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END-OF-PROJECT PERFORMANCE EVALUATION OF THE UKRAINE HIV/AIDS SERVICE CAPACITY PROJECT (USCP)

FINAL REPORT



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END-OF-PROJECT PERFORMANCE EVALUATION OF THE HIV/AIDS SERVICE CAPACITY PROJECT (USCP) IN UKRAINE

FINAL REPORT

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Front Cover Picture:

Front cover picture: Artwork by children in Symy, Ukraine, is displayed in a center that provides HIV services.

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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government

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ACRONYMS

AOR	Agreement Officer Representative
ART	Anti-Retroviral Therapy
CA	Cooperative Agreement
Coalition	All-Ukrainian Charitable Organization “Coalition of HIV Service NGOs”
CC	Coordinating Council
CCM	Country Coordinating Mechanism
CIS	Commonwealth of Independent States
CS	Civil Society
CSW	Commercial Sex Workers
CSO	Civil Society Organization
FGD	Focus Group Discussion
FGI	Futures Group International
GF	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GOU	Government of Ukraine
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HPI	Health Policy Initiative
IDU	Injecting Drug User
KI	Key Informant
KII	Key Informant Interview
KM	Knowledge Management
IO	International Organizations
LMPU	Lviv Medical Postgraduate University
LOE	Level of Effort
M&E	Monitoring and Evaluation
ME&A	Mendez England & Associates
MARPs	Most At-Risk Populations
MAT	Medication Assisted Treatment
MFYS	Ministry of Family Youth and Sports
Mission	USAID Regional Mission to Ukraine, Moldova, and Belarus
MLSP	Ministry of Labor and Social Policy
MOCAT	Modified Organizational Capacity Assessment Tool
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSM	Men Who Have Sex with Men
MWG	Multi-sector Working Groups
NAP	National AIDS Program
NCC	National Coordinating Council
Network	All-Ukrainian Network of People Living with HIV
NMPA	Kyiv National Medical Postgraduate Academy
NGO	Non-Government Organization
NTHC	National TB and HIV Council
OGAC	Office of U.S. Global AIDS Coordinator
OHST	Office of Health and Social Transition
OI	Opportunistic Infections
OST	Opioid Substitution Therapy
OVC	Orphans and Vulnerable Children
PEPFAR	President’s Emergency Plan for AIDS Relief
PLWH	People Living with HIV/AIDS

PMP	Project Monitoring Plan
PR	Principal Recipient (of Global Fund grant)
PSM	Procurement Supply Management
RCC	Regional Coordinating Councils
S&D	Stigma and Discrimination
TA	Technical Assistance
TB	Tuberculosis
THC	TB and HIV Council (regional and local)
TOR	Terms of Reference
TOT	Training of Trainers
UAC	Ukrainian AIDS Center of the Ministry of Health
UNAIDS	United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
USCP	Ukraine HIV/AIDS Service Capacity Project
USG	United States Government
WHO	World Health Organization
VCT	Voluntary Counseling and Testing

EXECUTIVE SUMMARY

This is an End-of-Project Performance Evaluation of the HIV/AIDS Service Capacity Project (USCP) in Ukraine that took place during the period June-September, 2012. The evaluation was conducted by an independent external team commissioned by Mendez, England & Associates (ME&A) on behalf of the United States Agency for International Development (USAID) Mission in Ukraine, pursuant to the Task Order AID-121-TO-12-00004.

USCP is a five-year project (September 2007 – November 2012) aimed to reduce transmission of Human Immunodeficiency Virus (HIV) and improve the quality of life of those affected. Its objective is to expand access to quality HIV/AIDS prevention, diagnosis, treatment, care and support services for most at-risk populations (MARPs) including injecting drug users (IDUs), commercial sex workers (CSWs), orphans and vulnerable children (OVC) (including street children, infants born to HIV-positive women and their families), and men who have sex with men (MSM).

The purpose of the USCP evaluation is to assess the relevance, effectiveness and efficiency of major USCP activities, and discuss approaches for follow-on US Government (USG) assistance in HIV policy and institutional development areas. The evaluation considered the following priority questions:

1. To what extent did the project contribute to the reduction of policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services for MARPs, particularly in the priority areas - Medication Assisted Treatment/Opioid Substitution Therapy (MAT/OST), Voluntary Counseling and Testing (VCT), and OVC?
2. What were the project and key beneficiaries' expectations for institutional capacity building?
3. To what extent have the project's technical assistance and training activities fostered the general organizational development and, where appropriate, promoted sustainable services of governmental and non-governmental organizations (NGOs) and, particularly, 68 service NGOs, assessed with Modified Organizational Capacity Assessment Tool (MOCAT)?
4. Were USCP's activities and results sufficient to advance the achievement of its purpose - expanded MARPs' access to quality services and leveraged Global Fund (GF) and domestic resources?
5. Which of the project's activities/approaches contributed the most toward improving institutional capacity for the sustainable service provision and reducing policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services, and why? Which activities/approaches were the least effective, and why?
6. Are there any significant regional differences observed in project's results that can inform the future design?
7. To what extent has the project's structure helped or hindered project implementation? What were the challenges and opportunities associated with this structure?
8. Are there any specific areas of overlap (with other projects) where efficiencies can be achieved in the future programming?

The team selected to visit four of the nine regions in which the project is implemented, and compared them to three comparison regions where there were no direct USCP interventions. To collect data, the team used a mixed methods approach which included: 1) review of background documents, project monitoring data, and national and regional health statistics; 2) in-depth key informant interviews (KIs); 3) focus group discussions (FGDs) with different groups of MARPs (i.e., IDU, CSW, and MSM); and 4) online survey sent to the universe of USCP stakeholders including Government of Ukraine (GOU) and NGO representatives, Coordinating Council members, and participants of USCP-sponsored training seminars.

KEY FINDINGS

- According to stakeholders familiar with USCP, they feel the project has achieved its purpose to improve access of services to MARPs. The vast majority of the respondents interviewed lauded the quality and relevance of USCP trainings. Based on the document review and interviews with project staff and KIs,

there is a consistent message that USCP served a real need as perceived by the public and private sector. According to them, USCP's interventions created bridges between these two sectors, as well. One manifestation of this collaboration is the strengthened referral and counter-referral system. MARPs were much less in a position to speak directly about USCP; nevertheless, they concurred that services have become more accessible in the past few years.

- **USCP's work contributed to substantial progress in changing the political environment for combating HIV/AIDS epidemic in Ukraine.** USCP's efforts led to the removal of certain legal and regulatory barriers, which helped ease the implementation of the GF grants; 2) legally guaranteed access to HIV prevention, care, and treatment services for people living with HIV/AIDS (PLWH) and MARPs (including adolescents); 3) legally guaranteed access to MAT and sterile needles/syringes for IDUs (including adolescents); 4) expansion of the types of organizations authorized to provide HIV counseling and testing (HCT) services to include NGOs which specialize in serving MARPs; 5) improvement of the regulatory frameworks of the National HIV/AIDS Coordinating Council (NCC), Regional Coordinating Councils (RCC), and local Coordinating Councils (CC); 6) discrimination against PLWH and MARPs is now prohibited by law and discriminatory provisions of some legal documents removed; and 7) the "social contract" ("social order") mechanism of government financial support for NGOs providing services to MARPs is introduced in Odessa region.
- **USCP helped strengthen government bodies,** thereby improving coordination and implementation of Ukraine's HIV response. The project improved the technical and organizational capacity of the Ukrainian AIDS Center (UAC) of the Ministry of Health (MOH) to enable it to successfully carry out its responsibilities as a principal recipient under the GF Round 10 grant. USCP's efforts also strengthened substantially the NCC by helping it mobilize funding to support a functional secretariat and provide training to improve the knowledge and skills of NCC and secretariat members. This has improved the NCC's effectiveness in its role as Ukraine's Country Coordinating Mechanism (CCM).
- **USCP helped establish and strengthen RCCs and local CCs, and improved multi-sectoral coordination of Ukraine's HIV response at all levels.** Representation and involvement of PLWH, and MARPs in RCCs and local CCs, has improved coordination and coverage of HIV-related services. Referrals and counter-referrals between different HIV-services as well as interdepartmental coordination have been optimized in the intervention regions visited.
- **USCP helped improve monitoring and evaluation (M&E) systems at national and regional levels.** In intervention regions where USCP worked, oversight and financing for those M&E centers was successfully transitioned from USCP to the National M&E Center. Also, the methodology for collecting regional M&E indicators was introduced.
- **USCP's capacity building interventions triggered positive developments in some organizations for institutional development.** Respondents greatly value the quality and relevance of USCP trainings and technical assistance (TA), and believe that their expectations in this respect were met. The NCC, RCCs and HIV-service NGOs are committed to absorb changes initiated by the project. Some of USCP's capacity building interventions contributed to reshaping organizations to better position them to expand services. This was accomplished by increasing their knowledge base and instilling practical applications of strategic programming and other organizational development competencies.
- **USCP coordinators substituted the role of public officials in some instances.** The project model included an emphasis on USCP national and regional coordinators who, in some instances, performed a substitution role for public figures, thereby placing the sustainability of the project's successes in question.
- **Communication of best practices and lessons learned is weak.** Dissemination of information between USCPs implementing partners and between regions was not purposefully done.

CONCLUSIONS

The findings from this evaluation revealed a program that focused on relevant needs of the Ukrainian HIV/AIDS agenda: policy and institutional capacity building. The overall approach and activities implemented were sufficient to meet the project objectives and further the HIV/AIDS policy and legislative agenda. While the management and communication were wanting, many important interventions were implemented and targeted MARPs where their needs are—the grassroots level.

Context

- The general perception among key stakeholders is that USCP made great strides in reducing policy, legislative, and regulatory barriers of MARPs to receive HIV/AIDS services.

Results

- USCP identified highly qualified experts who provided relevant TA to the appropriate stakeholders.
- Survey results indicate the project increased access to HIV/AIDS services for MARPs; however, there is no empirical evidence to support this. As for the improvement of the quality of those services, it could not be evaluated with the information collected in this evaluation.
- The general opinion of stakeholders interviewed is that the project has made a substantial contribution toward increasing access to quality HIV/AIDS services. However, there is no quantitative data available on changes in accesses rates to verify this conclusion made by the stakeholders. Further, there is no information available to compare the quality of the services before and after the USCP interventions.

Design

- The project lacks a coherent presentation of program logic.
- Data for Decision-Making is improvised
- Knowledge management (KM) is missing from the project's strategy.
- There is not enough attention to the scale-up of a USCP model, which challenges the sustainability of the project's results.
- The reduction of stigma and discrimination of MARPs could benefit from the inclusion of professional social workers and the police in the multi-sectoral collaborative efforts.

RECOMMENDATIONS

Design

1. **Program Logic: Future programs should have a clear and coherent results framework as part of their project design.** The PMPs should include outcome indicators with baselines conducted as early as possible in year one before interventions are underway and include comparison regions for the purposes of evaluating progress in the future. Outcomes should be within the direct manageable interest of the project.
2. **Knowledge Management (KM) Strategy: Future programs should include a KM strategy.** This is important not only for sharing best practices and lessons learned but also to contribute to the sustainability of future programming. At a minimum, the KM strategy should describe what information will be collected and collated. The utilization and communication of information are other essential components. A communication plan that describes how key messages will be defined and prioritized, and which stakeholders will be targeted for dissemination of project results, is necessary. The dissemination approach should be multi-faceted and not limited to one website or conference.
3. **Sustainability Plan: The future project should include a sustainability plan that demonstrates how the project's primary interventions will be institutionalized into existing GOU and NGO structures and mechanisms.** The scale-up of best practices should be a fundamental component of the project's design beginning in year one. The importance of a clearly defined program logic model is imperative to ensure scale-up. During the project's mid-point, funding and management of the

interventions should be transitioned over to the stakeholders with the project staff serving in a consultant capacity rather than the key implementer. By the end of the project, the GOU and local NGOs should have absorbed the full management and costs.

4. **Training Participants: Focus on reducing stigma and discrimination of MARPs among service providers.** The target audience for training participants should be widened to include frontline service providers such as doctors, nurses, social workers, and police. Each of these sub-groups would need a tailored response with the common aim to reduce stigma and discrimination.
5. **Institutionalization of Capacity Building Interventions: Institutionalize training programs within GOU structures.** Much in the way that the VCT course was incorporated into the curricula of the Kyiv National Medical Postgraduate Academy and the L'viv Medical Postgraduate University, so should all future trainings be institutionalized into the relevant structures. Attention to pre-service training is just as valuable as in-service training for doctors as well as nurses and social workers.
6. **Gender Awareness: Include more interventions that focus on gender awareness,** starting with a gender assessment to understand local perceptions, which will help tailor future interventions to open the dialog with project stakeholders.

Note: *The Ukrainian-language version of this Executive Summary can be found in Annex A.*

1.0 INTRODUCTION

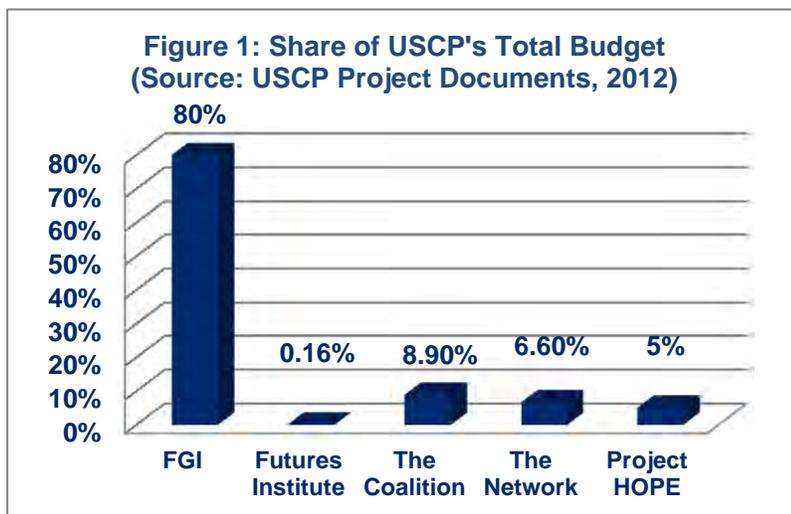
According to the Ministry of Health (MOH), the HIV/AIDS epidemic in Ukraine is regarded as the most severe in Eastern Europe and the Commonwealth of Independent States (CIS) (MOH, 2012). In 2009, Ukraine accounted for one in five or 21% of all cases in Eastern Europe (Burrano L and 2009). HIV/AIDS places a heavy social and economic burden on the population. The pressure it exerts on the health system is palpable.

The GOU understands the myriad challenges of its HIV/AIDS epidemic and has authorized a number of its institutions to address them by adopting a multi-sectoral approach (see Annex B). However, only one third of all allocated resources to counteract HIV/AIDS is derived from Ukraine's central and local budgets. The remaining budget is financed by the international donor community (see Annex C). State activities are carried out in close cooperation with civil society (CS) and international organizations (IO) at the national and local level. Nonetheless, the available financial and human resources - including institutional and technical capacities - are not enough to provide the comprehensive and integrated HIV services to all the different MARPs. The HIV/AIDS response in Ukraine has not yet achieved the scale and intensity necessary to have population-wide effect that would reduce HIV transmission (UNAIDS, 2009).

USCP (Cooperative Agreement (CA) No. 121-A-00-07-00705) was funded by the President's Emergency Plan for AIDS Relief (PEPFAR) and implemented between September 27, 2007 – November 30, 2012. It was designed as a policy and advocacy complement to the existing USAID and the GF service delivery programs focused on HIV/AIDS prevention, treatment, care and support.

USCP was built on the results of the USAID-funded Health Policy Initiative (HPI), which provided support and TA to the MOH, the NCC, and nine RCCs from 2005 through mid-2007. USCP was implemented in the regions demonstrating the highest burdens of HIV/AIDS: the Autonomous Republic of Crimea, Cherkasy, Chernigiv, Dnipropetrovsk, Donetsk, Kherson, Mykolaiv, Odesa, and two cities--Kyiv and Sevastopol. In 2011, USCP started providing assistance to Chernigiv Oblast and weaned its support to Kyiv City. USCP also broadened its target audience for capacity development to include NGOs providing HIV services across all Ukraine (see Annex D for a map of the USCP regions.)

Futures Group International (FGI) is the prime implementing partner of USCP and works in collaboration with the All-Ukrainian Network of People Living with HIV (the Network), the All-Ukrainian Charitable Organization "Coalition of HIV Service NGOs" (the Coalition), and Project HOPE.



The total budget for USCP is \$11,999,674. FGI received \$9,530,502 or nearly 80% of the entire budget, while the partners' shares were comparatively small as Figure 1 indicates.

USCP's goal is to reduce the transmission of HIV and improve the quality of life of those affected by expanding access to quality HIV/AIDS prevention, diagnosis, treatment, care and support services for MARPs including IDUs, CSWs, OVCs (e.g., street children, infants born to HIV-positive women and their families), and MSM. Initially, FGI was asked to focus on

prisoners and ex-felons, as well as pregnant women but was instructed by USAID to drop these two target groups shortly after project year one.

USCP was grounded on the USAID/Ukraine development hypothesis defined as: "increased institutional capacity of civil society and public sector HIV/AIDS service organizations and coordinating bodies to make sustainable delivery of

quality services which meet international standards for HIV prevention, treatment, care and support, combined with reduced policy, legal, regulatory, and fiscal barriers inhibiting access to quality services and GF grants provided to Ukraine will expand MARPs' access to those services and, subsequently, reduce transmission of HIV and improve the quality of life of those affected by HIV epidemic." Originally there were four expected results with a relatively nominal level of effort (LOE) assigned to two of them (Results 2 and 4). Because Results 2 and 4 would have been duplicative of activities included in the GF's Round 6 grant, USAID asked FGI to drop them in the middle of year two¹. Since that time, the project has focused on achieving the following results:

- **Result 1** (40% LOE): Reduced policy, legal, regulatory and fiscal barriers inhibiting access to quality HIV/AIDS related services that meet international standards for HIV/AIDS-related prevention, treatment, care and support; and
- **Result 3** (60% LOE): Sustainable delivery of quality services through increased institutional capacity of civil society and public sector HIV/AIDS service organizations and coordinating bodies².

2.0 EVALUATION PURPOSE & PRIORITY QUESTIONS

The purpose of this end-of-project evaluation is to assess the relevance, effectiveness and efficiency of major USCP activities, and discuss approaches for follow-on USG assistance in HIV policy and institutional development areas. The evaluation began in June 2012 and ended in September 2012. The specific evaluation questions are:

1. To what extent did the project contribute to the reduction of policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services for MARPs, particularly in the priority areas - MAT/OST, VCT, and OVC?
2. What were the project and key beneficiaries' expectations for institutional capacity building?
3. To what extent have the project's TA and training activities fostered the general organizational development and, where appropriate, promoted sustainable services of governmental and NGOs and, particularly, 68 service NGOs, assessed with MOCAT?
4. Were USCP's activities and results sufficient to advance the achievement of its purpose - expanded MARPs' access to quality services and leveraged GF and domestic resources?
5. Which of the project's activities/approaches contributed the most toward improving institutional capacity for the sustainable service provision and reducing policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services, and why? Which activities/approaches were the least effective, and why?
6. Are there any significant regional differences observed in project's results that can inform the future design?
7. To what extent has the project's structure helped or hindered project implementation? What were the challenges and opportunities associated with this structure?
8. Are there any specific areas of overlap (with other projects) where efficiencies can be achieved in the future programming?

The evaluation was conducted by a team assembled by ME&A, based in Bethesda, Maryland. The field evaluation team consisted of three experts.

¹ The modification to the CA to remove Results 2 and 4 was signed in year four of the project.

² **Result #2** (was 10% LOE): Expanded and strengthened linkages between public and civil society service providers to develop and strengthen local networks to assure a continuum of-care able to address the needs of vulnerable populations from prevention through long-term support

Result #4 (was 10% LOE): Innovative and effective technical and organizational approaches developed, implemented and assessed to increase access of highly marginalized MARPs to prevention, treatment, care and support services

Annette Bongiovanni led the evaluation team. She is a health specialist, evaluator, and former nurse who has conducted several evaluations of USAID health and HIV/AIDS projects over the past two decades. Ms. Bongiovanni worked for almost five years as an advisor and evaluation point of contact for the Bureau for Latin America and Caribbean at USAID/Washington. She was accompanied by two team members: Dr. Boris Sergeyev and Dr. Tetyana Semigina. **Dr. Boris Sergeyev** is a Russian native who is a survey and evaluation specialist with fifteen years experience implementing and evaluating projects similar to USCP in the Eastern Europe region. Dr. Sergeyev helped to develop UNAIDS (United Nations Programme on HIV/AIDS)-commissioned reports on the status of the HIV epidemic in Eastern Europe and monitoring and evaluation practices. **Dr. Tetyana Semigina** is a leading expert in Ukraine who is renowned for her deep background on HIV/AIDS. Dr. Semigina is an Associate Professor in the School of Social Work at the National University "Kyiv-Mohyla Academy" and a member of the Board of Directors of the International Association of Schools of Social Work. She has published several reports on the status of HIV/AIDS in the Ukraine in collaboration with the London School of Hygiene and Tropical Diseases. For more details on these team members, please see Annex E.

The evaluation results will be used by the USAID Regional Mission to Ukraine, Moldova, and Belarus (Mission), in particular the Office of Health and Social Transition (OHST), in collaboration with the Office of U.S. Global AIDS Coordinator (OGAC) in Washington DC, to re-assess the relevance and adequacy of the current activities and consider opportunities for future programming. The evaluation will also provide an opportunity for FGI and its partners to learn more about its strengths and consider areas for improvement. Other project stakeholders such as the GOU and international development partners will be offered an opportunity to glean ideas for strengthening their collaboration with USAID and benefit from its experience with HIV policy and institutional development.

3.0 EVALUATION METHODOLOGY AND APPROACH

3.1 EVALUATION DESIGN

This is a descriptive performance evaluation. The absence of a baseline and the inability to create a counterfactual in the comparison group prohibited implementation of a *quasi-experimental* design. The project's Performance Monitoring Plan (PMP) contained no outcome or impact variables that would have allowed us to objectively measure program effectiveness.

We employed a mixed methods approach which included: 1) review of secondary data and background documents, project monitoring data, and national and regional health statistics; 2) in-depth KIIs; 3) FGDs with different groups of MARPs (i.e., IDU, CSW, and MSM); 4) an online survey to the universe of USCP stakeholders including GOU and NGO representatives, NCC, RCC, and CC members, and participants of USCP-sponsored training seminars.

The evaluation team selected a convenience sample of KIs provided to them by the USAID/Ukraine mission. Participation in KIIs and FGDs was completely voluntary. The team solicited verbal Informed Consent before commencing an interview. The Informed Consent form was based on the USG's National Institutes of Health policy for the Protection of Human Subjects. Annex F presents the Informed Consent in both English and Russian.

The Study Design Matrix (Annex G) delineates indicators, data sources, and the analysis plan for each evaluation question. For the Evaluation Work Plan, please see Annex H.

3.2 SAMPLING STRATEGY AND SITE SELECTION

Qualitative data provides rich, explanatory information; however, it is quite time consuming (each interview took about 1-2 hours) and, therefore, limited the number of people our three-person team could interview in

the time allotted. Since we could not conduct a complete census of all stakeholders and beneficiaries involved, or potentially influenced by USCP, we selected a purposeful sampling strategy, which is not generalizable. As noted, USAID/Ukraine presented our team with a list of KIs, which represented a good mix of personnel at different levels of the government, within the NGO sector at the central level and their grass-roots partners. Donors and some IOs were also included on the recommended list. Our online survey was sent to the entire list of stakeholders with an email address included in USCP's database.

The evaluation team was based in Ukraine between June 11—July 14, 2012, to collect data and meet the key stakeholders, including USAID/Ukraine staff. We visited Kyiv and seven regions: four intervention regions and three comparison regions. The four intervention sites were selected based on input from USAID and USCP staff opinions of the strongest and weakest performers. Odesa and Kherson fell into the former category, and Dnipropetrovsk and Chernigiv fell into the latter category. The comparison regions had no direct intervention from USCP but there were reports of people from those regions who attended USCP trainings in other sites. The additive effects of our selection are the differences in the way region responded to an intervention might have influenced outcomes more than USCP activities did—some regions might have been more responsive to project activities than others. To mitigate confounding due to selection bias, we selected comparison regions with similar characteristics to the intervention groups selected. The selection criteria for the comparison regions were applied as closely as feasible and included: a) HIV prevalence rate; b) total population size; c) percent urban population; d) male/female ratio; e) percent of population ethnically Ukrainian; and f) number of coalition local NGO branches. For regional details on these criteria, please refer to Annex I. In addition to Kyiv, the team visited the capital city (with the same name of the region) in each of the seven regions and two municipalities: Skadovsk in Kherson; and Novomoskovsk in Dnipropetrovsk.

3.3 DATA COLLECTION METHODS

3.3.1 Document Review

Key documents were reviewed to identify project achievements and inform the further collection of data through interviews. These documents included program work plans; USCP quarterly and annual reports; the MOCAT reports and other assessment reports; PMPs; documents of the national and regional TB and HIV Council (THC); and training materials. Reports, publications of the National/Regional AIDS Centers, and NGOs providing services to MARPs also were reviewed. For the purposes of this evaluation, FGI compiled a report of all the pre-and post-test results for their trainings. In addition, we conducted a literature review to better understand the HIV/AIDS situation in Ukraine. For a complete list of References, see Annex J.

3.3.2 Key Informant Interviews

Interviews with key informants (KIs) were conducted at all site visits using a semi-structured questionnaire that was piloted in Kyiv during the first four interviews. Overall, 98 interviews were conducted with the following representation: 16 KIs from national organizations; 5 KIs from IOs; 32 KIs from governmental and state structures; and 45 KIs from NGOs. Among these 98 respondents, 77 were based in the regions; 59 were women and 40 were men. In each region, we aimed to meet with staff from AIDS Centers, Departments of Family, Youth, and Children, Departments of Narcology where MAT is used (all of which are GOU entities), and local NGOs. As well, there is a broad representation of RCC/CC members in our sample (see Annex K for all persons interviewed).

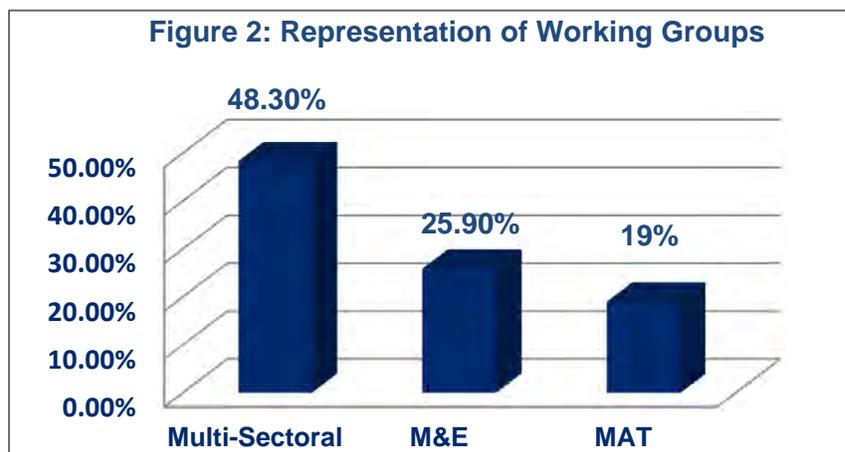
3.3.3 Focus Group Discussions

To assess MARPs' perceptions of their access to HIV/AIDS services, 11 FGDs were conducted in the regions visited. Three FGDs involved males only (one with IDUs and two with MSMs); four FGDs were with females only (two with CSWs, and one with pregnant women); four FGDs had mixed gender composition (three with PLWHs and one with IDUs). FGDs were arranged with assistance from local HIV-service providers.

3.3.4 Online Survey

As a supplement to the information derived from our in-depth discussions with stakeholders during KIs and FGDs, we also solicited stakeholders' feedback through an online survey. As a first step, the complete list of national and regional partners was requested from USCP's Chief of Party and the validity of the email addresses was checked. All individuals in this database had been directly exposed to USCP's interventions. After omitting duplications and listings without a valid email address, there was a universe of 352 participants

who received a request to complete the survey. This represents approximately 39% of the total number of partners listed in USCP’s database. Fifty-eight people (16.5% of those contacted) returned completed questionnaires. While all pilot regions are represented in the sample, close to a third of them were from Crimea (31.1%) followed by 17.2% from Mykolaiv—neither of these regions were visited by our evaluation team. The gender composition is dominated by women who account for 74.1% of the online respondents. No one overtly refused to complete the survey. When interpreting the online results, one must consider that over half of the respondents were NGO representatives (58.6%), followed by representatives of government structures (19.0%), and medical institutions (13.8%). The majority of respondents (53.4%) are senior managers of their respective organizations. There are a considerable number of respondents who are RCC members (41.4%), or CC members (44.8%)—hence 86.2% of all respondents sit on a coordinating council for TB and HIV/AIDS. There is also good representation of working group (WG) members established by these coordinating bodies, as Figure 2 indicates.



A profile of the non-respondents was not conducted because the USCP database did not contain any identifying characteristics to describe them.

Annexes L and M contain tools for interviews and FGDs, as well as the survey questionnaire, in both English and Russian.

3.4 LIMITATIONS

This study has a number of limitations. One important limitation is the lack of outcome or impact variables to measure against a baseline. Because all of USCP indicators were outputs and all the baseline values were set to zero, we could not measure the effectiveness of USCP as hoped by comparing outcomes from year one of the project to those in year five, nor could we compare outcomes from interventions groups with those of comparison groups

In Ukraine, there are several international projects being implemented simultaneously and some are overlapping with USCP in terms of target groups and geographical locations. In addition, the MOH has its own HIV/AIDS program. To minimize errors in the attribution of results to USCP, we identified other programs with objectives similar to USCP, and made these distinctions during our interviews. We also included qualitative questions to seek the opinions of the stakeholders regarding the degree to which USCP was a key determinant in achieving certain results. As well, we collected the same information in the comparison groups as we collected in the intervention groups.

The non-random design of this evaluation inevitably leads to *selection* bias, i.e. those respondents who choose to be interviewed or complete the survey might differ from those who do not in terms of their attitudes and perceptions, affiliation with government/non-government structures, and socio-demographic characteristics and experience. In addition, this non-random sample does not allow us to assess for the external validity of our results.

Since a number of questions raised during the interviews dealt with issues that took place in the past, there is a possibility of respondent *recall* bias. Also, there is a known tendency among respondents to under-report socially undesirable answers and alter their responses to approximate what they perceive as the social norm (*halo* bias). An additional complication is that some questions called upon the respondents to assess the performance of their colleagues or people on whom they depend upon for the provision of services.

The MARPs interviewed during our FGDs most often had only been using the NGO services for six months to a year, although there was an isolated FGD where the participants had used services for up to five years. Therefore, it was difficult for many of them to accurately compare access to services in 2007 to now. In any event, linking MARPs viewpoints directly to a USCP outcome would be arbitrary since the project did not directly intervene with these beneficiaries.

Other limitations to acknowledge are: 1) low response rates and disproportionate regional participation in the online survey, factors over which our team had no control; 2) slight differences in the wording between the questions listed in the SOW and those asked in the KII questionnaire and the online questionnaire that could have affected the responses; 3) the differences in how groups respond to specific interventions; and 4) no response was received from USAID’s Assistance Officer Representative who guided/monitored USCP’s activities in 2007-2011 despite our repeated attempts to contact her.

