by OSA.

Poltava: Draft RAP was developed, agreed with the OHD and passed through OSA Finance Department. It is expected to get RAP approval by OSA on upcoming session of the Oblast Council.

Upon the request from the State Service in December 2014, the HIV RiA project provided technical assistance to draft and thoroughly cost RAPs for 2015-2018 in an additional 11 regions; in the 14 regions, RAPs were developed and approved by RCCs.

To support transparent and inclusive process of RAP development, some regions, set up the Technical Working Groups under the Health Departments of the Oblast State Administrations:

- Dnipropetrovsk oblast;
- Kirovohrad oblast;
- Kherson oblast;
- Khmelnytskyi Oblast;
- Kyiv Oblast;
- Mykolayiv oblast;
- Odesa oblast;
- Vinnytsia oblast.

In five regions RAPs were approved with the resolution of the Oblast State Administrations, which means that funds for HIV activities will be allocated in local budgets:

- Cherkasy Oblast;
- Chernihiv Oblast;
- Kirovohrad oblast;
- Khmelnytska oblast;
- Khersonska Oblast;
- Mykolayiv oblast;
- Poltavska Oblast;
- Zaporizhska oblast.

At the oblast level, the project identified that there is a need to support advocacy in Lviv and Dnipropetrovsk to support RAP approval by the Oblast Council as a separate AIDS Programs with funds allocated for HIV activities. During Y2Q4 the Project team organized speaker series, for oblast stakeholders to raise awareness in HIV/AIDS issues in and support the RAP approval by OSA.

All RAPs in all 14 regions are developed and are at different stages of approval process. Some of the RAPs are still under OHD of Finance Department review, while some were already submitted for upcoming session of Oblast State Council or approved by decision of State Administration. OSA approval is final step in this process, which ensure funds allocation for HIV activities

Sub-objective 1.3: Improve and sustain comprehensive service delivery models and financing mechanisms for key affected populations.

At the beginning of Y2, the Project contributed to the MWG, developing the National strategy on access to HIV prevention services for KAPs. Although this strategy was approved, it was done so with an SS order instead of the CMU directive, which limited its implementation. Following the national sustainability forum mentioned above, the MOH established the TB and HIV Sustainability Working

Group, which is tasked to develop a sustainability strategy and implementation plan. This Strategy is expected to be approved by the Cabinet of Ministers in early 2016. Following the Project initiative, the technical secretariat to support the Sustainability Group was established and operates, which will draft documents in October-November 2015.

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. The desk review data were used for regional piloting workshops.

The Project conducted piloting workshops in Poltava (March 4), Lviv (March 20) and Dnipropetrovsk (March 27) regions to discuss and define ideas for piloting HIV services for KAPs in the Project regions. Oblast level health and social protection administrations, AIDS centers, PHC representatives and all top local NGOs participated in the workshops. Based on the workshop discussions, several priority pilot ideas have been identified.

On April 24, 2015 the Project held national level workshop to discuss pilots aimed to ensure sustainability of HIV services at the regional level. National stakeholders discussed and agreed upon 6 piloting strategies to be implemented in the regions, such as:

- Integration of preventive services at different levels of care;
- Development and implementation of mechanisms of the MAT co-payment (local budget + client) to ensure maximum coverage of PWIDs;
- Introduction of a mechanism to identify and refer partners of HIV + patients and PWIDs;
- Development of the mechanism of direct funding of HIV preventive services from local health budgets.
- Develop system of the cascade HIV training for specialists
- Engagement of local communities in HIV response

For the implementation of the MAT co-payment mechanism at the regional level, the Project organized a Study Tour to Georgia for the regional team to meet with MOH in Georgia to leading practices for the implementation of MAT. Project counterparts that attended the tour stated that it was highly-impactful and will help facilitate the implementation of co-payment mechanisms in the Dnipropetrovsk and Poltava oblasts.

The Project conducted a training on the integration of critical HIV services in different types of care for the Dnipropetrovsk and Poltava oblasts. The purpose of the training was to build a local team from the health community and civil society to assist in the implementation of pilot sustainable service delivery and financing models at the selected pilot districts. The trainings resulted in drafting workplans for Kryvyi Rih and Poltava.

The Project held meetings with the representatives of the Dnipropetrovsk and Poltava administrations to present the sustainability models in the regions, and received official approval. For the

implementation of pilots on integrated HIV preventive services and MAT co-payment model, the city of Poltava and Poltava raion, as well as the city of Kryvyi Rih and Kryvyi Rih raion were selected. The Project facilitated regional meetings with the representatives of governmental and non-governmental sectors in Dnipropetrovsk (June 4), Kryvyi Rih (June 5) and Poltava (June 10) to present the piloting concepts and discuss implementation of pilots in the region. To coordinate efforts under sustainability pilot projects, the Project coordinated with other donors and other national partners: RESPOND (05/12), Alliance (05/28), Clinton Foundation (06/04), PLWH Network (06/04). The duplication of efforts, coordination of efforts and resource allocation issues were discussed. Ultimately, by liaising with other partners, the project was able to create synergies, discuss cost-sharing efforts, and reduce the likelihood of duplicative programs/initiatives.

To analyze barriers and best practices in social contracting and PPP for the provision of HIV preventive services, the grantee was selected (LHSI).

Desk studies were conducted and 2 reports were prepared:

1. Social contracting as a mechanism for the financing of HIV preventive services
2. Utilization of PPP and other financing mechanisms for the provision of HIV preventive services

Two trainings on social contracting implementation in Ukraine were organized in Q4 for those involved in the implementation of the social contracting mechanism at the local level as providers (departments/offices of Social Welfare, Health, Social Development, etc.) and implementers (NGOs, charities, etc.) of the social contracts. Project prepared a report on gap analysis in available standards/protocols for the provision of HIV services to KAPs. Report will be used for the development of the sustainability strategy.

Sub-objective 1.4: Improve policy dialogue and ensure transparent policy development environment

In Project Year 2, the HIVRIA team worked with counterparts to improve the policy dialogue and to increase the transparency of the policy development process. Strengthening the capacity of change agents/champions in supporting implementation of Project activities was one key activity to advance sub-objective 1.4. The Project developed a list of potential change agents and targeted them for key knowledge and skills-developing events. The first was a training on communication with decision makers at the regional level to sensitize in gender-sensitive and stigma- and discrimination-free approaches. Following the training the prospective change agents were encouraged to assist in conducting Speaker Series – public outreach and promotional events – on regional-specific themes. Change agents were also invited to participate in two study tours dedicated to discussing current challenges key effected populations are facing with MAT and other prevention services, including the issues of provision of these services being included in the regional HIV programs with support from the regional/local budgets.

Participation in these tours and learning about the best practices allowed to increase their motivation and develop their potential as strong advocates of HIV issues and rights of PLHIV and KAP.

Local healthcare stakeholders discussed at the round tables the scale-up of access for KAPs and PLHIV to continuous and quality health care. The participants included representatives of UCDC, heads of oblast health departments and executive committees of city councils, managers of HCFs, doctors, representatives of non-governmental organizations and invited experts. The common vision of regional teams on how to build a sustainable mechanism for the provision of comprehensive prevention services to KAPs and PLHIV was developed.

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

The HIVRiA project provided technical recommendations to UCDC on how to most effectively use financial data in analysis and on the calibration of modeling tools by generating calibrations directly from empirical engine models and comparing with test data used.

In July 2015, the HIV Sustainability Forum was held to discuss the transfer of HIV services (and associated costs) to Government ownership. This discussion focused on ensuring sustainability of ART, prevention and care. At this Forum, the Phase 1 results of Ukraine allocative efficiency analysis were presented along with strategic priorities and improved efficiency. HIVRiA project representatives contributed in Phase 1 of the Study, supported the preparation of the presentation and provided recommendations to GoU.

