

Populated Printable COP Without TBD Partners

2008

Ukraine

Generated 12/9/2008 11:41:43 AM

Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Congressional Notification COP 2008.doc	application/msword	9/27/2007	This request is based on total GHAI request of \$1,328,000 which includes funding for Peace Corps and DOD USG partners at a total of \$400,000	LPerry

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes

No

Description:

We have updated data where available and edited; however, no substantive technical changes have been made.

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
2008 Mini-COP Intro Letter.pdf	application/pdf	10/2/2007	Signed Ambassador's Letter	LPerry

Country Contacts

Contact Type	First Name	Last Name	Title	Email
DOD In-Country Contact	Oleksii	Muzalov	Department of Defense HIV/AIDS Program Manager	amuzalyov@san.osd.mil
Peace Corps In-Country Contact	Anne	Silver	Associate Country Director Program Coordination and Development	asilver2@ua.peacecorps.gov
USAID In-Country Contact	Leslie	Perry	Director OHST Office	lperry@usaid.gov
U.S. Embassy In-Country Contact	Matthew	Habinowski	Economic Affairs Officer	mhabinowski@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008? \$29649187

Does the USG assist GFATM proposal writing? Yes

Does the USG participate on the CCM? Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	7,000	471,200	478,200
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	400	5,782	6,182
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	300	4,180	4,480
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	300	4,180	4,480
8.1 - Number of OVC served by OVC programs	0	100	13,700	13,800
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	4,000	390,000	394,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	0	0
Human Resources for Health				
End of Plan Goal				
	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	7,000	472,000	479,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	40	6,160	6,200
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	300	4,200	4,500
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	300	4,200	4,500
8.1 - Number of OVC served by OVC programs	0	400	15,600	16,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	7,500	392,500	400,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	0	0
Human Resources for Health				
End of Plan Goal				
	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HIV/AIDS Service Capacity Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6067.08
System ID: 8279
Planned Funding(\$): \$1,491,284
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: Constella Futures
New Partner: No

Mechanism Name: HIV/AIDS Service Capacity Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6066.08
System ID: 8278
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Constella Futures Group
New Partner: No

Mechanism Name: Families for Children

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6080.08
System ID: 8282
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: Holt International
New Partner: No

Mechanism Name: Sunrise Project (121-A-00-04-0071)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6065.08
System ID: 8284
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: International HIV/AIDS Alliance
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Sunrise Project (121-A-00-04-0071)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6063.08
System ID: 8283
Planned Funding(\$): \$2,360,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: International HIV/AIDS Alliance
New Partner: No

Mechanism Name: PMTCT/Mother and Infant Health Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6057.08
System ID: 8285
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: John Snow Research and Training Institute
New Partner: No

Sub-Partner: John Paul Slum Development Project
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8714.08
System ID: 8714
Planned Funding(\$): \$504,716
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8716.08
System ID: 8716
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8717.08
System ID: 8717
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: VCT for the military

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6070.08
System ID: 8281
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: TASC II

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6068.08
System ID: 8280
Planned Funding(\$): \$610,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: PATH
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Management and Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6088.08
System ID: 8286
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Management and Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6089.08
System ID: 8287
Planned Funding(\$): \$234,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: US Peace Corps

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6069.08
System ID: 8288
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9484.08
System ID: 9484
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: World Health Organization
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
6057.08	8285	John Snow Research and Training Institute	U.S. Agency for International Development	FSA account	John Paul Slum Development Project	N	\$0

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

As of 2006, HIV-positive women constituted 41.9% of all HIV-positive registered cases in Ukraine. The number of women reported by the Ministry of Health to be HIV-positive has increased over 30% annually during the last years – from 997 in 2000 to 6,739 in 2006. During the first two quarters of 2007 alone, 1,734 cases of HIV in pregnant women were registered. 18% of all new cases of HIV are linked to MTCT. The total cumulative number of children born to HIV-positive mothers to date exceeds 15,754, with 5,978 registered as HIV-positive in 2006. Between 11% and 20% of these children are abandoned at birth.

There are 97 maternity hospitals and 476 hospital maternity departments in Ukraine. Ninety-eight percent (98%) of Ukrainian women give birth in government health facilities. In 2006, USAID-supported PMTCT programs were working in 28 maternities and 50 women’s ante-natal clinics in the eight regions of highest HIV prevalence. While the government estimates that over 90% of HIV-positive pregnant women are covered by PMTCT programs, the rate of transmission is still between 7.7 % (official government estimate) and 16% (survey results). This represents a remarkable improvement over the reported 40% rate of transmission in 2000, but much work remains to get the rate of MTCT to the national goal of under 5%.

Reasons for the continued high rate of transmission include lack of sufficient access to modern contraceptives for HIV-positive people; the often delayed arrival of HIV-positive mothers at pre-natal clinics and maternities due to poor access to quality VCT services and the high levels of stigma and discrimination they face within the health care system; insufficient quality and standardized training in PMTCT among ob/gyn health care providers; inadequate and sometimes inconsistent pre- and post-natal chemical prophylaxis; uneven availability of ELISA test systems, PCR rapid tests and antiretroviral medications, including infant dosages of ARV; lack of up-to-date national protocols covering all aspects of PMTCT care and prevention; and inadequate counseling and social support for HIV-positive mothers during the pre- and post- natal periods to ensure adherence to drug therapy and appropriate care and nutrition of the newborn, among others.

LEVERAGING AND COORDINATION

While the GOU approved a multi-sectoral program for PMTCT on November 30th, 2006, limited funding for PMTCT services may erode the progress achieved in recent years. Round 6 Global Fund (GF) support includes only a modest PMTCT component aimed at providing up to 1500 HIV-positive women and their infants with a case manager to assure PMTCT adherence and post-partum follow-up in year 1; this will scale-up to 3,500 HIV-positive women by year 5. Updated standard treatment protocols have yet to be finalized and introduced nationwide, a regular supply of anti-retroviral drugs has yet to be assured and appropriate diagnosis and care for women during pregnancy, delivery and post-delivery are still in the nascent stages. USAID will focus on the development of comprehensive programs to reach HIV-positive women and reduce risk of MTCT throughout the reproductive cycle, from pregnancy through the delivery and post-partum period .

USAID partnerships with international donors such as UNICEF, the GF and UNAIDS have to date contributed to the success of early PMTCT activities. Building on lessons learned from donor programs, the GOU developed a national PMTCT program based on WHO’s four-pronged strategic approach to HIV transmission. However, continued efforts need to be made to integrate the full range of PMTCT activities into maternal and child health programs. Assuming continuing funds are available to support this transition, significant reductions in risk of MTCT can be achieved within the next few years.

Current USG Support

USAID-funded activities to date have been implemented in nine regions, including eight with the highest HIV prevalence rates. Programs have focused on initiating the process of integrating HIV counseling and testing and other PMTCT interventions into maternal and child health service programs. With USG support, approaches to the delivery of PMTCT information and services in ante-natal and delivery settings were tested in selected project sites. These approaches emphasized the importance of:
a. Adherence to international PMTCT protocols, including drug therapy regimens, appropriate selection of natural birth or cesarean section, options on breast feeding and prophylactic treatment for infants;

- b. Development of referral mechanisms to coordinate clinical care for HIV-positive women provided through pre-natal facilities and maternities and care and support services provided by civil society organizations to provide a continuum of care for HIV-positive mothers and their families;
- c. Outreach to HIV-positive women and their families to increase awareness regarding availability of PMTCT and related support services and of their importance in preventing MTCT;
- d. Voluntary counseling and testing (VCT) and post-partum family planning service delivery and child care for HIV-positive pregnant and post-partum women.