3.5 DATA ANALYSIS

The three overarching domains of our analysis plan—context, results, design—encompass the eight evaluation questions (EQ). EQs 1 and 2 are subsumed under the *Context* domain; EQ 3-6 under the *Results* domains, and EQs 7 and 8 are within the *Design* domain (current and future designs). Under each of these three domains, there are sub-domains. Figure 3 offers a graphical representation of these domains, their sub-domains and the respective evaluation question number in parenthesis.

Figure 3: Domains and Sub-Domains of Analysis



For the qualitative data, we conducted a content analysis across the transcripts for all interviews and FGDs. We searched for patterns and themes in the responses to help formulate trends in perceptions and behaviors. Several people needed to respond similarly in order for us to present the information herein.

Quantitative analysis was conducted on secondary data sources (e.g., MOH Health Bulletin and the Alliance database) and from our primary data source, the online survey. We compared the 2007 service coverage rates of MARPs with the 2011 results. To find the analysis plan for each sub-domain, please refer back to Annex G, Study Design Matrix.

The Statement of Work (SOW) for this evaluation is included in Annex N. Our signed conflict of interest statements can be found in Annex O. Findings for each of the eight evaluation questions, organized by analytical domains and sub-domains, are presented below.

4.0 FINDINGS

4.1 CONTEXT

4.1.1 Question 1: To what extent did the project contribute to the reduction of policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services for MARPs, particularly in the priority areas - MAT/OST, VCT, and OVC?

USCP provided direct consultations to representatives of governmental bodies (mainly the MOH) and regional state administration of the MOH on drafting legal and regulatory documents and amendments to the existing ones. USCP also has: 1) provided TA and training; 2) developed guidelines; 3) organized round tables and workshops; and 4) provided direct support to national, regional and local TB and HIV CCs and their multi-sector working groups (MWGs). USCP assisted the CCs and MWGs with meeting facilitation including those in remote areas. The project successfully advocated for the inclusion of MARPs on the CCs. MARP leaders were trained on how to build their advocacy skills, many of whom readily put their skills to work upon return to their communities. Interviews with governmental organizations (i.e., MOH central structures and regional administrations) pointed out USCP's important role in changing the political environment for the HIV-service provision (see Box 1). Stakeholders from international organizations also stressed that Ukraine is moving toward the comprehensive approaches and universal access to HIV services recommended by the World Health Organization (WHO) and UNAIDS.

According to the interviews with KIs and document review, one of USCP's key achievements was successful advocacy for the adoption of the HIV Law "On response to diseases caused by HIV, and legal and social protection of PLWH." Key characteristics of the document are described in Box 2. USCP helped develop amendments to the existing HIV Law, the new version of which was submitted by Ms. Tetiana Bakhteieva, Head of the Parliamentary Commission on Health Issues and a member of NCC. The project's advocacy campaign included the following activities:

- Wide dissemination of policy, legal, and regulatory information among stakeholders.
- Collaboration with the Health Committee of Verkhovna Rada of Ukraine.
- Preparation of an analytical memo and comparative tables of existing law and a draft HIV Law.
- TA to the Health Committee's working group focused on amendments to the draft law and recommended changes.
- Presentation of the draft law at the national and regional round tables during a national conference in Kyiv in November 2010.

Box 1: "Support of the project was rather substantial. [USCP's] legal and policy advice helped us to elaborate and adopt policies and procedures to enhance our organizational activities, and more broadly, HIV/AIDS policy as a whole."

MOH Representative

Box 2: Key Attributes of the HIV Law

Access to services for MARPS expanded:

- MAT/OST and syringe programs
- VCT for adolescents
- Post-exposure prophylaxis
- An additional 10-day annual leave to the parents with HIV positive children

Policy and regulatory barriers for MARP services addressed:

- Discrimination protections based on HIV status
- Discrimination protections based on perceived membership in risk groups
- HIV-related discrimination protections for foreigners

On December 23, 2010, the new HIV Law was approved by Parliament and submitted to the President of Ukraine for signature. According to our interviews, this legal document has influenced the development of HIV-services (see Box 3).

Currently, it is difficult to evaluate the affect of the new legislation on the reduction of barriers to HIV-services provision because the law only became effective on January 15, 2011. This legal document provides framework for HIV-service development. In order for it to be fully implemented, governmental regulations need to be updated accordingly.

Members of the national and regional CCs, as well as representatives of international NGOs, emphasized USCP's efforts to enhance the development of regional programs to combat HIV. This was achieved through training, TA to assess draft documents, and by facilitating working group meetings. Noteworthy is that not all regions of Ukraine have relevant programs. For example, according to NCC data Kharkiv Oblast (comparison site) has not had such a program. As for other regions, interviewees noted: *"We can see the difference between programs where USCP worked and programs where the project did not work. Programs supported by USCP are more comprehensive and more oriented on the needs of MARPs"* (Representative of international NGO).

USCP supported the drafting and adoption of policies aimed at reducing barriers in the following service areas: 1) procurement management system (PMS); 2) VCT; 3) HIV-related services for OVCs, especially street children; 4) OST/MAT; and 5) the "social order" mechanism which entails commissioning indigenous NGOs using local budget funds to provide HIV services. In the beginning of the project, USCP trained State Service personnel on PSM procedures (e.g., drug storage, development of an electronic documentation system, etc.). USCP assisted MOH in updating the PMS by promoting dialogue among key government and nongovernmental stakeholders to develop a new MWG on procurement to identify priority legal, regulatory, and operational PMS barriers as well as develop a plan to address the identified barriers. USCP also provided TA and training for the use of PMS. In collaboration with WHO, USCP conducted an assessment of the GOU's procurement system. However, it soon became quite evident that there was a lack of political will or cooperation needed to continue with this intervention. Therefore, future efforts were suspended with USAID's concurrence.

Over the life of the project, USCP worked with the MOH to improve national policies that called for the scale-up of accessible, quality VCT services. USCP staff organized national and regional meetings as well as trainings that promoted new approaches to VCT service provision. Project staff also provided legal and professional consultations on how to draft legal documents. In collaboration with working groups, USCP staff was actively involved in commenting and editing drafts on a range of new documents that were approved by the MOH. Some of the documents mentioned by interviewees are included in Box 4. Several KIs highly appraised the USCP activities in this arena: *"Standards on VCT were adopted because of USCP's activities."*

Box 3: "The new law is grounded on internationally recognized approaches for the diagnosis and care of HIV-positive people. It serves to protect human rights through its clear statements against discrimination. We know that the USCP did a lot for its adoption by the Parliament"

National NGO Representative

Box 4: USCP-supported MOH Orders Cited by Key Informants

1. MOH Order "On Approving the Strategy to Improve the System of Counseling and Testing for HIV and of Standardized Laboratory Diagnostics for 2009 – 2013 and the Plan of its Implementation" (June 14, 2009)
2. MOH Order "On Adopting the testing procedure and Assuring Quality of Testing, Forms of Primary Reporting Documents on HIV Testing and Instructions for Completing Them" (December 21, 2010)
3. MOH Order "On Approving the Plan of Measures Regarding the Implementation of Quality Control Concept of Clinical Laboratory Tests For a Period Ending in 2015" (November 11, 2010)
4. Guidelines for the Provision of C&T Services by Health Care Workers (May 31, 2011)
5. MOH Order "On Organizing the Provision of C&T, Hepatitis B and Hepatitis C, Sexually Transmitted Diseases Treatment Services in Mobile Units and Mobile Outpatient Clinics" (February 14, 2012)

They reflect modern approaches and international standards, and are very useful for modernization of Ukrainian services” (International NGO Representative).

To remove barriers to HIV-related services for OVC, especially street children, USCP coordinated with public and private institutions to improve legislation to support children at risk of HIV. Initially, USCP concentrated its efforts on drafting the *National Operational Plan to Prevent HIV in Children and Youth Who Are HIV Positive or At High Risk of HIV* (approved by NCC on May 26, 2010). USCP collaborated with the State Social Service for Family, Children and Youth (SSFCY) in facilitating focus groups and regional stakeholder meetings to discuss the draft standards for HIV-service provision for OVS. In 2010, USCP prepared a draft review of the regulatory and legal framework relevant to protection of rights of children and young people living and working in the street, and prevention of homelessness in Ukraine.

December 2010, brought the dissolution of the Ministry of Family, Youth, and Sports, which has been actively involved in Ukraine’s HIV response and, in fact, was one of the project’s key beneficiaries. The Ministry of Education, Science, Youth and Sports was created instead. This new Ministry is not directly responsible for HIV-service provision for the children. However, regional youth services are still involved in HIV activities.

Project activities in the area of scale-up of MAT for IDUs were concentrated on: 1) facilitation of the MAT MWG of the MOH and regional MAT working groups; 2) conduction of an analysis of the legal and regulatory barriers to MAT implementation and scale-up in the regions; 3) TA and legal consultations on the process of preparing the drafts of regulatory acts and operational documents on implementing MAT; 4) advocacy for the preparation of a round table on MAT implementation for the Parliament Committee on Health.

The improvement of the policy environment to support scale-up of MAT for IDUs was challenged by the uncertain and ambivalent position of Ukrainian governmental bodies. Interviews with clients and representatives of NGOs conducted in both the intervention and comparison regions revealed a high degree of resistance to scaling-up MAT, especially by central-level authorities within the Ministry of Internal Affairs, the General Prosecutor’s Office and State Security Service of Ukraine, as well as by local officers. In all FGDs, we heard about police abuse and harassment against MARPs: *“The police act aggressively against us. But after the ‘client card’ was introduced, it was easier to deal with the police. Still we need more legal support, including free legal counsel”* (FGD with IDUs, Kherson).

The elaboration of the “social order” contracting at the local level is aimed to: 1) diversify NGO funding sources, which could help the viability of these organizations; and 2) make NGOs full-fledged partners with the government in an effort to complement and synergize services. USCP advocated for this social order in a number of regions. At the time of the evaluation, a social order was adopted in Odessa and was under discussion in Kherson’s RCC. Interviews with regional administration and NGO representatives stressed the significant role USCP played in the introduction of the social order at the regional level. NGO informants, in particular, expressed much enthusiasm and have high expectations of this intervention.

Turning to our online survey results, USCP stakeholders were rather positive toward USCP’s contribution to reduce the following barriers:

- 93% of respondents agree that USCP contributed to the reduction of policy barriers to access to HIV/AIDS services for MARPs.
- 89% of respondents agree that USCP contributed to the reduction of legal barriers to access to HIV/AIDS services for MARPs.
- 88% of respondents agree that USCP contributed to the reduction of regulatory barriers to access to HIV/AIDS services for MARPs.
- 71% of respondents agree that USCP contributed to the reduction of financial barriers to access to HIV/AIDS services for MARPs.

These barriers are interlinked. For example, according to KIs, in order to introduce a ‘social order’ mechanism that reduces financial barriers, it is first necessary to have a proper legal and regulatory base, as well as political will. Introduction of the new HIV Law is not purely a legal issue, but also a political issue as it establishes a regulatory framework for service provision, which has financial implications.

However, not all of the bottlenecks that stifle effective HIV/AIDS policy development in Ukraine have been removed. According to MARPs and NGOs representatives across all the regions visited—intervention and comparison—there still remain many barriers to the access to HIV services, which are rooted in policy, legal, regulatory and financial foundations. The high level of stigma and discrimination toward MSM, IDUs and CSWs is a pernicious problem, and the lack of financing for the treatment of opportunistic infections (OIs) and side effects from ARV drugs stand-out among the other barriers. Informants also stressed the problems related to the separation of different medical services (e.g. HIV and IDU services, ART and OI treatment) and a lack of social services, including a system of social rehabilitation. KIs from governmental bodies and regional authorities regarded the high turnover of NCC and RCC members as one of the main political barriers that destabilize the articulation of policies. Rotating leadership on the national level (during the life of the project, six ministers of health came through the government’s doors) further challenges the sustainability of the policy environment.

The HIV policy assessment conducted and published by USAID’s Health Policy Project (Judice, N., Zaglada O, and Mbuya-Brown R, 2011) states that despite the strong HIV policy foundation, this policy has not been fully implemented. The assessment identified the following gaps and barriers in HIV policy implementation: 1) a lack of detailed mechanisms, such as operational guidelines or standards, to support the implementation of HIV laws and regulations; 2) inadequate strategic planning or a lack of detail in implementation plans; 3) insufficient resources mobilized to implement the laws and regulations; and 4) a lack of awareness and acceptance of legal protections for vulnerable groups among key stakeholder groups, including law enforcement, local government, and healthcare providers. Police abuse was a resounding message, irrespective of gender

4.1.2 Question 2: What were the project and key beneficiaries’ expectations for institutional capacity building?

In this section, we provide the reader with the stated expectations of the project and the beneficiaries. To avoid redundancies, the degree to which these expectations have been met will be elaborated in our findings of the other evaluation questions. USCP documents, including annual reports, needs assessment reports, training programs, regional memorandums, etc., as well as interviews with KIs, uncover varying project expectations for institutional capacity building depending upon the profile of the key beneficiaries. Based on these documents, capacity building of governmental structures (i.e., MOH, UAC for the MOH, NCC, regional administrations) was aimed at improving policy design and implementation. To determine the expectations of NCC members, USCP conducted a thorough assessment that revealed its capacity to effectively perform its functions and form a national response to the HIV/AIDS and TB epidemics. The assessment also examined the NCC’s compliance with GF requirements as the Country Coordinating Mechanism (CCM).

The capacity building of RCCs and local CCs was intended to: 1) ensure their capacity to fulfill the tasks vested in them; 2) promote coordination of their activities and cooperation among stakeholders on measures in response to TB and HIV/AIDS such as developing and submitting proposals to the NCC to identify priorities and ensure the implementation of the government policy, programs and measures; 3) promote rational and effective utilization of funds; 4) analyze data from the TB and HIV/AIDS epidemiological surveillance reports and other studies; 5) develop and submit draft regional programs; 6) ensure the use of M&E data to inform program planning decisions; and 7) enhance the multi-sectoral approach of RCCs and CCs. Project expectations for NGOs were to strengthen their institutional capacity to provide sustainable and high-quality services. This is based on the premise that more viable institutions could better help the GOU implement the National HIV Program, GF projects, and other national and local programs. To conclude our findings for the second evaluation question, we will focus on the capacity building themes raised most often by the respondents.

A respondent in Chernigiv, where the project started 10 months prior to this evaluation, pointed to the need for the development of CCs: *“The main expectation was the RCC should not discuss only the problem but also identify the source of the problem and how to solve it. Before, people could not understand the purpose of the RCC. The oblast had instructed the rayons to form CCs at the city and rayon level so they did so because it was a requirement. But it was merely an exercise in copying documents [handed down to them] from the oblast level—some of which had*

no meaning to them. For example, they were copying documents related to ART provision even though they did not provide ART at their level” (Representative of a state organization).

In the three visited intervention regions where the project started work in 2008, respondents stated that their expectations were met, and highly praised USCP’s TA and training as well as efforts on strengthening the CCs.

The results from our on-line survey show that respondents expected that the project would provide opportunities for exchanging experiences and strengthening the coordination of committee activities. Only three respondents mentioned an expectation to improve the quality of services. Another three expected support with lobbying and advocacy of MARPs’ interests.

Irrespective of what people were expecting from USCP, the results of the on-line survey show that 93.0% of them

reported that technical support from USCP met their expectations to build their institution’s capacity (see Figure 4). Both representatives of government services and NGOs displayed equally high levels of satisfaction in this respect: 89.5% and 97.0%, respectively (for more specific details, see Annex P).

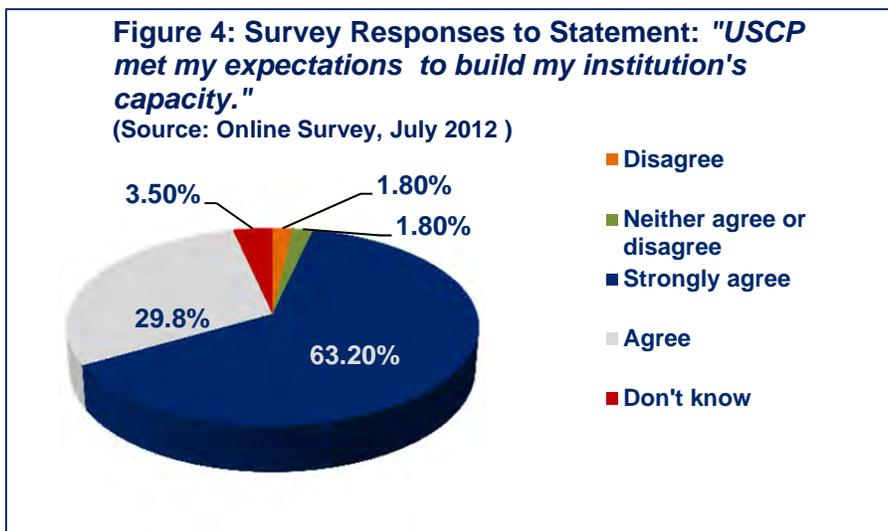
Thus, triangulated information drawn from USCP documents, interviews with stakeholders, as well as on-line survey, demonstrates that the project’s key beneficiaries and stakeholder expectations were met to the extent they had formulated them.

4.2 RESULTS

4.2.1 Question 3: To what extent have the project’s technical assistance and training activities fostered the general organizational development and, where appropriate, promoted sustainable services of governmental and NGOs and, particularly, 68 service NGOs, assessed with USAID’s MOCAT?

The foundation of USCP’s efforts is based upon capacity building, which takes shape as training, workshops, and individualized TA to selected GOU and NGOs.

In the first two years of the project, USCP conducted comprehensive, high quality capacity building assessments of the NCC, the State Service, and 77 NGO³s using MOCAT. Reports for each of the NGOs included the organizational mission statement, clientele served, services provided, a gap analysis, and recommendations from the MOCAT assessments. USCP recommendations were related to topics such as strategic planning, M&E, operational planning, and the like. USCP does not have a capacity building or training strategy but rather used the individualized NGO reports to guide their development of training, seminars, and TA tailored to the individual needs of the institutions. USCP’s capacity building approach was to target a broad array of relevant stakeholders within government and civil society. The recipients of USCP’s TA were comprised of staff from UAC, the State Service, NCC, RCCs, local CCs, MOH providers (mostly doctors), NGOs and CSOs, and MARP activists and their organizations. As noted earlier, the NGO capacity building



³ Originally 68 NGOs were assessed using the MOCAT. Subsequently, another 9 NGOs were assessed.

assessments were not repeated and, therefore, we do not have sufficient data with which to empirically evaluate whether any improvements in organizational development actually occurred.

Trainings and Seminars

A total of 1,479 individuals attended USCP trainings and seminars. Annual targets for training goals were based on the actual achievements from the previous years. Several KIs mentioned they had attended more than one training, and said that their subsequent training built-upon the previous one. A few respondents emphasized how important it was to have had two people in their institution attend the same training because it allowed them to work together within their institution and more readily apply what they learned into practice. An impressive 94% of survey respondents reported that technical support from USCP project improved their institution’s organizational development.

Numerous trainees offered accolades regarding the trainings citing them as relevant, important, and accurately targeted to their needs. This finding is supported by the extremely low pre-test scores. The following quote from an NGO director was quite typical of what we heard among the NGO community regarding USCP trainings: *“The training exposed me to the role media can play in promoting my NGO. After I returned, within two weeks I secured a twenty-minute weekly television spot to spread HIV/AIDS messages; I had learned from USCP that the public stations must devote time each week to public messages.”*

Annex Q provides pre- and post-tests for a sub-group of USCP trainings that covered an array of programming, institutional, and financial topics. These topics are based on the MOCAT categories. Note the increase between the pre- and post-test range is in the hundreds, and even thousands, percent change. In addition to these trainings on institutional development, the project also offered trainings on VCT, MAT, and stigma and discrimination. Figure 5, below, lists the topics of the trainings.

Figure 5: Selected USCP Training Course Topics
(Source: USCP Project Documentation, July 2012)

PROGRAMMATIC	INSTITUTIONAL	FINANCIAL
Quality Assurance Public Relations	Strategic planning NGO management Human resources	Proposal writing Financial management Fund Raising

With a rare exception, the KIs were very appreciative to have an opportunity to learn how to strengthen their institutions. The topics most often mentioned by KIs were strategic planning, fund raising, proposal preparation, harm reduction, and advocacy. Also mentioned a few times were training on analysis of epidemiological data, using the media for messaging, and identification and prioritization of RCC/CC agenda items.

Technical Assistance in Organizational Development

In addition to training and seminars, USCP provides tailored TA focused on organizational development for NGOs and government bodies. USCP project management relied on MOCAT baseline assessments, test results, and conversations with recipients to identify TA needs provided onsite. USCP helped prepare (or prepared themselves) legal provisions of NCC activities, statues and plans of actions for RCC/CCs, and VCT regulations among many other similar deliverables. Box 5, next page, gives a specific example of how USCP expedited planning for a government official. Yet, there were a couple senior officials interviewed who questioned the sustainability of USCP serving as surrogate staff to government entities by preparing their documentation for them.

According to some KIs, one of the most important contributions of the project was to help MARP activists become NCC and RCC members. As a result of this intervention, we heard about the increased appreciation of the barriers MARPs face, which in turn led to more tailored RCC/CC responses to their needs. Many noted this support from USCP paved the way for MARPs to have increased access to services.

WGs—mostly multi-sector WGs, MAT, and M&E WGs—were a direct extension

of RCCs. These bodies were heavily supported by USCP and, in some instances, led by the USCP local coordinator. USCP staff produced procedural documents regulating the activities of these WGs. Many respondents claimed that while these WGs existed before the project, they had been largely inactive.

Our on-line survey of USCP stakeholders also contained an item on whether support from the USAID/USCP improved institution's organizational development. Practically all respondents agreed that USCP's TA had a positive effect on strengthening their institutions. This opinion is typical both to those representing government organizations (94.8%), and those representing NGOs (96.9%).

Box 5: The Power of Organizational Development in Odesa

In Odesa, there are clear roles and responsibilities delineated for the RCC members thanks to the work of the M&E WG. An Odesa RCC member was relieved to have the backing of the RCC on a long standing issue he had tried to resolve alone in past years. Having the endorsement of a multi-sectoral RCC now lends him credibility when he confers at the national level. He also mentioned how much easier it has been to develop the five year regional HIV/AIDS program—before he had to do this job alone.

Technical Assistance in Establishing Monitoring and Evaluation Centers

USCP documents describe an expectation of its M&E capacity building efforts for the State Service, the M&E Center of the UAC, and the Regional M&E Centers. The project was expected to establish the National M&E System and, in particular, create a network of institutions, which are responsible for M&E at the national and regional levels (a.k.a M&E Centers). Other project expectations included: 1) ensuring a skilled workforce to perform tasks at all levels of the M&E system; 2) strengthening the capacity of regional M&E centers to analyze and use current M&E data; 3) sharing and using the M&E system data to ensure guidance in the development of policies and improvement of program planning; and 4) elaborating and distributing pilot models of regional M&E systems.

Indeed, one of the USCP's activity areas has been to support the regions to be compliant with reporting into the centralized M&E system. Project staff helped develop and describe indicators, and trained personnel on how to use the information generated. Project funds were used to supply and equip M&E centers at the regional level including buying computers. As a result of the project's work, regional M&E centers have been established throughout Ukraine and in the nine regions where USCP has worked. Project staff and consultants not only trained M&E specialists but also ensured that Ukraine was left with the capacity to train its own M&E specialists, in an effort to ensure the sustainability of the M&E system.

Much less information was available to support USCP's contributions to establish the National M&E System. Rather than promote the effective use of one National M&E System, USCP staff helped to elaborate its methodology at the regional level, including a focus on indicators. USCP published and disseminated the guidelines specific to the M&E needs at the regional level, which included the methodology for collecting regional indicators. This guidance was also published as a book, disseminated throughout Ukraine, and presented in an array of seminars and trainings. Hence the project's focus was more on supporting the regional level to feed good data into the national system.

Sustainability of USCP's Capacity Building

To define sustainability for our context, we looked to the literature for definitions of sustainable services. The USG Department of Health and Human Services offers one explanation (The Altarum, 2009): "The

establishment of organizational routines, or collective procedural actions, that lead to program activities becoming a stable and regular part of organizational procedures and behavior, as well as the mobilization of resources to support that program. The characteristics of routinized activities include: 1) integration into organizational structures by the memory of actions shared by the actors; 2) adaptation to suit the specific context; 3) reflecting the organizational values, beliefs, codes, or cultures; and 4) conforming to a set of rules that govern action and decision-making (Pluye et al., 2004a and 2004b)." EQ 3 directs us to assess the sustainability of services; however, the nature of this evaluation, and the project itself, is not at the service delivery level. Therefore, our discussion is adapted to USCP's circumstances and focused on the sustainability of its capacity building activities, which are within the FGI's manageable interest.

The results related to the institutionalization of the capacity building are mixed. We learned about advanced training courses on VCT, which were incorporated into the curricula of the Kyiv National Medical Postgraduate Academy (NMPA) and the Lviv Medical Postgraduate University (LMPU). In 2008, in collaboration with the NMPA and the UAC, the project initiated the VCT postgraduate course, which was adopted and implemented by the MOH. This course was further expanded and, in December 2011, the NMPA trained the LMPU trainers. In 2012, a pilot study course was offered at the LMPU and adopted by its Academic Council. The MOH confirmed the course will now be financed through the government budget. Training materials on stigma and discrimination were given to NMPA, which is responsible for postgraduate education courses for physicians. However, these are only two topics out of many capacity building efforts and they are directed solely to physicians. A significant shortcoming of the project was its absence of developing educational curricula for nurses. According to the original project documents, USCP was not expected to target any particular type of provider for its training programs. Notwithstanding, USCP made a decision to focus on physicians, which has implications on many levels ranging from missing an important player in the care of PLHIV to a gender bias since nurses are traditionally women. Noteworthy is that the TA focused on organizational development, which aims to strengthen both government and NGO entities, has not been institutionalized.

The second component of sustainability—*adaptation to suit the specific context*—has been achieved. There was universal agreement that the foci of the training and TA were on topics of high relevance to the stakeholders interviewed. USCP senior managers confirmed that they have trained the following master trainers: MOCAT evaluators; Stigma and Discrimination Trainers; Advocacy Trainers; VCT Trainers; and trainers for managing the RCCs. Project staff consider their approach to be a training of trainers (TOT). However, outside of self-reports, there was not much evidence to confirm this was a purposeful approach of USCP or if it were successful. From what we gathered in the interviews and reviews of training curricula, there were modules on adult training techniques. At the same time, many of the trainers hired by USCP were already expert trainers. KIs from the Department of Youth, Family, and Children said they are already experienced trainers. These KIs felt they could readily adopt the USCP training syllabi and materials to conduct cascade trainings on their own. After training this cohort, USCP project staff provided TA during site visits to supplement the trainings. As covered in EQ 1, USCP made many contributions to the greater whole of policy development. The political and regulatory changes are embraced by the MOH according to the Kyiv officials we interviewed.

Lastly, USCP's success in "*conforming to a set of rules that govern action and decision-making*" was not noticeable in any of the data reviewed. As will be covered under EQ 5, "Lessons Learned/Knowledge Management," the use of data for decision-making does not appear to be systematic. No one person or document described USCP's approach for decision-making.

4.2.2 Question 4: Were USCP's activities and results sufficient to advance the achievement of its purpose-expanded MARPs' access to quality services and leveraged GF and domestic resources?

Because this EQ contains more than one question, it will be broken into two distinct parts: access to services and leveraging resources. There is not a large body of evidence to support the latter question, therefore those results will be covered at the end of this section rather than as a separate sub-domain to our analysis.

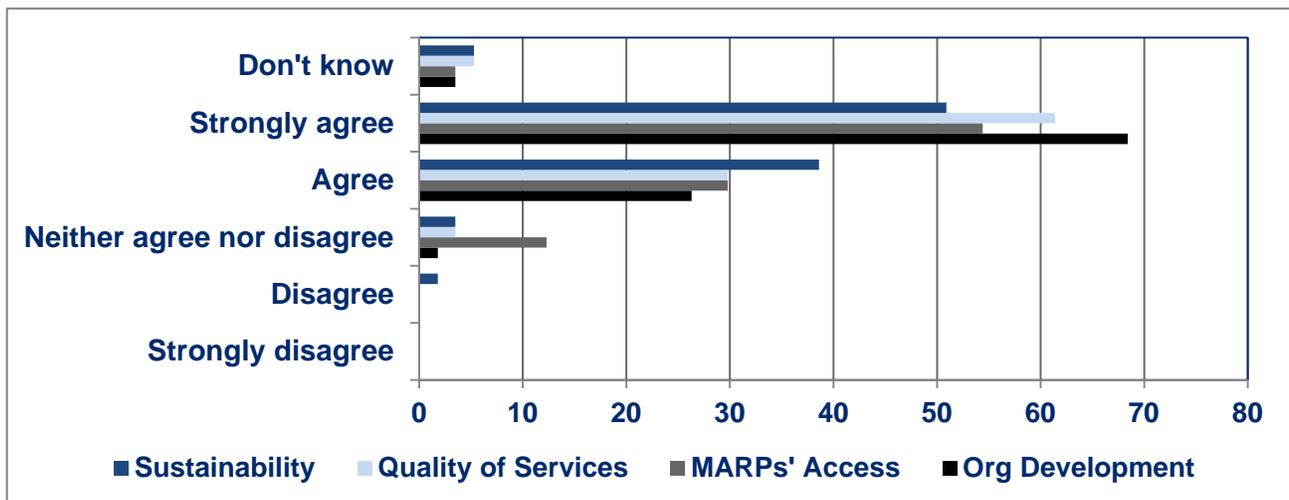
This EQ specifically asks whether USCP's activities were sufficient to increase access to services and leverage resources. Once again, we note that without a counterfactual, we cannot make any empirical judgements as to whether USCP activities increased access. We can, however, describe and interpret the relevance of USCP interventions, and whether they were perceived effective by our respondents.

Throughout all four intervention regions, we heard numerous accounts from KIs and anecdotal opinions from MARPs in our FGDs that USCP interventions contributed to increase access of services by diminishing the policy, legal, and regulatory barriers. USCP has had a heavy focus on sensitizing an array of audiences, especially providers, to reduce stigma and discrimination. Over the past few years, socio-cultural access was improved according to testimonials of providers and MARPs.

USCP's TA has raised awareness of MARP's needs among managers and providers in the public and private sector. Indeed, during FGDs, MARPs reflected their awareness of legal and policy reforms that address their rights to HIV/AIDS services and MAT

The vast majority of respondents in on-line survey agreed with the KIs' viewpoints. Specifically, 84% of the survey respondents strongly agree/agree that USCP's support has helped their own institution increase access of services for MARPs (see Figure 6).

Figure 6: Percent Agreement that USCP Helped Achieve a Particular Competency
(Source: Online Survey, July 2012)



We have much less information to attest to improvements in the actual quality of the services provided. Over 91% of survey respondents strongly agree/agree that support from USCP has helped their institution improve the quality of HIV/AIDS services for MARPs (see Figure 6). This might be true but we have no other evidence to corroborate this finding. Despite being asked directly, only a couple of the KIs interviewed spoke specifically about the quality of the services. An NGO director said she noticed the quality of the services provided by the social workers improved after they attended a USCP training. Another NGO director said she is fully aware that while services are now better due to support from USCP, they are still not compliant with international standards. In short, throughout all of the discussions with USCP staff and KIs, the focus of their comments was on increasing access to services more than on meeting international standards.