HF (Investment Case – Phase II) Grant RFA 2015-03 was signed and work started in September, 2015. The original timeline for the activity was impacted because of a 7 month delay of Phase 1 of the study conducted by WB Washington and Kirby University.

Sub-objective 2.2: Support the development of HIV strategies and policies at the national and regional level which reflect optimized resource allocation and lead to the most cost-efficient and effective.

To advance sub-objective 2.2, the HIVRiA project worked with the MOH to develop a partnership with UCDC, who is officially responsible for collection of indicator on HIV/AIDS expenditures. In addition to MOH order, two memo notes were prepared: one from the Head of M&E Department to UCDC Director; second from UCDC Director to the Minister of Health. These notes include the need for the order to be signed, and insist on the routine annual data collection on expenditures for HIV/AIDS and co-infections. Draft was reviewed by UCDC lawyers and submitted to MOH in April and has passed all departments responsible for revision including Legal department (June).

Now the Order is to be signed by or Minister of Health or Deputy Minister of Health.

New methodology guidelines for MOH on expenditure monitoring were developed, processes on regional data collection and submission on national level are in the process of stipulation. After having the Order signed methodology guidelines will be sent to MOH lawyers for review and approval.

TOR for development of page on existing website (developer by project RESPOND) – National portal on strategic information in HIV/AIDS area and electronic tools for monitoring and data tracking of NAP and RAPs implementation was developed and consultant hired. Preliminary version of the tools will be developed by the end of September 2015.

Signing of the Order by Minister of Health or Deputy Minister of Health is expected.

After the finalization of the electronic tools version training on usage on the tools for UCDC and regional AIDS centers experts will be conducted (in October 2015).

Sub-objective 2.3: Strengthen capacity of national and regional partners in finance planning, budget preparation and execution to match the needs to optimized HIV/AIDS service-delivery operations.

National training on allocation of resources for health and social programs by governmental institutions was held on March 24-26 in Kyiv. 20 representatives from the Penitentiary Service, National Academy for Public Administration under the President of Ukraine, Bohomolets National Medical University, Institute of Demography and Social Studies, MOH and several other institutions participated in a 3-day training.

Regional training on allocation of resources for health and social programs by governmental institutions for regional representatives from 3 regions – Poltava, Dnipropetrovsk and Lviv – was hold on April 27-29.

Regional training on economic and regulatory framework for effective planning of regional programs in the health sector was held for economists, financial specialists and top managers from Health Departments of 7 Oblasts (Odesa, Mykolaiv, Kherson, Dnipropetrovsk, Cherkasy, Lviv, Poltava) & city of Kyiv studied performance-based approach during transition to the autonomy of health care facilities and DRG approach for the costing of health services and other activities during the preparation of regional programs. The participants also familiar now with different tools for the consolidated cost accounting of health care facilities at different levels. As a consequence of the limited role of local authorities in the past, experience in independent economic management was very limited. After these training activities personnel of regional administration are able to apply best international practices of budgeting, cost estimations for investment, and to set priorities for their regions.

Training on policy and cost basis for strategic and finance planning for PHC facilities was held in August 19-21 in Kiev. Participants: Heads of PHC facilities from 7 regions of Ukraine researched new possibilities for its funding within the Health Care Reform and were trained to make Economical and Statistical Analysis of daily operation activity and it's forecasting.

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.

The HIV RIA team worked with project counterparts to develop a culture of data-use for decision-making and for the development of a HRH strategy for the HIV response. In doing so, the project conducted a HRH situational analysis and its results and findings were presented to partners at several meetings held at various levels: joint UCDC/HIVRIa, stakeholders meetings, inter-sectorial working group on HRH development in HIV area. This analysis resulted in evidence-based information on HRH needs and gaps and was utilized to guide the planning of Project implementation activities.

The Ukrainian Institute of Social Research named after O. Iaremenko (UISR) received a grant award to conduct gaps analysis and capacity estimation of current CME/CPD system in HIV area for sustainable HIV-AIDS response. Results and findings of current CME/CPD system in HIV and its capacity analysis were presented at the stakeholder meeting in June 2015. The Project applied results of grant implementation to streamline further TA and capacity development oriented at educational institutions and in planning of Project's future grant applications.

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

HRH priorities to meet HIV/AIDS service delivery performance needs were reviewed by stakeholders at national and three regional level workshops (held in December 2014, February, April, and June 2015). Partners discussed the process of implementation and testing of innovative ideas to address gaps as well as expected needs in CB/TA; that formed the basis for development of HRH component for sustainability mechanism approbation that was presented in April 2015. Evidence obtained on HIV HRH needs and gaps was translated into suggested revisions in HRH policies and incorporated into working plan of HRH technical working group under UCDC.

National and regional level decision makers demonstrated commitment to meet challenges stemming from the process of reforming health care sphere in general, restructuring HIV/TB State Service and other issues, changes in GF administration and fund support decrease including decentralization of administration, war situation in the country. Also commitment varied in different selected regions.

Due to restructuring and abolition of the State Service, planned interagency working group on HIV HRH has not been formed and the planned activities were transferred partially to Project Workplan line 3.2.2 (to UCDC level of authority) and at the same time presented new challenges in planning collaboration with the new Department and HR management and education Department of MoH. In order to reach transparent consolidated expert consensus on HIV HRH aspects in lieu of the non-

functioning interagency working group, the Project has taken an initiative and convened several working meetings to supported relevant discussions.

The project provided significant TA to UCDC in consolidating the functioning of the technical working group on HIV HRH Strategy development: developing TOR, providing assistance in organizing meetings, drafting and finalizing handouts and released documents. Four meetings of the technical working group were conducted with the Project's support (Dec 2014, Feb, Apr 2015 and Sept 29). On the fourth meeting the Project/UCDC presented to the TWG members first draft of the HRH Strategy Concept in HIV/AIDS area till year 2018.

HRH planning topics related to scaling up of HTC, MAT and ART services in the NAP and further in RAP were covered during the joint Deloitte / SS meeting with M&E specialists on RAP development. Later these themes were deepened during discussions at HRH workshops in all three Project selected regions.

Common agreement among the stakeholders and partners on amendments of HRH legislation, including Order #33, was articulated at the two-day workshop for planning human resources (HR) for HIV in February 2015. Information needs required to reach relevant decision makers and communicate to them a clear and grounded message about proposed policy changes related to revision and optimization of HRH for HIV policies resulted in creation of Policy Paper, which was then discussed at the technical working group meeting prior to its dissemination.

HRH situational analysis provided justification of the relevance of changes to Order #33. However, the development of concept paper was cancelled because the health reform legislation package, developed by MoH (currently pending approval from Rada) foresees cancellation of the mentioned order. Hence, further have been cancelled. At the joint event "Government role in ensuring effective HRH policy" held in collaboration with National Academy of Public Administration under the President of Ukraine in April 2015 with participation of the high level policy makers representatives the Project presented internationally recognized effective steps needed for HRH policy reforming. As a result of the presentation and several technical meetings, the Academy requested the Project to provide technical assistance in governance and health care management curricula development.

The issue of HRH needs for implementation of sustainable HIV response at national and regional level was discussed at various meetings. The innovative evidence-based ideas offered by the Project's and suggestions by the partners were integrated and incorporated into sustainable alternative mechanisms offered for implementation at raion level in Project's target regions. HRH component of these mechanisms was presented to stakeholders in April 2015.

Following these discussions, it was decided to integrate cascade training approach to ensure HRH component in sustainability mechanism of integration HIV prevention services, including the PHC level, and approbation of such approach was conducted at the training on alternative mechanisms on July 10-12, 2015, held in DP Region.

Subsequently, the training for calculation of HRH needs for alternative mechanisms was not conducted as a separate event but in the general framework of presenting alternative mechanism to regional partners.

