



**Ukraine**

**Operational Plan Report**

**FY 2011**



## Operating Unit Overview

### OU Executive Summary

#### Background:

The Country Operational Plan (COP) for FY 2011 reflects the United States Government (USG) commitment to the people of Ukraine to support a tactical, targeted national response to combat Ukraine's growing HIV/AIDS epidemic. Activities conducted with COP FY 2011 funds directly contribute to the goals, principles, and objectives outlined in the five-year Partnership Framework (PF). It is critical for the achievement of the FY2011 program that the additional \$10 million associated with the PF be received as soon as possible.

Finalization of the Partnership Framework has taken a long time. The initial draft Partnership Framework was shared with Office of the Global AIDS Coordinator (OGAC) in December 2009. OGAC approval for the Ukrainian translated PF was received on August 5, 2010 and was presented to the Government of Ukraine (GOU) on August 9, 2010. Final GOU approval is pending. There is strong support for strengthened HIV/AIDS programs in both the Executive and Legislative Branches of the GOU. On September 23, 2010 at the United Nations General Assembly Meeting on Millennium Challenge Goals, the President of Ukraine identified HIV/AIDS as an area where Ukraine needed to do better. On October 21, 2010 at the first reading, the Ukrainian Parliament voted overwhelmingly for the new HIV/AIDS law which removes travel restrictions on People Living with HIV/AIDS (PLWHA), supports important risk prevention activities such as needle exchange, increases access to medication-assisted treatment (MAT) and provides new authority to non-governmental organizations (NGOs) to provide HIV/AIDS services.

The COP FY 2010 program was based on expected funding of \$17,028,000. FY2010 funding was drastically reduced to \$12,178,000 because of the delays in finalizing the Partnership Framework. This substantial reduction in funding meant that a number of planned COP FY 2010 activities such as those in voluntary counseling and testing (HVCT) and prevention among street children (HKID) activities could not be implemented. Many of these activities are included in COP FY 2011, as outlined in "New Procurements and Activities".

As an emerging leader in Eastern Europe, Ukraine plays an increasingly important role in social and economic stability in the region. Indeed, the word Ukraine means "borderland", underscoring its position as the strategic nexus between Europe and Eurasia. Since 1992, the USG has invested more than \$1.6 billion in programs to assist the GOU in achieving social and economic security and improving the health of its citizens within a framework of democratic governance and economic growth.

The growing HIV/AIDS epidemic in Ukraine has the potential to undermine significantly Ukraine's social and economic growth. The country is experiencing the most severe epidemic in Europe and the Commonwealth of Independent States. Recently revised estimates endorsed by the National Council on Tuberculosis (TB) and HIV/AIDS indicate that there were approximately 340,000 people living with HIV at the end of 2008, representing 1.28 percent of the adult population. Despite substantial reductions in HIV incidence globally, the number of newly reported HIV cases in Ukraine has continued to increase annually. Incidence has risen from 17,669 new cases of HIV infection in 2007 to 19,840 new cases in 2009. In the first nine months of 2010, 15,270 new cases of HIV were registered. Southern and Eastern Ukraine is most affected by the epidemic, with seven Southeastern regions accounting for 64 percent of new registered cases in 2009. HIV prevalence has also increased in central, northern and western regions, particularly in urban settings. The increasing HIV and TB/HIV co-infection rates make it critical to



remove the barriers to HIV/AIDS and TB service delivery and create a policy and regulatory environment in which programs can be effectively rolled out and implemented.

Over 80 percent of reported cases to date have been concentrated among most-at-risk populations (MARPs), primarily injection drug users (IDUs), sex workers (SWs), and men who have sex with men (MSM). The prevalence of HIV infection is significantly higher among IDUs than in any other MARP group. Regional surveillance studies in 2010 estimated IDU HIV prevalence levels as high as 55 percent in some regions. Elevated rates of HIV are reported in other MARPs as well. The 2007 behavioral surveillance data reported HIV prevalence of 11 percent among MSM. Since 2006, there have been a series of surveillance studies tracking patterns of infection. They show a large and growing epidemic among female sex workers, particularly among those who inject drugs, with HIV prevalence ranging from 10 to 30 percent.

The HIV epidemic is evolving. In 2008 – 2009, a majority of newly registered HIV cases (excluding HIV-exposed infants) was attributed to heterosexual transmission for the first time. These data indicate that most of new cases of sexual transmission appear to relate to risk behaviors between MARP groups and their sexual partners. As a result, women in Ukraine, particularly female IDUs and women with high-risk sexual partners, are increasingly becoming infected with HIV.