USG FY08 SUPPORT

While MTCT only accounts for 18% of all new cases, Ukraine's commitment to PMTCT programming to reduce HIV transmission to children underscores the continuing need to work with the GOU to develop comprehensive PMTCT models for implementation. Given this, FY08 USG-funded programs will use limited available funds to continue assisting the MOH to strengthen, disseminate and operationalize evidence-based programmatic protocols. Activities will assist the MOH to implement a PMTCT program model using a life-cycle approach for PMTCT that focuses on integrating PMTCT protocols into antenatal, delivery and post partum services to ensure appropriate HIV prevention, treatment and care throughout the entire antenatal and perinatal period. Continued attention will be given to enhancing linkages between public sector health facility-based services and care and support services provided by nongovernmental organizations. Ongoing focus will be give to enabling the GOU to increasingly take on program and operational management of PMTCT programs. The ultimate goal of USG activities is to strengthen GOU capacity to achieve 100% GOU-financed universal access of HIV-positive women to quality PMTCT services by 2011.

PMTCT activities in 2008 will continue to:

1. Provide assistance to the MOH and regional authorities in updating and strengthening clinical PMTCT protocols to ensure consistency with current international standards; assist the MOH in disseminating these protocols;
2. Assist the MOH to expand training of antenatal and perinatal provider cadres to increase knowledge of PMTCT and ensure correct administration of ARV prophylaxis, especially during the perinatal period, and appropriate counseling on infant feeding;
3. Assist the MOH to expand integration of PMTCT programs into Maternal and Child Health services and to strengthen outreach and referral systems to facilitate: referral to ante-retroviral therapy (ART); TB case identification and treatment; prevention of opportunistic infection; access to family planning; referral to psycho-social and other support services to improve adherence, reduce stigma and discrimination and reduce abandonment and improved care of HIV-affected infants and children; referral of partners to VCT;
4. Provide technical assistance to improve procurement processes and increase supply-chain stability;
5. Strengthen participation of and enhance the capacity of nongovernmental organizations in the delivery of PMTCT prevention, referral, treatment and follow up services.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	100
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	40
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	7000
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	300

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 6067.08	Mechanism: HIV/AIDS Service Capacity Project
Prime Partner: Constella Futures	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 12089.08	Planned Funds: \$0
Activity System ID: 18851	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	

Continuing Activity: 12089

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12089	12089.07	U.S. Agency for International Development	Constella Futures	6066	6066.07	HIV/AIDS Service Capacity Project	\$250,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 6063.08
Mechanism: Sunrise Project (121-A-00-04-0071)
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: FSA account
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12087.08
Planned Funds: \$0
Activity System ID: 18860
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12087
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12087	12087.07	U.S. Agency for International Development	International HIV/AIDS Alliance	6063	6063.07	Sunrise Project (121-A-00-04-0071)	\$43,357

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 6057.08
Mechanism: PMTCT/Mother and Infant Health Project
Prime Partner: John Snow Research and Training Institute
USG Agency: U.S. Agency for International Development
Funding Source: FSA account
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12088.08
Planned Funds: \$0

Activity System ID: 18866

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12088

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12088	12088.07	U.S. Agency for International Development	John Snow, Inc.	6057	6057.07	PMTCT/Mother and Infant Health Project	\$0

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 6066.08

Mechanism: HIV/AIDS Service Capacity Project

Prime Partner: Constella Futures Group

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 18873.08

Planned Funds: \$0

Activity System ID: 18873

Activity Narrative: Both FSA Account Funds and GHAI Funds will be used to support PMTCT program activities

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: \$50,100

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

The HIV/AIDS epidemic in Ukraine is still concentrated among specific, often highly marginalized risk populations: HIV prevalence among injecting drug users exceeds 5%, with nearly 42% of new HIV infections reported in the first half of 2007 in this group; female sex workers (FSW), 24% of whom are also IDUs; infants of HIV-positive women; and men who have sex with men (MSM). Injection drug use results in 41.8% of new cases while heterosexual transmission accounts for 37.4%. Some estimates, 55-60% of all new HIV infections attributed to sexual transmission in the heavily affected regions have been due to unprotected sex with HIV infected partner who is an IDU. Of these heterosexually transmitted cases, 50-60% of these are directly attributable to sexual relations with IDUs and an additional smaller percentage to sex with other high risk groups. Finally, 16% of new cases occur in infants of HIV-positive women. In addition to high rates of injection drug use, Ukraine also experiences high levels of alcohol abuse, substantial trafficking in persons, suspected high levels of domestic violence and significant levels of occasional exchange of sex for favors.

While the promotion of abstinence and faithfulness is an important component of any HIV prevention activity, the circumstances in Ukraine mean that prevention efforts have first and foremost targeted the underlying risk behaviors responsible for driving the HIV epidemic in Ukraine: injection drug use prevention, consistent use of condoms by the most-at-risk populations (MARPs) and other lifestyle changes.

The HIV epidemic in Ukraine is mainly concentrated on young population. In 2005, 37.4% of new cases occurred in young people aged 15 to 29. Among women reporting heterosexual transmission 58.2% are between 20 and 29 years old. In combination with other preventive interventions, encouraging these young people to practice abstinence and faithfulness (AB) can contribute to reducing the risk of HIV infection.

CURRENT USG SUPPORT

Through its work on counseling and testing, stigma and discrimination and other activities directed at MARPs, as well as its family planning (FP) and mother and child health activities, the USG in Ukraine currently supports activities aimed at increasing abstinence and faithfulness as an integral component of complete VCT, FP, outreach, communications and follow-up and support activities. Within the context of stigma and discrimination training for young people, nearly 15,000 peer educators have been trained in youth education including skills in promoting abstinence and faithfulness messages.

The Peace Corps (PC) has provided on-going AB education as part of its outreach and targeted youth education activities to youth in small towns and cities. The focus of this program is on building capacity of governmental and non-governmental organizations and working with local leaders to prevent HIV and promote healthy life styles among young people. Through collaboration with local schools, youth palaces, municipal youth departments, social centers and youth NGOs, volunteers also offer classroom lessons and community activities aimed at preventing the spread of HIV and instilling practical knowledge of healthy lifestyles. PC will also explore potential options for Community Development Volunteer assignments to HIV/AIDS-related NGOs promoting abstinence and faithfulness that may become direct recipients of USG funds. Activities of these volunteers would aim to build/enhance systems through facilitating strategic planning, development of marketing plans, partnership building and staff development.

USG FY08 SUPPORT

All USG programs will continue to integrate AB messages as critical components of the total package of prevention efforts. USAID will continue to integrate AB education and promotion into VCT, community mobilization and educational outreach and support activities, including prevention activities with HIV-positive individuals. The Department of Defense will also continue to integrate AB promotion into VCT activities at military installations.

PC is specifically targeting young people in small towns and villages by working with local community leaders to improve general awareness of HIV and risky behaviors which facilitate transmission.

Since the primary target audience of this program is youth, the promotion of AB messages is an appropriate and vital intervention for this population. Peace Corps Volunteers will participate in local training to increase knowledge about HIV and mobilize community support. Activities to combat stigma and discrimination as well as to build institutional capacity will be integral components of PC activities.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1540
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1540
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	120

Custom Targets:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 6069.08

Mechanism: US Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 12091.08

Planned Funds: \$50,100

Activity System ID: 18869

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12091

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28139	12091.2813 9.09	Peace Corps	US Peace Corps	11528	6069.09	US Peace Corps	\$97,800
12091	12091.07	Peace Corps	US Peace Corps	6069	6069.07	US Peace Corps	\$132,400

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$1,903,052

Amount of total Other Prevention funding which is used to work with IDUs

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The epidemic in Ukraine is still concentrated among most at-risk populations. Between 325,000 and 425,000 injection drug users (IDUs) are disproportionately affected, representing 60% of cumulative HIV cases and nearly 42% of new HIV cases reported in the first half of 2007. Recent sentinel surveillance studies document HIV prevalence among IDUs ranging from 18% to 62.8%. The total number of IDUs diagnosed with HIV is now over 63,000, an increase of 38% since 2003. This number likely grossly under-represents the number of HIV cases in the IDU population, as these figures represent only cases registered at government AIDS centers where many IDUs are reluctant to seek care. In addition to being over-represented in the epidemic, IDUs are under-represented in receiving care and services. Over 80% of people in need of ART are former or active IDUs, but only 42.8 % of those currently on ART reported past or present injection drug use. Estimated national prevention coverage for IDUs is 10%. Of newly diagnosed HIV-infected IDUs, 31.6% are women. The overlap between sex work and injecting drug use is substantial: – 6% of IDUs sell sex and 24% of FSWs inject drugs. IDUs between 15 and 24 years of age currently make up 32.3% of PLWHA.