After State Service on HIV/AIDS abolishment HIV IS development working group was not operative and the Project followed up HRIS development with UCDC as the main partner. HRIS block in HIV IS was reviewed by the Project staff and a list of recommendations was provided to UCDC in 2014 to include essential characteristics into TOR for HIV IS software development.

At present HIV IS is still under development being implemented by ACCESS Project, therefore, Project's training on IS and HRIS implementation in the selected region was rescheduled to YR3.

The Project commitment to HIV-HRIS development and technical support collaboration was discussed with other implementing partners such as CDC in Ukraine, ACCESS and I-TECH Projects in June 2015 towards the preparation of the Project Y3 planning.

Based on SIMS assessment results for Dnipropetrovsk Regional AIDS Centre conducted by PEPFAR/USAID, the Project has committed to conduct HRIS assessment with a possibility for further TA plan development.

Sub-objective 3.3: Strengthen capacity of Ukrainian institutions in HRH policy development and implementation.

During the reporting period the Project specialists conducted more than fifteen Individual and group consultative meetings to identify and address CB/TA needs for HRH planning at national and regional levels, which involved GOU decision makers, educational, academic and research institutions, international, national and regional organizations both governmental and non-governmental. As a result of the meetings collaboration with partners was enhanced, the Project role has been defined and TA offered which led to capacity building in terms of HRH planning strengthening. As an example, improvements to org structure of UCDC were suggested in cooperation with LMI project. New structure is being under revision with UCDC at present.

National workshop on institutionalization of existing HIV training activities into national academic education programs was conducted in December 2014 with consolidation of efforts of various stakeholders.

Discussion on CME/CPD needs in HIV was conducted at HRH development Conference in collaboration with National Academy of Public Administration under the President of Ukraine on April 22, 2015.

Based on results of Gaps and Capacity Analysis of CME/CPD system in HIV area it was decided to announce RFA for revision of the curricula in HIV education targeting academic institutions. RFA is released in October 2015 and grant was planned to be implemented in YR 3. However, activity was cancelled by USAID.

Institutionalization and Grants Management

As planned for Year 2, the HIVRiA project conducted the competitive request for applications process under the Grants Program activity to identify local partners and to engage these organizations in relevant project objective areas. By utilizing this approach, the project was able to develop a list of local organization that are well-positioned to accept a HIV RIA project grant and able to deliver on the respective scope of works. Additionally, the Grants Manager worked to identify how the grant could develop local institutional capacity and strengthen each NGO.

The following request for applications/call for concept papers were issued during reporting period to support specific Project objectives and identify national and regional NGOs and other non-governmental partners – potential TA-providers:

1. RFA 2014-002 “Gap analysis and capacity estimation of current CME/CPD system in HIV area for a Sustainable HIV-AIDS Response”
2. RFA: 2015-03 “Preparation of Data for Economic Analysis of HIV/TB Response Programs”
3. RFA: 2015-04 “Revising and improving of financial mechanisms for provision of HIV services to key populations”
4. RFA: 2015-05 “Cost-effectiveness study of a scale-up of rapid test usage in prevention programs”
5. Call for Concept Papers RFA 2015-06 “Engagement of local communities in HIV response” for a Sustainable HIV-AIDS Response in Lviv oblast

Grant funding mechanism used not only for implementation of specific project activities but as instrument for sharing global approach how to solve key problems in HIV/AIDS response.

The level of submitted applications indicated the lack of capacity among local expert organizations and TA providers. As the result – only in four solicitations grantees were selected. One of solicitations (“Cost-effectiveness study of a scale-up of rapid test usage in prevention programs”) was cancelled because the level of submitted applications. To identify main barriers for local partners in applications development, mini-survey among interested organizations was conducted. Based on survey result and feedback from local partners – potential grantees, grant and technical team drafted list of activities for Y3 how to make outreach activity in piloting regions more focused and resultant and how to facilitate local organizations in applications development.

Capacity Building

Capacity Building activities during the reporting year were concentrated mainly on working with the governmental agencies and institutions at the national and regional level as well as strengthening the capacity of the grantees aiming to raise future providers of technical assistance after the Project completion, organizations capable of and eligible for direct funding from USG or other donors. Main priorities were reflected in the created Capacity Building Strategy Framework detailing the approaches

and defining the criteria of identifying the organizations-recipients of the capacity building interventions as well as possible TA focus areas in three Project thematic areas.

In the framework of the technical assistance provision to the Ministry of Health for organizational development of the newly created structure of the Public Health Department of MOH, the Project has conducted a series of meetings aimed at capacity building of this entity. Capacity building approach was presented to the Director of the PH Department following with a general meeting for all Department staff where needs assessment has been done and performance goal setting discussed. Several relevant actions have already been undertaken by the Project staff in order to respond to the most crucial needs of the Department; further meetings according to CYPRESS methodology cycle steps are planned during YR 3.

During YR 2 the Project has also started working on strengthening institutional potential of Dnipropetrovsk Regional AIDS Centre, responding to gaps identified during SIMS assessment conducted by PEPFAR/USAID based on the Site Improvement Plan designed by the Project team and approved by the partner institution. Project staff has provided support in strategizing the optimal models of further development of AIDS services in Dnipropetrovsk oblast and will continue to provide support in various domains of organizational development according to the development model selected.

At the regional level capacity building was focused also on strengthening the systems of governmental counterparts through holding a series of targeted trainings enabling the partners to increase effectiveness and implementation of policy, finance, and HR reforms. Needs for trainings were expressed by the partners or identified in collaborative work with the Project.

Capacity building activities for grantees were focused on their institutional capacity strengthening. During the reporting period, capacity building activities had started with Ukrainian Institute for Social Research named after O. Yaremenko and resulted in creation of the Performance Improving Plan which foresees implementation of the planned activities, including support from the Project, in YR 3. CYPRESS methodology as a framework for capacity building was also introduced to another grantee – LHSI.

During the reporting period, presentational materials on Capacity Building strategy of the Project and Deloitte CYPRESS methodology for capacity building and performance improvement were finalized.

A map of potential and current recipients of capacity building interventions created in YR 1 has been revised in this reporting period, priorities for CB activities and TA focus areas redefined for all three Project Objectives at the national and regional levels.

Project team has held several meetings with national partner organizations providing capacity building at the national and regional level, with USAID RESPOND Project in particular, in order to coordinate and harmonize approaches, avoid duplication of efforts in the area of capacity building.

Strengthening capacity of change agents/champions in supporting implementation of Project activities was one of the minor objectives under capacity building component in YR 2. The Project has identified a list of potential change agents and involved them in a number of knowledge and skills-

developing events. The first was a training on communication with decision makers at the regional level to sensitize in gender-sensitive and stigma- and discrimination-free approaches. Following the training the prospective change agents were encouraged to assist in conducting Speaker Series – public outreach and promotional events – on regional-specific themes.

Change agents were also invited to participate in two study tours dedicated to actualizing current challenges key affected populations are facing with MAT and other prevention services sustainability including the issues of provision of these services being included in the regional HIV programs with support from the regional/local budgets. Participation in these tours and learning about the best practices allowed to increase their motivation and develop their potential as strong advocates of HIV issues and rights of PLHIV and KAP.

HIVRiA 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.

The interaction with the Public Health Department has started only in 4th quarter of the Project due to delayed decision making at the national level regarding this institution.

Response to grant applications announced by the Project has been unexpectedly low which couple with insufficient technical capacity of local organizations in health policy, finances and human resource development has significantly hampered the grantee selection process under the Project and resulted only in two grants being awarded in the reporting year, and thus, only two grantees which were introduced to capacity building support offered by the Project. These challenges prompted for several changes aiming at increasing a number of national/regional organizations - potential partners in relevant project objective areas that apply for grants which will be implemented in YR 3 through outreach conference/training session on applying for grants, regional meetings, and one on one meetings with potential applicant

Gender and Stigma Sensitization

Gender and stigma is one of the cross-cutting elements of the HIVRiA project and is integrated into the project workplan across all 3 objectives. During Year 2 project team made emphasis on coherence of this component with other elements and design activities in support to core objectives.