MARPs viewpoints often corroborated with those of the KIs. People in a FGD in Kherson said they did not see many changes *per se* but more and more people have been coming to the NGO community center because they are less afraid to apply for HIV services. As well, FGD respondents also mentioned that service delivery has been more geographically accessible over the past few years. There are now mobile medical units that arrive at convenient times in the communities where MARPs reside.

Stigma and discrimination (S&D) is by far the biggest concern of all the MARPs interviewed. Numerous IDUs and CSWs re-told harrowing stories of police brutality, corruption, and abuse. Only one FGD mentioned that relationships with the police were acceptable. USCP has done its part to make S&D a little less painful. In

Dniprotetrovsk, some KIs told us that after the training of medical personnel on stigmas, there have been fewer complaints of human rights violations. We heard the same from an AIDS Director in an intervention site who told us in 2008 there were 52 formal complaints of S&D and in the past couple years there have been 1-2 per year. One CSW in Odesa said: “We now know our rights and how to behave with the police.”

Medical professionals were also mentioned by MARPs—albeit much less than the police—as causing them harm and suffering because they ostracize them. In a couple FGDs, people complained about the difficulty trying to get ART: “You have to kick it out of them!” In Dnipropetrovsk, one of the FGD participants talked about a psychologist from an NGO whose service improved after he was trained by USCP to provide support to MSM. An NGO leader said that, in the beginning, all services were separated but now they are integrated and there are good referral systems. According to her, this is because of the multi-sectoral participation in the training programs.

One AIDS Center Director backed up his claim that more MARPs receive services since the project has started: In 2008, he had an annual patient load of 3,000. In 2010 it rose to 14,000 patients coming from across the region to receive HIV/AIDS services in his center.

Leveraging Resources

According to USCP staff, resources were leveraged in many ways. However, only a few informants discussed USCP’s ability to help organizations leverage GF resources. Eighty-one percent of the survey respondents reported that support from USCP helped their institution leverage funds from GF and/or State resources for HIV/AIDS. Many people spoke about how their institutions were strengthened. As one NGO founder summarized: “Before I attended a USCP training [on strategic planning], it never occurred to me that GFTAM funding could disappear one day!” Seventy percent of the surveyed NGOs (all of whom had at least some TA from USG) became recipients of GF, Round 10, grants.

By December 2011, 33 NGOs had undergone an assessment by the Alliance, the GF’s principal recipient. The assessment was premised on the NGO’s progress in program implementation and the correspondence of NGO practices to key programme and financial requirements. Fifteen out of 33 NGOs (45%) received the highest ranking of “A”. Another 12 NGOs (36%) received a “B,” the second-best rating. Noteworthy is that in addition to USCP support, these organizations also received TA from the Alliance, the originator of the assessment. And some of the Odesa-based NGOs might have benefited from government contracts through the social order mechanism.

4.2.3 Question 5: Which of the project’s activities/approaches contributed the most toward improving institutional capacity for the sustainable service provision and reducing policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services?

The USCP contributions considered as “most important” in terms of improving institutional capacity of the survey respondent’s organization to provide sustainable services are: 1) capacity-building of RCCs; 2) regional M&E systems; and 3) quality of HIV/AIDS services. On the other hand, PSM and interventions for OVC were perceived as least important USCP activities in this regard. Figure 7, next page, delineates the difference between respondents’ positive ratings (contributed the most), and negative ratings (contributed the least), for each USCP’ activity/approach aimed at promoting institutional capacity for the sustainable service provision.

The majority of the KIs commented on the high quality of the trainings and specifically mentioned the professional caliber of the trainers for which they were quite grateful (see Box 6). This sentiment was shared among the people interviewed—we repeatedly heard similar statements.

Box 6: “I have attended a lot of trainings over the past ten years and USCP’s trainings by far have been the best quality.”

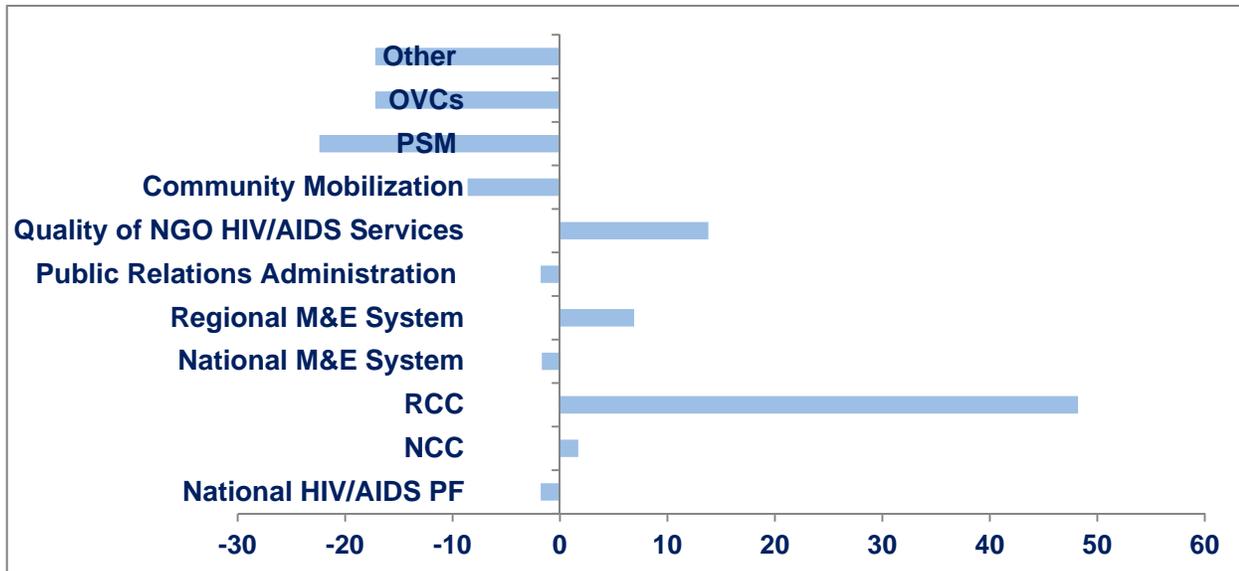
Official from the Department of Family, Youth, and Children

According to half of the survey respondents, capacity building of the RCCs was the most effective activity that has contributed to reducing policy, legal, regulatory, and fiscal barriers to access of services. Promotion of a

multi-sectoral approach and strengthened referrals systems were also frequently mentioned. Following are the best practices deserving the limelight:

Figure 7: Distribution in Percentages of Responses to Question: “Which of USCP’s Activities and Approaches Contributed the Most/the Least Toward Improving Institutional Capacity for Sustainable Service Provision?”

(Source: Online Survey, July 2012)



Strengthened Capacity of RCCs

Survey respondents were offered a list of USCP key intervention areas to select which of them contributed the most to improve their institutional capacity to provide sustainable services. Bearing in mind that 59% of the online survey respondents were NGO representatives and the remaining were from government structures and medical institutions, 53.4% of them indicated that USCP’s support to the RCCs contributed the most. This was corroborated by our understanding of the way RCCs functioned in the intervention sites with those in the comparison sites. In two of the comparison sites, several of the KIs independently concurred that the RCCs held infrequent meetings which are convened to sign-off “on paper” to demonstrate that, indeed, the group met. The one exception was Sumy. We interviewed KIs the same day the Sumy RCC met. By triangulating information between the public and private sector informants, it was clear that there was a specific agenda with follow-up action items. The active involvement of the local NGOs was readily apparent.

Respondents in the intervention sites mentioned the heightened role of NGOs on the committees including several accounts from NGO leaders who felt their voices are heard. MARPs are now included on these committees as well, which was not the case before USCP’s involvement. In addition, several people expressed a new appreciation of the relevance of the RCC, and described how USCP helped them develop regional HIV/AIDS programs that, for the first time, were tailored to their local needs. In a couple of the intervention sites visited, we heard about RCCs who meet at the rayon levels to problem solve on the spot. And in two of the comparison sites, we spoke with AIDS Center directors who had heard about this new approach citing experiences from other USCP regions. They spoke about vague future plans to adopt this methodology in their regions.

Another trend in the conversations on the functioning of the RCC/CCs before and after USCP was the change in mindset project staff helped induce. There were less figureheads sitting on the councils now because they have been replaced with “working horses.” An NGO representative in an intervention site said “People realize now they need to come to the meetings prepared.” And another said: “Now the quality of our decision making has improved” in reference to the changes in the membership of the RCC.

Promotion of Multi-Sectoral Approach

The concept of multi-sectoral collaboration has been within Ukraine's social fabric for some time. However, USCP has prioritized this approach and has woven it throughout its key activities. According to KIIs, USCP has revitalized multi-sectoral working groups, which were dormant. In all four of the intervention site RCCs, they have pushed members to rethink the composition of the councils. One of the RCCs met the GF requisite of 30% CSO representation; however, this included members from an environmental protection NGO, which had nothing to do with HIV/AIDS. Membership in that RCC and others changed once USCP started providing support. We heard testimonials from a range of GOU representatives, NGO staff, and even a priest on how they have worked across sectors to solve problems. Before USCP's intervention, there was much less collaboration, if at all, between the government and civil society according to the majority of the KIIs queried in USCP sites.

In Chernigiv, an NGO director illustrated the power of multi-sectoral collaboration, which was attributed to USCP support: *"When we unpack problems during the RCC with a multi-sectoral group present, we can identify the problem's components and solutions needed. For example, we realized that some of the test results were not acted upon and some patients were not on treatment or their mode of transmission was unknown. We identified a need for VCT [training] and within three months, the Department of Health paid for the transport and per diem, the polyclinics provided the space for training, and our NGO conducted the training for free."*

Not all parties are cooperating as best hoped and, sometimes, the issue is between government bodies and not necessarily between an NGO and GOU entity. In one intervention site, the Department of Narcology has had a difficult time adapting MAT despite the recommendations of the RCC. In another region, medical services and social services could be cooperating better with each-other. As one physician in Chernigiv said: *"We are not ready to say NGOs can help us. Psychologically we need some time. It is very important for any NGO to have a devoted person. That person should not be devoted to money."* Despite this feedback from this medical director, multi-sectoral collaboration was strongly evident in all of the intervention sites. Note that in Sumy (a comparison site) there is also close collaboration between the AIDS Center and two NGOs strategically located in the same building.

Referral and Counter Referral Systems Strengthened

The mutual respect between AIDS Centers and local NGOs translated into strengthened referral and counter-referral systems in three of the intervention sites. Only in Kherson did someone report that the referral system between government institutions and NGOs needed to be strengthened. In fact, discussions on referral and counter-referral were spontaneously offered by different types of respondents whose stories corroborated with each other. In Odesa, an NGO social worker is based in the Regional AIDS Center during operating hours. She counsels patients seeking care in the AIDS Center and informs them of NGOs services such as psychosocial support offered at her institution. In all four intervention sites visited, numerous respondents discussed the dramatic improvements in referrals and counter-referrals as a result of USCP's influence. The credibility of NGO services was enhanced as their representatives became active members of RCCs and CCs, and the GOU has grown to appreciate the complementarity of their services. All AIDS Center directors in the intervention sites appreciate the limitations of only providing medical services to PLWHs and view the NGOs as helping them provide more comprehensive care to their patients.

On the contrary, in two of the three comparison sites, interviews with AIDS directors and NGO representatives revealed a deep divide between the public and private sectors with the former group claiming that their centers provided all the services their clients needed and there was no need for referrals to NGOs. Several NGO staff in one comparison site had major concerns with the level of collaboration with the government but they refused to elaborate saying not much more than: *"Doors have been closed."* As a result, there are weak, or non-existent, referral and counter-referral systems between public and private sectors in these two comparison regions.

Building Awareness for Gender Sensitivity

We considered gender issues, whenever possible, in questioning and, in particular, equity in access to services and the challenges and benefits of gender integration in project implementation. Most KIs who are providers claimed gender equality is not an issue. As one provider in Odesa noted: *“If there is any discrimination, it is against men who complain too much; women do not complain.”*

While USCP identified gender as an important agenda item, almost all respondents did not see its relevancy and, in fact, many people laughed when we asked about gender. Respondents who are providers said that patients receive access to services equally irrespective of their gender. Nor did NGO respondents feel USCP’s TA was biased toward one gender over another. Some respondents emphasized the inclusion of women into coordinating bodies (especially those representing IDUs and CSW) as an important contribution of USCP.

Responses to open-ended KI questions revealed a general discomfort in articulating the extent to which USCP promoted gender equity and gender integration. Still some of them provided valuable feedback. For example, responding to the question: *“What were the gender integration benefits for project implementation?”* one respondent notes: *“Positions of both genders were presented and argued so that the decisions were made in such a way as to protect rights and interests in equal fashion.”* Addressing the query regarding USCP’s contribution to gender equality, respondents pointed to greater availability of services for women in their regions and to providing women with opportunities to present their interests before decision-makers through their involvement on RCCs and other coordinating structures. As to the gender integration challenges for project implementation, practically all respondents either perceived no such challenges or failed to identify them.

From all KII accounts, there was a resounding agreement that USCP training and seminars addressed gender sensitivity and equality in detail. In Odesa, Kherson, and Dnipropetrovsk, KIs mentioned a special training devoted to gender issues. A couple KIs relayed to us specific details on issues covered to ensure gender is taken into consideration when offering services and during counseling. One NGO Executive Director said: *“I learned [at a USCP training] how to counsel a teenage boy dealing with his gender identity.”* On the contrary, when a female physician was asked whether her AIDS Center operating hours might be a barrier to CSWs who work at night, she stated: *“They are only sleeping during the day so they can wake up and come in for their appointment.”* Hence, while KIs did not see any issues surrounding gender equity, there were inklings of deeper issues that have yet to be recognized openly.

Given that a considerable number of KIs perceived gender issues as irrelevant in discussing USCP-sponsored activities, our survey included five questions on gender equity and gender integration provided to us by USAID/Ukraine (see Annexes L and M). Here the survey respondents diverged slightly from the types of input we gleaned through the KIIs. Specifically, in three out the five gender-related questions, the share of “don’t know” responses fluctuated between 33% and 46%, both among men and women (for a breakdown of responses on all closed-ended questions, see Annex R).

To best answer the second part of EQ 5 *“Which of the project’s activities/approaches were the least effective,”* we take a lessons learned slant. Again, there is not one particular activity or approach that stood out as ineffective. A few project approaches did not work well, primarily due to: a) a lack of attention on the issue; and/or b) insufficient expertise. This is not to imply these issues were not right for the situation (i.e., M&E). In the case of Knowledge Management, it had not been a part of the project’s design. Following are the salient lessons learned.

Data for Decision Making

Unfortunately, one of USCP’s weakest areas is M&E of project’s progress. In part, this is because the PMP generates output indicators that count numbers of activities produced (e.g., trainings or TA). This information is not particularly informative for program managers to track the achievement of project objectives. Since the PEPFAR indicators in the PMP do not measure policy outcomes, the PMP was revised in 2012 to include a set

of “*Overarching Indicators*” that were to provide a basis for measuring some of its outcomes. However, project staff did not take the liberty to identify and/or develop any outcome indicators in order to track the effectiveness of their programming. This was a major hole in the project design and execution. One must consider, though, that it would be quite difficult to create a useful PMP in the absence of a logical framework that delineates the relationships between project objectives→activities→results. While USCP supplied additional indicators to measure progress—beyond what was required—they presented more of the same types of indicators, which are useful for a mid- to junior level administrator who needs outputs to understand resources needed. But for a senior level program manager, there is not much empirical project data to look at that would indicate if the project was on the right trajectory. We attempted to compile outcome indicators collected at their regional level by the Alliance. Our examination of Alliance service coverage data for MARP groups in the intervention and comparison sites was inconclusive. The data could possibly be skewed because of how MARPs self-identify and/or providers classify MARPs when they receive services. Many MARPs do not neatly fit into one classification (e.g., MSM, CSW, IDU) and, therefore, someone could be labeled differently from one service visit to the next. Nonetheless, the overall service coverage rates are much higher in the USCP sites than the overall rates in the three comparison regions. Annex S delineates service coverage rates by type of MARP for all USCP regions (both visited and not visited during this evaluation).

The M&E staff did not routinely sit down and review the PMP results on a quarterly basis alongside with program managers to digest recent information. In fact, when a senior manager was queried on such, he replied: “*We are not required to review PMP indicators on a quarterly basis.*”

Discussions with the project staff indicate a limited understanding of project M&E. At the same time, the team conducted very thorough and informative capacity building assessments that could have formed the baseline for some outcome indicators had they been formulated in the PMP or, at the very least, if these assessments were repeated before the end of the project. But unfortunately, there were no follow-on assessments to compare with the initial baseline assessments. According to some USCP staff, USAID did not approve their request to conduct a follow-up MOCAT of the NGOs. When queried, USAID was not familiar with the rationale for this decision, because the current USAID AOR came on staff less than a year ago. The previous responsible health officer did not respond to our requests for an interview; she is posted in another mission.

Knowledge Management

At the onset of the project, there were some coordination issues between FGI and its sub-awardees. The work planning process was quite collaborative but after the work plans were set, the individual partners implemented their distinct SOWs without any formal opportunity to exchange information. In fact, in Odesa, there are two local USCP coordinators, one from FGI and the other employed by the Network. These two coordinators do not seem to have had many opportunities to share experiences because they do not meet regularly.

Scale-up and Sustainability

Eighty-nine percent of survey respondents declared that support from USCP has contributed to the sustainability of the HIV/AIDS services their organization provides to MARPs. But surprisingly, we did not hear much discussion from USCP project staff and KIs about the sustainability of project achievements—the topic did not come up despite our probing.

USCP’s approach was to reach beyond the development of RCCs; the project reached out to the municipal and rayon levels in all four intervention sites visited. Yet, while the project staff can readily transfer their approaches to other sites, it might be difficult for people outside the project’s target audience to scale-up because the USCP model is not described.

Further, we heard criticisms of USCP’s capacity building approach by an international donor and a high level GOU official who referred to it as “substitution capacity.” And several respondents, including one from

USAID, made references to USCP staff preparing key policy documents themselves without much input from the end-users in the GOU. One Kyiv respondent said: *“If they didn’t prepare these documents themselves, they would never get done.”* Another KI in Kherson revealed that the local USCP coordinator was rather active as the head of the multi-sectoral WG and is personally responsible for organizing and compiling documentation for the RCC meetings. She claimed *“Without the local USCP Coordinator, the RCC would hardly function.”* In Dnipropetrovsk, someone declared that the USCP coordinator carries-out all the organizational activities of the CC. There is also high turn-over among government officials (four secretaries have passed through in recent years). This same informant proclaimed: *“If USCP withdraws its organizational support for the CC, no government agency will step in.”*

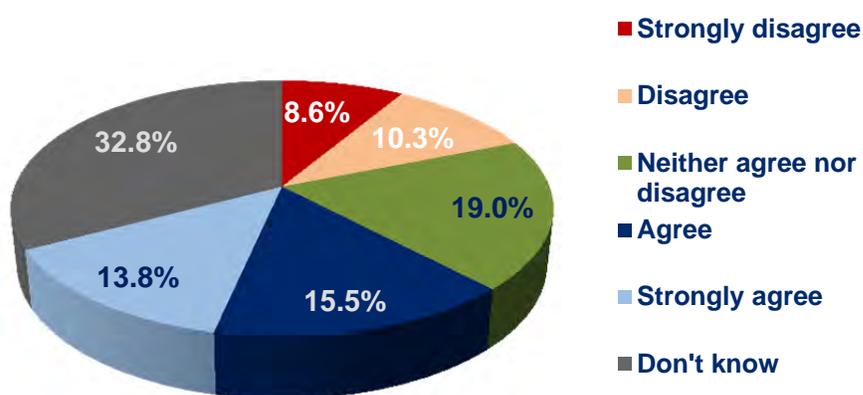
We heard more promising comments in reference to the USCP Coordinator in Chernigiv who also serves as the secretary to the Deputy Director of the AIDS Center. RCC members view her as a representative of the GOU, which lends her credibility and, according to some KIs, increases the likelihood the changes in the organization of the RCC will remain.

At the same time, we heard from a senior member of the RCC that the project should have extended its reach beyond just three cities. When asked about recommendations for future programming, numerous respondents said to scale-up the organizational development to the rayon level.

4.2.4 Question 6: Are there any significant regional differences observed in project’s results that can inform the future design?

Our review did not indicate that USCP has any formal structures or mechanisms in place to share information across regions. Thus, when respondents in both intervention and comparison sites were asked this question, the majority of them were not aware of the work of other regions and, among those who were aware, their information came through anecdotal discussions with other participants attending trainings and meetings (both USCP-supported and others). This was validated by 41.8% of the survey respondents who found it difficult to answer or were neutral to the statement: *“There are regional differences in the achievement of USCP objectives.”* And while 29.3% agreed with this statement, an equal amount disagreed (see Figure 8, next page) but none offered an explanation why in the open ended option of the survey.

Figure 8: Response to question: "There are regional differences in the achievement of USCP objectives."
(Source: Online Survey , July 2012)



Rather than intra-regional differences, more often people made inter-regional comparisons, specifically between rayons within a region, such as this quote from an NGO representative in Odesa: *“We see the difference between rayons where we conducted training and other rayons. In our rayons, we see team work, we see dialog that helps us to solve numerous problems of MARPs.”* A GOU representative independently made a

similar statement during his interview in Odesa.

We do not have any metrics available to us to definitively say one region performed “better or worse” on a given result. The project is not designed like this and there are no baseline outcome variables to compare between an intervention and comparison site. Regardless, we share with you the sentiments from some of

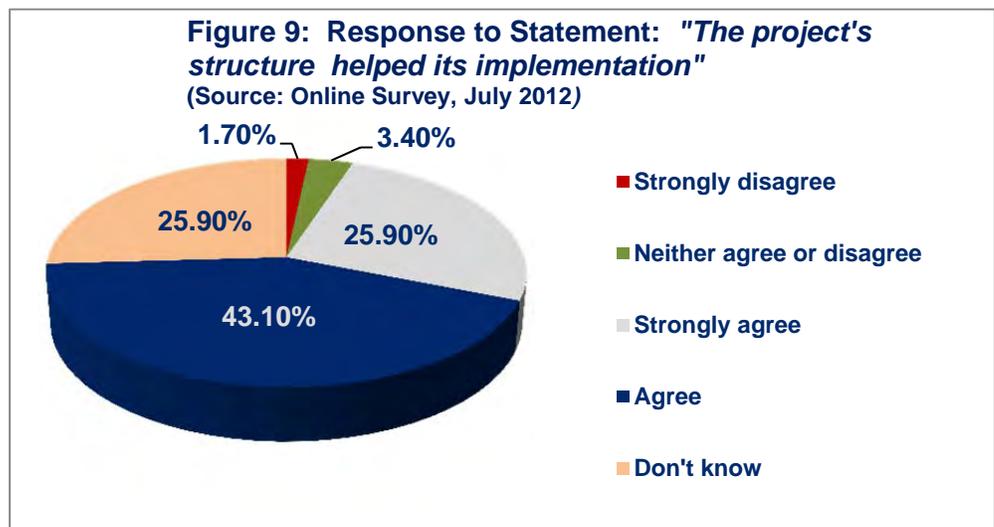
our KIs: “I like experience of Odesa and Kherson region” (NGO Representative in Kyiv). A USCP staff member put forth: “We have regions where more MARPs have been involved in the activities of coordination committees, and regions with low level of MARPs representation, especially in smaller cities and towns with still high level of stigma—because for MARPs the disclosure of their status is rather painful.”

Lastly, we point to a slight difference between regions vis-à-vis USCP’s implementation. There are Memorandums of Understanding (MOU) signed in Kherson, Dnipropetrovsk, and Odesa. All three are very similar with the same expected outcomes. In Chernigiv—which started receiving support from USCP ten months before this evaluation—the MOU is different; it does not contain the introduction of the social order and there are no plans for trainings of medical personnel on S&D.

4.3 DESIGN

4.3.1 Question 7: a) To what extent has the project’s structure helped or hindered project implementation? b) What were the challenges and opportunities associated with this structure?

Since most KIs and survey respondents were not permanent staff of USCP, this made it difficult for them to answer the question on how the project’s structure affected its implementation. KIs at regional level either stated that they felt comfortable with the way USCP was structured or admitted that they knew too little about the project’s structure to respond to this question. A similar pattern of responses was revealed by the survey respondents. The online survey included a question whether USCP’s project structure helped project implementation. The distribution of responses to this question is presented in Figure 9, with 69.0% of respondents agreeing/strongly



agreeing/strongly agreeing with the respective statement. While only 1 respondent (1.7%) expressed disagreement with it, over a quarter of respondents (25.9%) admitted that they do not know how the project’s structure affected its implementation.

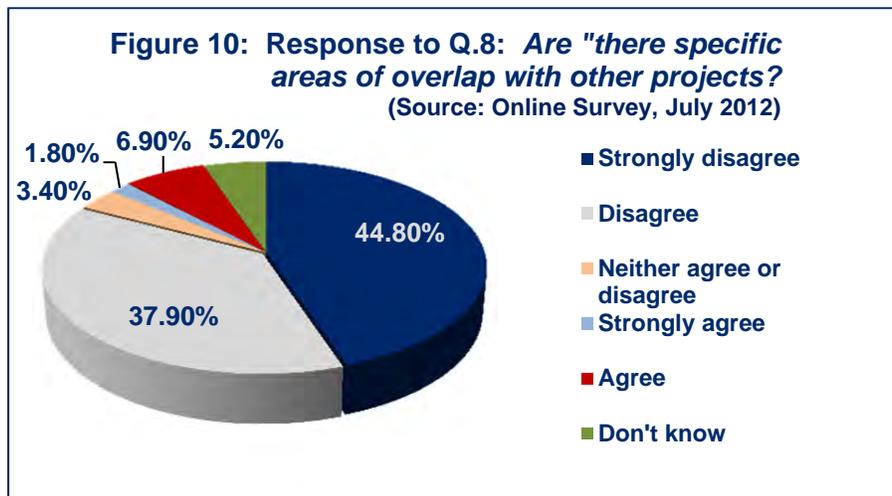
Fifty-eight percent of survey respondents provided further clarifications of their positions by responding to the open-ended items on opportunities and/or challenges associated with USCP structure. Out of 34 respondents who identified specific opportunities, one-fifth (7) highlighted the central role of the USCP regional coordinator – both in providing TA to local stakeholders and as a conduit to USCP’s head office in Kyiv. As one respondent noted: “Working with regional coordinator, gave me an opportunity to prepare quality documents reflecting local context, to get deep understanding of the issues related to operation of CCI, and to exchange experience with colleagues from other territories and regions.”

While 33 respondents shared their opinions on the open-ended question: “What are the challenges associated with the USAID/USCP project structure?” over a half of them (51.5%) stated that they did not see any structure-related challenges in this project. Another 6 respondents explained that they are not familiar with the project’s structure to render their judgement on this issue. At the same time, substantive responses to this questions touched upon structural issues such as “lengthy negotiations with head office in Washington,” “excessive dependence on directors of government structures like AIDS Centers in the regions,” and “some project’s structures were not available in specific regions due to local conditions and the position of local authorities.”

Responses provided by USCP’s head office staff were well aware of the project’s structural challenges. Among their comments are: “Project indicators are not related to the overall objective of the Mission,” “Goal, objectives and indicators of the project are not strongly correlated with each other,” “Lack of NGO grant program,” and “Lack of the service development component.” These comments from USCP personnel capture a number of weaknesses of the project’s PMP. Adding to these structure-related challenges is the lack of an effective model of cooperation among project partners, some of whom pointed to the limited scale in which joint planning and evaluation of activities were practiced within USCP.

4.3.2 Question 8: Are there any specific areas of overlap (with other projects) where efficiencies can be achieved in the future programming?

As depicted in Figure 10, 82.7% of survey respondents did not perceive USCP’s activities duplicative of other projects, with just 8.7% claiming any overlap. Only 5.2% failed to render judgement on this issue.



projects, with just 8.7% claiming any overlap. Only 5.2% failed to render judgement on this issue.

In both the survey and during our KIs, respondents were asked to provide their recommendations for USAID’s future programming for HIV/AIDS related to building institutional capacity and improving the policy environment. Most KIs and 87.9% survey respondents shared their opinions. We describe their feedback herein.

Support for RCCs and Spread the Respective Interventions to the Rayon

KIs in the four intervention sites and also in Zaporizhzh'ya and Sumy, along with 12 survey respondents, pointed out to the need to continue providing methodological and organizational support for RCCs thereby making this a dominant theme. USCP was the only project involved in promoting political conditions and organizational arrangements for effective HIV response in Ukraine. As one survey respondent put it: “This project is unique. No other organization is doing this kind of work. HIV response is a comparatively new area for State administration.... Help with drafting normative documents, technical assistance for various CCs and WGs, training seminars for government employees and NGO activists – all this contributes to government agencies improved operations and quality of their response.”

This sentiment is shared by KIs. Someone from Kherson shared: “Training seminars for regional decision-makers are to be continued. Topics could include: strategic approach; designing and implementing social marketing campaigns; legal issues; transmission routes and prevention for HIV; M&E issues. It is important to provide these trainings to rayon-level officials and members of rayon CCs, support them in elaboration of the rayon programs to combat HIV/AIDS epidemic and M&E system of its implementation.”

The high turnover rate of government officials was cited as a rationale for continuing support to CCs. Two survey respondents also pointed to development of the upcoming National and Regional HIV/AIDS Response Programs as another reason for continuing with capacity-building efforts. The differences among survey respondents and KIs with respect to this issue include the latter highlighting strategic ramifications of capacity-building efforts among members of CC: “They have to be targeted to ensure funding for HIV-related activities from local budget,” (KI from Kherson), while four survey respondents emphasized support for RCCs is still needed to ensure local inputs are reflected in the HIV/AIDS response.

Integration of HIV/AIDS services into the health system

Both KIs and survey respondents linked provision of technical and methodological support for HIV/AIDS coordination structures with on-going reform of health care services in Ukraine. As of August 2012, this reform is being carried out on a pilot basis in four regions, two of them (Donetsk and Dnipropetrovsk) are USCP regions. Not surprisingly, two survey respondents and one KI from those regions referred to the opportunities and challenges associated with health reform as possible areas where a follow-on project could contribute. A KI from Dnipropetrovsk said: *“The overarching issue is how to combine HIV prevention and treatment and the new model of delivery of health services: what is the role of MOH, UAC. The main focus of health reform is on general population while needs of MARPs are being downplayed. Somebody has to vouch for them.”* Another survey respondent from this region noted that the reform of health services calls for developing the optimal model for providing disease prevention services as well as treatment of drug dependence so that these issues can be reflected in the future programming on HIV/AIDS.

Improving cooperation and providing capacity-building activities for social services and law-enforcement agencies

While three survey respondents mentioned the need to improve multi-sectoral cooperation within HIV/AIDS coordination structures, it was the KIs who pointed to specific opportunities in this respect. For example, representatives of social services in Kherson and Odesa highlighted the recent introduction of the “social worker” position, with over 12,000 of these vacancies being filled across the country. While the social worker’s job description includes assistance to families in crisis situations, these same services could also be extended to MARPs. To deliver these services, newly-recruited specialists will need orientation trainings on HIV, and specifically MARPs’ needs and communication techniques.

KIs in Kherson and Khar’kiv also indicated that extending capacity-building efforts to police officers is appropriate as the latter display limited awareness of HIV and high level of prejudice toward MARPs and PLWH, sometimes interfering with provision of HIV-related services.