Undermining the effectiveness of HIV prevention and care programs is the limited availability of Medication Assisted Treatment (MAT) for IDUs. According to recent estimates, at least 10% of Ukrainian IDUs could benefit from MAT, including HIV-positive IDUs. Formerly highly restrictive laws and regulations restricting access to MAT have been changing: Methadone was registered

in tablet form; revisions are under consideration to allow MAT to be administered in settings other than narcology clinics; and other restrictions are under review by the Ministry of Health. However, many physicians in Ukraine consider MAT a prerequisite to HIV-positive IDUs receiving ART prophylaxis, and as a result IDUs may be denied ART if they are not enrolled in MAT programs. Opposition by drug and law enforcement agencies has also negatively affected the implementation of MAT programs. IDUs have been harassed by law enforcement and other officials for seeking MAT, and even for the use of ART.

LEVERAGE AND COORDINATION

Since 2001, the GOU has issued recommendations and resolutions supporting the introduction of MAT programs to treat drug dependency and control the spread of HIV/AIDS. The first effort to introduce MAT, supported by UNDP, was initiated in 2004 in Kherson with 30 patients. The members of that group founded a local NGO, "Awake!", to garner support for the program and inform others about MAT. When program funding was to be terminated in September of 2005, Awake! members launched a successful campaign, rallying international organizations to their cause, to ensure that Global Fund Round 1 funds would be made available to continue the program.

Round 1 funding currently supports a total of 10 sites in high HIV prevalence areas using a multi-disciplinary approach to provide buprenorphine, and psycho-social, legal, family and employment support to 458 IDUs, 294 of them HIV positive, 97 on ART and 85 with active TB. Although MAT is no longer restricted to HIV-positive drug users, HIV prevention information or referrals to VCT are still not regularly provided in narcology centers and are available only through NGO HIV prevention services. Currently three models for the provision of MAT and ART are being piloted: one integrating ART and MAT at an AIDS center in Kyiv, one integrating ART and MAT in a narcology clinic and a third integrating MAT with youth social services in hospital outpatient clinics. Under the GF Round 6 Grant, this effort will scale-up to cover an additional 600 IDUs by the end of 2007 and 11,300 by 2011 with an additional 20 sites in narcology clinics, AIDS centers, TB clinics and family doctors clinics. The Clinton Foundation is also supporting a pilot program to provide MAT/ART to 300 IDUs in one politically high profile province/region and plans to introduce methadone.

The Round 6 GF award for Ukraine has provided the means for much needed geographic expansion and scale up of programs targeting the high-risk populations of IDUs, prisoners and juveniles, female sex workers (FSWs), males who have sex with males (MSM) and street children. Activities supported by the GF include; community mobilization, peer-to-peer support groups, condom procurement advocacy with government officials to ensure access to condom prevention services in prisons and for FSWs, MAT for IDUs, IEC/BCC campaigns and stigma reduction activities. The level of GF support for 2007 is almost four times the USG funding level for 2006.

The Peace Corps conducts regular trainings for trainers on drug prevention, in addition to providing support for drug prevention education for youth as part of healthy life styles promotion activities. Peace Corps Volunteers cooperate closely with local organizations in small and medium-sized towns throughout Ukraine to develop community projects targeting youth which raise awareness of HIV and reduce risky behavior.

CURRENT USG SUPPORT

Through its support of the International HIV/AIDS Alliance under the Sunrise Project, USAID provided technical support for evaluation of the ten MAT Round 1 sites and technical and financial support for the 100+ USG-supported NGOs working with IDUs on HIV prevention and support. Similarly, NGOs engaged with sex workers and MSM have received modest support for outreach, VCT and general prevention activities. USG-funded programs have also contributed to improving the quality of services and prevention activities provided by pharmacists to people vulnerable to HIV infection through the training of pharmacists to provide information on topics such as HIV risk reduction and to refer clients to VCT, STI, and other services. USAID supplied 13,287,000 free condoms to organizations working with MARPs and other vulnerable groups, especially the most marginalized populations which are driving the growth of the epidemic in Ukraine. In FY 2007, through an interagency PEPFAR initiative led by USAID, the USG initiated targeted support for MAT programming through the development, implementation and evaluation of new models for MAT provision which linked public and NGO service providers to provide a continuum of care to HIV-positive IDUs.

USG FY08 SUPPORT

The USG will focus on interventions to support, strengthen, accelerate and complementing GF funded HIV prevention programs. These interventions include policy, advocacy, design and implementation of pilot programs and technical assistance and capacity building of NGOs implementing GF- and USG- funded prevention and support interventions. An additional 17,100,000 free condoms will again support work with MARPs.

During FY 08 the USG will continue to:

1. Cooperate with the GF and GOU in assessing MAT provision models, and document and disseminate lessons from these models to facilitate scale up of successful approaches;
2. Based on lessons learned, develop technical guidance for service providers to promote replication of successful approaches;
3. Assist in the design of mechanisms to link public sector health services providing MAT, ART, PMTCT and/or TB testing and care with community based organizations providing psycho-social and other support services such as legal assistance, social reintegration, employment services and social assistance to promote comprehensive care for IDUs and their partners and families.
4. Promote legislative and policy changes to expand the availability of and access to MAT;
5. Strengthen the capacity of civil society and public sector organizations to address the needs of most-at-risk populations and to develop or strengthen continuum-of-care networks of public and private sector service providers.
6. Continue on-going promotion of reduction of high risk behaviors among youth and most-at-risk populations.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets

0

- 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful 168300
- 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful 720

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6069.08	Mechanism: US Peace Corps
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 12106.08	Planned Funds: \$120,500
Activity System ID: 18870	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12106	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28140	12106.28140.09	Peace Corps	US Peace Corps	11528	6069.09	US Peace Corps	\$97,800
12106	12106.07	Peace Corps	US Peace Corps	6069	6069.07	US Peace Corps	\$44,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6080.08	Mechanism: Families for Children
Prime Partner: Holt International	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 19537.08	Planned Funds: \$0
Activity System ID: 19537	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6066.08	Mechanism: HIV/AIDS Service Capacity Project
Prime Partner: Constella Futures Group	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 19546.08	Planned Funds: \$0
Activity System ID: 19546	
Activity Narrative: \$45,264 carryover from FY 2006	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6063.08	Mechanism: Sunrise Project (121-A-00-04-0071)
Prime Partner: International HIV/AIDS Alliance	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 21891.08	Planned Funds: \$400,000
Activity System ID: 21891	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 9484.08	Mechanism: N/A
Prime Partner: World Health Organization	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP
Activity ID: 21892.08
Activity System ID: 21892
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Program Area Code: 05
Planned Funds: \$150,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6066.08
Prime Partner: Constella Futures Group
Funding Source: GHCS (State)
Budget Code: HVOP
Activity ID: 18874.08
Activity System ID: 18874
Activity Narrative: A combination of FSA Account and GHAI funds will be used to support the Condoms and Other Prevention Activities component
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: HIV/AIDS Service Capacity Project
USG Agency: U.S. Agency for International Development
Program Area: Condoms and Other Prevention Activities
Program Area Code: 05
Planned Funds: \$0

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6063.08
Prime Partner: International HIV/AIDS Alliance
Funding Source: FSA account
Budget Code: HVOP
Activity ID: 12094.08
Activity System ID: 18861
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12094