Thus, during the reporting period Project team focused on conducting Speaker Series with specific emphasis on gender and stigma sensitization. These activities in format of round table, press-briefings and open discussion where aiming to change routine thinking process of local officials, communities and journalists to the core needs of KAPs, including PLWHA, PWID's and CSW. As a result of such activities we saw not only building tolerant behavior to KAP's, but also building sustainability for provision of HIV/TB services for KAP's. The project team advocated for including HIV services for KAP's into regional AIDS Programs in order to allocate funding from local and state budgets. For example,

some of the developed RAP's include a list of activities for KAP's (prevention, OST programs and case management). For the moment, these activities are limited and don't cover all regions of Ukraine, but this effort is off to a good start.

HIVRiA team prepared the activity plan for Year 3, with focus on stigma, discrimination and gender issues in HIV/AIDS space. The Project planned to support the National Conference and participating in WG on sustainability of services for LGBT. To support local communities and activists it is planned to issue advocacy and social mobilization grants to build sustainability of services and advocate for changes.

Communication and Knowledge Management

HIVRiA Project was presented to more than 80 regional journalists, who took part in a seminars organized by the USAID DIALOG project.

The Project has launched a Facebook page (facebook.com/HIVReformUA) dedicated to the issues of HIV reforms in Ukraine and HIVRiA activities. It gathered more than 200 followers from healthcare-related sectors. There are 4-5 publications (posts) per week. The average coverage of publications per week to the end of the reporting period is 1000 readers.

HIVRiA has launched its website <http://www.hivreforminaction.org/> It generates 4-5 news per week reflecting Projects' activities.

A series of reports were published in the local Media on Dnipropetrovsk, Lviv and Poltava, which covered HIV RiA activities in respective regions. A number of TV reports were aired in the three regions.

Three editions of the Project's newsletter (electronic and print) was issued in both English and Ukrainian and distributed among more than 70 HIVRiA key national and international stakeholders. <http://www.hivreforminaction.org/eng/resouces/> .

Important work was done to identify list of Change agents in Project pilot regions. List of current people, whom project team identify as Change Agents include 26 state officials, 8 representatives of NGO and 1 expert. We expect that change agents will act on behalf of the project and promote main ideas of health care reform that have reference to HIV/AIDS area.

In order to provide platform for discussion of HIV issues Projects team conduct three Speakers Series in Poltava, Lviv and Krivii Rih.

Focus of the speaker's series was made on health care reform, involving to HIV service provision PHC doctors and other provider of medical and social care, and approval of RAP with list of HIV activities. Format of the Speaker Series may be different: press Conference with Oblast State Administration, round table discussion, press briefing or some open session discussion

Oblast media companies and wide media involvement was key to all events in order to cover brooder audience.

The Facebook page will be promoted from mid-January 2015 among the Project's partners who are invited to post their items there to ensure a broad discussion of vital HIV issues in Ukraine.

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.

As external usage of HIVRiA communication component project team may assist new Public Health Department under MoH in covering their communication strategy and routine media work in terms of upcoming Health Care reform.

SECTION B.

TABLE 2. RELEVANT INDICATORS FOR REPORTING PERIOD

#	Indicator	Unit of Measure	Baseline	Baseline Date	Y1	Y2 Target	Y2 Actual	Comments
Purpose Indicators (indirect)								
1	Percentage of the actual annual budget allocations for NAP in the State Budget Law of Ukraine as a portion of the originally approved allocations in the NAP	%	36,1%	Jan-13	36,1%	N/A	42.93%	<p>To calculate data for this indicator, information from NAP 2014-2018 and Budget Passport for NAP was used.</p> <p>According to NAP, total sum of 1 288 239 900 UAH was planned to allocate in year 2015. Among total sum, it was planned to allocate 857 157 000.26 UAH from the State Budget. Actual State Budget allocations for year 2015, according to Passport of NAP program (approved by MOH Order #225/450) amounts to 367 975 000.2.</p> <p>This data does not include input from:</p> <ul style="list-style-type: none"> • External donors such as PEPFAR, USAID, CDC, Global Fund, because their contribution is not a part of the State Budget. • Regional (oblast, rayon, city) budgets, because this information was not submitted to UCDC timely and completely.
2	Percentage of civil society organizations receiving HIV program funding in project selected regions (PEPFAR – CO_CS0_NAT)	%	-	-	100%	N/A	72%	<p>During Y2:</p> <ul style="list-style-type: none"> • 6 HIV-service NGOs work in Poltavaska oblast, among them 5 received

#	Indicator	Unit of Measure	Baseline	Baseline Date	Y1	Y2 Target	Y2 Actual	Comments
								<p>HIV program funds from GF/USAID/regional budgets;</p> <ul style="list-style-type: none"> • 22 HIV-service NGOs work in Dnipropetrovsk oblast, among them 14 received HIV program funds from GF/USAID/regional budgets; • 4 HIV-service NGOs work in Lviv'ska oblast and all of them received HIV program funds from GF/USAID/regional budgets;
3	Number and percentage of KAPs covered with VCT	# and %	115722 / 20,8%	Jan-14	115722 / 20,8%	TBD	369 963 / 14.38%	To calculate data for this indicator, data on post-testing counselling was used because they provide more sensitive information about coverage with VCT. According to data reported by UCDC, in 2014 KPs received post-test counselling as part of the VCT in total 369 963 cases, when. Total number of post-testing counselling events (including KPs and general population) in 2012 was 2 494 865.
4	Number and percentage of IDUs reached with MAT programs	# and %	7353 / 2,96%	Jan-14	7353 / 2,96%	5%	2.7%	As of 01 Sept 2015, according to reports issued by UCDC, 8311 IDUs received MAT, According to estimates (2012), there are 310 000 of IDUs in Ukraine. The decrease in MAT coverage is attributed to termination of MAT

#	Indicator	Unit of Measure	Baseline	Baseline Date	Y1	Y2 Target	Y2 Actual	Comments
								programs in Crimea and disruption of MAT program in Donetsk/Luhansk oblasts due to ATO.
5	Number and percentage of adults and children receiving antiretroviral therapy among all adults and children living with HIV	# and %	55784 / 23,8%	Jan-14	55784 / 23,8%	BL increased by 2,5%	65 775 / 25.8% (increased by 2%)	As of 01 Sept 2015, according to reports issued by UCDC, 65 775 PLHIV were receiving ARV. According to Ukraine's GARPR report (2014), percentage of adults and children who meet the eligibility criteria of antiretroviral therapy prescription and who currently receive it, amount to 25.8% (of the estimated size of PLHIV population).
6	Percentage of HIV-infected individuals with late diagnosis stage III-IV among all new diagnoses	%	53,6%	Jan-13	53,6%	41%	62.2%	As of 01 Jan 2015, according to the reports issued by UCDC, the number of newly detected HIV cases was 15 795, among them – 9 844 with stage III-IV.
7	Number and percentage of HIV-positive patients who receive ART funded by GoU	# and %	79,9%	Mar-14	79,9%	TBD	63 967 / 97%	As of 01 Sept 2015, according to reports issued by UCDC.
8	Level of introduction of gender-based approach in MAT programs	Ratio of female to male IDU with opioid dependence reached by MAT	0,56	Oct-13	0,56	N/A	0,55	As of 01 Sept 2015, according to reports issued by UCDC, 1583 females and 6728 males were on MAT. Total estimated number of IDUs – 310000 (according to 2012 estimates), among them – 70% males and 30% females.
Outcome indicators								
9	Number of regulatory documents developed/ reviewed due to the Project's evidence-based recommendations that are endorsed/	#	0	Oct-13	0	7	19	The following documents were developed with Project's input and initiative: <ul style="list-style-type: none"> • MOH PH Dept TOR – Order issued.