5.0 CONCLUSIONS

The findings from this descriptive evaluation revealed a program that focused on relevant needs of the Ukrainian HIV/AIDS agenda: policy and institutional capacity building. According to stakeholders familiar with USCP, the project has achieved its purpose to improve access of services to MARPs. Almost everyone interviewed lauded the quality and relevance of USCP training. From a review of the documents, numerous interviews with project staff and KIs, there is a consistent message that USCP served a real need as perceived by the public and private sector. Project interventions have created bridges between these two sectors, as well. One manifestation of this collaboration is the strengthened referral and counter-referral systems. MARPs were much less in a position to speak directly about USCP but just the same, they concurred that services are increasingly becoming more accessible in the past few years. The overall approach and activities implemented were sufficient to meet the project objectives and further the HIV/AIDS policy and legislative agenda. While project design and communication were wanting, many important interventions were implemented and targeted MARPs where their needs are: at the grassroots level. Many accomplishments and successes were shared with us, yet the PMP did not allow for a quasi-experimental design, which would have allowed us to empirically evaluate changes in outcomes.

Conclusions are organized hereafter around the three domains applied during analysis: context, results, and design. In addition, we include a cross-cutting conclusion of our gender-related findings, which is presented under the Design domain.

5.1 CONTEXT

1. The project made great strides in reducing policy, legislative and regulatory barriers of MARPs to receive HIV/AIDS services. While no single project or donor can be solely credited for

reducing political and legislative barriers, USCP contributed in a substantial way. This was accomplished through a combination of advocacy, capacity building, and mobilizing MARP activism. USCP was instrumental in facilitating the adoption of the new national HIV Law and ensuring the inclusion of key provisions that strengthen human rights protection and enhance access to HIV services for MARPs. The project's policy accomplishments include strengthened guidance and referral systems. The project also contributed to diminishing legal and policy barriers; improved regulatory frameworks; and built capacity to improve multi-sectoral coordination of the national HIV response at national, regional, and local levels. USCP's efforts gave MARPs, and the NGOs that work with them, a much stronger voice in policy, decision-making, and service delivery, which builds country ownership and will continue to reduce barriers to access and improve service quality far into the future.

5.2 RESULTS

1. USCP identified highly qualified experts who provided relevant technical assistance to the appropriate stakeholders. One of the strengths of their capacity building approach was to target an array of relevant stakeholders within the government and in civil society. The project's key activities and accompanying training and TA were relevant and appropriately targeted. As well, there was resounding agreement on the excellent qualifications of the USCP trainers. There is a very large demand for institutional capacity building, advocacy, and policy. USCP has been making important changes on all fronts, especially by providing methodological support to members of CCs; improving cooperation among government agencies and NGOs; and promoting government support for delivery of HIV-related services by NGOs. The voices of MARPs are now heard on CCs from the national to the municipal level. There is no evidence that any other organization is performing the services that USCP provides and this type of support is still needed in the immediate future.

2. Survey results indicate the project increased access to HIV/AIDS services for MARPs; however, there is no empirical evidence to support this. As for the improvement of the quality of those services, it could not be evaluated with the information collected in this evaluation.

Access to HIV/AIDS services has improved as a result of the project's focus on policy advocacy and institutional capacity building—especially the success in developing referrals and counter-referrals in the intervention sites. Referral systems are often one of the weakest links in a health system. The key to USCP's success in achieving this is likely due to a combination of interventions that have brought the government and civil society together.

However, while the project staff listed numerous achievements from all their efforts, the story read just like that—a long list of activities rather than accomplishments of intermediate results that reflect achievement of project objectives. This does not diminish the project's successes but rather couches them since there is no way in which to objectively measure them against a baseline.

Quality is indeed an essential element for any health service. Nonetheless, it would be very difficult for USCP staff to monitor the quality of services since it is not within its purview to work at the service delivery level. Smoothing the pathway for MARPs to access services was within the project's manageable interest and, based on our review, USCP has made this road an easier one to navigate.

5.3 DESIGN

1. The project lacks a coherent presentation of a program logic. The project management functions without a cohesive program logic. Most of the requisite components that comprise a results framework are found in various iterations in different project documents but there is no logical pathway to be found. Just the same, this design impediment was compensated by having skilled staff and consultants who offered high quality TA. Guided by the results of comprehensive capacity building assessments and expertise of key senior management staff, well-needed and appropriate TA was targeted to a wide range of stakeholders. From USCP's senior management perspective, the thrust of the project is centered around three key activity areas: 1) GOU capacity to implement UNAID's "Three Ones" principles; 2) NGO capacity to implement GF grants; and 3) "Other Interventions"—MAT, VCT, OVC (a target group, not an intervention) and to a much lesser extent

PSM. While these indeed are relevant activities, they are not positioned within a broader program logic that shows relationships with these activities and USCP's objectives and expected results.

The absence of a defined USCP model, coupled with a lack of a systematic approach to institutionalize their capacity building interventions (such as done with the VCT course in the NMPA and LMPU), places the sustainability of the project's many achievements into question. This does not diminish the fact that the NCC and RCC were strengthened as a result of USCP's interventions, as we noted above, but it rather raises doubt as to whether these advances will remain once the project ends.

2. Data for Decision-Making is improvised. Using the capacity assessments and anecdotal inputs, project staff determine when, where, and to whom they will provide TA albeit in an *ad hoc* fashion. While the USCP team used information to form their decision-making about project needs, they do not analyze data to make decisions in a systematic fashion. The PMP does not provide useful information for making programmatic adjustments since it mostly counts the number of interventions provided or TA provided. Decision-making is at a micro-level: it reflects the needs of particular NGOs, RCCs, and regions. What is not obvious is a periodic assessment of all nine intervention regions, and decision-making on a global, programmatic level. However, we do not imply that poor decisions were made; there clearly have been many good decisions made, otherwise there would not have been evidence of increased access to services. Yet, we do conclude that USCP does not have a thoughtful or efficient approach to using data for decision-making.

3. Knowledge Management is missing from the project's strategy. There is no clear strategy for communicating best practices and lessons learned between the regions. Consequently, the main conduit for information sharing is incidental exchanges among training or seminar participants. Similarly, coordination between USCP sub-awardees was insufficient. Project achievements were not optimized to the fullest potential because of vertical implementation.

Similarly, communication between regions has been a missed opportunity. While conjecture, we submit if the project were to have had a formal communication plan as part of a broader KM strategy, project achievements might have been intensified and led to more rapid scale-up of best practices and learning from other's challenges.

Beyond communication between project partners and among regions, is the need for a clear dissemination plan for all of the information and products generated during the life of the project.

4. There is not enough attention to the scale-up of a USCP model which challenges the sustainability of the project's results. One of the main downsides of not being able to describe the project in a logical framework is that it makes it difficult to scale-up the interventions. Without a USCP model, the staff has had difficulty presenting the linkages between their project's goal and objectives and their key accomplishments and results. This is further impeded by the absence of outcome indicator tracking. Consequently, we could not fully evaluate the effectiveness of the project. Our overall impression, based on the qualitative review, is that USCP's approaches have worked well to reduce barriers and increase access of services for MARPs. Yet, short of promoting a list of activities and approaches, it is difficult to promote the scale-up of a USCP model since it is loosely formulated and not easily described. We presume that all the hard work and attention to build advocacy and draft policies, regulations, and guidance is likely going to continue into the near future because the national HIV/AIDS response is a multi-lateral effort led by the GOU with support from the international community. However, the sustainability of USCP's high quality trainings, seminars, and other TA to build institutional capacity is uncertain.

5. The reduction of stigma and discrimination of MARPs could benefit from the inclusion of professional social workers and the police in the multi-sectoral collaborative efforts. MARPs across all regions have been suffering from harassment and extortion from the police; yet, this group of stakeholders is currently not a focus of any USCP interventions we reviewed.

The title “social worker” is loosely assigned to someone who provides psycho-social support—usually at the NGO level. Yet, in 2012, the local administrations recruited a new cohort of approximately 12,000 recently graduated social workers who might be capable to provide services for MARPs if they receive targeted training on how to work effectively with MARPs.

6. There is a general disregard for gender-related issues. Men and women alike had low awareness and little appreciation for gender sensitization or equity. The level of gender awareness appears to be quite low. In general, the Ukrainians interviewed did not see any gender-related problems; nor do they seem concerned about the issue.

6.0 RECOMMENDATIONS

Design

6.1. Program Logic: Future programs should have a clear and coherent results framework as part of their project design. The PMPs should include outcome indicators with baselines conducted as early as possible in year one before interventions are underway and include comparison regions for the purposes of evaluating progress in the future. Outcomes should be within the direct manageable interest of the project.

6.2. KM Strategy: Future programs should include a KM strategy. This is important not only for sharing best practices and lessons learned but also to contribute to the sustainability of future programming. At a minimum, the KM strategy should describe what information will be collected and collated. The utilization and communication of information are other essential components. A communication plan that describes how key messages will be defined and prioritized and which stakeholders will be targeted for dissemination of project results is necessary. The dissemination approach should be multi-faceted and not limited to one website or conference.

6.3. Sustainability Plan: The future project should include a sustainability plan that demonstrates how the project’s primary interventions will be institutionalized into existing GOU and NGO structures and mechanisms. The scale-up of best practices should be a fundamental component of the project’s design beginning in year one. The importance of a clearly defined program logic model is imperative to ensure scale-up. During the project’s mid-point, funding and management of the interventions should be transitioned over to the stakeholders with the project staff serving in a consultant capacity rather than the key implementer. By the end of the project, the GOU and local NGOs should have absorbed the full management and costs.

6.4. Training Participants: Focus on reducing stigma and discrimination of MARPs among service providers. The target audience for training participants should be widened to include frontline service providers such as doctors, nurses, social workers, and police. Each of these sub-groups would need a tailored response with the common aim to reduce stigma and discrimination.

6.5. Institutionalization of Capacity Building Interventions: Institutionalize training programs within GOU structures. Much in the way that the VCT course was incorporated into the curricula of the Kyiv National Medical Postgraduate Academy and the L’viv Medical Postgraduate University, so should all future trainings be institutionalized into the relevant structures. Attention to pre-service training is just as valuable as in-service training for doctors as well as nurses and social workers.

6.6. Gender Awareness: Include more interventions that focus on gender awareness, starting with a gender assessment to understand local perceptions, which will help to tailor future interventions to open the dialog with project stakeholders.

ANNEX A: UKRAINIAN LANGUAGE EXECUTIVE SUMMARY

РЕЗЮМЕ ЗВІТУ

Цей звіт представляє результати підсумкової оцінки діяльності проекту розвитку ВІЛ/СНІД-сервісу в Україні (далі в тексті – USCP), проведеної у період з червня по вересень 2012 року. Оцінка здійснювалась незалежною групою за замовленням Mendez England & Associates (ME & A) від імені місії в Україні Агентства США з міжнародного розвитку (USAID) до цільового замовлення AID-121-TO-12-00004.

USCP – це п'ятирічний проект (вересень 2007 – листопад 2012), спрямований на зниження передачі вірусу імунодефіциту людини (ВІЛ) і поліпшення якості життя людей, яких зачепила ця проблема. Мета проекту полягає в розширенні доступу до якісних послуг із профілактики ВІЛ/СНІДу, його діагностики і лікування, догляду та підтримки для найуразливіших груп населення (включаючи споживачів ін'єкційних наркотиків (СІН), робітників комерційного сексу (РКС), дітей-сиріт та уразливих дітей (у тому числі безпритульних дітей, дітей, народжених від ВІЛ-позитивних жінок та їх сімей), і чоловіків,

Мета оцінки USCP полягає у визначенні актуальності, ефективності та результативності основних напрямків діяльності проекту, обговорення підходів, яких може дотримуватися у подальшому уряд США (USG) при наданні допомоги у сфері політики протидії ВІЛ та інституціональних напрямів розвитку. Оцінювання спиралось на наступні пріоритетні питання:

1. Якою мірою проект сприяє зменшенню політичних, правових, нормативних та фінансових перешкод, що обмежують доступ до якісного лікування ВІЛ/СНІДу для уразливих груп, особливо в пріоритетних областях – замісна підтримувальна терапія (ЗПТ), добровільне консультування і тестування (ДКТ) і допомога дітям?
2. Якими були очікування ключових бенефіціаріїв проекту щодо нарощування інституційного потенціалу?
3. Якою мірою технічна допомога з боку проекту та підготовка кадрів сприяли загальному організаційному розвитку та, якщо це доречно, сталому наданню послуг урядовими і неурядовими організаціям, зокрема, у тих 68 сервісних неурядових організацій (НУО), де відбувалась оцінка організаційного потенціалу за допомогою інструментарію МОСАТ?
4. Чи були заходи та результати діяльності USCP достатніми для досягнення мети - розширення доступу уразливих груп до якісних послуг і використання ресурсів Глобального фонду (ГФ) і внутрішніх ресурсів?
5. Які із заходів проекту / підходів зробили найбільший внесок у підвищення інституційного потенціалу для сталого надання послуг та зменшення політичних, правових, нормативних та фінансових перешкод, що обмежують доступ до якісних послуг у сфері ВІЛ/СНІДу, і чому? Які заходи / підходи були найменш ефективними і чому?
6. Чи спостерігаються які-небудь значні регіональні відмінності в результатах проекту, які можуть надати інформацію для подальшого планування діяльності?
7. Якої мірою структура проекту допомагала чи заважала реалізації проекту? Які проблеми і можливості пов'язані з цією структурою?
8. Чи існують які-небудь конкретні області перекриття (з іншими проектами), де ефективність може бути досягнута у подальшому плануванні діяльності?

Для проведення оцінки команда обрала для візитів чотири з дев'яти регіонів, в яких впроваджувався проект, і порівняли їх із трьома регіонами, де не було прямого втручання проекту. Для збору даних використано змішаний підхід, методи якого включали: 1) аналіз документів, даних моніторингу проекту, а також національних і регіональних статистичних показників, 2) поглиблене інтерв'ю з ключовими інформантами; 3) фокус-групи (ФГ) з представниками уразливих груп (наприклад, СІН, РКС та ЧСЧ) та 4) інтернет-опитування,

стейкхолдерів проекту, в тому числі уряду України та представників НУО, координаційної ради (КС) членів та учасників навчальних семінарів, проведених проектом.

КЛЮЧОВІ РЕЗУЛЬТАТИ ОЦІНКИ

- На думку стейкхолдерів, обізнаних із проектом, проект досяг своєї мети іщ покращання доступу представників уразливих груп до послуг. Переважна більшість проінтерв'юваних респондентів відзначала якість та відповідність тренінгів проекту. Аналіз документів, інтерв'ю з персоналом проекту та ключовими стейкхолдерами продемонстрували, що проект відповідав тим потребам, які виникали у державному та недержавному секторах. Згідно іщ оцінкою діяльність проекту також сприяла налагодженню стосунків між цими секторами. Виявом такої співпраці стала система адресації та переадресації. Хоча представники уразливих до ВІЛ груп не мали змоги безпосередньо оцінювати проект, проте вони відзначали, що в останні роки послуги для них стали доступнішими.
- Діяльність проекту сприяла суттєвому прогресу у зміні політичних умов для боротьби з епідемією ВІЛ / СНІДу в Україні. Деякі позитивні зміни унаслідок зусиль проекту включають в себе: 1) усунення правових та нормативних бар'єрів, які ставлять під загрозу успішну реалізацію грантів Глобального фонду для боротьби зі СНІДом, туберкульозом та малярією (ГФ), 2) законодавчо гарантований доступ до профілактики, догляду та лікування послуги для людей, які живуть з ВІЛ / СНІДом (ЛЖВ), та уразливих груп (в тому числі підлітків); 3) законодавчо гарантований доступ до ЗПТ та стерильних голок / шприців для споживачів ін'єкційних наркотиків (у тому числі підлітків); 4) розширення переліку організацій, уповноважених забезпечувати консультування з питань ВІЛ і тестування (ДКТ), включення до цього переліку НУО, які спеціалізуються на обслуговуванні уразливих груп; 5) вдосконалення нормативної бази щодо діяльності національної координаційної ради (НКР), обласних і місцевих координаційних рад; 6) законодавча заборона дискримінації ВІЛ-позитивних людей і уразливих груп, дискримінаційних положень деяких правових документів видалені; 7) "соціальне замовлення" (механізм державної фінансової підтримки НУО, що надають послуги уразливим групам) запроваджується в Одеській області.
- Проект сприяв зміцненню потенціалу державних органів, тим самим покращуючи координацію і впровадження в Україні політичної відповіді на епідемію ВІЛ. Проект покращив технічний і організаційний потенціал Українського центру СНІДу Міністерства охорони здоров'я, з тим, щоб цей центр міг успішно виконувати свої обов'язки як основний реципієнт гранту 10-го раунду Глобального фонду. Зусиллями проекту також було посилено стабільності у діяльності національної координаційної ради (проект надавав допомогу у мобілізації ресурсів для підтримки функціонального секретаріату та проведення навчання з підвищення рівня знань і навичок). Це підвищило ефективність національної координаційної ради як координаційного механізму в країні.
- Проект допомагав у створенні та зміцненні регіональних і місцевих координаційних рад, сприяв покращанню на всіх рівнях міжсекторальної взаємодії у відповіді на епідемії ВІЛ. Залучення до регіональних і місцевих координаційних рад представників людей, які живуть із ВІЛ, та представників інших уразливих груп поліпшило координацію в наданні послуг та охоплення ВІЛ-сервісними послугами. У відвіданих регіонах, де впроваджувалась діяльність проекту, покращилась система направлення та переадресації клієнтів між різними ВІЛ-сервісними організаціями, а також міжвідомча взаємодія.
- Проект допоміг вдосконалити систему моніторингу і оцінки (MiO) на національному та обласному рівнях. У тих областях, де проект підтримував центри MiO, ці центри були

успішно переведені в загальнодержавну систему. Була впроваджена методологія збору регіональних показників для МіО.

- Втручання проекту щодо нарощування потенціалу зумовило позитивні зрушення в інституційному розвитку деяких організацій. Респонденти високо цінують якість і актуальність тренінгів та технічної допомоги проекту USCP, і вважають, що їх очікування в цьому відношенні були досягнуті. Представники національної та регіональних координаційних рад, ВІЛ-сервісних НУО мають намір поліпшувати діяльність і втілювати зміни. Деякі із заходів проекту щодо нарощування потенціалу сприяли перебудова організації, які стали краще позиціонувати себе задля розширення спектру послуг. Це було досягнуто за рахунок збільшення їх знань і навичок практичного застосування стратегічного програмування та інших компетенцій організаційного розвитку.
- Особливість впровадження проекту полягала в наголошенні на ролі національних і регіональних координаторів, які, у деяких випадках, підміняли собою працівників державних організацій, що ставить під сумнів життєздатність успішних результатів проекту.
- Інформування про кращі практики та отримані результати було недостатнім. Поширення інформації між партнерами, що впроваджували проект і регіонами, не було цілеспрямованим.

ВИСНОВКИ

Отримані під час оцінювання результати доводять, що проект зосереджувався на важливих пріоритетах сфери протидії епідемії ВІЛ/СНІДу в Україні – політиці та розвитку інституційного потенціалу. Загальний підхід та впроваджені заходи були достатніми для досягнення завдань проекту, розвитку політики та законодавства у сфері ВІЛ/СНІДу. Незважаючи на те, що потрібно було більше приділити уваги управлінню і комунікації, чимало важливих заходів було втілено там, де у них була потреба, – на низовому рівні.

Середовище

- За загальним сприйняттям проект досягнув значних успіхів у зменшенні політичних, законодавчих та нормативних перешкоду забезпеченні представників уразливих груп ВІЛ-сервісними послугами

Результати

- Проект визначив висококваліфікованих експертів, які надали належну технічну допомогу відповідним стейкхолдерам.
- Результати опитування свідчать, що проект сприяв зростанню доступності ВІЛ-сервісних послуг для представників уразливих груп, однак немає емпіричних даних, які б це підтвердили. Що стосується піднесення якості послуг, то це неможливо визначити на основі тієї інформації, що була зібрана під час оцінки
- За загальною думкою стейкхолдерів, яких було проінтерв'ювано, проект зробив суттєвий внесок у підвищення якості ВІЛ-сервісних послуг. Водночас немає статистичних даних щодо змін рівнів доступності послуг, які б дозволили визначити вплив проекту на доступність таких послуг. Більше того немає інформації, яка б дала підстави порівнювати якість послуг до та після впровадження проекту.

Дизайн

- У проекті відсутня послідовна програмна логіка.
- Дані для прийняття рішень були імпровізованими.
- У стратегії проекту бракувало управління знаннями.

- Недостатньо уваги приділялось поширенню моделі проекту, що ставить під сумнів життєздатність результатів проекту.
- Робота із зниження стигми та дискримінації уразливих груп могла б виграти від залучення професійних соціальних працівників та працівників правоохоронних органів у багатосекторну спільну діяльність.

РЕКОМЕНДАЦІЇ

1. **Логіка проекту:** У майбутньому проекти повинні мати виразну та послідовну, орієнтовану на результати, логіку; така логіко-структурна матриця повинна існувати як частина дизайну проекту. Плани виконання проекту (PMPs) повинні включати показники результатів діяльності включно із базовими показниками, які мають бути визначені якомога раніше під час першого року впровадження проекту, до того як розпочнуться проектні інтервенції. Вона також повинні включати регіони для порівняння з огляду на потребу оцінити наслідки роботи. Результати повинні стосуватися безпосередньої зацікавленості проекту.
2. **Стратегія управління знаннями (УЗ):** У майбутньому проекти повинні включати стратегію УЗ. Це важливо не тільки з огляду на поширення кращого досвіду та набутих знань, а й для забезпечення життєздатності результатів проекту. Така стратегія повинна, щонайменше, описувати, яка інформація повинна збиратися та узагальнюватися. Інший важливий компонент – як використовувати цю інформацію. Як мінімум, дизайн проекту повинен включати план комунікації, який би передбачав, як саме будуть визначатися зміст та пріоритети ключових повідомлень, серед яких саме стейкхолдерам слід поширювати результати проекту. Стратегія поширення результатів має бути багатогранною і не зводиться до одного веб-сайту чи конференції.
3. **План життєздатності:** У майбутньому проекти повинні включати план життєздатності. Який демонструватиме, яким чином інтервенції проекту будуть інституціоналізовані у державні та недержавні структури і механізми. Розгортання кращого досвіду має бути фундаментальним компонентом дизайну проекту від самого початку, від першого року його впровадження. Для гарантованого розширення діяльності важливо мати виразно сформульовану логічну модель програми. У середні впровадження проекту здобутки та управління інтервенціями мають бути передані стейкхолдерам, а проект має бути скоріше консультантом, а не ключовим виконавцем. На момент завершення проекту державна органи та місцеві НДО повинні повністю перебрати на себе управління та фінансування.
4. **Учасники навчання:** Фокус на зниженні стигми та дискримінації представників уразливих груп з боку надавачів послуг. Цільова аудиторія учасників тренінгів має бути розширена за рахунок включення безпосередніх надавачів послуг – лікарів, медсестер, соціальних працівників, а також представників правоохоронних органів. Ці підгрупи потребують специфічного для них навчання, загального мета якого для всіх є однаковою – зниження стигми і дискримінації.
5. **Інституціоналізація заходів із розбудови потенціалу:** інституціоналізація навчальних програм у державних структурах. Так само, як навчальні матеріали щодо ДКТ були включені до програми КМАПО і Львівського медичного університету, всі майбутні тренінги мають бути інституціоналізовані у відповідних державних структурах. Увага до питань навчання на робочому місці, зокрема, до початку виконання своїх обов'язків, важливі для лікарів, медичних сестер, а також соціальних працівників.
6. **Обізнаність із гендерних питань:** Доцільно передбачати більше заходів, зосереджених на піднесенні обізнаності зі гендерних питань, починаючи із вивчення ситуації, що дасть змогу зрозуміти рівень сприйняття гендерних питань, а також впроваджувати специфічні заходи, які допоможуть налагодити діалог із стейкхолдерами проекту.

ANNEX B: HIV POLICY STRUCTURES MAPPING (JUNE 2012)

ANNEX B: HIV POLICY STRUCTURES MAPPING (JUNE 2012)

Legislative Body

Verhovna Rada (parliament)

Healthcare Committee

Executive Bodies

Cabinet of Ministries of Ukraine (Gov't)

Healthcare Sector, Department of Humanitarian Policy,
Secretariat of the Cabinet of Ministers of Ukraine

Ministry of Health

**NATIONAL TB AND HIV COUNCIL
MEMBERS (serves as NCC) – advisory
board to the MON**

Chair - Minister of Health of Ukraine

Deputy Chair, head of Secretariat – head of State
Service of Ukraine on HIV/AIDS and Other Socially
Dangerous Diseases

**Ukrainian Centre for Combating
and Prevention of HIV/AIDS**

(AIDS centre) -coordinates work of the regional centres responsible for ARV treatment, VCT, as well participates in elaboration and implementation of policy, co-work with NGOs etc.

Director – Natalia NIZOVA (from October 2009, before that – deputy director of USCP)

**State Service of Ukraine on HIV/AIDS
and Other Socially Dangerous Diseases**

– an executive body, subordinates to the Cabinet of Ministry of Ukraine, coordinated by the MON (was established in 2011 instead of Committee on combating HIV/AIDS and other socially dangerous diseases of the MON). It is responsible for implementation of policy on HIV/AIDS

Head - Tetiana ALEKSANDRINA (since September 2011, before that policy advisor of USCP)

ANNEX C: HIV / AIDS PROGRAMMING MAPPING IN UKRAINE

ANNEX 2 : HIV/AIDS PROGRAMMING MAPPING IN UKRAINE

																		USCP Project Timeline				
	1991	1992-4	1995-6	1997-8	1999-2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012					
																		Continue				
AIDS Law	Strict legislation			Changed version										New								
National AIDS Program	1 st	2d		3 d	4th	5th				6th				till 2013								
GFATM Programs																						
1 st Round (92 mln)								MOH	Int'l HIV/AIDS Alliance													
6th Round (151 mln)													Network and AIDS Alliance									
9 th Round -TB (95 mln)																	FDU*	till 2015				
10 th Round (302 mln)																	3 o**	till 2016				
WB Program (77 mln)								MOH+Penitentiary Service														
UNDP HIV Projects																						
HIV/STI prevention (3 mln)																						
Governance of HIV/AIDS (2,6 m)																						
GTZ HIV Projects																						
USAID HIV Rrojects																						
SUNRISE (13 mln)																						
Health Policy Initiative (HPI)																						
USCP (12 mln)																						
* Development of Ukraine Foundation (Private Charity of MP Renat Achmetov) - for the 1st phase																						

ANNEX D: MAP OF USCP INTERVENTION SITES

ANNEX F : MAP OF USCP INTERVENTION SITES



ANNEX E: KEY PERSONNEL BIOGRAPHICAL INFORMATION

KEY PERSONNEL BIOS

Annette Bongiovanni, Team Leader. Ms. Bongiovanni has over 30 years of experience in management, evaluation and operations research of global health programs across six geographic regions. She has worked with many donor institutions - USAID, World Bank, UNICEF, CDC - in numerous countries including Ukraine, Armenia, Russia, Mexico, Indonesia, Namibia, Malawi, Colombia, Guatemala, Belize, Honduras, etc.

Ms. Bongiovanni has significant evaluation experience. She has led and/or participated in the evaluation and assessment of large USAID funded projects similar to USCP in many countries including some in the Eastern Europe. Just recently, she was part of a team that is conducting the evaluation of USAID/Russia's Maternal and Child Health Initiative across 30 oblasts. In Russia, Ukraine and Armenia she participated in the mid-term evaluation of the US/Newly Independent States Partnership Program – a collaboration between 21 hospitals and medical institutions and their host counterparts. Last year, she led a team that conducted a situation analysis of USAID and CDC's PEPFAR programming aimed at HIV prevention with positives among most-at-risk-groups (MARPs) in seven Latin American countries. For the USAID Missions in Uganda and DR Congo, she designed and led the evaluation of HIV/AIDS projects implemented there. In India, she led the assessment of key approaches used in CARE/India's Integrated Nutrition and Health Project. In the US she participated in the national survey of reproductive health programs targeting young African American men and aimed to reduce the incidence of sexually transmitted diseases and HIV/AIDS.

Ms. Bongiovanni has extensive knowledge of public health policy issues. As a Senior Technical Advisor for the USAID Bureau for Latin America and the Caribbean, she advised senior administrators at USAID on maternal, reproductive health and nutrition issues, and directed the LAC Bureau's population, health and nutrition trends analysis, examining 15 years of data. Her policy recommendations led to a Caribbean Regional HIV/AIDS Initiative. She also managed a regional project implemented by the Centers for Disease Control focused on prevention and control of sexually transmitted diseases. For University Research Co., she wrote a technical report for USAID's Health Care Improvement Project on the role of quality approaches in improving maternal, newborn and child programs. Ms. Bongiovanni holds a Master of Public Administration with concentration on international health policy from Harvard University.

Boris Sergeyev, Evaluation Specialist. Dr. Sergeyev is a senior health specialist with over 15 years of experience in health and social projects. He has worked for many international donors including USAID, World Bank, UNDP, UNFPA, UNAIDS, in many countries in Eastern Europe and South East Asia including Moldova, Hungary, Russia, Kyrgyzstan, Turkmenistan, Uzbekistan, and Tajikistan among others.

Dr. Sergeyev has significant evaluation and data collection experience. In Moldova, he was part of a team that assessed the National Program for HIV/AIDS. In Kyrgyzstan, for a UNDP-funded project, he conducted a capacity assessment of the local HIV response in Osh Oblast. For the USAID/Russia HIV/AIDS Prevention Program he designed and implemented a series of quasi experimental studies among vulnerable groups such as injecting drug users, sex workers and MSM in Russia. He also conducted two surveys among medical professionals in St. Petersburg

and assessed their involvement with and attitude towards patients from vulnerable groups. For a UNAIDS-funded project in Russia and Moldova, he reviewed existing data on HIV epidemic in the CIS countries within the context of the second generation surveillance (2007) and was a team member for the HIV/AIDS Monitoring and Evaluation Mapping and Stakeholder Assessment Project (2005). For the DFID funded Central Asia HIV/AIDS Project, he designed and implemented rapid assessment studies in three countries and developed instruments and methodologies for evaluation. For the Regional Media in Russia Project, he developed a series of questionnaires and surveys and worked with focus groups.

Dr. Sergeyev has led and/or participated in many HIV/AIDS related project. In Russia he was Team Leader of the “HIV Prevention and Combating in the Russian Federation” Project. In Kyrgyzstan, he was Project Manager of the HIV Prevention Amongst Drug Users and Their Partners Project. In Central Asia, he was an M&E Adviser for the DFID-funded Central Asia HIV/AIDS Project. Dr. Sergeyev holds a Ph.D. in Political Science from University of California and a MS in Survey Research and Assessments from the University of Connecticut. He speaks fluent Russian.

Inna Volosevych, Local Specialist. Ms. Volosevych is an Ukrainian health specialist with 10 years of experience in research management and evaluation studies. In 2007, she joined GfK Ukraine, a leading firm in market and social research in the country, where she serves as a Senior Researcher. In this capacity she has conducted a number of evaluations for many governmental and non-governmental institutions including USAID, UNDP, OSCE, the Ministry of Labor of Ukraine, etc. For example, she has participated in the evaluation of Youth Social Inclusion for Civic Engagement in Ukraine project; Equal Opportunities and Women’s Rights in Ukraine project funded by UNDP; Impact Evaluation of the Social Assistance System Modernization Project; and Civil Society Development Programme, among others. In 2009, she conducted a quantitative and qualitative research on perceptions about HIV/AIDS in Ukraine.