Mechanism: Sunrise Project (121-A-00-04-0071)
USG Agency: U.S. Agency for International Development
Program Area: Condoms and Other Prevention Activities
Program Area Code: 05
Planned Funds: \$1,040,000

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28134	12094.28134.09	U.S. Agency for International Development	International HIV/AIDS Alliance	11525	6063.09	Alliance Sunrise Project (121-A-00-04-0071)	\$1,050,000
12094	12094.07	U.S. Agency for International Development	International HIV/AIDS Alliance	6063	6063.07	Sunrise Project (121-A-00-04-0071)	\$679,803

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 6067.08 **Mechanism:** HIV/AIDS Service Capacity Project

Prime Partner: Constella Futures **USG Agency:** U.S. Agency for International Development

Funding Source: FSA account **Program Area:** Condoms and Other Prevention Activities

Budget Code: HVOP **Program Area Code:** 05

Activity ID: 12093.08 **Planned Funds:** \$100,536

Activity System ID: 18852

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12093

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12093	12093.07	U.S. Agency for International Development	Constella Futures	6066	6066.07	HIV/AIDS Service Capacity Project	\$150,000

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: \$744,048

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Ukraine's fast-growing HIV epidemic is made more serious by a parallel and rapidly-escalating Tuberculosis (TB) epidemic. The estimated 101/100,000 annual rate of new TB cases is the highest in Europe and Eurasia. TB is the leading cause of death from infectious disease with approximately 1.4% of the population, or 670,000 persons, with active disease. TB accounts for 60% of AIDS deaths in Ukraine. Current estimates indicate that more than 16% of adults with active TB are also HIV-positive and over 30% of PLWHA have active TB disease. Rapid clinical progression from infection to illness with TB is one of the most serious problems among patients with HIV in Ukraine.

As a direct result of poorly implemented TB control and treatment programs, multi-drug-resistant TB (MDR-TB) is an increasingly serious problem, with half of all Ukrainian cases resistant to at least one first line drug and up to 15% multi-drug resistant. Widespread inappropriate use of both first and second line drugs suggests that extensively-drug-resistant (XDR-TB) may also be a serious concern.

Both HIV and TB are concentrated in the industrial southern and eastern regions of the country, which are the focus of current USAID interventions to prevent and control the spread of both diseases and address issues of HIV/TB co-infection.

LEVERAGE AND COORDINATION

The award of the Global Fund (GF) Round 6 grant has made \$4.022 million available to address HIV/TB co-infection over the next five years. In preparing the proposal for this grant, the working group identified several barriers to the effective diagnosis and treatment of HIV/TB co-infection in Ukraine, including:

- a.Lack of unified protocols for HIV/TB diagnosis and treatment;
- b.Lack of DOTS in all but six provinces/oblasts;
- c.Insufficient training of TB specialist in management of HIV/TB co-infection;
- d.Stigma and other barriers to access to services for HIV patients;
- e.Separation of HIV and TB services and inadequate referral between them.

Activities planned for GF support include: (1) convening a joint TB, HIV, IDU specialist working group to develop protocols for coordinated treatment of HIV, MAT and TB, including case management and referral standards, (2) cross training of specialists from HIV and narcology services with TB specialists on the needs of triply affected IDUs with HIV/TB, (3) implementation of treatment of HIV/TB co-infected individuals in 10 sites, including referral between VCT sites and TB diagnostic and treatment facilities (4) procurement of supplies for TB diagnosis (sputum cups and test-kits), (5) support to sites piloting integrated HIV/TB care 6) piloting a comprehensive TB/DOts, ART and MAT program at one site for triple affected patients.

The World Bank (WB) is providing a total of \$7.026 million to address TB and HIV in the prison system, including monitoring and treatment of TB and HIV cases, identification of MDR-TB, peer-to-peer prevention activities and promoting healthy lifestyles for prison personnel. The majority of this budget will support the procurement of equipment and supplies.

While GF and WB resources are substantial, they are not sufficient to provide the level of intervention required to address the scope of the HIV/TB problem in the country. However, targeted use of USG funds to complement GF and WB programs will allow for a more comprehensive response.

CURRENT USG SUPPORT

As the principal donor of TB-DOTS programs in Ukraine, the USG has over the past few years successfully introduced and expanded TB-DOTS service provision to significantly improve the diagnosis and treatment of TB. Following a highly successful pilot covering one of the largest and most heavily affected provinces/regions in Eastern Ukraine, the USG is supporting the further roll-out of DOTS in five other most-affected provinces. These regions overlap completely with those with the highest prevalence of HIV infection. When this roll-out has been completed in 2008, 40% of the Ukrainian population will have access to TB care in line with the most recent international standards. Despite many strong and vocal advocates within the local medical community for Soviet-era prevention and treatment protocols and practices that are outdated, ineffective and drug-resistance enhancing, USG supported policy, advocacy and project implementation has resulted in the recognition of the effectiveness of DOTS and DOTS+ at the highest levels of the Ministry of Health and among many of the most influential Ukrainian TB experts. A private Ukrainian foundation has joined forces with one USAID-funded partner, WHO, to introduce DOTS+ to combat MDR- and XDR-TB in the initial DOTS pilot oblast. These successes have created the platform for greatly increased coverage within the next five years if Ukraine is a successful applicant for the recently announced Round 7 GF grants for TB control.

USG FY08 SUPPORT

In FY 2008, a five-year USG program in TB control will begin implementation. This program will focus on expanding DOTS coverage and quality, building adequate capacity for rapid implementation of DOTS Plus programs for MDR/XDR-TB, expanding access to TB/HIV co-infection services, and the development of appropriate policies and attitudes to ensure an appropriate enabling environment for DOTS implementation. To this end, activities during FY 2008 will continue to:

- 1.Address barriers, including stigma and discrimination, among medical providers and pharmacists to treat HIV/TB co-infection

- following nationally approved treatment protocols;
- 2.Strengthen referral systems to assure HIV testing and counseling for TB patients and link these patients to HIV care, treatment and support services.
 - 3.Intensify TB case-finding among HIV patients through HIV services, and primary health care facilities, peer-peer outreach and adherence support, and active case finding and contact tracing, and link those suspected of active TB to treatment and follow-up.
 - 4.Provide technical training in HIV/TB co-infection diagnosis among primary care physicians
 - 5.Address critical laboratory needs related to HIV/TB co-infection and conduct related training of laboratory technicians
 - 6.Collect and analyze data on drug resistance (MDR-TB and XDR-TB) and HIV co-infection.
 - 7.Provide technical support to local level HIV and TB Coordination Councils and working groups to ensure inclusion of HIV/TB in strategy and program development.
 - 8.Strengthen the capacity of civil society and public sector organizations working to address the needs of HIV/TB co-infected individuals.
 - 9.Support development and application of HIV/TB policies and regulations to ensure equity in access to treatment, permit improvements of treatment protocols and strengthen treatment adherence and provide budget support for HIV/TB co-infection.