#	Indicator	Unit of Measure	Baseline	Baseline Date	Y1	Y2 Target	Y2 Actual	Comments
	applied by GoU (national/regional/local)							<ul style="list-style-type: none"> • National PH Center – Order issued. • NASA calculations - Order is being processed by MoE • Financial tool for RAPs development (approved by SSU) • Orders of approval of 14 RAPs.
10	Number of RAPs with budgets prepared in selected regions	#	0	Oct-14	-	3	14	<p>Project activities in 14 oblasts, RAPs were developed and approved by RCCs:</p> <p>Kyiv City;</p> <ul style="list-style-type: none"> • Cherkaska oblast; • Chernihivska oblast; • Dnipropetrovskska oblast; • Khersonska oblast; • Khmelnytska Oblast; • Kirovohradaska oblast; • Kyivska Oblast; • Lvivska oblast; • Mykolayivska oblast; • Odeska oblast; • Poltavaska oblast; • Vinnytska oblast; • Zaporizska oblast.
11	Number of pilots on alternative approaches to deliver/finance HIV services implemented	#	0	Oct-14	-	3	3	Activities on piloting were initiated (regional meetings conducted, SOWs developed and agreed with regions) initiated and will be fully rolled out in Y3.

#	Indicator	Unit of Measure	Baseline	Baseline Date	Y1	Y2 Target	Y2 Actual	Comments
12	Number and percentage of change agents/champions enrolled and trained who put the new skills/tools / approaches into practice	# and %	0	Oct-13	0	15 / 30%	9 / 24%	It was determined by the Project that 9 of the 38 change agents started to put into practice new skills, which were obtained during training sessions and study tours supported by the Project.
13	Number of alternative resource allocation and financing options for HIV services implemented in selected regions	#	0	Oct-14	-	3	0	Activity is tied to piloting of alternative resource allocations. The pilot model was developed in Y2 and will be fully rolled out in Y3.
14	Number of regional budgets with allocated funding for RAP implementation	#	0	Oct-14	-	0	8	Among 14 regions, where the Project provided TA in RAP development, RAPs were approved in 8 regions, with the resolution of the Oblast State Administrations. This means that funds for HIV activities will be allocated in local budgets: <ul style="list-style-type: none"> • Poltavaska oblast • Khmelnytska oblast. • Mykolayivska oblast; • Kirovohradska oblast; • Cherkaska Oblast; • Chernihivska Oblast; • Zaporizhska oblast; • Khersonska oblast
15	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	Oct-13	0	3	1	Activity on development of HRH strengthening plan were initiated in Y2 in Dnipropetrovsk as part of the capacity building process. Further support will be provided in Y3.

#	Indicator	Unit of Measure	Baseline	Baseline Date	Y1	Y2 Target	Y2 Actual	Comments
16	Percentage of improvement in self-assessment scores of partner organizations provided with capacity building activities	%	N/A	-	-	N/A	N/D	Activity started in Q3 of Y2 (baseline), hence percent of improvement is going to be calculated in Y3 (Q3-Q4).
17	Number of media hits related to the Project key activities	#	0	Oct-14	-	50	51	In total, during Y2 51 media hits related to Project activities occurred. Project will continue to expand media presence at regional and national level in Y3.
Key Output indicators								
18	Number of PEPFAR-supported DSD and TA sites (PEPFAR –SITE_SUPP)	#	0	Oct-13	0	3	3	TA was provided to: <ul style="list-style-type: none"> • UCDC • Dnipropetrovsk Oblast AIDS Center • Public health department of MoH.
19	Number of person-courses completing in-service training within the reporting period (PEPFAR)	#	0	Oct-13	8	385	401	During Y2, total number of 401 participants (representatives from national and local state institutions, NGO sector) completed trainings, workshops and technical seminars.
20	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	Oct-13	0	0	0	Activity was initiated in Y2, however it was cancelled by USAID in Y3.
21	Number of desk studies, analytical report and other recommendations prepared	#	0	Oct-13	4	13	14	During Y2, the following desk studies, analytical reports and relevant recommendations were prepared by the Project:

#	Indicator	Unit of Measure	Baseline	Baseline Date	Y1	Y2 Target	Y2 Actual	Comments
								<ul style="list-style-type: none"> • Package of analytical documents for establishing of Public Health Department under MoH (justification, structure, TOR); • Analytical report on relevance of the establishment of the National Public Health and Disease Control Center; • Situational analysis on HRH for HIV; • Desk review of analytical data on delivery of HIV services in Ukraine; • Costing of RESPOND's SMART model of service delivery for KPs; • HIV Patient pathway analysis; • Financial tool for RAPs development (approved by State service); • Recommendations for RAP indicators; • Report with defined TA and CD needs of current CME/CPD system capacity in HIV; • Report on barriers to active utilization of social contraction; • Report on barriers to active utilization of PPP mechanisms;

#	Indicator	Unit of Measure	Baseline	Baseline Date	Y1	Y2 Target	Y2 Actual	Comments
								<ul style="list-style-type: none"> • Report on analysis of existing gaps in available standards/protocols for provision of HIV preventive services to KP; • Grounded list of changes in HRH legislation to meet HIV/AIDS service delivery innovative / alternative performance needs; • Recommendations for HRIS for WG on HIV IS development.
22	Number and percentage of project-supported studies in which at least one member of the study team is delegated by the national and/or sub-national authorities and is actively involved	# and %	0	Oct-13	1	5	4	<p>During the reporting period, the Project supported the following studies, in which at least one member of the study team was delegated by national authorities:</p> <ul style="list-style-type: none"> • HIV Patient pathway analysis • Final report on NASA data validation; • Situational analysis on HRH for HIV; • Study design of Investment Case.
23	National 5-year plan for HRH planning and management strategy aligned with NAP is introduced	Qualitative scale (see operational definition)	0	Oct-13	0	2	3	HRH plan was developed with Project's initiative and support. As a result, the document was accepted by UCDC for 3 years period (in line with NAP).
24	Number of speaker series conducted by change agents	#	0	Oct-14	-	6	3	Speaker series in Lviv, Kryvyj Rih, and Poltava were conducted. Additional speaker series are

#	Indicator	Unit of Measure	Baseline	Baseline Date	Y1	Y2 Target	Y2 Actual	Comments
								planned in Y3 (the postponed speaker series will be conducted in Q1 of Y3)

Does Logframe, PMEP or WorkPlan Require Revision?
Yes, revised PMEP is enclosed for your consideration and approval.