Ms. Volosevych has detailed knowledge of Ukraine’s public health sector in general and HIV/AIDS in particular. She has managed a number of related projects including “Ethnographic Research of Drugscene in Certain Regions of Ukraine” for the International HIV/AIDS Alliance in Ukraine; “HIV/AIDS in Crimea: The Social Perception and Government Action” for UNDP; and “Defining Main Needs of MSM Concerning HIV/AIDS Prevention” project. Ms. Volosevych has a MA in Sociology from the National University of Kyiv-Mohyla Academy.

ANNEX F: INFORMED CONSENT IN ENGLISH AND RUSSIAN

ANNEX F: INFORMED CONSENT

Hello, my name is _____ and my colleague(s) is/are _____. We are part of an evaluation team that is examining the US government's support to the Ukrainian government and civil society. Our evaluation results will hopefully elucidate best practices that can be built-upon and spread from one oblast to another. We are also interested in hearing about lessons learned that would help improve future HIV/AIDS programming for vulnerable groups.

We would welcome an opportunity to conduct an in-depth interview that will take approximately 1-2 hours depending upon your availability and interest. We are seeking your consent to discuss your experiences working on/with the Ukraine Service Capacity Project. The information you provide us will not be linked to you personally and your name will not appear on the transcript. All the information that you will provide to us will be kept confidential and will be used for reporting and planning purposes only. Even then, any other information that can be directly linked to you will not be used. Only members of the evaluation team will have access to the transcripts. We will produce a final report which will be a synthesis of our analysis drawn from interviews from numerous respondents. We might include quotes to highlight but they will not include your name. If you do not wish to have anything you mention quoted, please let us know now.

The information that you will share with us will help USAID and its Ukrainian partners to improve their programs so they can better provide HIV/AIDS services. We will be encouraging you to share your viewpoints, hindsight, recommendations, and suggestions for the future vision of services directed toward vulnerable groups. The information that you provide to us will not be used against you in any way.

Your participation in this discussion is completely voluntary. If you chose not to participate, there will be no negative outcomes. Likewise, you can decline responding to specific questions that do not relate to your experience or if you don't have sufficient information to address them or find them too sensitive. You can also stop this interview at any time. You will not be receiving any payment or allowances for your participation.

Please let me know if you have any objection to participating in this interview and also if you have any questions before we start. You are very welcome to interject through the interview to seek clarifications and/or ask questions. Thank you very much.

USAID / УКРАИНА
СОГЛАСИЕ НА УЧАСТИЕ

Здравствуйтесь, меня зовут _____. Мой /моя/мои коллега/и - _____. Мы представляем группу по оценке проекта, предусматривавшего помощь правительства США украинским государственным организациям и организациям гражданского общества. Результаты нашей оценки, как мы надеемся, смогут выявить лучшие практики и распространить их в разные области. Мы также заинтересованы в выявлении накопленного опыта, который поможет улучшить программы по ВИЧ/ СПИДу для уязвимых групп населения.

Мы были бы благодарны за участие в интервью, которое займет около часа-двух. Надеемся на Ваше согласие на обсуждение опыта работы проекта по усилению потенциала ВИЧ-сервисных организаций в Украине. Информация, предоставленная Вами, не будет связана с вами лично и Ваше имя не будет указываться в стенограмме интервью. Вся информация будет конфиденциальной и нужна только для целей отчета и планирования дальнейшей работы. К этой информации будут иметь доступ только члены команды по оценке. Мы подготовим отчет, в котором будет синтезирована информация, предоставленная многочисленными респондентами. Мы можем использовать цитаты из интервью, но они не будут содержать Вашего имени. Если Вы хотите, чтобы что-то из того, что Вы сказали, не цитировалось в отчете, скажите об этом нам.

Информация, которой Вы поделитесь с нами, поможет USAID и украинским партнерам усовершенствовать свои программы с тем, чтобы лучше предоставлять услуги в сфере ВИЧ-сервиса. Мы просим Вас поделиться своими мыслями, сомнениями, рекомендациями, предложениями, как лучше в будущем организовать услуги для уязвимых групп. Информация, предоставленная Вами, ни в коем случае не будет использована против Вас.

Ваше участие в обсуждении – добровольное. Если Вы откажетесь от него, негативных последствий не будет. Также Вы можете отказаться отвечать на какой-либо из вопросов, не имеющих отношения к Вам, или если Вы находите вопрос неудобным для себя. Вы можете прервать интервью в любое время. Вы не получите никакого денежного вознаграждения за участие в интервью.

Пожалуйста, дайте мне/нам знать, если у Вас есть какие-либо возражения против участия в этом интервью, а также если у вас есть вопросы, прежде чем мы начнем. Во время интервью Вы можете уточнять информацию и задавать вопросы. Большое спасибо!

С УСЛОВИЯМИ ИНТЕРВЬЮ СОГЛАСЕН

(Подпись)

Дата

ANNEX G: STUDY DESIGN MATRIX

ANNEX G: STUDY DESIGN MATRIX
(Type of Evaluation Design: *Quasi-Experimental*)

EVALUATION QUESTION	INDICATOR	DATA COLLECTION METHOD	ANALYSIS PLAN
POLICY ENVIRONMENT			
1. To what extent did the project contribute to the reduction of policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services for MARPs, particularly in the priority areas - MAT/OST, VCT, and OVC?	1.1. References to laws and regulations promoting access to HIV/AIDS services drafted and/or adopted with assistance from USCP 1.2. References to reduced barriers and outstanding issues in getting access to HIV/AIDS services made by key informants 1.3. % of respondents strongly agreeing/agreeing with statement that USCP reduce political/legal/regulatory/fiscal barriers in MARPs' access to HIV/AIDS services 1.4. References to reduced barriers and outstanding issues in getting access to HIV/AIDS services made by MARPs	1.1. Review of third-party and USCP's documents 1.2. Interviews with USCP staff; GOU; NCC, RCC, CC representatives; NGO/CBO's leaders ; representatives of international organizations and MARPs' activists 1.3. Online survey of RCC members and participants of USCP-sponsored training seminars 1.4. FGDs with MARPs	<ul style="list-style-type: none"> • Through review of available documents develop a list of laws and regulations on HIV/AIDS drafted or adopted with assistance from USCP • List references to positive changes and outstanding issues in providing access to HIV/AIDS services made by key informants • Calculate the percentage of respondents in on-line survey strongly agreeing or agreeing with statement that <i>USCP reduce political/legal/regulatory /fiscal barriers</i> • List references to positive changes and outstanding issues in providing access to HIV/AIDS services made by MARPs
INSTITUTIONAL CAPACITY BUILDING			
2. What were the project's and key beneficiaries' expectations for institutional capacity building?	2.1. References to GOU and USCP's planning/expectations with respect to institutional capacity-building 2.2. Statements about expectations with respect to institutional capacity building reported by key informants (KII) 2.3. % survey respondents strongly	2.1. Review of USCP's documents 2.2. Interviews with USCP, GOU, RCC, CCNGO/CBO's leaders 2.3. Online survey of RCC members and participants of USCP-sponsored training seminars (<u>type of sampling: non-random</u>)	<ul style="list-style-type: none"> • List references to schedule, annual breakdown and expected effects of institutional capacity-building activities contained in the USCP's PMP and annual workplans and USG-GoU • Only KIIs representing participating regions are included in this analysis. KIIs' statements about their expectations with respect to institutional capacity-

EVALUATION QUESTION	INDICATOR	DATA COLLECTION METHOD	ANALYSIS PLAN
	<p>agreeing/agreeing with the statement that “technical support from the USAID/USCP met their expectations regarding building their institution’s capacity”.</p>		<p>building are categorized by topic/issue such as <i>multisectoral cooperation, planning, implementation and monitoring of HIV/AIDS policies, lobby/advocacy skills, and quality of services</i></p> <ul style="list-style-type: none"> • Provide distribution of responses from survey respondents who took part in the respective capacity-building activities on the Likert-type question: “<i>Support from the USAID/USCP met my expectations regarding building my institution’s capacity</i>”. • List responses of survey sample to the open-ended question as to what their expectations with respect to institutional capacity were categorized by topic/issue such as <i>multisectoral cooperation, planning, implementation and monitoring of HIV/AIDS policies, lobby/advocacy skills, and quality of services</i>.
<p>3. To what extent have the project’s technical assistance and training activities fostered the general organizational development and, where appropriate, promoted sustainable services of governmental and non-governmental organizations and, particularly, 68 service NGOs, assessed with MOCAT</p>	<p>3.1. % change in participants’ test scores before and after USCP training according to type of training (e.g., programmatic, financial)</p> <p>3.2. KII statements about changes in organizational development under influence from USCP’s technical assistance</p> <p>(a) % of survey respondents strongly agreeing/agreeing that support from the USAID/USCP <i>improved their institution’s organizational development</i></p> <p>(b) <i>helped their institution improve the quality of</i></p>	<p>3.1. Review of USCP’s documents</p> <p>3.2. Interviews with RCC, international organization’s and NGO/CBO’s leaders and other key informants</p> <p>3.3. Online survey of RCC members and participants of USCP-sponsored training seminars</p>	<ul style="list-style-type: none"> • Calculate differences in pre-post-training scores among participants of USCP training seminars • List references of KII to changes in organizational development • Calculate distributions of survey responses to questions <p><i>Support from the USAID/USCP</i></p> <p>(a) <i>improved our institution’s organizational development.</i></p> <p>(b) <i>helped our institution improve the quality of HIV/AIDS services for MARPs</i></p> <p>(c) <i>helped our institution increase access of HIV/AIDS services for MARPs</i></p> <p>(d) <i>contributed to the sustainability of the HIV/AIDS</i></p>

EVALUATION QUESTION	INDICATOR	DATA COLLECTION METHOD	ANALYSIS PLAN
	<p><i>HIV/AIDS services for MARPs</i></p> <p><i>(c) helped our institution increase access of HIV/AIDS services for MARPs</i></p> <p><i>(d) contributed to the sustainability of the HIV/AIDS services their institution provides to MARPs</i></p>		<p><i>services we provide to MARPs</i></p>
Implementation Approach/Regional Differences			
<p>4. Were USCP's activities and results sufficient to advance the achievement of its purpose - expanded MARPs' access to quality services and leveraged Global Fund and domestic resources?</p>	<p>4.1. Changes in MARPs' coverage rates between 2007 and 2011</p> <p>4.2. Changes in the number of government organizations (GO) and NGOs receiving support from Global Fund and domestic sources between 2007 and 2012</p> <p>4.3. KII references to funding sources that become available between 207 and 2012</p> <p>4.4. % of respondents strongly agreeing/agreeing with the statement "support from the USAID/USCP project helped my institution leverage Global Funds and/or State resources for HIV/AIDS"</p> <p>4.5. Perceived positive changes in quality of HIV/AIDS services reported by MARPs</p>	<p>4.1. Reports by National AIDS Center and Principal Recipients of GFATM's grants</p> <p>4.2. Review of International HIV/AIDS Alliance's reports</p> <p>4.3. Interviews with USCP, GOU, RCC, CCNGO/CBO's leaders</p> <p>4.4. Online survey of RCC members and participants of USCP-sponsored training</p> <p>4.5. MARP FGDs</p>	<ul style="list-style-type: none"> • Perceived positive changes in getting access to HIV/AIDS services reported by MARPs at FGDs • Calculate rates reflecting MARPs' coverage with HIV-related services are compared . Data will be disaggregated according to type of MARP (e.g., CSW, MSM (if available), IDU, PLWHA, between participating and non-participating regions as well as with the national average • Calculate % of GOs and NGOs receiving financial support from the Global Fund between 2007 and 2011. Compare these %s between participating and non-participating regions at 2007 and 2011 • List KIIs' references to funding sources that become available between 2007-2011 • Calculate distributions of survey responses to question "Support from the USAID/USCP project helped my institution leverage Global Funds and/or State resources for HIV/AIDS". Disaggregation of responses by sector (government/NGO) and respondents' gender is also attempted.

EVALUATION QUESTION	INDICATOR	DATA COLLECTION METHOD	ANALYSIS PLAN
			<ul style="list-style-type: none"> List MARPs' references to positive changes in the quality of services separately for participating and non-participating regions.
<p>5. Which of the project's activities/approaches contributed the most toward improving institutional capacity for the sustainable service provision and reducing policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services – and why? Which activities/approaches were the least effective – and why?</p>	<p>5.1. Assessments of effectiveness of the project's activities reported by KII 5.2. Respondents' rankings of project's activities in terms of their being most/least contributing to improving institutional capacity of their organizations</p>	<p>5.1. Interviews with USCP, GOU, RCC, CCNGO/CBO's leaders 5.2. Online survey of RCC members and participants of USCP-sponsored training seminars</p>	<ul style="list-style-type: none"> List KIIs' references to the effectiveness of the project's activities Calculate the "effectiveness" scores reflecting the difference between percentages of respondents who rate specific USCP's activities as "contributing most" and those who rate them as "contributing least" to reducing policy, legal, regulatory, and fiscal barriers and also to "improving your institutional capacity for sustainable service provision" .
<p>6. Are there any significant regional differences observed in project's results that can inform the future design?</p>	<p>6.1. Statements about regional differences in project's results by KII 6.2. % of respondents strongly agreeing/agreeing with the statement: <i>There are regional differences in the achievement of USCP objectives</i></p>	<p>6.1. Interviews with USCP, GOU, RCC, CCNGO/CBO's leaders 6.2. Online survey of RCC members and participants of USCP-sponsored training seminars</p>	<ul style="list-style-type: none"> List KIIs' references to regional differences in project results Calculate distribution of survey responses to question: "<i>There are regional differences in the achievement of USCP objectives</i>". List main categories of responses to the open-ended question as to what these differences involved.
<p>7. To what extent has the project's structure helped or hindered project implementation? What were the challenges and opportunities associated with this structure?</p>	<p>7.1. Statements on effects of USCP's structure by KIIs 7.2. % of respondents s strongly agreeing/agreeing with the statement: <i>USCP structure helped project implementation</i></p>	<p>7.1. Interviews with USCP, GOU, RCC, CCNGO/CBO's leaders 7.2. Online survey of RCC members and participants of USCP-sponsored training seminars</p>	<ul style="list-style-type: none"> List references to regional differences in project's results made by KIIs Calculate distribution of survey responses to question: "<i>The USAID/USCP project structure helped project implementation</i>". List main responses to open-ended questions categories of responses to the open-ended questions as to what

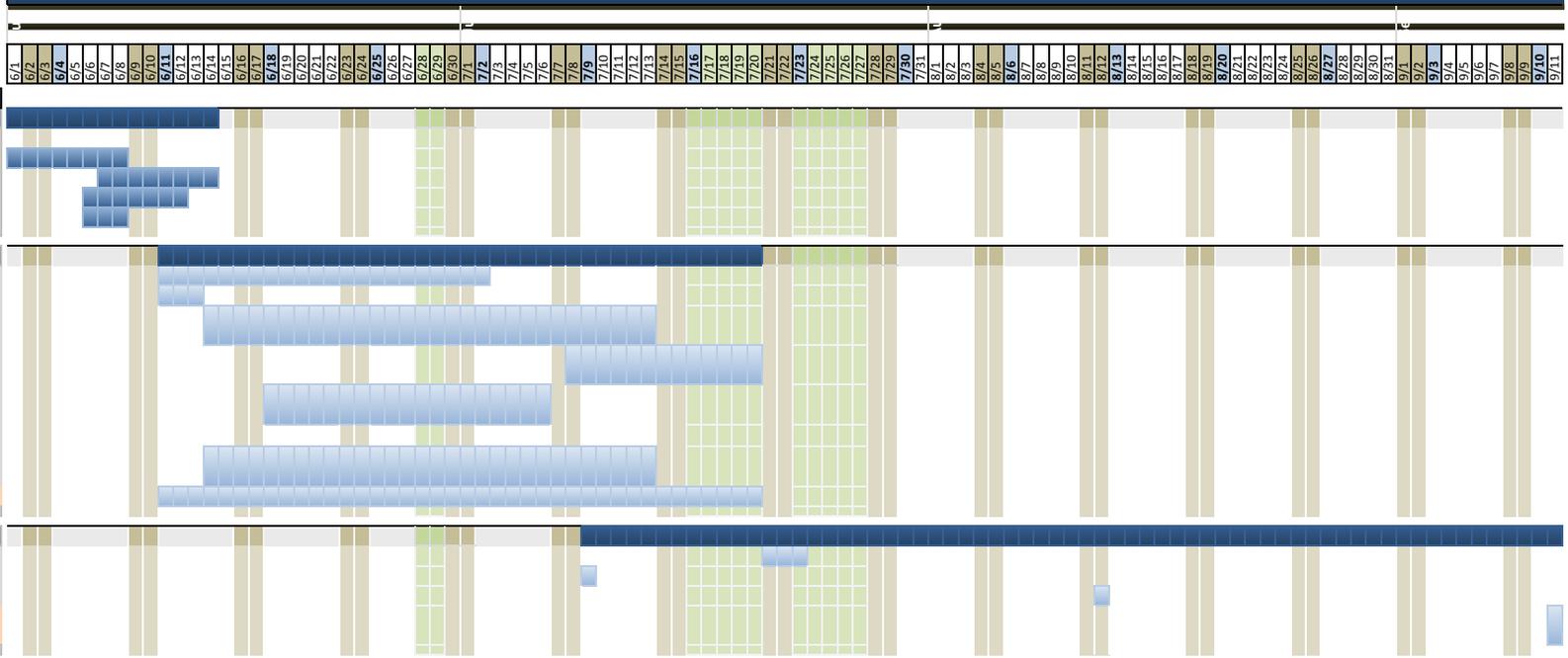
EVALUATION QUESTION	INDICATOR	DATA COLLECTION METHOD	ANALYSIS PLAN
<p>8. Are there any specific areas of overlap (with other projects) where efficiencies can be achieved in the future programming?</p>	<p>8.1. Similar statements of objectives contained in programmatic documents of other HIV/AIDS projects</p> <p>8.2. KIIs' statements on overlap of USCP's activities with those promoted by other projects</p> <p>8.3. % of respondents strongly agreeing/agreeing with the statement: <i>There are duplications of effort (overlap) between the USAID/USCP project and other projects</i></p>	<p>8.1. Review of USCP's and third-party documents</p> <p>8.2. Interviews with USCP, GOU, RCC, CCNGO/CBO's leaders</p> <p>8.3. Online survey of RCC members and participants of USCP-sponsored training seminars</p>	<p>the respective challenges and opportunities were.</p> <ul style="list-style-type: none"> • List references to specific areas of overlap with other projects made by key informants . • Calculate distribution of survey responses to question: <i>"There are duplications of effort (overlap) between the USAID/USCP and other projects."</i> is calculated. Disaggregation of responses by respondents' region is also attempted.

ANNEX H: EVALUATION WORK PLAN

ANNEX fI. TIME-LINE OF EVALUATION

Special Events	Start	End
Time Off	7/16	7/29
Holidays	6/28	7/1

Evaluation Work Plan



ANNEX I: SELECTION CRITERIA FOR REGIONS

ANNEX I: CRITERIA FOR REGION SELECTION

CRITERIA	INTERVENTION SITES	COMPARISON SITES
50-100 HIV cases per 100,000	Chernihiv	Sumy
Population (thousands)*	312	302
Urban (%)*	58	65
Male (%)*	45	46
Ukrainian (%)*	92	89
Members of Coalition of HIV-Service Organizations	1	1
>300 HIV cases per 100,000	Dnipropetrovsk	Kharkiv**
Population (thousands)*	3568	2914
Urban (%)*	83	79
Male (%)*	46	46
Ukrainian (%)*	93	54
Members of Coalition of HIV-Service Organizations	2	2
101-300 HIV cases per 100,000	Kherson	Zaporizhzhia
Population (thousands)*	361	848
Urban (%)	60	76
Male (%)*	47	46
Ukrainian (%)*	82	71
Members of Coalition of HIV-Service Organizations	3	4
101-300 HIV cases per 100,000	Odessa	Zaporizhzhia
Population (thousands)*	1002	848
Urban (%)	66%	76
Male (%)*	47	46
Ukrainian (%)*	63	71
Members of Coalition of HIV-Service Organizations	8	4

*2001 Census data

** HIV prevalence rate for Kharkiv is below that of Dnipropetrovsk yet other regions which border Dnipropetrovsk and have similar HIV rates are in the USCP participation group.

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[International HIV/AIDS Alliance Decade Report for Ukraine](#)

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[UNGASS Ukraine Country Report 2010](#)

[UNAIDS National Composite Policy Index](#)

ANNEX K: LIST OF RESPONDENTS INTERVIEWED FOR USCP EVALUATION

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Klyucharyov, Konstantin	Kharkiv Charitable Fund "Parus", Director	bf_parus@ukr.net

**ANNEX L: TOOLS FOR INTERVIEWS AND FOCUS GROUP DISCUSSIONS
IN ENGLISH AND RUSSIAN**

ANNEX L: TOOLS FOR INTERVIEWS AND FOCUS GROUP DISCUSSIONS

SEMI-STRUCTURED QUESTIONNAIRE FOR KEY INFORMANT INTERVIEWS

Background Information

Name & Title of Respondent:

Organization:

City/Region:

Date:

Area of Collaboration with USCP:

Policy Environment

1. To what extent did the project contribute to the reduction of the following barriers to access of HIV/AIDS services for MARPS:
 - a. Policy
 - b. Legal
 - c. Regulatory
 - d. Fiscal

Prompt: Has USCP removed barriers for MAT/OST, VCT, and OVC?

Institutional Capacity building

2. What were your expectations of USCP in terms of how it would build your institutional capacity?
(Not applicable to donors)
 - a. Did it meet your expectations? Please explain.
3. To what extent has USCP fostered your institution's organizational development? *(Not applicable to donors)*
 - a. Has USCP helped your organization increase access of your HIV/AIDS services for MARPs? If yes, how? If no, why not?
 - b. Has USCP helped your organization improve the quality of your HIV/AIDS services for MARPs? If yes, how? If no, why not?
 - c. Has USCP contributed to the sustainability of your HIV/AIDS services? If yes, how? If no, why not?

Implementation Approach/Regional Differences

4. Has USCP helped your organization increase access of your HIV/AIDS services for MARPs? If yes, how? If no, why not? *(Not applicable to donors)*
 - a. Did USCP help your organization leverage Global Funds and/or domestic resources? If yes, please explain.
5. Which of USCP's activities/approaches contributed the most toward:
 - b. Improving your institutional capacity for sustainable service provision? Why?
 - c. Reducing policy, legal, regulatory, and fiscal barriers that inhibit access to quality HIV/AIDS services? Why?
6. Which of USCP's activities/approaches contributed the least toward:
 - d. Improving your institutional capacity for sustainable service provision? Why?
 - e. Reducing policy, legal, regulatory, and fiscal barriers that inhibit access to quality HIV/AIDS services? Why?
7. Have you observed any regional differences in USCP results? If yes, please explain. *(May not be applicable to regional NGOs)*
8. To what extent has the project's structure helped or hindered project implementation?
 - a. What were the opportunities associated with this structure?
 - b. What were the challenges associated with this structure?
9. Did project demonstrate gender sensitive approaches? If yes, how?
10. Are there any specific areas of overlap or duplication of efforts with other projects? Explain. *(May not be applicable to regional NGOs)*
 - a. If so, explain how USAID can improve upon this in future programming?
11. Do you have any recommendations for USAID on how to design the 'follow-on' program?

FOCUS GROUP DISCUSSION GUIDE

Evaluation Questions Addressed by FGDs

Policy Environment

- To what extent did the project contribute to the reduction of policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services for MARPs, particularly in the priority areas - MAT/OST, VCT, and OVC?

Institutional Capacity building

- What were the project's and key beneficiaries' expectations for institutional capacity building?

Implementation Approach/Regional Differences

- Were USCP's activities and results sufficient to advance the achievement of its purpose - expanded MARPs' access to quality services and leveraged Global Fund and domestic resources?

Composition of Focus Groups

- MARPs-Activists: Up to 6 activists representing MARPs at Regional Coordination Councils for HIV/AIDS, TB and Highly Infectious Diseases (individual interviews will be conducted with activists representing MARPs at the municipal-level Coordination Councils)
- MARPs: Up to 6 clients representing one of the following groups: IDUs, CSWs, MSM and OVC who receive medical and/or social services from NGOs, health and social aid institutions. Note: separate sessions will be held for representatives of each MARP's category, i.e. in each USCP region up to 4 focus groups with them will be held.
- All participants have to be, at least, 18 years of age.
- Participants in the intervention groups should have been receiving services since 2007, if possible, in order to give a perspective from before USCP interventions started.

Logistics

Venue

Preferably, NGO or other non-government office where MARPs will have easy access

Rewards

No rewards will be offered to participants. However, refreshments will be provided during the session

Length of Discussion

The discussion will take approximately 1.5 hours

Оценка проекта

«Развитие потенциала ВИЧ-сервисных организаций»(USCP)

Опросник для полуструктурированного интервью

Общая информация

Имя респондента:

Организация:

Город/Область:

Дата заполнения:

Сферы сотрудничества с проектом USCP:

Политическая среда

1. В какой степени проект **USCP** повлиял на уменьшение *барьеров* в доступности ВИЧ-сервисных услуг для уязвимых групп:
 - a. Политических
 - b. Законодательных
 - c. Регуляторных
 - d. Финансовых

Дополнительно: Уменьшились ли благодаря проекту USCP барьеры в доступности заместительной терапии, добровольного тестирования и консультирования, антиретровирусной терапии и т.д.?

Развитие институционального потенциала

2. Каковы были Ваши ожидания от проекта USCP относительно развития институционального потенциала? *(Вопрос не относится к донорским организациям)*
 - a. Оправдались ли Ваши ожидания? Пожалуйста, объясните.

3. В какой степени проект USCP поддержал развитие институционального потенциала? (*Вопрос не относится к донорским организациям*)
- Помог ли проект USCP улучшить доступность ВИЧ-сервисных услуг для уязвимых групп? Если это так, то каким именно образом? Если нет, по почему?
 - Помог ли проект USCP увеличить качество ВИЧ-сервисных услуг для уязвимых групп? Если это так, то каким именно образом? Если нет, по почему?
 - Помог ли проект USCP улучшить стабильность ВИЧ-сервисных услуг для уязвимых групп? Если это так, то каким именно образом? Если нет, по почему?

Внедрение проекта /региональные отличия

- Помог ли проект USCP Вашей организации получить гранты Глобального фонда и/или местные ресурсы? Если это так, то объясните, каким образом.
- Какие из подходов/направлений деятельности проекта USCP наиболее повлияли на:
 - Улучшение потенциала Вашей организации предоставлять стабильные услуги? Каким образом?
 - Уменьшение политических, законодательных, регуляторных и финансовых барьеров, препятствовавших предоставлению качественных ВИЧ-сервисных услуг? Почему?
- Какие из подходов/направлений деятельности проекта USCP наименее повлияли на:
 - Улучшение потенциала Вашей организации предоставлять стабильные услуги? Каким образом?
 - Уменьшение политических, законодательных, регуляторных и финансовых барьеров, препятствовавших предоставлению качественных ВИЧ-сервисных услуг? Почему?
- Имеются ли Вы региональные отличия в результатах проекта USCP? Если да, то какие именно? (*Вопрос может не относиться к региональным организациям*)
- В какой мере структура проекта содействовала или препятствовала его выполнению?
 - Какие возможности связаны со структурой проекта?
 - Какие трудности вызывала структура проекта?
- Демонстрировал ли проект USCP гендерно-чувствительные подходы? В чем это проявлялось?
- Пересекалась ли деятельность проект USCP с деятельностью других проектов или дублировала их? Объясните. (*Вопрос может не относиться к региональным организациям*)
 - Если это было, то каим образом USAID должен в дальнейшем планировать деятельность, чтобы избежать дублирования усилий?
- Есть ли у Вас какие-либо пожелания к USAID относительно продолжения деятельности проекта?

ANNEX M: SURVEY QUESTIONNAIRE IN ENGLISH AND RUSSIAN

ANNEX M: SURVEY QUESTIONNAIRE

Page 1: Introduction

This purpose of this survey is to examine the US government's support to the Ukrainian government and civil society through its Ukraine Service Capacity Project (USCP). Since 2007, this project has been implemented by the Futures Group International, the "Coalition", the "Network", and Project HOPE. The project's goal is to reduce HIV transmission and to improve the quality of life of vulnerable groups affected by HIV/AIDS. To achieve this goal, the USAID project objective is to expand access to quality HIV/AIDS services such as prevention, diagnosis, treatment, care and support for Ukraine's most-at-risk-groups (MARPs). These MARPs (vulnerable groups) include IDUs; CSWs; orphans and vulnerable children (OVC) including street children, infants born to HIV-positive women and their families; and MSM. To meet this objective, the USAID project focuses on achieving the following results: (1) *reduced policy, legal, regulatory and fiscal barriers that inhibit access to quality HIV/AIDS services (e.g., prevention, diagnosis, treatment, care and support)*, and (2) *increased institutional capacity of Ukrainian civil society and public sector HIV/AIDS service organizations and coordinating bodies*.

To evaluate the success of this USAID project and learn lessons for future programs, we need your help. Please complete the following questionnaire that reflects key activities of the USAID/USCP Project. Filling out the questionnaire will take approximately 30-40 minutes. Your responses will hopefully elucidate best practices that can be built-upon and spread from one oblast to another. We are also interested in hearing about lessons learned that would help improve future HIV/AIDS programming for vulnerable groups.

Your responses will remain confidential and we will not link your name with your responses. Your responses will be grouped together (aggregated) with all other survey responses. We encourage you to be frank and honest. If you respond negatively, there will be no risk to you. Your responses—whether they are positive or negative—will not influence your relationship with future USAID-funded programs.

Please complete this questionnaire as soon as convenient but no later than July 8, 2012.