Program Area Downstream Targets:

- | | |
|--|-----|
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or 9 presumed) in a palliative care setting | |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 300 |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 0 |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 95 |

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 6066.08	Mechanism: HIV/AIDS Service Capacity Project
Prime Partner: Constella Futures Group	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 18875.08	Planned Funds: \$0
Activity System ID: 18875	
Activity Narrative: A combination of FSA Account and GHAI Funds will support TB/HIV activities.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 6067.08	Mechanism: HIV/AIDS Service Capacity Project
Prime Partner: Constella Futures	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07

Activity ID: 12099.08

Planned Funds: \$134,048

Activity System ID: 18856

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12099

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12099	12099.07	U.S. Agency for International Development	Constella Futures	6067	6067.07	HIV/AIDS Service Capacity Project	\$200,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 6068.08

Mechanism: TASC II

Prime Partner: PATH

USG Agency: U.S. Agency for International Development

Funding Source: FSA account

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 12098.08

Planned Funds: \$610,000

Activity System ID: 18857

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12098

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28137	12098.28137.09	U.S. Agency for International Development	PATH	11526	6068.09	TB Control	\$568,660
12098	12098.07	U.S. Agency for International Development	PATH	6068	6068.07	TASC II	\$450,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 6066.08

Mechanism: HIV/AIDS Service Capacity Project

Prime Partner: Constella Futures Group

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 19551.08

Planned Funds: \$0

Activity System ID: 19551

Activity Narrative: \$60,352 carryover from FY 2006

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$264,316

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

The majority of HIV-positive and HIV-affected orphans in Ukraine are deprived of parental or family care due to poor preventive and diagnostic practices exacerbated by stigma and discrimination. In Ukraine, testing and confirmation of the HIV status of infants born to HIV-positive women is delayed until the children are 18 months old. Of 5,978 children registered at AIDS centers as of January 1, 2007, 1,367 have been confirmed HIV-positive. The remainder are awaiting diagnosis. The delay in ruling out HIV infection and the concurrent stigma result in a rate of abandonment at birth (11%-20%) similar to the risk of contracting HIV (7.7-16.4%) for children born to HIV-positive women. For those not abandoned, the stigma attached to their families may bar access to health, education and social services.

If abandoned by their parents, newborns stay in Ministry of Health institutional care until age four. HIV-negative orphans are then transferred to pre-school children's homes or boarding schools under the Ministry of Education. However HIV-positive orphans are designated "disabled" and many end up in institutions for the mentally retarded. They have almost no chance of being adopted as the Family Code of Ukraine prohibits HIV-positive people from adopting a child and non-HIV-affected adoptive parents are reluctant to adopt an HIV-positive child.

In addition to the health, social and emotional impact of institutionalization, these children seem to be at greater risk of contracting HIV. A recent survey in Russia found that street youth who had lived in orphanages had a HIV sero-prevalence rate of 2.4 times the rate of street youth who had not.

Of an estimated 115,000 street children in Ukraine, 42,016 are officially registered and 20,000 occasionally live in 94 local government child shelters and/or four juvenile detention centers. Recent data shows that up to 94% of these children report using stimulants. The age of initiation to injection drug use has dropped to 13 years and less than 20% report using a sterile syringe. Almost 21.7% of 10 to 14 year old street children report that they have had sex. In one oblast, 11% earned their living from sex

and 32% reported having experienced sexual violence in the last 6 months. Forty percent (40%) report having sex at least once a week and one third acknowledged not using a condom during their last sexual contact. Of those tested, between 7% and 24% tested positive for syphilis. Between 20%-69% were HIV-positive.

LEVERAGE AND COORDINATION

Starting in 2005, the \$1.7 million Positive Children Project funded by the Canadian International Development Agency (CIDA) has focused on training for comprehensive HIV/AIDS care in support of HIV-positive children, their families and caregivers. Grants are provided to AIDS service organizations to improve access to psycho-social services. UNICEF's Protection, Care and Support for Orphans and Children Affected by HIV/AIDS project is developing standards of social service for HIV-positive children, training educators, establishing day care centers and developing models for comprehensive services for women, children and families affected by HIV/AIDS. USG programs will closely coordinate with these two programs to strengthen and expand service delivery. The World Bank and Global Fund (GF) Rounds 1 and 6 have only foreseen minimal or no support for the types of activities USAID is currently funding or proposes to fund. The Round 6 GF program specifically includes street children as a major target group for prevention, focusing on those who spend time in children's shelters and detention centers, but the proposed total funding level is less than one million dollars for 5 years.

CURRENT USG SUPPORT

The "Families for Children" Program (FCP), has worked in five localities to build a continuum of family-based care services for children deprived of parental care, including family preservation, adoption, and temporary foster care or family type homes. An integral component supports children and families affected by HIV/AIDS.

The MAMA + project directly aimed to keep children born to HIV positive mothers within the biological family. The project established effective networks for the early identification of pregnant HIV-positive women and strengthened family support systems for the mothers and families of HIV-affected children including supportive peer networks. In late FY 2008, USAID expects to initiate implementation of a new project focusing on services for HIV/AIDS Affected Children.

USG FY08 SUPPORT

Building on USAID's current programs, the USG will continue efforts to reduce child abandonment, increase family-based care options, and improve access to community services for children and families directly affected by HIV/AIDS. Using programs in abandonment prevention and family support for children and families as a platform, the program will:

- 1) Establish linkages between civil society and government organizations providing support services to families and children affected by HIV and pre-natal and maternity services providing PMTCT services to HIV-positive pregnant women in order to promote a multidisciplinary case-management methodology. Organizational networks and service provision will be strengthened to:
 - a) encourage HIV-positive women to attend pre-natal services early in pregnancy;
 - b) provide social, psychological and other necessary support to encourage adherence to PMTCT interventions;
 - c) provide a multi-dimensional system of family support through social, medical, legal, financial and psychological patronage of mothers and families caring for children born to HIV-positive mothers;
 - d) provide appropriate family-based care for children of HIV-positive mothers who are deprived of parental care; and
 - e) provide peer network support to empower HIV-positive women and their families.
- 2) Establish a continuum of family-based care services for children of HIV-affected families who are not able to stay with their biological families, including adoption, temporary family care, foster care and family type homes. This will include adaptation of international best practices in recruiting foster and adoptive families for HIV-affected children.
- 3) Train providers in project sites in pediatrics HIV/AIDS care and support, including treatment of opportunistic infections, especially TB, and build linkages with HIV treatment services to assure ART availability for children.
- 4) Build the capacity of local communities to prevent and alleviate the impact of HIV-related stigma and discrimination directed at HIV-affected children and families.
- 5) Conduct advocacy activities aimed to improve effective family and community care for vulnerable children and address policy, regulatory and legal issues related to HIV-positive and HIV-affected children, including: standards of care for HIV-positive children in institutions, de-institutionalization of HIV affected children, access to HIV-positive women and their children to health and social services;
- 6) Establish mechanisms to link street children to HIV prevention, curative and care services;
- 7) Strengthen the capacity of civil society and public sector organizations to address the needs of HIV-affected children.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	100
*** 8.1.A Primary Direct	100
*** 8.1.B Supplemental Direct	
8.2 Number of providers/caregivers trained in caring for OVC	100

Custom Targets:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 6066.08

Mechanism: HIV/AIDS Service Capacity Project

Prime Partner: Constella Futures Group

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 19552.08

Activity System ID: 19552

Activity Narrative: \$82,984 carryover from FY 2006

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$0

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6080.08

Prime Partner: Holt International

Funding Source: FSA account

Budget Code: HKID

Activity ID: 12123.08

Activity System ID: 18859

Activity Narrative: Planned new HIV/AIDS Program for Children was not procured during FY 2007; Mission is now considering whether new mechanism will be procured or funding for Orphans and Vulnerable Children will be added to existing mechanism

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12123

Related Activity:

Mechanism: Families for Children

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$0

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12123	12123.07	U.S. Agency for International Development	Holt International	6080	6080.07	Families for Children	\$0

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6067.08

Prime Partner: Constella Futures

Mechanism: HIV/AIDS Service Capacity Project

USG Agency: U.S. Agency for International Development

Funding Source: FSA account

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 18876.08

Planned Funds: \$184,316

Activity System ID: 18876

Activity Narrative: A combination of FSA Account and GHAI Funds will support Orphans and Vulnerable Children activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6066.08

Mechanism: HIV/AIDS Service Capacity Project

Prime Partner: Constella Futures Group

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 12101.08

Planned Funds: \$0

Activity System ID: 18853

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12101

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12101	12101.07	U.S. Agency for International Development	Constella Futures	6066	6066.07	HIV/AIDS Service Capacity Project	\$250,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6063.08