TABLE 3. LESSONS LEARNED, AND SUGGESTED DISSEMINATION

Lessons learned, and suggested dissemination	
(i) Project Level Lessons	<ul style="list-style-type: none"> While the primary focus of the project is on HIV policies, programming and financing, it is essential to be actively involved and contribute to the larger health reform initiatives that have direct impact on HIV reforms. Thus HIVRiA took lead in providing TA to MOH in establishing the PH department and provided justification for formation of the NPHI. HIVRiA has also closely coordinated activities and has been contributing to the reforms initiatives in health financing and human resources through the HIV focused activities. The Project immediately responded to the request of oblast administrations from the non-pilot regions and effectively organized the RAP development process in 11 additional regions that was not

	<p>originally part of the Y2 workplan. This activity was critical for the development, budgeting and approval of RAPs that are essential for funding allocations after the GF phase-out.</p> <ul style="list-style-type: none">• At the regional level, the key challenge has been the lack of interest and understanding of HIV issues among regional administration representatives indicating the need of targeted advocacy activities and using evidence-based data for informing regional decision makers.• Another important task influencing project activities is the coordination with other donor funded and international assistance programs in order to avoid overlap and ensure complementarity of the activities. In the beginning of Y2 HIVRiA conducted the stakeholder meeting and over the course of the year continued regular consultations with partners and stakeholders, in particular in the design of pilot interventions and selecting regional sites. The consultative process and engagement of key national and international stakeholders was critical for the Patient Pathway analysis.• 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
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	Project. This required several changes of TORs and modification of RFAs and had impact on the timeline.
(ii) Sector Level or Thematic Lessons	<ul style="list-style-type: none"> • The health reform initiatives pose both opportunities as well as challenges for the project. The uncertainty about the development of the reforms created concern among some key players such as AIDS centers thus Project adjusted CB activities for AIDS centers focusing at strategic planning in the new environment. Further, the delay with the reforms approval by the parliament hampered initiatives aimed at introducing alternative and/or innovative financing models. • The abolishment of two major state services and transfer of their functions to the PH department of MOH and the NPHC is a complex process that requires political will and leadership both at the national and the oblast levels. The lack of understanding of PH concepts among health administrators and some health care leaders, and lack of clear vision of the reforms, creates a risk for the system to truly undergo reforms into the modern PH model. Thus, in order to strengthen HIV surveillance, policy and programming functions, the project became actively involved in the PH system transformation, both at the national and oblast levels.
(iii) General Development Lessons	<ul style="list-style-type: none"> • While the government and MOH are committed to the reforms, and express willingness to develop viable sustainability strategy for HIV response, the issues related to IDP crisis and war-related burden on

	<p>health care sector often change focus on other priorities. The economic crisis and war-related burden on government agencies, creates challenge for dialogue with regional administrations, as well as national government regarding funding allocations for HIV.</p>
<p>(iv) Management</p>	<ul style="list-style-type: none"> • Following the liquidation of the State Service for socially dangerous diseases, the official Beneficiary of the Project, HIVRiA signed a new MoU, where MoH is assigned as beneficiary of the project and UCDC is a recipient of HIVRiA project results. • Over the course of the year, the project has restructured the team composition aim to improve performance and attract the most qualified local and international candidates. The project team has utilized STTA from the home office to streamline and support project activities in the areas of human resources, health financing, gender, stigma, and discrimination and capacity building. Deloitte home office STTA was also provided in support of the study design for the Investment Case phase II study. At the end of Y2 a major part of the team was formed, with special emphasis made at strengthening the regional team responsible for implementation of oblast level pilots.

TABLE 4. EVALUATION OF ACTIVITY WITH RESPECT TO ENVIRONMENTAL IMPACT

Regarding Initial Environmental Examination (IEE) conditions 3.1.5, 3.1.6 of the Cooperative Agreement, project activities for the reporting period did not have adverse impacts on human health.

Certain activities, which are linked to IEE 4.1.2, 4.1.4 were initiated (policy review initiated, establishment of Public Health Department and National Public Health center facilitated, activities on capacity building in policy making of governmental bodies launched) and potential positive impact on health of target population (PLHIV, KPs) is expected in long-term period. Additional observations and analysis will be conducted during Y3-Y5 of the Project.

Activities on RAP development were successfully conducted in Y2 (IEE 4.1.5), thus positive impact on health of target population (PLHIV, KPs) is anticipated.

ANNEX 1: PROJECT ACTIVITY MONITORING MATRIX

In Y2, of total **73** tasks:

- **51** tasks were **completed**,
- **8** tasks are **ongoing**,
- **10** tasks were **delayed**,
- **4** tasks were **not completed**.

Tasks completeness ratio – **70% (51/73)**

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output				Comments
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	1.1.1. 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 request and justification of National AIDS Program funds allocation	Interagency WG to support national dialogue established and 4 meetings conducted	# of supported WG meetings	4	X	X	X	X	
			2016 budget requests from relevant ministries are based on NAP activities	# budget requests prepared	1				X	
2		Facilitate dialogue between national and regional entities to improve budget planning in HIV sector	2 workshops for national and regional government representatives conducted and TA provided	# of workshops and TA provided	2		X	X		One national workshop was conducted. This activity was requested by State Service for Socially Dangerous Diseases. Further activities were cancelled after the liquidation of SS.
			A tool/instrument developed for collecting regional data/information for annual budgeting	tool/instrument prepared	1		X			

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			Comments
3	1.1.2. Strengthening MoH capacity in national HIV/AIDS policy development, programming, monitoring and evaluation	Conduct assessment of MoH needs in HIV/AIDS policy development and programming	MOH needs assessment in HIV/AIDS policy development and programming conducted and report prepared	# of reports prepared	1		X		
4		Provide technical support to MoH in Health Care Reform Strategy development efforts in HIV/AIDS area	Technical support to MoH in Health Care Reform Strategy development efforts in HIV/AIDS area provided	participation in Health SAG and other relevant WG	1	X	X		
5		Assist with organizational development of relevant structure within MoH responsible for policy and programming after abolishment of State Service	Assistance in organizational development of relevant structure within MoH responsible for policy and programming after abolishment of State Service provided and recommendations (TOR and org. chart) developed	TOR and org. chart prepared	1	X	X		
6		Provide capacity development of relevant MoH structures in usage of evidence-based data for policy developing, M&E of NAP and programming (trainings, TA provision based on needs assessment results)	At least 15 MOH staff (including the new unit and UCDC if needs identified) trained based on the needs assessment	# of people trained	15			X	
7		National AIDS Program Dashboard creation	National AIDS Program Dashboard created	Dashboard created	1			X	NAP Dashboard was developed as part of the National Strategic information portal.
8		1.1.3. Learning international best practices and experiences in HIV response	Conduct a study tour to share the strategic vision for healthcare reforms, with HIV and TB integration, among	Study tour to share experience for 10 Ukraine's national and regional policy makers, health systems	# of people participated in a study tour	10		X	

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output				Comments
		Ukraine's key national policy makers, health systems managers and change agents in coordination with PtP	managers and change agents in coordination with PtP conducted							
9		Prepare report on study tour findings and lessons learned		Report prepared	1			X		
10		Conduct Round table on national level to discuss lessons learned and recommendations	Round table at national level to discuss lessons learned conducted and recommendations developed	# of Round table	1			X		
Sub-objective 1.2: Strengthen capacity of local government entities in implementing regional AIDS programs with emphasis on key affected population										
11	1.2.1 Support the development of Regional AIDS Programs including budget planning.	Support regional coordination councils (RCC) in RAPs preparation	Regional AIDS Plan development WG meetings for Regional Coordination Councils conducted in 3 regions	# of supported WG meetings	6	X	X	X		
12		Assist in preparation of RAPs including budget plans and service calculations	Three RAP approved by RCCs	# of RAPs prepared	3			X		
13			TA for RAP preparation for all regions			X	X	X		
15	1.2.2. Provide national and local partners with adequate regional data and information	Update and add additional data (facility, HRH, etc) to regional profiles (in coordination with Respond project) and present the most recent data and information for Dnipropetrovsk, Poltava and Lviv Oblasts	Update regional profiles for the key pilot regions on the epidemiology, service coverage and gaps, healthcare facilities, resources and HR data (in coordination with Respond project)	# regional profiles updated	3	X	X			
Sub-objective 1.3: Improve and sustain comprehensive service delivery models and financing mechanisms for key affected populations.										
16	1.3.1. Provide TA on development of the National strategy on access to HIV prevention services for key populations.	Participate in technical working group and provide input to strategy development	National strategy on access to HIV prevention services for KAP developed including innovative interventions	# of recommendation provided to TWG	4	X	X	X	X	

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output				Comments
17	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	Desk review of analytical data on delivery of HIV services in Ukraine, with specific emphasis on key populations conducted	# report prepared	1	X				
18		Conduct regional stakeholder workshops to build consensus on priority problems and needs for improvement for service delivery and financing.	Regional stakeholder workshops conducted in each region (total 3) to build consensus on priority problems and needs for improvement for service delivery and financing conducted	# of regional workshops conducted	3		X			
19		Conduct the national stakeholder workshop to build consensus on priority problems and needs for improvement for service delivery and financing	National stakeholder workshop to build consensus on priority problems and needs for improvement for service delivery and financing conducted	# national workshops conducted	1			X		
20	1.3.3. Prepare piloting of alternative approaches to deliver/finance HIV services for key populations in the Dnipropetrovsk, Lviv and Poltava regions for 2014-2015.	Conduct trainings with key Oblast and Rayon partners on piloting options and implementation (regional CC)	Trainings for key Oblast and several Rayon partners in piloting options and implementation conducted and trained in specific piloting strategies	# of people trained	60		X	X		
21		Facilitate development and put into force Oblast Administration's Orders needed to formalize and support piloting in different settings (regional CC)	Oblast Administration's Orders needed to formalize and support piloting in different settings developed and approved (3 orders)	# of regions that formalize support for piloting	3			X	X	Activities related to piloting are initiated in DP and Poltava regions. Piloting will be fully rolled out in Y3.