Street children and at-risk youth represent an emerging but as yet underserved most-at-risk group. A 2010 urban study found that HIV sero-prevalence was 18.4 percent among street youth ages 15-24. Demographic and social risk factors (e.g., orphan status, living with someone who used illegal drugs or was incarcerated) were associated with ten fold or greater increases in HIV infection rates and sexual and substance-use risk factors (e.g. exchanging sex for money or goods, STIs, IDU or needle sharing) were associated with 20 to 30 fold increases. Other important underserved groups likely to practice high-risk behaviors and be at risk of infection are uniformed service members and prisoners.

Ukraine's growing HIV epidemic is exacerbated by a parallel and escalating TB epidemic. TB is the leading opportunistic infection associated with AIDS morbidity and mortality. In 2006, 53 percent of AIDS deaths were associated with TB. The magnitude of active TB among those infected with HIV is not reliably documented. However, a 2006 World Health Organization (WHO) investigation of HIV prevalence among TB patients in one region reported prevalence rates of 15.5 percent in the general population and 21.9 percent among penitentiary inmates. As of the end of 2007, 48 percent of all AIDS cases were diagnosed with TB co-infection. The October 2010 WHO-led assessment of the national TB program will provide additional information about the patterns of HIV-TB co-infection.

Ukraine's rapidly escalating TB problem is exacerbated by growing rates of multi-drug resistant (MDR) TB. According to WHO estimates, Ukraine has the eighth highest number of MDR-TB cases in the world. It is a global high priority for the prevention and treatment of MDR-TB and extremely-drug resistant (XDR) TB. Data from one region showed that TB patients with HIV were nearly twice as likely to have drug-resistant TB as patients without HIV.

Other issues that hamper the national HIV/AIDS response include discriminatory policies, high levels of social stigma against the populations most affected by HIV, the legacy of Soviet-style vertical service delivery structures, inadequate procurement and distribution systems and inefficient use of the government resources directed at achieving the National AIDS Program goals. Effective IDU HIV prevention programming is constrained by the legal and regulatory constraints and the limited availability of medication-assisted treatment (MAT) programs and of integrated HIV, TB and drug dependence services.

The 2008 UNAIDS *Comprehensive External Evaluation* of Ukraine's HIV program found that while progress was being made towards universal access, the overall response was still too limited to have a



significant impact on the epidemic. The reviewers recommended a substantial and rapid increase in the program. In particular, the report cited as insufficient: the coverage and quality of interventions to prevent HIV among MARPs; the current and planned coverage of medication-assisted treatment (MAT) for injection drug users; health sector capacity to diagnose, monitor, and treat those people living with HIV who are unaware of their status; and the use of health sector resources to provide integrated diagnosis and treatment of people with HIV and other infections such as TB. Fundamental elements required to achieve National AIDS Program objectives include national and decentralized leadership, state of the art technical capacity, enabling policies and systems, and adequate human, institutional and financial resources.

The economic crisis resulted in a significant reduction of the GOU's 2013 target for the provision of antiretroviral therapy (ART). Funding constraints forced the GOU to reduce its target from reaching 80,000 individuals to 44,000. In the past year the price of ARVs procured by Ukraine's Ministry of Health (MOH) has increased by 57 percent. Currently, only 14,000 patients are getting ARVs from the government. There are 4,300 patients on the waiting list for ARVs. Fears of discontinuation and subsequent drug resistance make providers reluctant to enroll IDUs in ART.

In February 2010, President Viktor Yanukovich took over the leadership of a new government with new priorities. The new government has made health reform a national priority. The USG continues to work closely with the MOH, Ministry of Family, Youth and Sports, and the Committee on HIV/AIDS and Other Socially Dangerous Diseases to promote improved targeted HIV/AIDS programming.

Ukraine is leading the way in the provision of substitution therapy. By supporting pilot programs which test the effectiveness and feasibility of providing MAT in different settings, the USG is creating a solid foundation for the eventual scale-up of MAT.

### **Sustainability and Country Ownership**

The Partnership Framework, which is currently being approved will deepen GOU/USG cooperation, strengthen coordination, and enhance collaboration in joint programming of technical and financial resources to strengthen the national response to HIV/AIDS. The Partnership Framework goals are to:

1. Reduce HIV transmission among MARPs, specifically IDUs, SWs, MSM, and street children;
2. Improve the quality and cost effectiveness of comprehensive HIV prevention, care, and treatment services for MARPs, particularly IDUs and their sexual partners, by strengthening national and local health systems ;
3. Improve the enabling environment for HIV programming for MARPs.