Mechanism: Sunrise Project (121-A-00-04-0071)

Prime Partner: International HIV/AIDS Alliance

USG Agency: U.S. Agency for International Development

Funding Source: FSA account

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 12100.08

Planned Funds: \$80,000

Activity System ID: 18862

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12100

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28135	12100.28135.09	U.S. Agency for International Development	International HIV/AIDS Alliance	11525	6063.09	Alliance Sunrise Project (121-A-00-04-0071)	\$425,000
12100	12100.07	U.S. Agency for International Development	International HIV/AIDS Alliance	6063	6063.07	Sunrise Project (121-A-00-04-0071)	\$76,365

HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Total Planned Funding for Program Area: \$944,852

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Although there are now nearly 150 recognized “VCT” centers in Ukraine, only the 27 public sector AIDS Centers and other public medical institutions are allowed to diagnose and treat HIV infection. NGOs and other civil society organizations can only provide counseling, referral and post-testing support. This regulation creates a significant obstacle to many most-at-risk individuals since they are often reluctant to face the wide-spread stigma and discrimination in many public health facilities or risk the consequences of exposure due to frequent breaches of patient privacy. In addition, rapid testing technologies are not yet generally available in Ukraine for a variety of reasons related to procurement, corruption and quality assurance.

While these obstacles have blocked the capacity of civil society service providers to offer the full range of VCT services, they have also contributed to the development of unique and effective collaborative relationships between some public sector health institutions and local NGOs, who, in some instances, have been provided with office space within or near the health facility in order to be able to provide more effective direct follow up and support to health facility clients at risk of or already living with HIV/AIDS. Civil society organizations have taken on a multiplicity of roles including case finding, referral, pre-and post-test counseling, adherence support, assistance for legal, employment and family issues and palliative care, thus forming coordinated care networks with public sector health facilities. Most of these organizations have been supported by USG partners with technical assistance, technical and organizational development training, small grants and other inputs using either USG or Global Fund (GF) Round 1 resources. Multiple kinds of collaborative models have evolved to address the needs of a range of vulnerable populations and to adapt to unique local circumstances. No comprehensive assessment of these various models has yet been carried out.

While these networks represent a valuable response to the legal restrictions limiting civil society capacity to, themselves, offer a more complete package of services, these same restrictions also limit access of many of the most at risk and marginalized populations to quality VCT and other essential HIV/AIDS prevention and care services.

LEVERAGE AND COORDINATION

In coordination with other donors, including UNAIDS and civil society HIV/AIDS leaders, the USG has, so far without success, advocated for the introduction of rapid testing and the broadening of the availability of a total package of VCT services through private sector and civil society organizations. The Clinton Foundation, in partnership with Pangaea Global AIDS Foundation, will now introduce rapid testing into 15 public medical facilities, including narcology centers, STD treatment facilities and some NGOs in one province. In addition, US Department of Defense collaboration with the Ukrainian military to build five counseling and testing centers, develop related laboratory capacity and provide staff with peer-to-peer and other technical training on military facilities has led to the successful introduction of rapid testing technology in these facilities serving military personnel and their families. The USG will collaborate with other donors to build on these initiatives to promote the adoption of rapid testing in civilian health facilities.

The USG will complement and expand VCT activities supported through the GF Round 6 program which integrates VCT services into its support to the most vulnerable populations of IUDs, FSWs and MSM.

CURRENT USG SUPPORT

In addition to the DOD activities mentioned above, the USG has supported extensive training of NGO and public sector health staff in VCT counseling and testing skills and contributed to upgrading related laboratory skills. Through these activities 27 public AIDS Centers and 119 other public and private organizations offering VCT services have received USAID-funded technical and other support, 373 individuals have received training in VCT and 24,950 individuals have received VCT services. By the end of 2007 it is expected that there will be 215 VCT centers receiving USAID technical and institutional support, 670 people trained and a total of 38,000 individuals having received VCT services. The DOD has supported the establishment of 4 VCT centers in military facilities, including the introduction of rapid testing and peer-to-peer counseling.

USG FY08 SUPPORT

The USG will continue to support policy and capacity development activities to strengthen the delivery of quality HIV/AIDS prevention, treatment and care and support services. Additionally, in coordination with GF programs, outreach activities will continue to expand access to VCT for high-risk populations. On an ongoing basis, the USG will support:

- 1.Coordinated advocacy efforts with the GF, other donors and civil society to reduce policy, legal, regulatory and fiscal barriers inhibiting access to quality HIV/AIDS related services that meet international standards. For example, promote and operationalize policy, regulatory and fiscal changes which allow for broad expansion of VCT by enabling NGOs to provide counseling and testing services, including rapid testing. Building on prevention and outreach activities supported by the GF Round 6 award, expand the availability of counseling and testing services for MARPs, including IDUs, CSWs, MSMs and street children;
- 2.Expand and strengthen linkages between public and civil society service providers to develop and strengthen local networks to assure a continuum of care from prevention through long-term support which meets the needs of vulnerable populations;
- 3.Strengthen peer-to-peer training and continue support for rapid testing supplies and IEC materials in the five military VCT centers supported by the DOD.
- 4.Integration of stigma and discrimination reduction activities into all VCT related training and advocacy activities.
- 5.Strengthen the capacity of civil society and public sector organizations providing VCT services.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	85
9.3 Number of individuals trained in counseling and testing according to national and international standards	6500
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	180

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6063.08 **Mechanism:** Sunrise Project (121-A-00-04-0071)

Prime Partner: International HIV/AIDS Alliance **USG Agency:** U.S. Agency for International Development

Funding Source: FSA account **Program Area:** Counseling and Testing

Budget Code: HVCT **Program Area Code:** 09

Activity ID: 12103.08 **Planned Funds:** \$460,000

Activity System ID: 18863

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12103

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28136	12103.28136.09	U.S. Agency for International Development	International HIV/AIDS Alliance	11525	6063.09	Alliance Sunrise Project (121-A-00-04-0071)	\$300,000
12103	12103.07	U.S. Agency for International Development	International HIV/AIDS Alliance	6063	6063.07	Sunrise Project (121-A-00-04-0071)	\$348,355

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6066.08 **Mechanism:** HIV/AIDS Service Capacity Project

Prime Partner: Constella Futures Group **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Counseling and Testing

Budget Code: HVCT **Program Area Code:** 09

Activity ID: 12104.08 **Planned Funds:** \$0

Activity System ID: 18854

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12104

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12104	12104.07	U.S. Agency for International Development	Constella Futures	6066	6066.07	HIV/AIDS Service Capacity Project	\$400,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6067.08 **Mechanism:** HIV/AIDS Service Capacity Project

Prime Partner: Constella Futures **USG Agency:** U.S. Agency for International Development

Funding Source: FSA account **Program Area:** Counseling and Testing

Budget Code: HVCT **Program Area Code:** 09

Activity ID: 18877.08 **Planned Funds:** \$284,852

Activity System ID: 18877

Activity Narrative: A combination of FSA Account and GHAI Funds will support Counselling and Testing activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6066.08 **Mechanism:** HIV/AIDS Service Capacity Project

Prime Partner: Constella Futures Group **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Counseling and Testing

Budget Code: HVCT **Program Area Code:** 09

Activity ID: 19553.08 **Planned Funds:** \$0

Activity System ID: 19553

Activity Narrative: \$128,248 carryover for FY 2006

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area: \$1,167,532

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

Despite significant recent progress, HIV/AIDS prevention, treatment and support in Ukraine is hampered by the legacies of Soviet rule: weak political leadership, antiquated policies, high stigma and discrimination, corruption, and an under-developed civil society. The USG has addressed these issues through a strategically focused program combining advocacy, institutional capacity building, policy development, networking with local champions and strengthening of civil society organizations. Support of this dialogue has helped to create a unified donor position on priorities for addressing the HIV epidemic in Ukraine.