Page 2: Background Information

1. Are you familiar with the Project called Ukraine Service Capacity Project (USCP) which is funded by USAID Yes No
 - a. If no, send to skip to page 8 which states we are only surveying people who have had at least some contact with USCP.
2. Whom among its representatives do you know, either at national or regional levels? (open-ended)
3. What region/oblast do you primarily work in (List all 27 and allow only one response.)
National level
List of Regions
4. What is your gender?
 - a. Male
 - b. Female

- c. Other
5. What type of organization do you work for? (only allow one response):
- a. Government
 - b. State medical services
 - c. Non-government organization (NGO, charitable organization)
 - d. For-profit company
 - e. Unregistered initiative (advocacy) group
 - f. International Donor Organization
 - g. Other. Please describe. (Open ended)
6. What year was your organization established? (program the output to calculate the total years)
7. What is your position in this organization? (check only one)
- a. Executive level (senior decision maker)
 - b. Management
 - c. Front-line personnel (doctor, psychologist, social or outreach worker)
 - d. Volunteer
 - e. Other (describe) (open-ended)
8. Approximately what percentage of your targeted HIV/AIDS beneficiaries served is female? (only allow a 1 or 2 digit numeric response)
9. Please indicate below which groups, if any, you are an active member: (Check all that apply)
- a. National Coordinating Council for TB & HIV/AIDS
 - b. Regional Coordinating Council for TB & HIV/AIDS
 - c. Rayon Coordinating Council for TB & HIV/AIDS
 - d. Multi-sectoral HIV/AIDS Working Group
 - e. M&E working group
 - f. Voluntary Counseling and Testing (VCT) Working Group
 - g. Medication-Assisted Therapy (MAT) Working Group
 - h. Other (describe) (open-ended)
 - i. None of the above
10. Is your organization a recipient or a sub-grantee of international grants provided by organizations such as those listed below ? Yes/No If yes, which ones (If no, skip to next question) Check all that apply:
- a. USAID
 - b. Global Fund for AIDS, TB, and Malaria
 - c. EU
 - d. United Nations (UNFPA, UNICEF, etc.)
 - e. World Bank
 - f. Renaissance Foundation
 - g. Other (open ended)

11. Does your organization focus on any of the following areas related to HIV/AIDS (check all that apply):
- Legislation, policy development (including drafting legal documents)
 - Policy implementation and evaluation
 - Regulation
 - Financial
 - None of the above
12. Does your organization provide HIV/AIDS services? If yes, what kind of services? (Check all that apply) If no, skip to question 12
- Prevention
 - VCT, including rapid tests
 - ART
 - Substitution therapy
 - Legal services for those affected by HIV
 - Treatment of opportunistic infections
 - Care and Support (including psycho-social services)
 - Others (Describe)
 - Do not provide HIV/AIDS services (If this box is checked, skip question 13 and go to page 3.)
13. Does your organization provide HIV/AIDS services to any of the following populations (check all that apply):
- IDU
 - MSM
 - CSW
 - PLWHA
 - Prisoners/ex-felons
 - Pregnant women with HIV
 - Orphans and Vulnerable Children (OVC) (e.g., children born to women with HIV, street children, etc.)
 - Not applicable

Page 3: Policy

Please tell us whether you agree or disagree with the following statements using this scale:

- *strongly disagree*
- *disagree*
- *neither agree or disagree*
- *agree*
- *strongly agree*
- *Not applicable*

14. The USAID/USCP project contributed to the reduction of policy barriers to access to HIV/AIDS services for MARPs. 1—5 or Don't know or NA
15. The USAID/USCP project contributed to the reduction of legal to access to HIV/AIDS services for MARPs. 1—5 or Don't know or NA
16. The USAID/USCP project contributed to the reduction of regulatory barriers to access to HIV/AIDS services for MARPs. 1—5 or Don't know or NA
17. The USAID/USCP project contributed to the reduction of financial barriers to access to HIV/AIDS services for MARPs. 1—5 or Don't know or NA
18. Please use this space to explain any of your responses above. Opened ended.

Page 4: Institutional Capacity Building Expectations & Experience

19. Did you or anyone in your institution participate in institutional capacity building such as (check all that apply):
 - a. Training
 - b. Workshop
 - c. Seminar
 - d. Individualized technical assistance
 - e. No one in my institution directly benefited from USAID/USCP's capacity building activities. (If the respondent selects this answer, skip to Page 5)
20. What is total number of times you participated in a USAID/USCP activity or received direct technical assistance from a USCP staff member (1-99)
21. What were your expectations of the USAID/USCP project in terms of how it would build your institution's capacity? Open ended response.

Note to respondent: Using the same scale as above, rate your agreement with the following statements:

22. Support from the USAID/USCP project met my expectations regarding building my institution's capacity. 1—5 or NA
23. Support from the USAID/USCP project improved our institution's organizational development. 1—5 or NA
24. Support from the USAID/USCP project has helped our institution increase access of HIV/AIDS services for MARPs. 1—5 or NA
25. Support from the USAID/USCP project has helped our institution improve the quality of HIV/AIDS services for MARPs. 1—5 or NA
26. Support from the USAID/USCP project has contributed to the sustainability of the HIV/AIDS services we provide to MARPs. 1—5 or NA

Page 5: USAID/USCP's Implementation Approach

Please answer these questions to the best of your knowledge. If you are confident in your answer—even though you do not have firsthand (direct) experience—please answer the question. However, if you simply don't know, select that option. Only provide us one response please.

27. Which of USCP's activities and approaches contributed the most toward improving your institutional capacity for sustainable service provision?

- a. National HIV/AIDS Policy Framework
 - b. Capacity Building of the National Coordination Council
 - c. Capacity Building of the Regional Coordination Council
 - d. Capacity Building of the Rayon Coordination Council
 - e. Capacity Building of the National Monitoring & Evaluation System
 - f. Capacity Building of the Regional Monitoring & Evaluation System
 - g. Public Relations Administration
 - h. Quality of NGO HIV/AIDS Services
 - i. Community Mobilization
 - j. PSM Interventions
 - k. VCT Interventions
 - l. MAT Interventions
 - m. Interventions for OVCs
 - n. Other (Describe) (open ended)
 - o. Don't know
28. Which of USCP's activities and approaches contributed the most toward to reducing policy, legal, regulatory, and fiscal barriers that inhibit access to quality HIV/AIDS services.
- a. National HIV/AIDS Policy Framework
 - b. Capacity Building of the National Coordination Council
 - c. Capacity Building of the Regional Coordination Council
 - d. Capacity Building of the Rayon Coordination Council
 - e. Capacity Building of the National Monitoring & Evaluation System
 - f. Capacity Building of the Regional Monitoring & Evaluation System
 - g. Public Relations Administration
 - h. Quality of NGO HIV/AIDS Services
 - i. Community Mobilization
 - j. PSM Interventions
 - k. VCT Interventions
 - l. MAT Interventions
 - m. Interventions for OVCs
 - n. Other (Describe) (open ended)
 - o. Don't know
29. Which of USCP's activities and approaches contributed the least toward improving your institutional capacity for sustainable service provision and why?
- a. National HIV/AIDS Policy Framework
 - b. Capacity Building of the National Coordination Council
 - c. Capacity Building of the Regional Coordination Council
 - d. Capacity Building of the Rayon Coordination Council
 - e. Capacity Building of the National Monitoring & Evaluation System
 - f. Capacity Building of the Regional Monitoring & Evaluation System
 - g. Public Relations Administration
 - h. Quality of NGO HIV/AIDS Services
 - i. Community Mobilization

- j. PSM Interventions
 - k. VCT Interventions
 - l. MAT Interventions
 - m. Interventions for OVCs
 - n. Other (Describe) (open ended)
 - o. Don't know
30. Which of USCP's activities and approaches contributed the least toward to reducing policy, legal, regulatory, and fiscal barriers that inhibit access to quality HIV/AIDS services and why?
- a. National HIV/AIDS Policy Framework
 - b. Capacity Building of the National Coordination Council
 - c. Capacity Building of the Regional Coordination Council
 - d. Capacity Building of the Rayon Coordination Council
 - e. Capacity Building of the National Monitoring & Evaluation System
 - f. Capacity Building of the Regional Monitoring & Evaluation System
 - g. Public Relations Administration
 - h. Quality of NGO HIV/AIDS Services
 - i. Community Mobilization
 - j. PSM Interventions
 - k. VCT Interventions
 - l. MAT Interventions
 - m. Interventions for OVCs
 - n. Other (Describe) (open ended)
 - o. Don't know

Page 6: USAID/USCP's Approach and Contributions to Gender

Please tell us whether you agree or disagree with the following statements using this scale:

strongly disagree

disagree

neither agree or disagree

agree

strongly agree

Don't know

- 31. The project has integrated gender considerations into its activities 1—5 or Don't Know Describe? (open-ended)
- 32. What were the gender integration benefits for project implementation? (open ended)
- 33. What were the gender integration challenges for project implementation? (open ended)
- 34. The USAID/USCP developed measures to enhance women's participation in project activities 1—5 or Don't Know Describe (open-ended)
- 35. The USAID/USCP capitalized on gender-related opportunities. 1—5 or Don't Know Describe (open ended)
- 36. Men and women were involved equally in the USAID/USCP. 1—5 or Don't Know

- 37. Both sexes benefited from USAID/USCP activities. 1—5 or Don't Know
- 38. USAID/USCP contributed to reducing risky behaviors of MARPs. 1—5 or Don't Know
Describe (open-ended)
- 39. The USAID/USCP alleviated gender-related constraints. 1—5 or Don't Know
Describe (open ended)
- 40. What, if anything, was the USAID/USCP's contribution to gender equality? (open ended)

Page 7: USAID/USCP's Outcomes

Please tell us whether you agree or disagree with the following statements using this scale:

strongly disagree

disagree

neither agree or disagree

agree

strongly agree

Don't know

- 41. Support from the USAID/USCP project has contributed to increased access of HIV/AIDS services for MARPs. 1—5 or Don't know.
- 42. Support from the USAID/USCP project has contributed to improving the quality of HIV/AIDS services for MARPs. 1—5 or Don't know
- 43. Support from the USAID/USCP project helped my institution leverage Global Funds and/or State resources for HIV/AIDS. 1—5 or Don't know
- 44. Support from the USAID/USCP project has contributed to the sustainability of the HIV/AIDS services for MARPs. 1—5 or Don't know.
- 45. There are regional differences in the achievement of USCP objectives. 1—5 or Don't know Describe (open-ended)
- 46. The USAID/USCP project structure helped project implementation . 1—5 or Don't know.
- 47. What are the opportunities associated with the USAID/USCP project structure? (open ended)
- 48. What are the challenges associated with the USAID/USCP project structure? (open ended)
- 49. There are duplications of effort (overlap) between the USAID/USCP project and other projects. 1—5 or Don't know

Page 7: Recommendations for Future USAID Programming in HIV/AIDS

- 50. Please provide us your recommendations for USAID's future programming for HIV/AIDS related to building institutional capacity and improving the policy environment. (Open ended).

Page 8: Thank you

Thank you for your participation. This survey is solely intended for individuals who have collaborated with the USCP project or have been a direct recipient of their activities. We appreciate you taking the time to address our survey.

The Evaluation Team.

Page 9: Thank you for your participation.

Thank you for taking the time to complete our survey. Your confidential responses will be used to evaluate the current USCP project and to inform future programming. We appreciate your support.

The Evaluation Team

Опросник

Этот опросник предназначен для оценки проекта «Развитие потенциала ВИЧ-сервисных организаций» (USCP), предусматривавшего помощь правительства США украинским государственным организациям и организациям гражданского общества. С 2007 г. этот проект внедрялся «Futures Group International» («Фьючерз груп интернешнл»), Коалицией ВИЧ-сервисных организаций, Всеукраинской сетью ЛЖВ и проектом «НОРЕ» («Хоуп»). Цель проекта заключалась в снижении распространения ВИЧ и улучшении качества жизни уязвимых к ВИЧ групп. Для достижения этой цели проект USAID (ЮСЕЙД) должен был содействовать улучшению доступности ВИЧ-сервисных услуг, таких как профилактика, диагностика, лечение, уход и поддержка для наиболее уязвимых к ВИЧ групп, в частности потребителей инъекционных наркотиков (ПИН); сирот и детей группы риска, включая детей улицы, детей, рожденных ВИЧ-положительными женщинами, и их семьи; мужчин, имеющих секс с мужчинами. Проект «Развитие потенциала ВИЧ-сервисных организаций» сосредоточен на достижении таких результатов, как: 1) уменьшение политических, законодательных, регуляторных и финансовых барьеров, препятствовавших предоставлению качественных ВИЧ-сервисных услуг; 2) улучшение потенциала общественных и государственных ВИЧ-сервисных организаций, а также координирующих органов.

Для того, что оценить успех проекта «Развитие потенциала ВИЧ-сервисных организаций» и сделать выводы, необходимые для будущих программ, нам нужна Ваша помощь. Пожалуйста, заполните этот опросник относительно деятельности проекта. Это займет у Вас приблизительно 40 минут. Результаты оценки, как мы надеемся, смогут выявить лучшие практики и распространить их в разные области. Информация, которой Вы поделитесь с нами, поможет USAID и украинским партнерам усовершенствовать свои программы с тем, чтобы лучше предоставлять услуги в сфере ВИЧ-сервиса. Информация, предоставленная Вами, не будет связана с вами лично и Ваше имя не будет связано с Вашими ответами. Вся информация будет конфиденциальной и будет использована в обобщенном виде. Мы просим быть Вас откровенными, если Вы предоставите негативные оценки, это не повлияет на Ваше будущие отношения с проектами и программами, финансируемые USAID.

Пожалуйста, заполните этот опросник не позднее **4 июля**.

Страница 2: Общая информация

1. Знакомы ли Вы с проектом «Развитие потенциала ВИЧ-сервисных организаций», который финансировался USAID? Да Нет
 - Если нет, переход на страницу X, где указывается, что мы опрашиваем только тех людей, которые знают о проекте .
2. С кем из представителей проекта «Развитие потенциала ВИЧ-сервисных организаций» на национальном и/или региональном уровне Вам доводилось контактировать? (открытый вопрос)
3. В какой области/регионе Вы преимущественно работаете?
 - на национальном уровне
 - АР Крым
 - Винницкая область
 - Волынская область
 - Днепропетровская область
 - Донецкая область
 - Житомирская область
 - Закарпатская область
 - Запорожская область
 - Ивано-Франковская область
 - Киевская область
 - Кировоградская область
 - Львовская область
 - Луганская область
 - Николаевская область
 - Одесская область
 - Полтавская область
 - Ровенская область
 - Сумская область
 - Тернопольская область
 - Харьковская область
 - Херсонская область
 - Хмельницкая область
 - Черкасская область
 - Черниговская область
 - Черновицкая область
 - г. Киев
 - г. Севастополь
4. Ваш пол?
 - Мужчина
 - Женщина
 - Другое
5. В какой организации Вы работаете? (Только один ответ):

Государственная структура
Государственное медицинское учреждение
Негосударственная организация (НПО, благотворительная организация)
Бизнес структура
Незарегистрированная инициативная группа
Международная организация
Другая (пожалуйста, напишите,какая именно)

6. В каком году основана Ваша организация? (program the output to calculate the total years)

7. Какова Ваша должность в организации? (Только один ответ):

Руководитель
Средний административный уровень
Персонал, непосредственно предоставляющий услуги (врач, психолог, социальный работник и т.д.)
Волонтер
Другая (пожалуйста, напишите)(Open field)

8. Сколько приблизительно процентов из Ваших клиентов/бенефициаров сферы ВИЧ/СПИДа составляют женщины? (only allow a 1 or 2 digit numeric response)

9. Пожалуйста, укажите, членом каких координирующих органов Вы являетесь (отметить все возможные варианты)

Национальный координационный совет
Областной координационный совет
Районный/городской координационный совет
Межсекторальная рабочая группа
Рабочая группа по мониторингу и оценке
Рабочая группа по ДКТ
Рабочая группа по ЗПТ
Другое (опишите, каких именно)
Никаких

10. Является ли Ваша организация получателем грантов или суб-грантером международных организаций, перечисленных ниже? Да Нет

Если Нет – переход к следующему вопросу

Если Да, отметить то, что подходит

USAID
Глобальный Фонд для борьбы со СПИДом, туберкулезом и малярией
Европейский Союз
ООН (UNFPA, UNICEF и др.)
Всемирный банк
Фонд «Возрождение» (Фонд Сороса)
Другие

11. В каких сферах противодействия эпидемии ВИЧ задействована Ваша организация? (все возможные варианты)

Разработка политики / нормативно-правовых актов
Реализация политики и оценка

Регулирование
Финансирование
Ничего из перечисленного

12. Предоставляет ли Ваша организация ВИЧ-сервисные услуги? Да Нет

Если Нет – переход к вопросу X

Если Да, отметить то, что подходит

Профилактика
ДКТ, включая быстрые тесты
АРТ
Заместительная поддерживающая терапия (ЗПТ)
Правовые услуги для тех, кого коснулась эпидемия ВИЧ
Лечение оппортунистических заболеваний
Уход и поддержка (в т.ч. психосоциальная помощь)
Другое (опишите, какие именно)

13. Предоставляет ли Ваша организация услуги таким группам населения (отметить все возможные варианты)

Потребители инъекционных наркотиков
Мужчины, имеющие секс с мужчинами
Работники коммерческого секса
Люди, живущие в ВИЧ/СПИДом
Заключенные /освобожденные из мест лишения воли
ВИЧ-положительные беременные женщины

Сироты и дети группы риска (дети, рожденные ВИЧ-положительными женщинами, дети улицы)

Не предоставляем услуги таким группам населения

3: Политические условия

Используя шкалу ответа, приводимую ниже, укажите, согласны ли или нет со следующими утверждениями:

полностью несогласен (несогласна)

скорее несогласен (несогласна)

насколько согласен (согласна), настолько несогласен (несогласна)

скорее согласен (согласна)

полностью согласен (согласна)

Не знаю

14. Проект USAID/USCP внес свой вклад в снижение политических барьеров, связанных с обеспечением доступа уязвимых групп к ВИЧ-сервисным услугам 1—5 or NA
15. Проект USAID/USCP внес свой вклад в снижение правовых барьеров, связанных с обеспечением доступа уязвимых групп к ВИЧ-сервисным услугам 1—5 or NA
16. Проект USAID/USCP внес свой вклад в снижение регуляторных барьеров, связанных с обеспечением доступа уязвимых групп к ВИЧ-сервисным услугам 1—5 or NA
17. Проект USAID/USCP внес свой вклад в снижение финансовых барьеров, связанных с обеспечением доступа уязвимых групп к ВИЧ-сервисным услугам . 1—5 or NA
18. Здесь вы можете пояснить свой выбор по любому из вопросов этого раздела. Opened ended.

Page 4: Развитие институциональных возможностей. Ожидания и опыт.

19. Принимали ли вы лично или члены вашей организации участие в мероприятиях по укреплению институциональных возможностей, таких как (отметьте все, что к вам относится):
 - Тренинги
 - Рабочие встречи
 - Обучающие семинары
 - Индивидуальная техническая поддержкаПредставители моей организации не принимали участия в мероприятиях по укреплению институционального потенциала, проводимыми проектом USAID/USCP
20. Сколько раз вы принимали участие в подобных мероприятиях? (1-99)
21. В чем заключались ваши ожидания в отношении мероприятий по укреплению институционального потенциала, которые проводил проект USAID/USCP? Open ended response.

Респонденту: *Используя шкалу ответа, приведенную выше, укажите в какой степени вы согласны со следующими утверждениями:*

22. Поддержка со стороны проекта USAID/USCP соответствовала моим ожиданиям относительно укрепления потенциала нашей организации 1—5 or NA
23. Поддержка со стороны проекта USAID/USCP способствовала организационному развитию . 1—5 or NA
24. Поддержка со стороны проекта USAID/USCP помогла нашей организации увеличить доступ представителей уязвимых групп к ВИЧ-сервисным услугам . 1—5 or NA
25. Поддержка со стороны проекта USAID/USCP помогла нашей организации улучшить качество ВИЧ-сервисных услуг для уязвимых групп. 1—5 or NA
26. Поддержка со стороны проекта USAID/USCP способствовала укреплению устойчивости ВИЧ-сервисных услуг, которые наша организация предоставляет уязвимым группам. 1—5 or NA

Ответьте на следующие вопросы, насколько вам позволяют ваш опыт и знание информации. Если вы уверены в своем ответе, даже если у вас не было непосредственного контакта с теми или иными аспектами проекта – выберите соответствующий вариант ответа. Если же вы не имеете информации, то выберите вариант ответа « Не знаю». На каждый вопрос допускается только один ответ.

27. Какие из видов деятельности или мероприятий проекта USAID/USCP в наибольшей степени способствовали укреплению возможностей по устойчивому предоставлению ВИЧ-сервисных услуг вашей организацией?

- Подготовка документов, связанных с национальной программой по ВИЧ/СПИД
- Укрепление потенциала национального координационного совета
- Укрепление потенциала регионального координационного совета
- Укрепление потенциала национальной системы МиО
- Укрепление потенциала региональной системы МиО
- Управление связями с общественностью (PR)
- Качество ВИЧ-сервисных услуг, предоставляемых НПО
- Мобилизация сообщества
- Системы снабжения и поставок
- ДКТ
- ЗПТ
- Программы для «детей улиц» и беспризорных
- Другое (опишите) (open ended)

28. Какие из видов деятельности или мероприятий проекта USAID/USCP в наибольшей степени способствовали смягчению политических, юридических, регулятивных и финансовых условий, препятствующих доступу к качественным ВИЧ-сервисным услугам и почему?

- a. Подготовка документов по Национальной Программе по ВИЧ/СПИД
- b. Укрепление потенциала Национального Координационного Совета
- c. Укрепление потенциала регионального Координационного Совета
- d. Укрепление потенциала региональной системы МиО
- e. Управление связями с общественностью (PR) Качество ВИЧ-сервисных услуг, предоставляемых НКО
- f. Мобилизация сообщества
- g. Системы снабжения и поставок
- h. ДКТ
- i. ЗПТ
- j. Программы для «детей улиц» и беспризорных
- k. Другое (опишите) (open ended)

29. Какие из видов деятельности или мероприятий проекта USAID/USCP в наименьшей степени способствовали укреплению возможностей по устойчивому предоставлению ВИЧ-сервисных услуг вашей организацией и почему?

- a. Подготовка документов, связанных с национальной программой по ВИЧ/СПИД
- b. Укрепление потенциала Национального Координационного Совета
- c. Укрепление потенциала регионального Координационного Совета
- d. Укрепление потенциала национальной системы МиО
- e. Укрепление потенциала региональной системы МиО
- f. Управление связями с общественностью (PR)

- g. Качество ВИЧ-сервисных услуг, предоставляемых НКО
 - h. Мобилизация сообщества
 - i. Системы снабжения и поставок
 - j. ДКТ
 - k. ЗПТ
 - l. Программы для «детей улиц» и беспризорных
 - m. Другое (опишите) (open ended)
30. Какие из видов деятельности или мероприятий проекта USAID/USCP в наименьшей степени способствовали смягчению политических, юридических, регулятивных и финансовых условий, препятствующих доступу к качественным ВИЧ-сервисным услугам и почему?
- a. Подготовка документов, связанных с национальной программой по ВИЧ/СПИД
 - b. Укрепление потенциала Национального Координационного Совета
 - c. Укрепление потенциала регионального Координационного Совета
 - d. Укрепление потенциала национальной системы МиО
 - e. Укрепление потенциала региональной системы МиО
 - f. Управление связями с общественностью (PR)
 - g. Качество ВИЧ-сервисных услуг, предоставляемых НКО
 - h. Мобилизация сообщества
 - i. Системы снабжения и поставок
 - j. ДКТ
 - k. ЗПТ
 - l. Программы для «детей улиц» и беспризорных
 - m. Другое (опишите) (open ended)

Страница 6: Влияние проекта на достижение гендерного равенства

Пожалуйста, укажите, насколько Вы согласны с утверждениями, изложенными дальше, используя следующую шкалу:

Полностью не согласен (несогласна)

Скорее не согласен (несогласна)

Насколько согласен (согласна), настолько не согласен (не согласна)

Скорее согласен (согласна)

Полностью согласен (согласна)

Сложно сказать

- 31. Проект проводил свои мероприятия с учетом гендерных особенностей. Опишите, каким именно образом?
- 32. Какие преимущества для внедрения проекта дало использование гендерно-чувствительных подходов?
- 33. Какие трудности во время внедрения проекта вызвало использование гендерно-чувствительных подходов?
- 34. Проект «Развитие потенциала ВИЧ-сервисных организаций» стимулировал привлечение женщин к мероприятиям проекта. Опишите.
- 35. Проект «Развитие потенциала ВИЧ-сервисных организаций» усилил связанные с гендером возможности.
- 36. Мужчины и женщины были одинаково вовлечены в проект «Развитие потенциала ВИЧ-сервисных организаций».

37. Мужчины и женщины получили одинаковые выгоды от внедрения проекта «Развитие потенциала ВИЧ-сервисных организаций» были одинаково
38. Проект «Развитие потенциала ВИЧ-сервисных организаций» способствовал снижению рискованного поведения уязвимых групп
Опишите
39. Проект «Развитие потенциала ВИЧ-сервисных организаций» смягчил гендерные противоречия
Опишите
40. Каков был вклад проекта «Развитие потенциала ВИЧ-сервисных организаций» в достижение гендерного равенства

Page 7: Результаты проекта USAID/USCP

Используя шкалу ответа, приведенную выше, укажите в какой степени вы согласны со следующими утверждениями:

Полностью не согласен (несогласна)

Скорее не согласен (несогласна)

Насколько согласен (согласна), настолько не согласен (не согласна)

Скорее согласен (согласна)

Полностью согласен (согласна)

Сложно сказать

41. Поддержка со стороны проекта USAID/USCP позволила увеличить доступ представителей уязвимых групп к ВИЧ-сервисным услугам.
42. Поддержка со стороны проекта USAID/USCP позволила улучшить качество ВИЧ-сервисных услуг для представителей уязвимых групп.
43. Поддержка со стороны проекта USAID/USCP позволила моей организации получить доступ к ресурсам, предоставляемым Глобальным Фондом или государством на борьбу с ВИЧ/СПИД.
44. Поддержка со стороны проекта USAID/USCP способствовала устойчивости в предоставлении ВИЧ-сервисных услуг для уязвимых групп..
45. В достижении целей проекта УСПП имеются региональные различия. Опишите
46. Структура проекта USAID/USCP способствовала его реализации..
47. Каким образом структура проекта USAID/USCP способствовала его реализации?
48. В чем заключались проблемные моменты, связанные со структурой проекта USAID/USCP?
49. Деятельность проекта USAID/USCP отчасти дублировала деятельность других проектов.

Page 7: Рекомендации по планированию программ USAID по ВИЧ/СПИД

50. Сообщите нам, пожалуйста, свои рекомендации о том, как USAID следует строить свою программную деятельность, связанную с укреплением организационного потенциала и улучшения политических условий

РУКОВОДСТВО ДЛЯ ПРОВЕДЕНИЯ ФОКУС-ГРУППЫ

Вопросы Оценки, выносимые на обсуждение фокус-группы

Политические условия

- В какой степени проект способствовал снижению политических, законодательных, регуляторных и финансовых барьеров, препятствующих доступу уязвимых групп к качественным ВИЧ-сервисным услугам, прежде всего в приоритетных областях- ЗПТ, ДКТ, Программы для «детей улиц» и беспризорных?

Развитие институциональных возможностей

- В чем заключались ваши ожидания в отношении мероприятий по укреплению институционального потенциала?

Реализация мероприятий проекта/ Региональные различия

- Была ли деятельность проекта USAID/USCP и ее результаты достаточной для достижения его цели - увеличения доступ представителей уязвимых групп к ВИЧ-сервисным услугам и получения доступ к ресурсам, предоставляемым Глобальным Фондом или внутренними источниками на борьбу с ВИЧ/СПИД.

Состав фокус-групп

- Активисты из числа представителей уязвимых групп (УГ): до 6 активистов, представляющих УГ в Областном координационном совете по ВИЧ/СПИД, ТБ и опасных инфекционных заболеваниях (индивидуальные интервью будут проведены с активистами, представляющими УГ на уровне городских Координационных советов)
- УГ: До 6 представителей из следующих групп: ПИН, СР, МСМ, «дети улиц» и беспризорные, получавшие медицинские и/или социальные услуги от НКО, медицинских учреждений и социального обеспечения (Важно: для каждой группы будет проведена отдельная встреча, т.е. в каждом регионе проекта будет проведено до 4 фокус-групп)
- Все участники должны быть не моложе 18 лет.
- Участники в группах в тех регионах, где работал проект, по возможности, отбираются таким образом, чтобы они получали услуги с 2007 г с тем, чтобы у них была возможность оценить ситуацию до начала работы проекта.

Организационные условия

Место

Желательно проведение фокус-группы в помещении НКО или другой неправительственной организации, куда представители УГ имеют беспрепятственный доступ.

Вознаграждение

Вознаграждение участникам не предусмотрено, однако во время встречи им будут предлагаться легкие закуски и напитки

Продолжительность

Проведение фокус-группы займет приблизительно 1,5 часа

ANNEX N: STATEMENT OF WORK

ATTACHMENT A - STATEMENT OF WORK

End-of-Project Performance Evaluation HIV/AIDS Service Capacity Project in Ukraine

I. Introduction

This is a Statement of Work (SOW) for the end-of-the-project performance evaluation of USAID HIV/AIDS Service Capacity Project (USCP) in Ukraine.

1. Program: **PEPFAR**
2. Project Title: **HIV/AIDS Service Capacity Project**
3. Award Number: **Cooperative Agreement No. 121-A-00-07-00705**
4. Award dates: **September 27, 2007 – September 26, 2012**
5. Funding: **\$ 11,999,674**
6. Implementing Organization: **the Futures Group International** (the FGI) *in collaboration* with the **All-Ukrainian Network of People Living with HIV** (the Network), **All-Ukrainian Charitable Organization “Coalition of HIV Service NGOs”** (the Coalition), and **Project HOPE**.
7. Agreement Officer’s Technical Representative (AOTR): Ms. **Alina Yurova**, Health Project Management Officer, has been the Alternate AOTR for the USCP since March 2011¹.

II. Evaluation Purpose

The purpose of this end-of-project evaluation is to assess the relevance, effectiveness and efficiency of major USCP activities and discuss approaches for follow-on USG assistance in HIV policy and institutional development areas.

The USAID Regional Mission to Ukraine, Moldova, and Belarus (the Mission), in particular the Office of Health and Social Transition (OHST), in collaboration with the Office of U.S. Global AIDS Coordinator (S/GAC) in Washington/DC, will use evaluation findings, conclusions, and recommendations to re-assess the relevance and adequacy of the current activities and opportunities for future programming.

The evaluation will also provide an opportunity for the FGI and their partners to learn more about their strengths and any areas for improvement. Other key project stakeholders including the Government of Ukraine (GOU) and international development partners, UNAIDS and UN Co-Sponsors (UNDP, WHO, UNODC, and UNICEF) will have an opportunity to learn about how to strengthen collaboration with USAID and benefit from USAID technical assistance in the HIV policy and institutional development areas.

III. Background

A. Operational Context

¹ Mr. Oleksandr Cherkas was the Agreement Officer’s Technical Representative (AOTR) from September 2007 to March 2011 and could be contacted if needed as he works in the USAID-Rwanda. Ms. Judy Chen was the AOTR from March to November 2011, and also can be contacted if needed as she works in the USAID-Philippines.

Ukraine is experiencing the most severe HIV/AIDS epidemic in the European region and the Commonwealth of Independent States (CIS), which requires a long-term, sustained national response. The annual number of newly reported HIV cases has been constantly increasing: 20,489 in 2010 versus 19,840 in 2009, and compared to 12,491 in 2005. Almost two-thirds (64%) of the registered HIV cases were in the age group of 25-49 years.

The HIV epidemic in Ukraine continues to be driven by unsafe drug injection and sexual practices, and remains concentrated among the most-at-risk populations (MARPs), including injecting drug users (IDUs), prisoners, commercial sex workers (CSWs), men who have sex with men (MSM), the sexual partners of these populations, and so called “street children”. Since 2007, the reported primary mode of HIV transmission seems to be shifting from injecting drug use to sexual transmission through the partners of MARPs, showing a changing epidemic pattern. While the prevalence among pregnant women is $\geq 1\%$ in the most affected areas of Ukraine (especially in the south-east), this appears to primarily reflect sexual spread from IDU populations rather than generalization.

At end of 2009, the estimated HIV prevalence among the adult (15-49 year old) age group was 1.3%, and overall estimate of PLWH reaching 350,000 (NB: Ukraine’s population was about 46 million in September 2009). The epidemic continued to affect mostly urban areas in 2009, with only 21% of new cases registered in rural areas. The gender distribution showed a proportion of 55% men to 45% women of new HIV cases in 2009. Unfortunately, a large proportion of PLWH are unaware of their condition, and therefore unable to take adequate measures to preserve their health status or prevent further transmission. By the end of October 2011, for instance, only 174,972 PLWH were registered with the National State AIDS Center (UAC).