To date, the President's Emergency Plan for AIDS Relief (PEPFAR) has made significant strides in strengthening national policy through a tailored technical assistance model in Ukraine, delivering care and prevention services to MARPs, and increasing in-country capacity to plan and manage the National AIDS Program. The Partnership Framework intends to broaden access to prevention, care, and support services for MARPs in the regions with the highest burden of disease, and to foster strengthened collaboration between civil society, government, donors, and international organizations. Assistance will be directed at strengthening the Ukrainian capacity for effective program planning, implementation, and evaluation to make sustainable effective, targeted, HIV programming. Activities in COP FY 2011 align directly with the goals outlined in the Partnership Framework approved and cleared by OGAC.

The GOU highly values the assistance provided by the USG. A strong working relationship has been established through close collaboration on HIV over many years. USG resources provide key support to the National AIDS Program in health systems strengthening, policy reform, and health care services



targeted to MARPs at the national and sub-national levels.

FY 2011 activities reflect the continued strategic shift towards enabling an increasingly sustainable National AIDS Program. With the COP FY 2011 budget of \$12,178,000, the USG program will facilitate greater GOU attention to decentralized and more accessible HIV/AIDS prevention programs for MARPs, especially IDUs. The USG program will direct more FY 2011 resources to a critical component of HIV prevention among MARPs in Ukraine – substance abuse treatment options for injecting drug users. FY 2011 activities in this area will build on the pioneering work of USG partners in FYs 2008 and 2009 in developing and testing pilot programs to determine the effectiveness of MAT for HIV prevention in different settings and expand the spectrum of substance abuse treatment options available for IDUs. Since there remains opposition to MAT in some quarters, particular attention will be paid to disseminating the results of the pilot MAT programs and identifying and removing barriers to MAT expansion. Intensified efforts will continue to build leadership and institutional capacity in support of the national HIV response, strengthen the systems for quality programming, laboratory services, and the collection and use of strategic information. COP activities will help remove the policy, legal and regulatory barriers to HIV prevention programming for MARPs and engender sustained support for such programs. Full achievement of these important goals will require the anticipated \$10 million in additional support planned early in 2011.

### **Integration across the USG**

The U.S. Centers for Disease Control and Prevention (CDC), the U.S. Agency for International Development (USAID), the U.S. Peace Corps, and the U.S. Department of Defense (DOD) all work closely together under PEPFAR to support the national HIV/AIDS program. An important gain in FY 2010 was the opening of an in-country, CDC office co-located with USAID. DOD is not requesting funding in COP FY 2011, but will receive funding through the Partnership Framework. DOD programs will continue to be implemented with funds which remain in their pipeline.

### **Health Systems Strengthening and Human Resources for Health**

USG activities in systems strengthening will focus on the quality, coverage and effectiveness of HIV prevention services. Major program activities include the development and implementation of policies to support prevention programming for MARPS, training the public sector and non-governmental organization (NGO) staff that provide services to MARPS, and building systems capacity to support these services to MARPS. It is anticipated that when the work under the PF is completed in five years that the government and civil society organizations across the country will have greatly increased capacity to plan, implement and evaluate HIV programs without major support from external donors.

COP FY 2011 resources will make it possible to increase the capacity of public sector and NGO organizations to provide integrated TB/HIV services to MARPs. The USG will also work with the MOH to develop a standardized national training curriculum for TB/HIV. The USG will continue to work closely with the MOH's Committee on HIV/AIDS and Other Socially Dangerous Diseases to build its capacity. This assistance will draw upon the findings of last year's the institutional capacity assessment and the agreed-upon capacity building plan.

Technical assistance will also assist the GOU to develop a resource mobilization strategy to promote financial sustainability and develop a National Human Resources for Health Strategy. These activities will make it possible to determine the resources needed for the scale up of HIV services in accordance with the National AIDS Program objectives, and the posting of trained providers to expand and strengthen services to MARPs.