Results have included growing support for urgently-needed HIV/AIDS policy changes, greatly enhanced civil society participation in policy-making, advocacy and program implementation and rapidly expanded HIV/AIDS interventions, especially at provincial and regional levels. The Government of Ukraine (GOU) has now identified the HIV/AIDS epidemic as a public health priority. The Cabinet of Ministers of Ukraine established the National Coordination Council (NCC) for the Prevention of HIV/AIDS in 2005. Subsequently, the GOU agreed to integrate Tuberculosis under the aegis of the NCC and on July 11, 2007 issued a Cabinet of Ministers order to reorganize the NCC into the National Council to Fight Against TB and HIV/AIDS (NC)

The current National AIDS Program provides a strong basis for inter-sectoral cooperation among government agencies and between the government, non-government and international organizations. The 30-member NC includes representatives from government ministries, the parliament, NGOs, trade unions, FBOs, the private sector and international donors. The national strategy underscores the inclusion of target populations, particularly PLWHA, in the design, implementation, monitoring and evaluation of the National AIDS Program.

National HIV prevention and treatment policies are increasingly in line with international standards. However, key challenges remain: the limited allocation of government resources; the need for specific, evidence-based protocols for HIV/TB co-infection diagnosis and treatment, PMTCT, MAT and other interventions; the current limitation on private sector, including civil society, implementation of the full package of VCT and treatment of multiply-affected individuals (e.g. IDUs with HIV and/or Tuberculosis); the barriers to the introduction of rapid testing; and legal, regulatory and human rights issues related to restrictions on access to social services.

Over the past four years the role of civil society in the planning, implementation and monitoring of HIV/AIDS interventions has increased dramatically. NGOs and other civil society organizations actively participate in national and regional level policy and strategy councils and work closely with government services to implement programs. A unique collaborative relationship has evolved between civil society and government service providers at many sites to provide a continuum of preventive, treatment and follow-up care to PLWHA. These "coordinated care networks" will be expanded under Global Fund (GF) Round 6 funding to cover an additional 90 communities. USAID, through its partners, works with well over 100 NGOs and civil society groups. The majority have been created in the last 5 years, and, though many provide valuable services, most are organizationally immature. Only two or three are currently capable of directly receiving and managing donor funds, though many have received small grants from a variety of national and international donors. Two have been accepted as Principal Recipients of the GF Round 6 grant.

LEVERAGING AND COORDINATION

The USG remains the primary financial supporter of organizational and systems strengthening activities to strengthen national and local responses to the epidemic. This investment is carefully leveraged with civil society and public sector programming in order to improve HIV/AIDS program outputs and outcomes.

With the goal of leveraging new GF Round 6 resources and assuring their effective and efficient use, the USG continues to make service capacity building a high priority. This includes addressing policy and other barriers to effective program implementation and strengthening technical and administrative/management capacity in national, regional and municipal public institutions and civil society organizations. For example, the USAID-funded Sunrise Project currently provides grants and targeted capacity building support to at least 24 local organizations in such areas as strategic planning, development of fundraising skills and other organizational skills. An assessment of the institutional capacity of these partners rated two "fully sustainable" and most of the others in a "consolidation" phase, indicating a significant need to continue to build institutional capacity in the NGO sector.

Weak institutional capacity among nascent civil society groups in smaller communities limits access to services of the more

marginalized and highest risk groups. The new GF program aims to rapidly and significantly scale up service provision to a wide variety of high risk populations, including in small towns and communities, by mobilizing both NGO and public sector service providers, in part through the provision of small grants. Strengthening technical and management/administrative capacity of both public sector and civil society organizations is vital to the achievement of the ambitious goals elaborated in the GF proposal.

CURRENT USG SUPPORT

National, provincial/regional, municipal and site level coordination of policy development and implementation activities has been a focus of the past four years. This has included the establishment of a National HIV/AIDS Coordination Council (now called the National Council to Fight Against TB and HIV/AIDS), the development of sector-specific technical committees and working groups to support the Council's policy work, the establishment of and support for similar bodies at the regional and municipal levels, and site level coordination networks. At the national level, the results of this effort have included the successful application for GF Round 6 funds as well as numerous policy advances that include the recent approval of MAT and approval of the first national PMTCT program. Under the leadership of UNAIDS, USG programs contribute actively to the strengthening of national HIV-related monitoring and evaluation (M&E) efforts, especially at the regional level.

USG FY08 SUPPORT

In coordination with the GF and other donors and partners in HIV/AIDS, the USG will continue to support the National Council to Fight Against TB and HIV/AIDS (NC) and provincial/regional and municipal HIV Coordinating Councils to develop and implement effective policies, strengthen M&E and provide a solid foundation for effective HIV programming.

In addition, USAID's HIV/AIDS Service Capacity Project, coming on line in FY 2008, will support and leverage GF efforts to strengthen coordination of HIV/AIDS service provision at the local level through a comprehensive program of capacity development that builds national momentum for implementing GF interventions. Capacity building efforts will provide technical, management and administrative capacity building to enable organizations to make effective use of GF and other resources to meet national HIV/AIDS goals of universal coverage. Activities in this program will: build local capacity to reduce policy, legal, regulatory and fiscal barriers that inhibit access to quality HIV/AIDS prevention, treatment care and support services in line with international standards; strengthen and expand linkages between public and civil society service providers to enhance the provision of a continuum of care for HIV infected and affected individuals and their families, particularly within vulnerable populations; increase the capacity of public and non-governmental organizations to ensure sustainable delivery of quality services; and implement and assess innovative approaches to increase access of highly marginalized MARPS to HIV/AIDS prevention, treatment, care and support services.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	20
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	50
14.3 Number of individuals trained in HIV-related policy development	160
14.4 Number of individuals trained in HIV-related institutional capacity building	230
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	600
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	80

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6066.08	Mechanism: HIV/AIDS Service Capacity Project
Prime Partner: Constella Futures Group	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 19554.08	Planned Funds: \$0
Activity System ID: 19554	
Activity Narrative: \$354,568 carryover from FY 2006	
HQ Technical Area:	
New/Continuing Activity: New Activity	

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 6067.08	Mechanism: HIV/AIDS Service Capacity Project
Prime Partner: Constella Futures	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 18878.08	Planned Funds: \$787,532
Activity System ID: 18878	
Activity Narrative: A combination of FSA Account funds and GHAI funds will be used to support Policy Analysis and Systems Strengthening work.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 6066.08	Mechanism: HIV/AIDS Service Capacity Project
Prime Partner: Constella Futures Group	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 12105.08	Planned Funds: \$0
Activity System ID: 18855	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12105	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28487	12105.28487.09	U.S. Agency for International Development	Constella Futures	11652	6066.09	HIV/AIDS Service Capacity Project	\$1,278,000
12105	12105.07	U.S. Agency for International Development	Constella Futures	6066	6066.07	HIV/AIDS Service Capacity Project	\$1,120,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 6063.08
Mechanism: Sunrise Project (121-A-00-04-0071)
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: FSA account
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 12109.08
Planned Funds: \$380,000
Activity System ID: 18864
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12109
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12109	12109.07	U.S. Agency for International Development	International HIV/AIDS Alliance	6063	6063.07	Sunrise Project (121-A-00-04-0071)	\$320,532

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$363,400

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The Embassy's long-standing tradition of inter-agency collaboration is fully operational in the area of HIV/AIDS. An HIV/AIDS inter-agency taskforce chaired by the Deputy Chief of Mission promotes coordinated management, common purpose, and cohesion of vision and programming for all USG Agencies working on HIV/AIDS in Ukraine. Under the leadership of the Ambassador and Deputy Chief of Mission (DCM) USAID, Peace Corps and DOD actively build synergies and coordinate on activities to accomplish program results and maximize the impact of PEPFAR in Ukraine. The USG HIV/AIDS Ukraine team collaboratively supports and monitors progress on HIV activities through a number of approaches ranging from regular meetings in Kyiv to share information, site visits to assess program effectiveness, and high level Embassy involvement in AIDS policy and leadership events to bring attention to key issues.