The Government of Ukraine (GOU) understands the challenge of addressing HIV/AIDS epidemic and has authorized a number of GOU institutions to deal with HIV/AIDS and related issues. The following GOU institutions have been active in HIV/AIDS epidemic control area:

- Health Committee of the Verkhovna Rada, Ukrainian Parliament, is key counterpart within the GOU legislative branch (http://w1.c1.rada.gov.ua/pls/site/p_komity?pidid=2082);
- Ministry of Health (MoH) is a central GOU agency responsible for the development and implementation of public health protection policy and control over HIV/AIDS and other socially dangerous infections within the GOU executive branch (<http://www.moz.gov.ua/>);
- MoH State Service on HIV and Other Socially Dangerous Diseases (State HIV-SDD Service), a successor of the State Committee on HIV and other Socially Dangerous Diseases, is a central GOU agency responsible for the control over HIV/AIDS, tuberculosis (TB) and other socially dangerous infections, subordinated to the Cabinet of Ministers of Ukraine via the Minister of Health (<http://dssz.gov.ua/>);
- UAC is a specialized governmental HIV/AIDS treatment-&-prevention health care institution, created and governed by the MoH. In addition to HIV/AIDS prevention, care, and treatment service delivery, commodities distribution, and counseling services, UAC is a methodology center for HIV/AIDS epidemiological monitoring, surveillance & research, diagnostics, treatment and programmatic monitoring and evaluation (http://moz.gov.ua/ua/portal/hosp_snid.html); Regional (subnational) State AIDS Centers have similar functions but they are autonomous from the UAC.

- Ukraine's National TB-HIV/AIDS Council (also referred as the National Coordination Council or NCC) is a coordination mechanism for all (donor-funded and domestic) HIV/AIDS and TB programs in Ukraine, which is also used as the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) programs;
- Regional Coordination Councils (RCC) for HIV/AIDS and TB are coordination mechanisms for all HIV/AIDS and TB programs in regions (oblasts).

In the last several years, the country has been able to make significant progress in stepping up the response to HIV/AIDS. In nine most affected regions, the annual growth rate of newly reported HIV cases declined from 27.4% in 2004 (over 2003) to 1.2% in 2010 (over 2009). In other regions it declined from 22% in 2004 (over 2003) to 8% in 2010 (over 2009). The proportion of young people aged 15-24 years among the newly reported HIV cases has decreased from 16% in 2006 to 12% in 2009, and to 10.3% in 2010. Access to and use of HIV/AIDS services by MARPs have expanded and, in particular, the GoU provided ARV therapy to almost 20,000 (80%) patients by October 2011.

In a significant step forward, the GOU recently (in January 2011) revised the *Law on Prevention of AIDS and Social Protection of the Population* that protects the human rights of individuals vulnerable to and living with HIV. Among other provisions, this law ensures the provision of opioid substitution therapy (OST) – or medication assisted treatment (MAT) – for injecting drug users. By December 2011, with the GF grant money, 6,562 patients were on MAT. Of these - 5,759 were on methadone and 2,959 were PLWH.

Notwithstanding the progress made, there have been serious gaps and stumbling blocks in improving the access to and quality of HIV services to achieve reduction in HIV/AIDS morbidity and mortality, both of which continue increasing, albeit at a much slower rate. These include:

-Outdated (Soviet Semashko) health system with disease-driven “silos” of separate service provision (like HIV/AIDS, TB, sexually transmitted infections (STI), drug-treatment, family planning, maternity, mental health, oncology, etc.) and resource allocation based on in-patient beds and fixed (and one of the lowest) health staff salaries. This system poses the most challenging obstacle to achieving critical scale-up and integration of services for more effective and efficient outcomes.

-GoU commitment, which remains patchy across different government levels and sectors. Continuous rotation of decision-makers in the MOH, which has had three Ministers in the last 12 months, as well as State HIV-SDD Service, which has also had three Heads in the last 12 months, and numerous changes in the oblast government counterparts since 2009 have hampered productive collaboration, leaving gaps in institutional memory and capacities.

-The available financing and human resources, including institutional and technical capacities, are not enough to provide the comprehensive integrated HIV services among all the key MARPs at enough scale and intensity to achieve a population-wide effect. In 2010, HIV services were provided to 60%+ of IDUs, 38% of sex workers, and 15% of MSM in Ukraine. In 2011, more than 9,000 PLWH in Ukraine were waiting for ARV therapy and only 13% of the estimated need in ARV therapy was met. Moreover, IDUs who represent the highest proportion (above 55%) among all the registered PLWH in Ukraine have the least access to ARV-treatment (7% of all the ART-patients).

-Available resources are often not used effectively, to a large extent because of the

government's flawed and corruption-prone procurement and supply management (PSM) system whose operations are based on outdated planning and forecasting methods. As a result, prices for medicines have doubled and tripled, in comparison to identical products in other countries. Quality assurance of procured drugs has also been difficult due to the absence of the requirement for the drugs to be pre-qualified by the WHO or other stringent regulatory bodies.

-Stigma and discrimination towards PLWH, IDU and other MARPs are still high among health and social care providers, as well as other vital services providers and employers.

- Opposition to MAT for IDUs, particularly among law enforcement, still presents considerable challenges for applying public health and human rights approach. Further, there continues to be intermittent harassment of civil society groups and individuals from MARP groups, particularly by the Ministry of Interior and its agencies, impacting access to and use of HIV/AIDS prevention, care and treatment services.

B. U.S. Government Assistance

The United States Government (USG), primarily via USAID, has worked with the GoU, other donors, multilateral and international agencies, non-governmental organizations and the private sector to prevent transmission of HIV and contain the spread of HIV among MARPs since 2001. The USG has been the only bilateral donor providing support in HIV policy development and capacity building to central GoU agencies (the MoH, State HIV-SDD Service, and UAC), the National TB/AIDS Council, and sub-national government agencies in the 10 most affected regions of Ukraine². The USG has also been the largest and the only bilateral donor for HIV prevention among MARPs in Ukraine.

To address the major issues impacting the country's response to the HIV epidemic, in February 2011, after a series of thorough, two-year multi-sectoral consultations, the USG and the GoU signed a Partnership Framework to foster cooperation in countering HIV/AIDS for the period of 2011 to 2015, emphasizing both a public health and human rights approach. The key aims are to reduce the level of HIV transmission among MARPs, to improve the quality and cost effectiveness of HIV prevention, care, and treatment services for these populations, and to strengthen national and local leadership capacity and improve the policy environment to support national AIDS program objectives. To establish a baseline for the Partnership Framework, an overall HIV Policy Assessment in Ukraine was completed in spring of 2011.

The current USAID/Ukraine project in HIV policy, HIV/AIDS Service Capacity Project in Ukraine, implemented by the FGI in partnership with the Network, the Coalition and Project HOPE since 2007, was designed to complement and leverage the existing GF and USAID programs of direct service delivery in HIV prevention, treatment, care and support with policy dialogue, advocacy and technical assistance. Its goal is *to reduce transmission of HIV and improve the quality of life of those affected by expanding access to quality HIV/AIDS prevention, diagnosis, treatment, care and support services for MARPs including IDUs, CSWs, orphans and vulnerable children (OVC) (including street children, infants born to HIV-positive women and their families), and MSM.*

² E.g. German Government via Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH has been providing modest support to four oblast Councils in western Ukraine (Khmelnyski, Ternopil, Vinnitsa and Volyn), and started to support the National HIV/AIDS Coordination Council (NCC) Secretariat in August 2011 for two years with 100,000 Euro (approximately \$130,000 USD) annually.

Thus, the USCP was built on the following development hypothesis:

Increased institutional capacity of civil society and public sector HIV/AIDS service organizations and coordinating bodies to make sustainable delivery of quality services that meet international standards for HIV prevention, treatment, care and support, combined with reduced policy, legal, regulatory, and fiscal barriers inhibiting access to quality services and GF grants provided to Ukraine will expand MARPs' access to those services and, subsequently, reduce transmission of HIV and improve the quality of life of those affected by HIV epidemic.

USCP was built on the results of the previous USAID-funded Health Policy Initiative (HPI), which provided support and technical assistance to the MoH, the NCC and nine RCCs from 2005 through mid-2007. It was implemented by the same implementing partner (at that time Constella-Futures) in the same nine USAID-priority regions demonstrating the highest burdens of HIV/AIDS and TB and serving as a place of residence for about 43% of Ukraine's population: the Autonomous Republic of Crimea, seven oblasts – Cherkasy, Dnipropetrovsk, Donetsk, Kherson, Mykolaiv, Odesa oblasts, and two cities - Kyiv and Sevastopol. Kyiv oblast authorities demonstrated neither interest nor commitment to collaborate with USCP and other international HIV projects and partners and, therefore, in 2011 the USCP started providing assistance to Chernihiv oblast.

The other USG-USAID HIV flagship project is SUNRISE, Scaling-Up the National Response to HIV/AIDS through Information and Services, implemented by the International HIV/AIDS Alliance (the Alliance) and its Ukrainian national spin-off – Alliance Ukraine in selected regions (the same nine where USCP works) of Ukraine. Alliance Ukraine is also a co-Principal Recipient (PR) of the GF HIV Round 6 and Round 10 Grants to Ukraine. SUNRISE's main objectives are: (1) Reach at least 60 % of MARPs with effective, high quality information and services to prevent parenteral and sexual transmission of HIV in strategically selected sites; (2) Increase the accessibility of high quality care and support information and services for PLWH and other populations affected by the epidemic; and (3) Strengthen the prevention-care continuum, with a particular focus on improving the quality and reach of voluntary counseling and testing (VCT) services. The \$12.96 million SUNRISE Project was awarded on August 19, 2004, and is scheduled to end on January 31, 2012.

Key UCSP project beneficiaries include:

	Governmental	Non-Governmental
National	<ul style="list-style-type: none"> -MoH -State HIV & TB Service -Ukrainian State AIDS Center -Verkhovna Rada Health Committee -NCC (including its Secretariat) 	<ul style="list-style-type: none"> The Network (from 2011) The Coalition (from 2011)
Regional	<ul style="list-style-type: none"> -Health Units of 10 Regional State Administrations -Nine RCCs for HIV/AIDS & 	

	TB (including M&E Units)	
Local	-30 Local Coordination Councils (LCC) for HIV/AIDS & TB	-Network and/or Coalition members (over 100) -Other NGOs and community-based organizations (CBO) (over 150) implementing GF and/or local HIV programs -MARPs (IDUs, CSW, and MSM) initiative groups (13)

Most USCP interventions were structured to achieve the following results (see also attached USCP Program Description, original and modified, USCP Logical Framework (reconstructed), and USCP Performance Monitoring Plan):

Result 1 (40% LoE): *Reduced policy, legal, regulatory and fiscal barriers inhibiting access to quality HIV/AIDS related services that meet international standards for HIV/AIDS related prevention, treatment, care and support.*

Result 3³ (60% LoE): *Sustainable delivery of quality services through increased institutional capacity of civil society and public sector HIV/AIDS service organizations and coordinating bodies.*

Within the *policy/legislative* area, the project addressed regulatory and operational barriers in five key programmatic service provision sub-areas: (1) PSM; (2) HIV VCT; (3) HIV related services to OVC, especially street children; (4) OST, later referred to as MAT; and (5) so called “social order” mechanism, i.e. commissioning of local NGOs with the local budget funds to provide HIV services.

The policy/legislative work has been done primarily via support of the establishment and operations of thematic multi-sectoral working groups reporting to the MoH, PSM, VCT, and MAT Working Groups, or the Ministry of Family, Youth & Sports, OVC Working Group (the list of USCP regional coordinators is attached).

Within the *institutional capacity building* area, the USCP provided technical assistance and training sessions for individual HIV-service organizations, both governmental (three national and 30 local) and NGOs (two national and about 400 local), as well as the HIV NCC and nine HIV RCC (including 30 district/municipal within them). In particular, the USCP conducted organizational capacity assessments (MOCAT) and supported the preparation and implementation of capacity building plans for State HIV-SDD Service, NCC serving as CCM⁴ for GF grants, 10 RCCs, and 68 local HIV-service NGOs (the list of assessed and/or assisted NGOs is attached).

The participating NGOs were identified on a self-selection basis from throughout the country. In training sessions offered to NGOs and MARP initiative groups and leaders FGI heavily involved trainers from the Network and the Coalition. The cross-organizational managerial focus of the USCP’s technical assistance and training sessions for the NGOs/GF-programs implementers was

³ The original numbering order of project results was preserved; result statements #2 and #4 were removed from the Program Description in 2011.

⁴ CCM – Country Coordination Mechanism for planning, developing, and overseeing the GF-funded programs in country.

designed to complement programmatic and project-specific technical assistance and training sessions provided by the two GF PRs, the Alliance and the Network, to local NGOs-sub-grantees.

HIV policy development work and capacity-building were done in partnership and collaboration with all the key stakeholders, especially technical partners from the UN system, in particular WHO, UNAIDS, UNODC, and UNICEF (a list of selected HIV/AIDS stakeholders is attached). At the Mission's initiative, at the end of 2008, the USCP set up an Advisory Committee, consisting of the key USAID implementing partners: the Alliance, the Network, the Coalition, the WHO, and UNAIDS. The total annual amount of resources allocated to counteract HIV/AIDS in Ukraine has been almost constant through 2008-2010:

Source of Funding	Annual (average) Funding (USD)	Share, %
GFATM ⁵ HIV Grants	35.0 millions	54%
GoU Budget (central and local)	21.0 millions	32%
USG (mainly USAID)	5.5 millions	8%
GIZ (Government of Germany)	2.5 millions	4%
Other donors	1.3 millions	2%
TOTAL:	65.3 millions	100%

⁵ GF Round 1 (2004-2009) and Round 6 (2007-2012) HIV Grants to Ukraine

The map below shows USG-focus regions marked, i.e. regions where USCP and SUNRISE worked (GF’s grants were available to all regions):



C. Post-Award Actions

The original cooperative agreement was modified – the following result statements were removed from the Program Description to avoid the duplication of the activities supported by the GF Round 6 HIV Grant, as well as to acknowledge the lack of clarity about the USCP’s role in carrying out some sub-activities, and the LoE for Result 3 was increased correspondingly, from 40% to 60%:

Result #2 (10% LoE): *Expanded and strengthened linkages between public and civil society service providers to develop and strengthen local networks to assure a continuum-of-care able to address the needs of vulnerable populations from prevention through long-term support*

Result #4 (10% LoE): *Innovative and effective technical and organizational approaches developed, implemented and assessed to increase access of highly marginalized MARPs to prevention, treatment, care and support services*

Another feature of USCP’s implementation was late approval of USCP’s Annual Work Plans for Years 1-3. For example, the First Year Annual Work Plan covering October 2007 – September 2008 was approved in March 2008. The Second Annual Work Plan covering October 2008 –

September 2009 was approved in parts in December 2008, May 2009 and, finally, in July 2009. The Third Annual Work Plan covering October 2009 – September 2010 was approved in May 2010.

The mid-term review of the USCP envisaged in the Project Description to be carried out in 2010 did not take place.

IV. Scope of Work

The Contractor will evaluate the relevance and effectiveness of major USCP activities in achieving the project purpose [“expanding access to and sustainable delivery of quality HIV/AIDS prevention, diagnosis, treatment, care and support services for most-at-risk populations”], assess the efficiency of those activities, and suggest approaches for follow-on programming in the HIV policy and institutional development areas. In particular, the Contractor will answer the following questions (numbers do not reflect priority):

POLICY ENVIRONMENT

1. To what extent did the project contribute to the reduction of policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services for MARPs, particularly in the priority areas - MAT/OST, VCT, and OVC?

INSTITUTIONAL CAPACITY BUILDING

2. What were the project’s and key beneficiaries’ expectations for institutional capacity building?
3. To what extent have the project’s technical assistance and training activities fostered the general organizational development and, where appropriate, promoted sustainable services of governmental and non-governmental organizations and, particularly, 68 service NGOs, assessed with MOCAT?

IMPLEMENTATION APPROACH/REGIONAL DIFFERENCES

4. Were USCP’s activities and results sufficient to advance the achievement of its purpose - expanded MARPs’ access to quality services and leveraged Global Fund and domestic resources?
5. Which of the project’s activities/approaches contributed the most toward improving institutional capacity for the sustainable service provision and reducing policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services – and why? Which activities/approaches were the least effective – and why?
6. Are there any significant regional differences observed in project’s results that can inform the future design?
7. To what extent has the project’s structure helped or hindered project implementation? What were the challenges and opportunities associated with this structure? [The project is structured to have the prime’s Kyiv project office focused on policy and technical assistance to the national bodies and RCCs, and the sub-awardees focused on NGO capacity building at the local level.]
8. Are there any specific areas of overlap (with other projects) where efficiencies can be achieved in the future programming?

In answering all the questions, the evaluators should consider gender issues, in particular gender

equity in access to services and gender integration challenges and benefits for project implementation.

The Contractor will visit at least six USCP-assisted municipalities in at least four geographically remote regions, including Dnipropetrovsk, Chernihiv, and Kherson oblasts. The Contractor will ensure that the conduct of USCP evaluation is consistent with evaluations procedures in USAID's Evaluation Policy (Jan 2011:

<http://www.usaid.gov/evaluation/USAIDEvaluationPolicy.pdf>).

V. Evaluation Design and Methodology

It is anticipated that the evaluation will have either quasi-experimental or non-experimental design and that a mix of evaluation methodological approaches may be required to meet the requirements outlined in the Scope of Work section. Suggested data sources include: (a) secondary data/background documents, (b) key informants interviews, (c) survey of RCC members, and (d) survey of NGOs assessed and/or trained by the USCP. Illustrative methodological approaches are discussed below.

To assess USCP's role in improving policy environment (questions 1, 4, 5, and 6), the evaluation team (ET) is suggested to review USCP's documents and interview key informants with structured or semi-structured interview protocols and/or mini-surveys of key informants regarding the results of USCP's advocacy and policy development activities on the reduction of policy, legal, regulatory, or fiscal barriers. Key informants interviews should reflect the perspective of both USCP's beneficiaries and partners (GoU, NGOs, and key development partners, such as UNAIDS, WHO, UNICEF, UNDP, GIZ). Testimonial evidence of project success in removing barriers should be supported with documentary evidence where possible, including but not limited to USCP's documentation. To the extent possible, the ET should consider reductions in policy, legal, regulatory, and fiscal barriers in relation to international standards for HIV/AIDS related prevention, treatment, care and support.

Similarly, to assess project's role in building institutional capacity (2, 3, 4, 5, and 6), the ET is suggested to review project documents, interview and/or survey key informants, and examine the processes and results of the assessed and/or assisted organizations at the national level and selected regions. The ET is recommended to gather both the perspective of key informants on changes in institutional capacity of these institutions and examine the institutions and the changes in these institutions against explicit criteria for best practices of organizations involved in HIV/AIDS policy implementation and/or service delivery.

In addition, the ET is suggested to address questions 2, 3, 5, and 6 through visits to USCP sites and RCCs in Dnipropetrovsk, Chernihiv, and Kherson oblasts and two-three comparable neighboring regions, where USCP did not work. Where possible, the ET would compare changes in project areas to changes over the same points in time in non-project areas (difference-in-difference approach). Data sources may include USCP documentation, mini-surveys of RCC members and local HIV-service NGOs and CBOs; semi-structured interviews with RCC leaders, NGO/CBO leaders, and other key informants; and the collection of third-party comparative data. This may entail reconstructing baseline data that was not collected at project start-up.

The ET is also recommended to examine effectiveness of the technical assistance to NGOs (questions 4 and 5), by determining how many of them gained access the GF resources and manage them efficiently (e.g. how many of the trained NGOs and initiative groups became GF Sub-Recipients, how many of them improved their performance according to the GF/PRs' rating system: A (highest) – D (lowest) scores).

VI. Deliverables

The Contractor will submit a clear, informative, and credible report (up to 30 pages, excluding annexes and references) that reflects all relevant ET findings, conclusions, and recommendations made in conjunction with the end-of-the project performance evaluation of the USCP project in

Ukraine. The report must describe in detail the USCP project evaluation design and the methods used to collect and process information requested in the Scope of Work section above and must disclose any limitations to the USCP project evaluation and, particularly, those associated with the evaluation methodology (selection bias, recall bias, etc.).

The Evaluation Report (ER) must be in line with relevant USAID ADS (Chapters 203 and 578) and USAID Evaluation Policy requirements and recommendations. In particular, the ER must include sufficient local and global contextual information so the external validity and relevance of the evaluation can be assessed. Evaluation findings should be based on facts, evidence, and data. Findings should be specific, concise and supported by reliable quantitative and qualitative data [i.e. there should not be words like “some”, “many”, “most” in the report and frequency of responses and absolute number of interviewed respondents should be given, e.g. 5 out of 11 experts agreed that ...; 2/3 of the 75 NGOs trained in financial management won subsequent GF SR-grants; 30% of the trained CC members (120 overall) improved their skills in ...]. Conclusions should be supported by a specific set of findings. Recommendations should be practical, clear, action oriented, and supported by a specific set of findings, conclusions, and estimates of implementation costs.

In the annexes, the ER should include the Evaluation SOW, a Ukrainian version of the Executive Summary section, description of the Evaluation Team (ET) and its member qualifications, the final version of the Evaluation Work Plan (EWP), conflict of interest statements signed by all ET members, tools used for conducting the USCP project evaluation, in-depth analyses of specific issues, sources of information, and a statement(s) of differences (if any) reported by the ET members and/or the Mission and/or USCP project leadership.

The ER will be written in English and submitted in electronic form using MS Word Times New Roman 12 or other legible font of similar size. Any data used to prepare the report will be presented in MS Office compatible format suitable for re-analysis and submitted either by e-mail or on a CD or a flash drive.

The ET will present its major findings and preliminary conclusions made in conjunction with the end-of-the-project evaluation of the USCP project at a pre-departure briefing for Mission management and staff. The ET will use MS PowerPoint to present those findings and conclusions. The draft ER will be due in 10 working days after that briefing. The draft ER must include all relevant ET findings and conclusions made in conjunction with the USCP project evaluation and preliminary ET recommendations. The Mission will have 15 working days to review the draft ER and provide comments to the Contractor.

The final ER will be due in 10 working days following the receipt of the Mission’s comments on a draft ER. The Contractor will use either a cover memorandum or similar format to explain how comments provided by the Mission were addressed in the final ER if the final ER differs substantially from the draft one. Both the Mission and the Contractor will have a right to initiate an extension of the ER review or preparation/completion time for up to 10 working days at no additional cost.

VI. Evaluation Team Qualifications and Composition

The ET will include one or more international development specialists who have substantial knowledge of (1) modern public health policy issues, (2) effective HIV/AIDS related prevention, treatment, care and support systems, and (3) effective and sustainable policies and/or legislation

that guarantee access to HIV/AIDS related prevention, treatment, care and support for MARPs, as well as substantial experience in conducting performance evaluations of large health projects or programs. The ET is also expected to use local expertise – at least an individual or a company with detailed knowledge of Ukraine’s public health sector, HIV/AIDS policy design and implementation process, and relevant governmental and non-governmental institutions. Experience in conducting performance evaluations of large USAID projects is desirable. Knowledge of Eastern Europe/CIS region HIV/AIDS epidemic is desirable.

The Contractor must assign at least one specialist with strong understanding of data collection and analysis methodologies and substantial international experience in designing and conducting evaluations of similar projects (an Evaluation Specialist). Experience in designing and conducting performance evaluations of large USAID health projects is desirable. This person must be familiar with USAID Evaluation Policy and evaluation reporting requirements. Knowledge of Eastern Europe/CIS region HIV/AIDS epidemic is desirable.

The ET Leader must have strong team management skills, and sufficient experience in designing and/or conducting performance evaluations. This person must be familiar with USAID Evaluation Policy and evaluation reporting requirements. Excellent communication, both verbal and written, skills and experience in managing performance evaluations of large USAID projects are desirable.

USAID asks that gender be considered in the formation of an evaluation team. The ET Leader, an Evaluation Specialist, and a Senior Local HIV/AIDS Consultant will be key personnel under this TO. *Note: one individual may act as both the ET Leader and an Evaluation Specialist if all qualifications requirements are met.*

VII. Evaluation Management

The following documents are available online:

- HIV Policy Assessment in Ukraine, July 2011

(http://ukraine.usaid.gov/sites/default/files/Ukraine_Policy_Assessment_FINAL_7_18_11_acc.pdf, http://ukraine.usaid.gov/sites/default/files/Ukraine_HIV_Policy_Assessment_Annex.pdf);

- Data Quality Audit of USAID HIV programs in Ukraine, July 2011

(http://ukraine.usaid.gov/sites/default/files/USAID%20HIV%20DQA%20Ukraine_Final%20Report_Aug%2015%202011.pdf);

- Comprehensive External Evaluation of the National HIV/AIDS response in Ukraine in 2004-2007, under aegis of UNAIDS, January 2009

(<http://www.aidsalliance.org.ua/ru/library/global/Comprehensive%20External%20Evaluation.pdf>);

- Health System Assessment in Ukraine (in HIV, TB and FP areas), August 2011

(http://ukraine.usaid.gov/sites/default/files/Ukraine_HSA_Report_FINAL.pdf);

- National UNGASS Report of Ukraine, 2010 (covering 2008-2009)

(http://ukraine.usaid.gov/sites/default/files/ukraine_2010_country_progress_report_en.pdf, http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010nationalcompositepolicyindexncpireports-countries/ukraine_2010_ncpi_en.pdf);

- National UNGASS Report of Ukraine, 2008 (covering 2006-2007)

(<http://www.aidsalliance.org.ua/ru/gfund/reports/pdf/ukr-zvit.pdf>); and

- Ukrainian AIDS Center Bulletin (HIV/AIDS epidemic data and studies), 2007 (<http://www.aidsalliance.org.ua/ru/library/research/pdf/bulleten31en.pdf>), 2009 (<http://www.aidsalliance.org.ua/ru/library/research/pdf/Bulletin33en.pdf>), and 2010 (<http://ukraine.usaid.gov/sites/default/files/Information%20bulletin%2035.pdf>).

To facilitate evaluation planning, the Mission will make available to the Contractor five USCP Annual Work Plans, two (initial and current) Performance Monitoring Plans, thirteen Quarterly Reports and four Annual Project Reports, twelve local capacity assessment reports [Capacity Assessment Report on MoH HIV-SDD Committee (2010, in English & Ukrainian), Capacity Assessment Report on National TB-HIV/AIDS Council (2010, in English & Ukrainian), nine RCC Capacity Assessment Reports (2007-2010, in Ukrainian), and MOCAT-based Assessment Report on 70 Ukrainian NGOs (2009, in Ukrainian)], as well as the full list of USCP's beneficiaries within a working day of the award effective date. As warranted, the Contractor will receive additional project-related documentation.

When planning and conducting the evaluation, the Contractor will make every effort to reflect opinions and recommendations of all key USCP's project stakeholders from the national and local governments, donors, civil society, and the private sector. In particular, the Contractor is expected to meet with the leadership and/or staff of: the Ministry of Health, State HIV/AIDS-SDD Service, Ukrainian AIDS Center, National and Regional TB-AIDS Coordination Councils, UNAIDS, UNICEF, WHO, UNDP, UNODC, Alliance Ukraine, and PATH.

The Mission will inform key project stakeholders, i.e. beneficiaries, GOU counterparts, donors and implementing partners, about the evaluation, provide the Evaluation Scope of Work (in English and in Ukrainian), invite key project stakeholders to review preliminary evaluation findings and conclusions, and provide them with the final Evaluation Report (in English and in Ukrainian).

To keep the Mission informed about the status of the evaluation, the Contractor will submit the final electronic version of the EWP to the Evaluation COTR within two working days following the award. The Contractor will update the EWP on a weekly basis. The ET will discuss any deviations from the EWP with the Evaluation COTR and seek USAID's concurrence with the proposed changes in the EWP if those changes are significant, as determined by the Evaluation COTR.

The ET will invite the Evaluation COTR and other relevant Mission personnel to participate in meetings, site visits and other activities planned in conjunction with the evaluation as soon as those events are on agenda. The ET will conduct weekly briefings for the Evaluation COTR and other relevant Mission personnel in order to keep them informed of the progress of the evaluation and any other issues that may arise. USAID requests that any forthcoming American and Ukrainian holidays be considered in scheduling evaluation meetings in the United States and Ukraine.

VIII. Logistics

The Contractor will be responsible for all logistical support of the evaluation and must not expect any substantial involvement of Mission staff in either planning or conducting the evaluation. The Mission will provide the Contractor with necessary introductory letters to facilitate meeting arrangements. The Mission could provide the Contractor with the list of local logistics service companies if there is a need.

ANNEX O: NO-CONFLICT OF INTEREST STATEMENTS

ANNEX O: NO-CONFLICT STATEMENTS



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April 26, 2012

Mr. Thomas C. England
President
Mendez England & Associates
4300 Montgomery Avenue, Suite 103
Bethesda, MD 20814

RE: USAID RFTOP End-of-Project Performance Evaluation HIV/AIDS Service Capacity
Project in Ukraine

Dear Mr. England:

This letter is to confirm that no conflict of interest will arise from my participation in the USAID
End-of-Project Performance Evaluation HIV/AIDS Service Capacity Project in Ukraine.

Sincerely,

Annette Bongiovanni



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April 26, 2012

Mr. Thomas C. England
President
Mendez England & Associates
4300 Montgomery Avenue, Suite 103
Bethesda, MD 20814

RE: USAID RFTOP End-of-Project Performance Evaluation HIV/AIDS Service Capacity
Project in Ukraine

Dear Mr. England:

This letter is to confirm that no conflict of interest will arise from my participation in the USAID
End-of-Project Performance Evaluation HIV/AIDS Service Capacity Project in Ukraine.

Sincerely,

Dr. Boris Sergeev



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April 26, 2012

Mr. Thomas C. England
President
Mendez England & Associates
4300 Montgomery Avenue, Suite 103
Bethesda, MD 20814

RE: USAID RFTOP End-of-Project Performance Evaluation HIV/AIDS Service Capacity
Project in Ukraine

Dear Mr. England:

This letter is to confirm that no conflict of interest will arise from my participation in the USAID
End-of-Project Performance Evaluation HIV/AIDS Service Capacity Project in Ukraine.

Sincerely,

Dr. Teryana Semigina

ANNEX P: QUANTITATIVE DATA TABLES AND GRAPHICS

ANNEX P: QUANTITATIVE DATA TABLES AND GRAPHICS

SOURCE: ONLINE SURVEY CONDUCTED BY EVALUATION TEAM, N=58 (JULY 2012)

1. Evaluation Question: To what extent did the project contribute to the reduction of policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services for MARPs, particularly in the priority areas - MAT/OST, VCT, and OVC?