The USG will provide technical assistance to a number of GOU institutions as another facet of the program to develop a sustainable national response. This includes technical assistance and logistical support to strengthen the capacity of the National HIV Reference Laboratory (NHRL) and the regional HIV laboratory network to improve diagnosis and treatment. This will include assistance in laboratory management and strategic planning, quality assurance/quality control, and the development of capacity building plans. Additionally, the USG will provide technical assistance to the new National Monitoring and Evaluation (M&E) Center which is charged with providing solid data for decision-making as part of the national effort to improve programming data and enable the GOU to direct MARP surveillance efforts. Assistance will focus on surveillance, improved epidemic modeling, data integration, and data collection on prevention services targeted to MARPs, including MAT provision to IDUs.

Technical assistance and support will also be provided to strengthen the national, regional, local and municipal HIV/TB/STI councils and their multi-sectoral working groups to improve capacity for strategic planning, programming, budgeting, and monitoring and evaluating activities.

The USG will continue to support local NGO capacity building during FY 2011. These activities will be guided by the results of a 2010 detailed institutional NGO assessment. The assessment highlighted the need for training in organizational management, including governance and monitoring and evaluation, quality assurance, human resources policies and staff motivation, developing PR strategies, fundraising and grant proposal design. Other capacity building activities include strategic planning, organizational management, community mobilization and HIV counseling trainings for nascent NGOs, PLWHA and MARP leaders. Additionally, the USG will work with the National HIV/TB/IDU Training Center and the Ukrainian AIDS Center to improve clinical mentoring and training for expansion of treatment and integrated HIV care.

### **Coordination with Other Donors and the Private Sector**

COP FY 2011 initiatives reinforce the ongoing collaboration on HIV/AIDS within the stakeholder community and reflect the significant roles of UNAIDS and the Global Fund to Fight AIDS, TB and Malaria (GFATM) in supporting the national AIDS response as well as the vital role played by civil society. During FY 2011, the USG will collaborate closely with government, other donors, partners, and civil society to support a coordinated, focused, robust, and increasingly sustainable response.

Coordination with the Global Fund is a priority of PEPFAR/Ukraine since the U.S. is a major supporter of the GFATM. Ukraine has received over \$130M in GFATM support for HIV/AIDS during Rounds 1 and 6. The International HIV/AIDS Alliance was initially an interim and later the primary recipient for the support under Round 1, which ended in March 2009. The focus was on prevention among IDUs, ART provision, non-medical care and support for PLWHA, VCT, PMTCT, school-based HIV/AIDS education, and building local civil society capacity. The International HIV/AIDS Alliance in Ukraine and the All-Ukrainian Network of PLWHA implement Round 6, which is scheduled to run through July 2012. The Round 6 grant focuses on integrated prevention, treatment, care, and support services for vulnerable populations, the creation of a supportive environment for a sustainable and efficient national response, and improvement of the MOH's M&E systems.





Primary Implementer	Round	Time Frame	Funding Request	Amount Disbursed
International HIV/AIDS Alliance	R1	3/2004 –3/2009	\$99,117,104	\$98,992,597
IHAA/All-Ukrainian Network of PLHIV	R6	7/2007 – 7/2012	\$131,537,035	\$52,509,881
TOTAL			\$230,654,139	\$151,502,478

PEPFAR/Ukraine works closely with the Global Fund to fill strategic gaps; PEPFAR works with the GFATM grantees to build capacity in NGOs and public health institutions through technical, programmatic, and organizational trainings and on-site mentoring. The GFATM grant does not provide resources for these important technical assistance and training activities

**Programmatic Focus**

PEPFAR funding for FY 2011 will be focused on the following programmatic areas which support the Partnership Framework goals:

**1. Prevention with MARPs**

The USG assists government and NGO partners to adapt proven effective approaches for HIV prevention into models for implementation. In addition the USG supports policy reform, capacity building, and the facilitation of subsequent adoption, dissemination, and scale-up of the models.

During FY 2011, the USG will continue to support the GOU's National AIDS program in preventing HIV among MARPs and other at-risk populations. The MARPs include IDUs, MSM, and SWs. The USG will increase efforts targeted at vulnerable adolescents, prisoners, the uniformed services, and the sexual partners of these populations. The USG focuses on the delivery of a comprehensive package of services, including prevention and care services linked to ARV treatment and TB services. Technical assistance and policy reform will focus on the expansion of decentralized, high quality, comprehensive services, the role of NGOs in health care delivery, and the expansion of VCT services to MSM and street children. Additional behavioral surveys and surveillance among MARPs will provide information to strengthen program planning.

Using the results from a forthcoming service delivery quality assurance assessment funded with Partnership Framework funds, the MOH and USG will work together to define quality standards and guidelines for the integrated delivery of a full package of IDU prevention services, including MAT.