Under the direction of the taskforce, USAID's Director of Health and Social Transition, a position classified at the FEOC level, serves as the HIV/AIDS focal point. In this role, the Director is responsible for coordinating development of a coherent strategic vision for USG assistance in HIV/AIDS, for drafting a comprehensive description of the USG program in the mini-COP, for overseeing program progress toward planned achievements through Agency monitoring and evaluation activities and ongoing review of available data and reports, and for reporting on program results. USG partner agencies Peace Corps and DOD manage implementation of their programs supported by in-country staff as outlined in the staffing matrix and by technical experts in regional and head-quarter offices.

Within the USG framework, each USG partner focuses on its area of comparative advantage. The Department of Defense (DOD) manages USG support for HIV prevention programs in the military. USAID is responsible for enhancing the GOU's strategic response to the HIV/AIDS epidemic through strengthening the capacity of public and nongovernmental organizations: to expand and improve HIV/AIDS prevention, treatment care and support programs; to enhance approaches targeting most-at-risk-populations (MARPs); and to strengthen HIV/AIDS policy, diagnosis and treatment of HIV-TB co-infection. USAID also implements "wrap around" programs in mother and child health, family planning/reproductive health, and tuberculosis control; these programs complement PEPFAR resources with more comprehensive support for HIV/AIDS affected and infected persons. The Peace Corps supports prevention of HIV and drug use among youth, especially in small towns and villages. The Economic Affairs section (ECON), including the EST officer section, leads efforts to stimulate greater political and scientific leadership in battling the epidemic. The Assistance Coordinator for Freedom Support Act funds (FSA) is charged with overseeing all FSA account AIDS resources. The Embassy's Public Affairs (PA) section manages USG information dissemination and external events on HIV/AIDS to ensure consistency of message; and the Embassy's Law Enforcement Section (LES) is the focal point for all issues related to drug trafficking, illegal drug use and DDR.

During the first months of FY 2008, to initiate development of a plan for Staffing for Results as outlined in the FY 2008 Mini-COP Guidance the HIV/AIDS interagency taskforce will jointly review its PEPFAR management and program team structure with attention to reducing duplication of effort, identifying staffing gaps and concerns and developing strategies to address staffing issues in the short-and long-term. As part of this process, the interagency team will review and document its approach to cross agency coordination and explore potential approaches to expand joint oversight processes for planning and budgeting for PEPFAR program management and implementation. In its Staffing for Results plan, the interagency team will address the issue of engaging Washington leadership and utilizing, as needed, Washington-based resources.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6088.08

Mechanism: Management and Staffing

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 12138.08

Planned Funds: \$100,000

Activity System ID: 18867

Activity Narrative: In FY08, USAID will continue to function as PEPFAR liaison/coordinator for the Embassy and will manage PEPFAR reporting, administrative and local financial accounting and contracting support. USAID will also devote staff time to donor coordination with USAID representation on the GOU's National Coordinating Council on HIV/AIDS, TB and Malaria. To support this function, USAID will have one USDH Supervisory General Development Officer, one Program Officer, one Contracting Officer, one Controller, four FSN professionals and two FSN administrative and financial staff who will devote more than 10% of time each to HIV/AIDS program work. This represents an estimated 60% time of one USDH, 15% time each by the Program Officer, 20% time by the Contracting Officer, 10% time by the Controller, 80% time by two FSN professionals, 55% time by one FSN professional, and 15% time by one FSN professional. Two other FSN staff will provide financial analysis and administrative support at, respectively, 15% and 25% time.

USAID ICASS: Estimated ICASS costs in FY08 will total approximately \$1,564 for USAID, which covers security services, drivers, LES services etc for four full-time FSN health professionals, two FSN administrative staff at 70% of their time. This does not include the ICASS costs for three direct hires and one FSN administrative staff; these are covered under USAID OE costs.

USAID: IRM (only USAID): USAID in-country staff require computer maintenance and technical support to support USAID program functions. This is funded through the IRM tax which is applied under the USAID portion of the funding. Estimated IRM costs in FY08 will total \$20,400

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12138

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12138	12138.07	U.S. Agency for International Development	US Agency for International Development	6088	6088.07	Management and Staffing	\$150,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6089.08

Mechanism: Management and Staffing

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: FSA account

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 12139.08

Planned Funds: \$234,000

Activity System ID: 18868

Activity Narrative: A combination of FSA Account funds and GHAI funds will support HIV/AIDS program management and staffing needs for FY 2008.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12139

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28138	12139.28138.09	U.S. Agency for International Development	US Agency for International Development	11527	6089.09	Management and Staffing	\$354,000
12139	12139.07	U.S. Agency for International Development	US Agency for International Development	6089	6089.07	Management and Staffing	\$77,588

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6069.08

Mechanism: US Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 12144.08

Planned Funds: \$29,400

Activity System ID: 18871

Activity Narrative: Within the USG framework: the Peace Corps (PC) is responsible in part for the USG promotion of HIV prevention programs among young people using the Abstinence/Be Faithful approach and prevention of drug use among young people. Both programming directions will focus particularly on youth in small and medium sized towns.

Given the labor intensive nature of managing the Peace Corps program, organizing trainings and providing on-site technical support to the development and implementation of community programs, a full-time staff member (HCN) has been hired.

In FY07, PC has significantly increased its program and scope of activities and has created a full-time HCN PSC position to manage its HIV program. In addition to this individual, the USDH Associate Program Director and FSN Financial Assistant will continue to devote, respectively, 30% and 25% time to HIV/AIDS program oversight and support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12144

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28141	12144.28141.09	Peace Corps	US Peace Corps	11528	6069.09	US Peace Corps	\$29,400

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6066.08

Mechanism: HIV/AIDS Service Capacity Project

Prime Partner: Constella Futures Group

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 19555.08

Planned Funds: \$0

Activity System ID: 19555

Activity Narrative: \$73,600 carryover from FY 2006

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	X	Yes	No
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			5/1/2008
Is a Health Facility Survey planned for fiscal year 2008?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?	Yes	X	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Congressional Notification COP 2008.doc	application/msword	9/27/2007	This request is based on total GHAI request of \$1,328,000 which includes funding for Peace Corps and DOD USG partners at a total of \$400,000	Executive Summary	LPerry
xCOPHIVUkraine_5_year_strategy 1Arev7hl.doc	application/msword	9/27/2007		Other	LPerry
xCOPGFATM Supplemental.doc	application/msword	9/28/2007		Global Fund Supplemental*	LPerry
xCOPbudgetary just 2mil FY08.doc	application/msword	9/28/2007		Justification for Partner Funding	LPerry
xCOPJustification for Budgetary Requirements AB FY 08.doc	application/msword	9/28/2007		Justification for AB Budgetary Requirements	LPerry
IndicatorsminicopAlina.doc	application/msword	9/28/2007		Explanation of Targets Calculations*	LPerry

2007 09 21 Ukraine FY08 COP Submission_BRW (2).xls	application/vnd.ms-excel	10/2/2007	Budgetary Requirements Worksheet received by e-mail. Please note that Control Levels do not match planned funding request.	Other	LPerry
2008 Mini-COP Intro Letter.pdf	application/pdf	10/2/2007	Signed Ambassador's Letter	Ambassador Letter	LPerry
USAID staffing matrix FY 08.xls	application/vnd.ms-excel	10/13/2007		Other	LPerry
PC staffing matrix FY 08.xls	application/vnd.ms-excel	10/13/2007		Other	LPerry
DOD staffing matrix FY 08.xls	application/vnd.ms-excel	10/13/2007		Other	LPerry
FINALMini-COP STAFFING SPREADSHEET Ukraine.xls	application/vnd.ms-excel	10/15/2007		Other	LPerry