Table 1. Distribution of Responses to Questions: USCP contributed to the reduction of policy/legal/regulatory/fiscal barriers to access to HIV/AIDS services for MARPs

Response Category	Policy (%)	Legal (%)	Regulatory (%)	Fiscal (%)
Strongly disagree	0	0	1.7	1.7
Disagree	3.4	1.7	1.7	6.9
Neither agree nor disagree	3.4	6.9	8.6	17.2
Agree	20.7	32.8	29.3	36.2
Strongly agree	72.4	56.9	58.6	34.5
Don't know	0	1.7	0	3.4

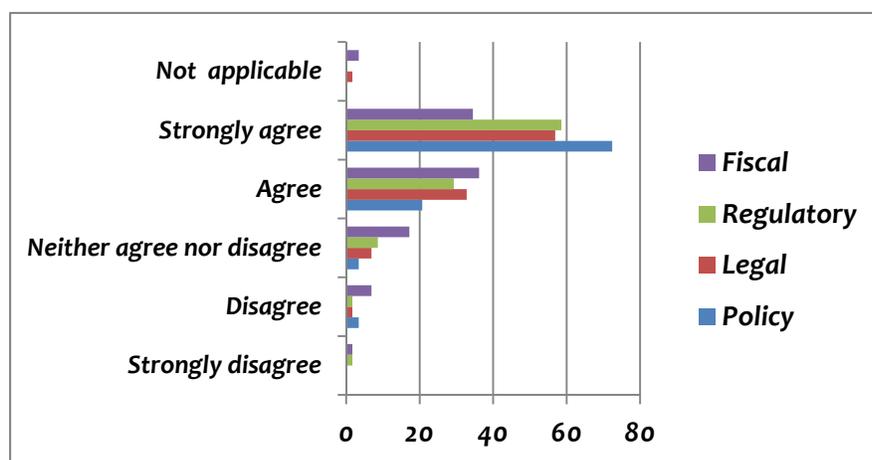


Chart 1. Distribution of Responses to Questions: USCP contributed to the reduction of policy/legal/regulatory/fiscal barriers to access to HIV/AIDS services for MARPs (%)

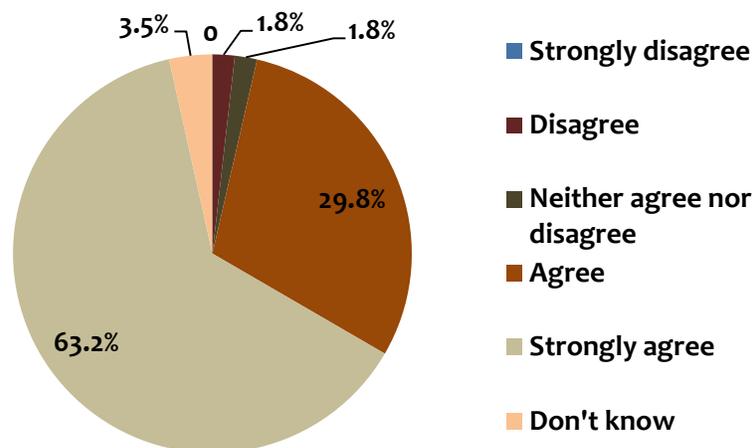
%

2. Evaluation Question: What were the project's and key beneficiaries' expectations for institutional capacity building?

Table 2. Distribution of Responses to Question: Support from the USAID/USCP met my expectations regarding building my institution's capacity

Response Category	%
Strongly disagree	0
Disagree	1.8
Neither agree nor disagree	1.8
Agree	29.8
Strongly agree	63.2
Don't know	3.5

Chart 2. Distribution of Responses to Question: Support from the USAID/USCP met my expectations regarding building my institution's capacity

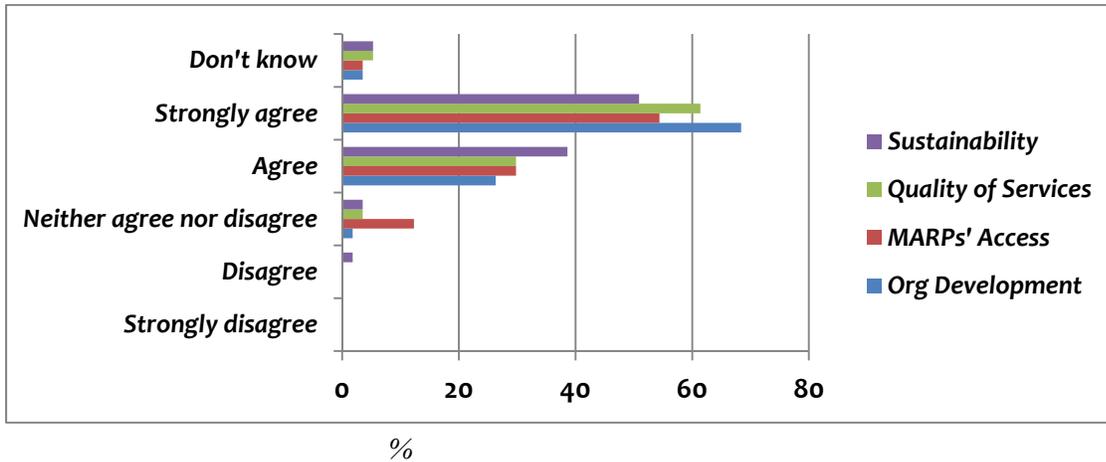


3. Evaluation Question: To what extent have the project's technical assistance and training activities fostered the general organizational development and, where appropriate, promoted sustainable services of governmental and non-governmental organizations and, particularly, 68 service NGOs, assessed with MOCAT?

Table 3. Distribution of Responses to Questions: Support from the USAID/USCP improved our institution's organizational development/help our institution improve the quality of HIV/AIDS services/helped our institution increase access of HIV/AIDS services for MARPs/contributed to the sustainability of the HIV/AIDS services we provide to MARPs

Response Category	Organizational Development (%)	Quality of HIV/AIDS Services (%)	MARPs' Access to Services (%)	Sustainability (%)
Strongly disagree	0	0	0	0
Disagree	0	0	0	1.8
Neither agree nor disagree	1.8	12.3	3.5	3.5
Agree	26.3	29.8	29.8	38.6
Strongly agree	68.4	54.4	61.4	50.9
Don't know	3.5	3.5	5.3	5.3

Chart 3. Distribution of Responses to Questions: Support from the USAID/USCP improved our institution’s organizational development/help our institution improve the quality of HIV/AIDS services/helped our institution increase access of HIV/AIDS services for MARPs/contributed to the sustainability of the HIV/AIDS services we provide to MARPs (%)



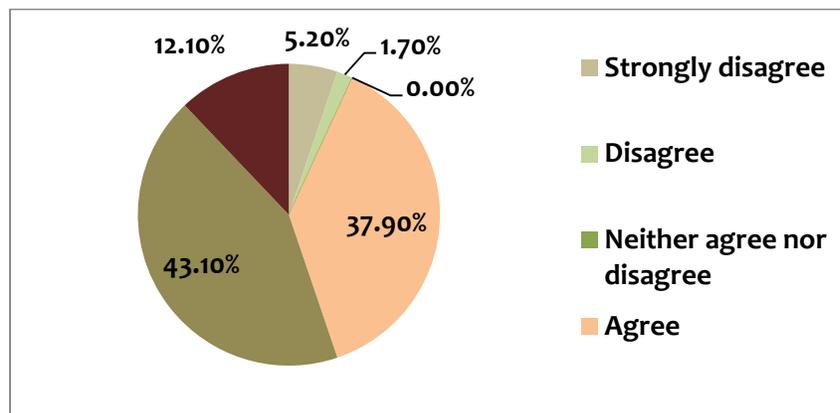
4. Evaluation Question: Were USCP’s activities and results sufficient to advance the achievement of its purpose-expanded MARPs’ access to quality services and leveraged Global Fund and domestic resources?

5.

Table 4. Distribution of Responses to Question: Support from the USAID/USCP helped my institution leverage Global Funds and/or State resources for HIV/AIDS

Response Category	%
Strongly disagree	5.2
Disagree	1.7
Neither agree nor disagree	0
Agree	37.9
Strongly agree	43.1
Don't know	12.1

Chart 4. Distribution of Responses to Question: Support from the USAID/USCP helped my institution leverage Global Funds and/or State resources for HIV/AIDS



6. Evaluation Question: Which of the project’s activities/approaches contributed the most toward improving institutional capacity for the sustainable service provision and reducing policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services – and why? Which activities/ approaches were the least effective – and why?

Table 5.1. Distribution of Responses to Question: Which of USCP’s activities and approaches contributed the most/the least toward improving your institutional capacity for sustainable service provision

Response Category	Most (%)	Least (%)	Difference (Most-Least) (%)
National HIV/AIDS Policy Framework	3.4	5.2	-1.8
Capacity Building of the National Coordination Council	1.7	0	1.7
Capacity Building of the Regional Coordination Council	53.4	5.2	48.2
Capacity Building of the Rayon Coordination Council	0	0	0
Capacity Building of the National Monitoring & Evaluation System	0	1.7	-1.7
Capacity Building of the Regional M&E System	10.3	3.4	6.9
Public Relations Administration	3.4	5.2	-1.8
Quality of NGO HIV/AIDS Services	13.8	0	13.8
Community Mobilization	1.7	10.3	-8.6
PSM Interventions	0	22.4	-22.4
VCT Interventions	1.7	1.7	0
MAT Interventions	5.2	5.2	0
Interventions for OVCs	0	17.2	-17.2
Other	5.2	22.4	-17.2

Chart 5.1. Distribution of Responses to Questions: Which of USCP’s activities and approaches contributed the most/the least toward improving your institutional capacity for sustainable service provision

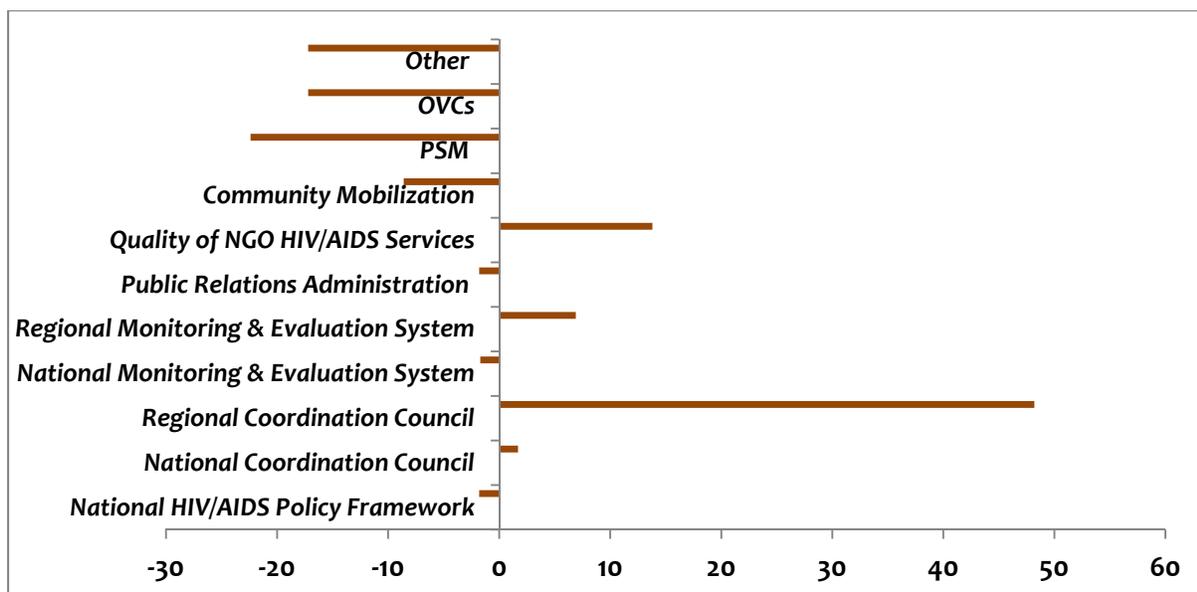
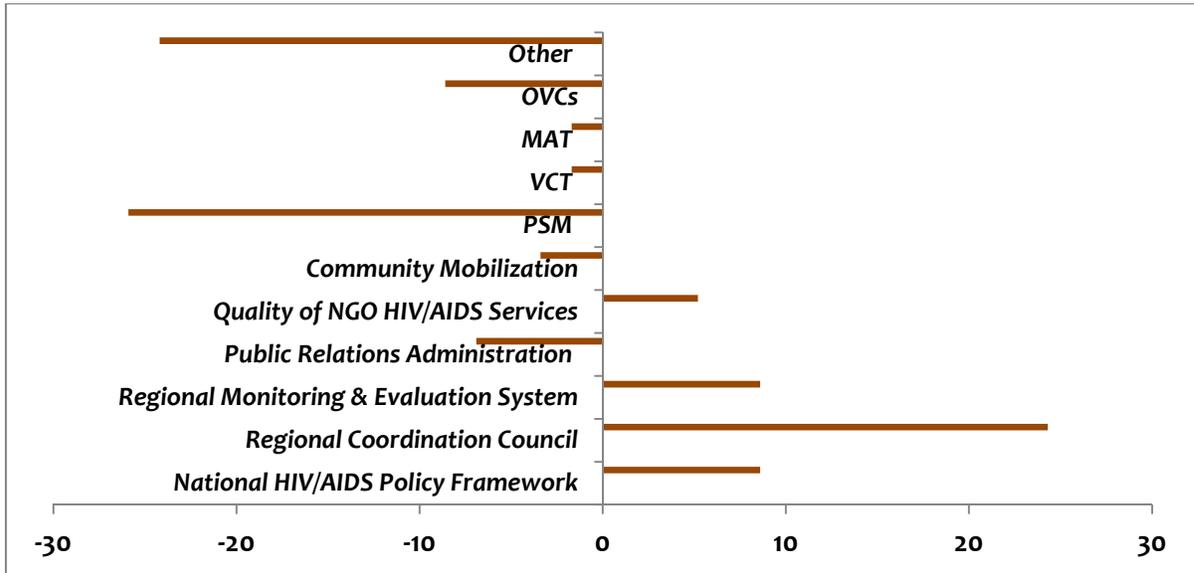


Table 5.2. Distribution of Responses to Question: Which of USCP’s activities and approaches contributed the most/the least toward reducing policy, legal, regulatory, and fiscal barriers that inhibit access to quality HIV/AIDS services

Response Category	Most (%)	Least (%)	Difference (Most-Least) (%)
National HIV/AIDS Policy Framework	13.8	5.2	8.6
Capacity Building of the National Coordination Council	1.7	1.7	0
Capacity Building of the Regional Coordination Council	29.5	5.2	24.3
Capacity Building of the Rayon Coordination Council	0	0	0
Capacity Building of the National Monitoring & Evaluation System	0	0	0
Capacity Building of the Regional M&E System	8.6	0	8.6
Public Relations Administration	3.4	10.3	-6.9
Quality of NGO HIV/AIDS Services	5.2	0	5.2
Community Mobilization	5.2	8.6	-3.4
PSM Interventions	0	25.9	-25.9
VCT Interventions	1.7	3.4	-1.7
MAT Interventions	1.7	3.4	-1.7
Interventions for OVCs	0	8.6	-8.6
Other	3.4	27.6	-24.2

Chart 5.2. Distribution of Responses to Questions: Which of USCP’s activities and approaches contributed the most/the least toward reducing policy, legal, regulatory, and fiscal barriers that inhibit access to quality HIV/AIDS services?

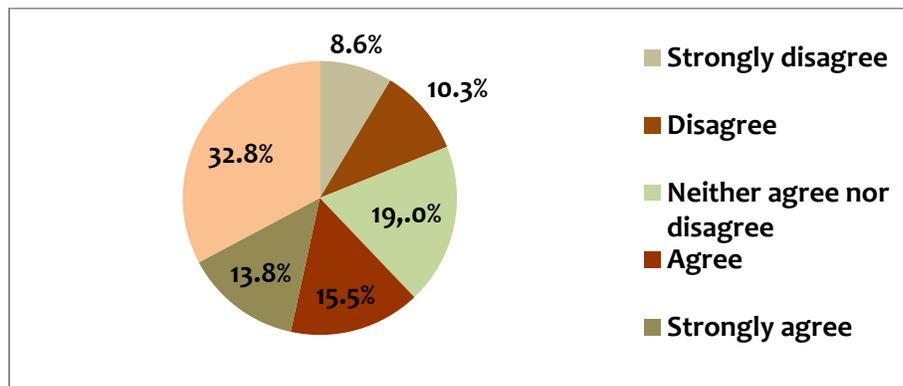


7. Evaluation Question: Are there any significant regional differences observed in project’s results that can inform the future design?

Table 6. Distribution of Responses to Question: There are regional differences in the achievement of USCP objectives

Response Category	%
Strongly disagree	8.6
Disagree	10.3
Neither agree nor disagree	19.0
Agree	15.5
Strongly agree	13.8
Don't know	32.8

Chart 6. Distribution of Responses to Question: There are regional differences in the achievement of USCP objectives

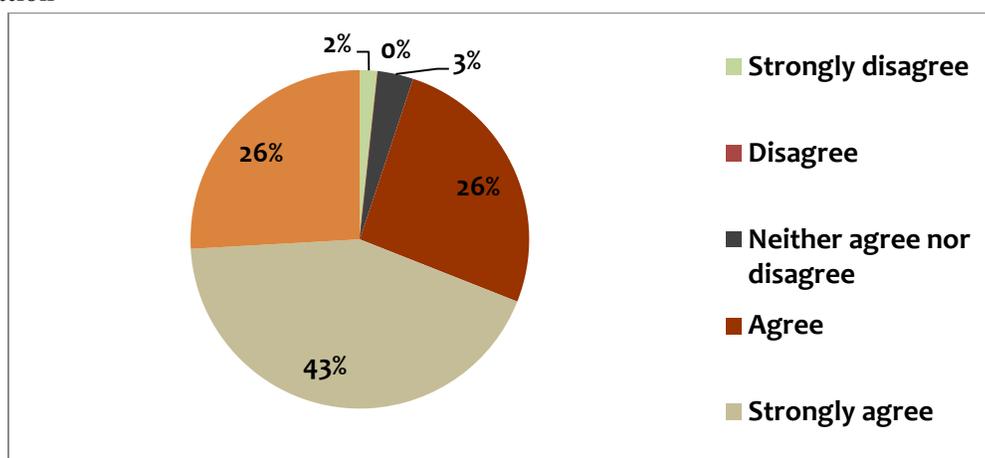


8. **Evaluation Question:** *To what extent has the project’s structure helped or hindered project implementation? What were the challenges and opportunities associated with this structure?*

Table 7. Distribution of Responses to Question: The USAID/USCP project structure helped project implementation

Response Category	%
Strongly disagree	1.7
Disagree	0
Neither agree nor disagree	3.4
Agree	25.9
Strongly agree	43.1
Don't know	25.9

Chart 7. Distribution of Responses to Question: The USAID/USCP project structure helped project implementation

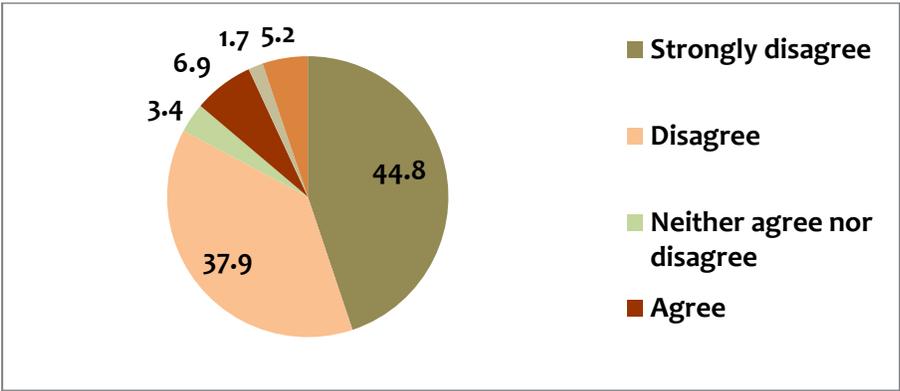


9. **Evaluation Question:** *Are there any specific areas of overlap (with other projects) where efficiencies can be achieved in the future programming?*

Table 8. Distribution of Responses to Question: There are duplications of effort (overlap) between the USAID/USCP project and other projects

Response Category	%
Strongly disagree	44.8
Disagree	37.9
Neither agree nor disagree	3.4
Agree	6.9
Strongly agree	1.7
Don't know	5.2

Chart 8. Distribution of Responses to Question: There are duplications of effort (overlap) between the USAID/USCP project and other projects



BREAKDOWN OF RESPONSES TO THE EVALUATION QUESTIONS BY ORGANIZATIONAL AFFILIATION OF RESPONDENTS

Evaluation Question 1: To what extent did the project contribute to the reduction of policy, legal, regulatory, and fiscal barriers inhibiting access to quality HIV/AIDS services for MARPs, particularly in the priority areas - MAT/OST, VCT, and OVC?

Question: *The USAID/USCP contributed to the reduction of policy barriers to access to HIV/AIDS services for MARPs*

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	5.2	2.9
Neither agree nor disagree	5.2	2.9
Strongly Agree/Agree	89.5	94.1
Don't know	0	0

Question: The USAID/USCP project contributed to the reduction of legal to access to HIV/AIDS services for MARPs

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	0	2.9
Neither agree nor disagree	10.6	5.9
Strongly Agree/Agree	84.2	91.2
Don't know	5.2	0

Question: The USAID/USCP project contributed to the reduction of regulatory barriers to access to HIV/AIDS services for MARPs

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	0	5.8
Neither agree nor disagree	5.2	8.8
Strongly Agree/Agree	94.7	85.3
Don't know	0	0

Question: The USAID/USCP project contributed to the reduction of financial barriers to access to HIV/AIDS services for MARPs

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	5.2	8.8
Neither agree nor disagree	15.8	20.6
Strongly Agree/Agree	73.7	67.6
Don't know	5.2	2.9

Evaluation Question 2: What were the project's and key beneficiaries' expectations for institutional capacity building?

Question: *Support from the USAID/USCP met my expectations regarding building my institution's capacity*

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	5.4	0
Neither agree nor disagree	0	0
Strongly Agree/Agree	89.5	97.0
Don't know	0	3.0

Evaluation Question 3: To what extent have the project's technical assistance and training activities fostered the general organizational development and, where appropriate, promoted sustainable services of governmental and non-governmental organizations and, particularly, 68 service NGOs, assessed with MOCAT?

Question: *Support from the USAID/USCP improved our institution's organizational development*

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	0	0
Neither agree nor disagree	5.2	0
Strongly Agree/Agree	94.8	96.9
Don't know	0	3

Question: *Support from the USAID/USCP has helped our institution increase access of HIV/AIDS services for MARPs*

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	0	0
Neither agree nor disagree	5.3	18.2
Strongly Agree/Agree	94.7	78.8
Don't know	0	3

Question: *Support from the USAID/USCP has helped our institution improve the quality of HIV/AIDS services for MARPs*

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	0	0
Neither agree nor disagree	10.5	0
Strongly Agree/Agree	84.2	97.0
Don't know	5.3	3.0

Question: *Support from the USAID/USCP* has contributed to the sustainability of the HIV/AIDS services we provide to MARPs

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	0	0
Neither agree nor disagree	10.5	0
Strongly Agree/Agree	84.2	97
Don't know	5.3	3.0

Evaluation Question 4: *Were USCP's activities and results sufficient to advance the achievement of its purpose-expanded MARPs' access to quality services and leveraged Global Fund and domestic resources?*

Question: *Support from the USAID/USCP* helped my institution leverage Global Funds and/or State resources for HIV/AIDS

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	10.5	2.9
Neither agree nor disagree	0	0
Strongly Agree/Agree	78.9	85.3
Don't know	10.5	11.8

Evaluation Question 6: **Are there any significant regional differences observed in project's results that can inform the future design?**

Question: There are regional differences in the achievement of USCP objectives

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	26.3	17.6
Neither agree nor disagree	5.2	17.6
Strongly Agree/Agree	42.1	26.4
Don't know	26.3	38.3

Evaluation Question 7: **To what extent has the project's structure helped or hindered project implementation? What were the challenges and opportunities associated with this structure?**

Question: The USAID/USCP structure helped project implementation

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	5.3	0
Neither agree nor disagree	0	2.9
Strongly Agree/Agree	68.4	67.7
Don't know	26.3	29.4

Evaluation Question 8: Are there any specific areas of overlap (with other projects) where efficiencies can be achieved in the future programming?

Question: There are duplications of effort (overlap) between the USAID/USCP project and other projects

	Government (N=19) (%)	NGO (N=34) (%)
Strongly Disagree/Disagree	84.2	82.3
Neither agree nor disagree	5.2	0
Strongly Agree/Agree	10.5	8.8
Don't know	0	8.8

**BREAKDOWN OF RESPONSES TO THE GENDER-RELATED QUESTIONS
QUESTIONS BY RESPONDENTS' GENDER**

Question: *The project has integrated gender considerations into its activities*

	Men (N=15) (%)	Women (N=43) (%)
Strongly Disagree/Disagree	6.7	2.3
Neither agree nor disagree	6.7	7.0
Strongly Agree/Agree	46.6	43.2
Don't know	40.0	46.5

Question: *The USAID/USCP developed measures to enhance women's participation in project activities*

	Men (N=15) (%)	Women (N=43) (%)
Strongly Disagree/Disagree	6.7	4.7
Neither agree nor disagree	13.3	9.3
Strongly Agree/Agree	33.4	51.2
Don't know	46.7	34.9

Question: *The USAID/USCP capitalized on gender-related opportunities*

	Men (N=15) (%)	Women (N=43) (%)
Strongly Disagree/Disagree	13.4	4.8
Neither agree nor disagree	26.7	21.4
Strongly Agree/Agree	26.6	35.7
Don't know	33.3	38.1

Question: *Men and women were involved equally in the USAID/USCP*

	Men (N=15) (%)	Women (N=43) (%)
Strongly Disagree/Disagree	0	4.8
Neither agree nor disagree	0	0
Strongly Agree/Agree	80.0	83.3

Don't know	20.0	11.9
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Question: *Both sexes benefited from USAID/USCP activities*

	Men (N=15) (%)	Women (N=43) (%)
Strongly Disagree/Disagree	0	4.8
Neither agree nor disagree	0	0
Strongly Agree/Agree	86.6	83.3
Don't know	13.4	11.9

ANNEX Q: TEST RESULTS FROM USCP TRAININGS

ANNEX Q: PRE AND POST TRAINING SCORES FOR SELECTED TRAININGS

Trainings	Number of pre-training forms	Number of post-training forms	Pre-test Results	Post-test Results	Percent Change
Programmatic Capacity			15%	73%	403%
Quality Assurance 15-17.10. 2010	20	19	3%	55%	1730%
Quality Assurance 15-17.10. 2010	22	21	0%	72%	-
Public Relations 27-29.04.2011	16	15	40%	85%	114%
Public Relations 17-19.05.2011	21	21	15%	81%	423%
<i>Mean</i>	20	19	15%	73%	755%
<i>Range</i>	(16--22)	(15-21)	(4%--15%)	(55%--85%)	(114--1730%)
Institutional Capacity			10%	62%	522%
Strategic Planning 26-28.04. 2010	22	22	9%	50%	455%
Strategic Planning 26-28.04. 2010	14	16	15%	64%	329%
NGO Management 15-17.12 2010	18	19	15%	68%	356%
NGO Management 7-9.12 2010	20	18	4%	65%	1358%
Human Resources 13- 14.04.2011	20	20	8%	52%	520%
Human Resources 15- 16.12.2011	20	20	8%	71%	814%
<i>Mean</i>	19	19	10%	62%	639%
<i>Range</i>	(14--22)	(16-22)	(4%--15%)	(52%--71%)	(329%--1358%)
Financial Capacity			1%	57%	3943%
Project Proposal Writing 14-15.04.2010	23	22	0%	56%	-
Project Proposal Writing 8-10.06.2011	18	18	1%	71%	6300%

Trainings	Number of pre-training forms	Number of post-training forms	Pre-test Results	Post-test Results	Percent Change
Financial Management 14-16.12.2009	23	23	1%	47%	5250%
Financial Management 17-19.12.2009	23	23	2%	68%	3800%
Financial Management 26-28.04.2010	24	18	2%	67%	3100%
Fund Raising 29.06 -31.07.2009	23	23	1%	54%	3650%
Fund Raising 24 -26.06.2009	23	23	0%	51%	-
Fund Raising 23 -25.11.2009	25	25	3%	62%	1950%
Fund Raising 22 -24.03.2010	25	25	3%	41%	1520%
<i>Mean</i>	<i>23</i>	<i>22</i>	<i>1%</i>	<i>57%</i>	<i>3653%</i>
<i>Range</i>	<i>(18--25)</i>	<i>(18-25)</i>	<i>(0%--3%)</i>	<i>(41%--71%)</i>	<i>(1520%--6300%)</i>

ANNEX R: BREAKDOWN OF SURVEY RESPONSES TO GENDER RELATED QUESTIONS

ANNEX R: BREAKDOWN OF SURVEY RESPONSES TO THE GENDER-RELATED QUESTIONS

Question: The project has integrated gender considerations into its activities

	Men (N=15) (%)	Women (N=43) (%)
Strongly Disagree/Disagree	6.7	2.3
Neither agree nor disagree	6.7	7.0
Strongly Agree/Agree	46.6	43.2
Don't know	40.0	46.5

Question: The USAID/USCP developed measures to enhance women's participation in project activities

	Men (N=15) (%)	Women (N=43) (%)
Strongly Disagree/Disagree	6.7	4.7
Neither agree nor disagree	13.3	9.3
Strongly Agree/Agree	33.4	51.2
Don't know	46.7	34.9

Question: The USAID/USCP capitalized on gender-related opportunities

	Men (N=15) (%)	Women (N=43) (%)
Strongly Disagree/Disagree	13.4	4.8
Neither agree nor disagree	26.7	21.4
Strongly Agree/Agree	26.6	35.7
Don't know	33.3	38.1

Question: Men and women were involved equally in the USAID/USCP

	Men (N=15) (%)	Women (N=43) (%)
Strongly Disagree/Disagree	0	4.8
Neither agree nor disagree	0	0
Strongly Agree/Agree	80.0	83.3
Don't know	20.0	11.9

Question: Both sexes benefited from USAID/USCP activities

	Men (N=15) (%)	Women (N=43) (%)
Strongly Disagree/Disagree	0	4.8
Neither agree nor disagree	0	0
Strongly Agree/Agree	86.6	83.3
Don't know	13.4	11.9

Question: The USAID/USCP alleviated gender-related constraints

	Men (N=15) (%)	Women (N=43) (%)
Strongly Disagree/Disagree	7.2	0
Neither agree nor disagree	0	2.3
Strongly Agree/Agree	92.8	93.0
Don't know	0	4.7

ANNEX S: HIV SERVICE COVERAGE RATES FOR MARPS IN USCP REGIONS

ANNEX S: HIV SERVICE COVERAGE RATES

Outcome Indicators for Intervention Sites Visited

Region	Coverage for MSM prevention services (60%)		Coverage for CSW prevention services (60%)		Coverage for IDUs in need of MAT (38%)	
	2007	2011	2007	2011	2007	2011
Kherson	5%	51%	31%	29%	78%	40%
Odessa	25%	36%	82%	45%	20%	ND
Dnipropetrovsk	6%	ND	52%	68%	43%	42%
Chernigiv	0%	ND	4%	5%	42%	22%
<i>National</i>	<i>11%</i>	<i>16%</i>	<i>30%</i>	<i>37%</i>	<i>48%</i>	<i>55%</i>

Source: Alliance, 2011

Outcome Indicators for USCP Sites Not Visited

Region	Coverage for MSM prevention services (60%)		Coverage for CSW prevention services (60%)		Coverage for IDUs in need of MAT (38%)	
	2007	2011	2007	2011	2007	2011
AR of Crimea	61%	71%	91%	99%	23%	29%
Donetska	31%	52%	49%	37%	26%	46%
Mykolaivska	87%	70%	99%	100%	36%	23%
Cherkaska	64%	95%	68%	36%	42%	22%
Sevastopol City	ND	ND	ND	ND	89%	79%

Source: Alliance, 2011

Outcome Indicators for Comparison Sites

Region	Coverage for MSM prevention services (60%)		Coverage for CSW prevention services (60%)		Coverage for IDUs in need of MAT (38%)	
	2007	2011	2007	2011	2007	2011
Zaporizhzh'ya	ND	ND	6%	11%	13%	9%
Sumy	ND	44%	3%	21%	16%	35%
Kharkiv	1%	10%	37%	ND	9%	45%

Source: Alliance, 2011