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output				Comments
22	1.3.4. Conduct 1 st stage of pilot in Dnipropetrovsk, Lviv and Poltava regions the alternative approaches to deliver/finance HIV services for key populations in the rayons level	Provide guidance and advice to regional stakeholders on the implementation of piloting (monitoring visits and ongoing face-to-face meetings)	1 st stage pilots initiated in the selected pilot regions (total 3 pilots)	# of pilots of alternative approaches to deliver/finance HIV services initiated	3			X	X	
23		Collaborate with other partner projects to ensure resource allocation for service provision.						X	X	
24		Organize the monitoring process of piloting (conduct M&E training, prepare reporting forms, conduct outcome assessment) and share experience with stakeholders (regional piloting Dashboard)	Regional piloting monitoring tools including regional piloting Dashboard developed and implemented	monitoring process of piloting organized # of people trained	20			X	X	
25	1.3.5. Revise and improve financial mechanisms for provision of HIV services to key population	Explore the barriers to: <ul style="list-style-type: none"> – active utilization of social contracting and PPP for the provision of HIV preventive services; – implementation of risk-adjusted capitation for the provision of HIV preventive services. 	The report on barriers to active utilization of social contracting and PPP; implementation of risk-adjusted capitation for the provision of HIV preventive services developed	Report prepared	1		X			
26		Conduct a workshop for decision makers on the implementation of social contracting mechanisms for	National workshop for decision makers on the implementation of social contracting mechanisms for the provision of HIV	# of workshops conducted	1			X		National workshop will be conducted on October 27, 2015.

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output				Comments
		the provision of HIV preventive services	preventive services conducted							
27		Provide the proposals to MoH and MSP on active utilization of social contracting mechanisms for the provision of HIV preventive services	List of recommendations for MoH and MSP on utilization of social contracting mechanisms for the provision of HIV preventive services developed	List of recommendation on active utilization of social contracting mechanisms provided	1			X		
28		Conduct trainings for service providers on application process for social contracting for the provision of HIV preventive services	45 people representing service providers trained on application process for social contracting	# of people trained	45				X	
29	1.3.6. Support national leadership for sustainable provision of HIV services delivery to key populations.	Prepare report on analysis of existing gaps in available standards/protocols for the provision of HIV services to key populations.	Report on analysis of existing gaps in available standards/protocols for the provision of HIV services to key populations prepared	Report prepared	1			X		
30		Support MOH and MSP on development of required standards/protocols for the provision of HIV services to key populations (based on the gap analysis)	Draft standards/protocols for the provision of HIV services to key populations developed for MOH and MSP	List of standards/protocols for the provision of HIV services delivery to key populations prepared	1			X		
31		Analyze the international evidence on quality assurance mechanisms for HIV preventive services	Analytical report on international evidence on quality assurance mechanisms for HIV preventive services prepared	Report prepared	1		X			It was decided to revise the need for this activity in accordance to the National Sustainability Strategy, which will define a new set of preventive services. The

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			Comments
									activity will be revisited as required by the strategy.
Sub-objective 1.4: Improve policy dialogue and ensure transparent policy development environment.									
32	1.4.1. Engage champions and change agents at all levels (MOH, UCDC, regional AIDS Centers, OHDs and others) and civil society to strengthen the country's capacity in evidence-based HIV policy making and implementation	Build capacity of change agent in evidence-based policy making and oversight	Forty five change agents trained in evidence-based policy making and oversight	# of people trained	45		X	X	
33		Conduct Round tables at regional level to ensure platform for problems discussion in HIV/AIDS area	Three Regional round tables facilitated by local change agents conducted	# of Round tables conducted	3			X	X
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									
34	2.1.1. Support government of Ukraine to conduct 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.	Operational and Service Data Collection Related to prevention services for KAPs (MARPs) and social support for PLWH in 25 regions of Ukraine	Background information for the study prepared.	Database with collected data from 25 regions for Investment Case study Phase II prepared	1		X	X	X
35		Develop ToR and methodology of study	TOR for Investment Case study Phase II (extension of HIV allocative efficiency study) developed in collaboration with MoE and UNAIDS	# of TOR developed	1		X		
36		Conduct of Stakeholders Workshop for decision makers to discuss and finalized methodology of the study	Stakeholder workshop for decision makers on study methodology conducted	# of workshops conducted	1		X		

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			Comments	
37		Conduct study and prepare preliminary study Report	Investment Case study Phase II (extension of HIV allocative efficiency study) conducted and report preliminary prepared presentation conducted	# of preliminary reports prepared	1		X	X	X	Activities related to Investment Case Phase II were initiated in Y2 and will be continued through Y3.
38		Organize Stakeholder workshop to present study preliminary Report and Recommendations to government of Ukraine and MoH specifically	Stakeholder workshop with preliminary report/data	# of workshops conducted	1				X	This activity is tied to the Investment Case and is also postponed to Y3.
39	2.1.2. Provide technical assistance to UCDC on NASA validation data process for 2011-2012	Prepare Report	TA to UCDC on NASA data validation process for 2011-2012 provided	# of reports prepared	1		X			
40	2.1.3. Conduct cost-effectiveness study of scale usage of rapid tests in prevention programs in collaboration with UCDC.	Develop methodology for the study	Cost-effectiveness study for scale-up of usage of rapid tests in prevention programs conducted in collaboration with UCDC and report developed	# of methodologies developed	1		X	X		RFP was issued and applications received. However, TEC decided to re-announce the competition because of the unsatisfactory quality of the submitted proposals. Activities related to this study will be carried out in Y3.
41		Conduct of Stakeholders Workshop for decision makers to discuss and finalized methodology of the study		# of workshops conducted	1		X			This activity was tied to the grant for cost-effectiveness study and was postponed to Y3.
42		Conduct study and prepare study Report.		# of reports prepared	1			X	X	This activity was tied to the grant for cost-effectiveness study and was postponed to Y3.

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output				Comments
43		Organize Stakeholder meeting to present study Report and Recommendations	Stakeholder workshop for study date presentation conducted	# of stakeholders meeting conducted	1				X	This activity was tied to the grant for cost-effectiveness study and was postponed to Y3.
Sub-objective 2.2: Support the development of HIV strategies and policies at the national and regional level which reflect optimized resource allocation and lead to the most cost-efficient and effective.										
44	2.2.1. Support MOH/UCDC in institutionalization of National system of expenditure monitoring of HIV.	Provide support in development of GoU Order on HIV expenditure monitoring	GoU Order on HIV expenditure monitoring developed	# of Orders developed/signed	1		X			The order was submitted to MoH and is in the review process.
45		Support the development of methodological guidelines for MoH on expenditure monitoring and other relevant documents	Electronic tools on HIV expenditure monitoring developed and introduced at UCDC	# of methodological recommendations developed	1		X			
46		Develop site and electronic tools for monitoring and data tracking of NAP and RAPs implementation		# of tools developed	1			X		Electronic tool for expenditure monitoring (based on NASA) was developed as part of the National Strategic information portal. Project will continue to support development/adaptation of NAP portal in Y3.
47		Train UCDC personnel to use electronic tool for monitoring and data tracking	Three trainings for UCDC and regional M&E experts conducted	# of people trained	60			X	X	X
48	Conduct trainings for regional M&E experts on process and tools usage									

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output				Comments
Sub-objective 2.3: Strengthen capacity of national and regional partners in finance planning, budget preparation and execution to match the needs to optimized HIV/AIDS service-delivery operations.										
49	2.3.1.. Support national and regional stakeholders in operational and budget planning	Two trainings on routine operational planning, including budget formulation, for key regional administration personnel stakeholders conducted (40 people trained)	Two trainings on routine operational planning, including budget formulation, for key regional administration personnel stakeholders conducted	# of people trained	40		X			
50		Training on estimation of financial resource needs for regional administration personnel (20 people)	Training on estimation of financial resource needs for regional administration personnel	# of people trained	20			X		
51		Training of regional specialists in health economics and financial issues (20people)	Training of regional specialists in health economics and financial issues	# of people trained	20			X	X	
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.										
52	3.1.1. Analyze human resource needs and gaps for HIV/AIDS–services provision.	Conduct a situational analysis on HRH for HIV	Report on situational analysis on HRH needs and gaps in current HIV service delivery prepared	Report on situational analysis prepared	1		X			
53		Organize Stakeholder workshop to present Situation analysis Report	Workshop to present HRH situational analysis to decision makers conducted	Workshop conducted	1			X		

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output				Comments
54	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 situational analysis on current CME/CPD system capacity in HIV	Report with defined TA and CD needs of current CME/CPD system capacity in HIV prepared	Report with defined TA and capacity development needs, and related cost estimation prepared	1		X			
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										
55	3.2.1. 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	Conduct Stakeholder meetings on capacity and TA needs presented to key stakeholders	Stakeholder meetings on capacity and TA needs conducted	# of supported meetings/ roundtable	4	X	X			
56		Support interagency working group to discuss HRH priorities to meet HIV/AIDS service delivery performance needs	Interagency WG meetings to discuss HRH priorities to meet HIV/AIDS service delivery performance needs supported	# of supported WG meetings	4	X	X	X	X	
57	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)	Conduct four WG meetings on TA and recommendations to HRH technical WG under the UCDC (MOH) supported	# of WG meetings supported	4	X	X	X	X	
58		Provide capacity development to RCC in strategic planning of HRH in HIV	Three RCC Workshops in strategic planning of HRH in HIV conducted	# of RCC workshops conducted	3	X	X			
59		Support discussion at inter-sectorial working groups to recommend grounded list of changes in HRH legislation to meet HIV/AIDS service	Inter-sectorial WG to recommend grounded list of changes in HRH legislation to meet HIV/AIDS service delivery	# of WG meeting conducted	1				X	

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output				Comments
		delivery innovative / alternative performance needs	innovative / alternative performance needs conducted							
60		Develop draft of concept paper to support relevant changes into the HRH legislation (Order #33) in collaboration with other partners and USAID Projects	Draft concept paper to support relevant changes into the HRH legislation (Order #33) developed	Draft recommendations for legislative changes	1				X	
61		Conduct Stakeholder meeting to discuss required changes to HRH normative / legislation documents	Stakeholder meeting to discuss draft concept paper conducted	# of Stakeholders meeting conducted	1	X				HRH situational analysis provided justification of the relevance of changes to Order #33. However, the development of concept paper was cancelled because the health reform legislation package developed by MoH (currently pending approval from Rada), foresees cancellation of the mentioned order.
62	3.2.3. Support the development of Oblast HIV /AIDS Programs, including HRH planning and training	Provide CD to RCCs in HRH planning for RAP	Training conducted and follow-up operational support (working group) provided to RCCs in HRH planning for RAP	# of people trained	17	X				During Y2 it was determined that this activity was not needed by regions and it was agreed to cancel it.
63		Follow-up TA to RCCs in HRH planning for RAP provided	Three meetings on HRH needs analysis for HIV response to RCC and their Programming committee conducted	# of supported meetings	3		X	X		

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output				Comments
64	3.2.4. Define HRH needs for the implementation of alternative mechanisms (rationalization option) of the delivery/financing of HIV services for key populations at the regional level.	Provide capacity development in calculation of HRH needs in planning piloting of alternative mechanisms (rationalization option) of the delivery/financing of HIV services for key populations at the regional level	One training for 25 people for calculation of HRH needs for pilots conducted	# of people trained	25			X		Trainings will be conducted in Q1 of Y3. The program of trainings is finalized with UCDC and regions, organizational processes launched.
65		Support in developing pilot design, including selection of sites, data collection and M&E tools in HRH regards	HRH plans for pilots (including design, selection of sites) data collection and M&E tools in each region developed (3 plans) and endorsed by the Regional Council	HRH plan for piloting prepared and endorsed by RCCs	3			X	X	
66	3.2.5. Provide TA on HRIS and IS piloting and implementation.	Provide technical and operational support to Working group on HIV IS development.	List of recommendations for HRIS for WG on HIV IS development (UCDC) provided	List of recommendations on HRIS developed	1	X	X			
67		Conduct trainings on IS and other relevant capacity development activities in terms of HRIS implementation in the selected region	Conduct training on IS and HRIS implementation in the selected region (18 people trained)	# of people trained	18			X		Trainings will be conducted after the roll-out of HRIS. Exact dates will be coordinated with UCDC and ACCESS project.
68			Conduct piloting of HRIS in the selected region in collaboration with UCDC and RCC			3			X	The activity is tied to HRIS development and will be coordinated with UCDC and ACCESS in Y3

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output				Comments
Sub-objective 3.3: Strengthen capacity of Ukrainian institutions in HRH policy development and implementation.										
69	3.3.1. Strengthening capacity of national and regional level Institutions in proper planning of HRH	Conduct consultative meetings to identify and address CB\TA needs for HRH planning at the national and regional levels	Individual and group consultative meeting to identify and address CB/TA needs for HRH planning at national and regional level	# of individual and group meetings conducted	15	X	X	X	X	
70	3.3.2. Facilitate sensitization of Academic institutions on introduction of prevention, treatment and social HIV issues into pre- and post-graduate education programs.	Conduct a joint workshop for decision makers of relevant regional administrations and educational institutions on CME/CPD needs in HIV in particular, practical skills and interactive methods of teaching	Workshop for decision makers and educational institutions on addressing capacity needs for effective CME/CPD in HIV conducted	# of workshop conducted	1			X		
71	3.3.3. Strengthening national academic institutions in HIV education, including prevention, treatment, care and support.	Support institutionalization of existing HIV training activities into national academic education programs	National workshop on institutionalization of existing HIV training activities into national academic education programs conducted	# of national workshops conducted	1			X		
72		Provide TA support with grants for academic institutions for revisions of the curricula in HIV education	Grants for academic institutions for revisions of the curricula in HIV education awarded and TA provided	# of grants provided to education institutions	2	X		X		Call for proposals to select a grantee was announced in September, 2015 and 5 applications were received. The RFP was delayed due to the delay in obtaining results in CME/CPD situational analysis (obj.3.1.2.) Finally, the activity was cancelled due to the

#	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			Comments
									change of the project WP priorities in Y3.
73			Curricula in HIV education revised/adapted (2 curricula)	# of curricula revised /adapted	2			X	This activity was tied to the grant for an academic institution and was cancelled because of cancellation of the parent activity.