During FY 2011, USG-supported partners will expand access to comprehensive prevention services for most-at-risk adolescents (MARA), particularly street children. In the case of youth that inject drugs, engage in sex work, and/or male-to-male sex, the USG will support the development and pilot testing of innovative gender-sensitive, outreach-based prevention activities to reduce high risk behaviors and facilitate access to comprehensive prevention services, including harm reduction and MAT.

Advocacy efforts will address the widespread stigma, discrimination, and harassment that MARPs and MARA face, often from state law enforcement agencies such as the police.

## **2. TB/HIV Integration**

Almost half of all those diagnosed with AIDS in Ukraine have active TB. TB is the leading cause of AIDS mortality. USG has set as a priority developing a capacity within of the public sector and NGO organizations to address TB/HIV co-infection and provide integrated TB/HIV services. The USG has a separately funded TB program that draws upon modest PEPFAR funds to address HIV/TB co-infection.

HIV service organizations and People Living with HIV/AIDS (PLWHA) NGOs will function as TB service points for TB symptom screening, referral and treatment support. USG resources will support the training of health care providers within both TB and HIV settings and continue the roll out of TB/HIV case management teams in selected regions. To sustain training efforts, USG partners will assist the MOH in developing a standardized national TB/HIV training curriculum and TB/HIV case management model for use in pre-and post-graduate education. USG and partner TB laboratory experts will assist the National TB Reference Laboratory in assuming quality assurance/quality control (QA/QC) functions and improving infection control. In addition, the enhanced TB/HIV monitoring system will be expanded to more regions.

## **3. Systems Strengthening**

In line with the National AIDS Program, the USG will support a range of capacity building and systems strengthening investments to improve the quality and cost effectiveness of HIV/AIDS services. An immediate priority is an extensive assessment of HIV prevention programs targeted to MARPs. The assessment will examine the quality and effectiveness of HIV prevention services. This will be supported with COP FY 2010 funds. The resulting recommendations will form the basis of a multi-year technical assistance strategy to standardize approaches, guidelines, and quality across HIV prevention programs targeted to MARPs.

Activities to enhance blood safety will include the development of policies to allow creation of a nationally coordinated blood transfusion service, development of a low-risk volunteer donor oriented program, development of QA/QC systems in laboratories to cover 100 percent of transfusions, and the implementation of a modern hemato-vigilance system. Support will be provided to advocate for a single national authority with oversight over the blood safety system.

Strategic information focused on data for decision-making will contribute importantly to the quality and cost effectiveness of HIV prevention services. The USG will help build technical expertise in strategic information. Through the National M&E Center, technical assistance will focus on targeted surveillance, M&E, and assessment activities, and increasing the use of these data for program and policy decision making.

There are currently waiting lists to obtain ART. Although, PEPFAR/Ukraine does not work in treatment, the program is supporting service scale-up by facilitating physician training and capacity building in ART provision. These activities are coordinated with the Global Fund.





#### 4. Enabling Environment

The USG needs to focus on removing legislative and regulatory barriers to NGO service provision and MAT expansion and promote the development of anti-discrimination laws and policies to ensure the legal protection of MARPs living with HIV. Another policy priority is increasing government funding for local HIV-service NGOs. The USG will continue to facilitate collaboration between policymakers and civil society.

A key USG focus is removing the barriers to MAT expansion. In the recent months, there have been incidents that highlight the continuing tension between the legitimate concern of the GOU to control these drugs, and the need for MAT services to be provided in locations which are acceptable to MARPs. This makes the careful dissemination of the information gained from the MAT pilot studies very important.

#### 5. Other Programs

Management and staffing funds will support the in-country personnel needed for USAID, CDC and the Peace Corps. Funding will support program monitoring and accountability, ensure US technical assistance within the national response, and support salaries, logistics, office and administrative costs.

#### New Procurements and Activities

REDACTED.

**Program Contact:** Enilda Martin, Health Officer, [enmartin@usaid.gov](mailto:enmartin@usaid.gov)

**Time Frame:** October 2011 to September 2012

#### Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	350,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	24,000	2009	UNAIDS Report on the global AIDS Epidemic			

			2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	419,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	3,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	350,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	160,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in			



			the health sector. Progress Report, 2010.			
Women 15+ living with HIV	170,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

**Partnership Framework (PF)/Strategy - Goals and Objectives**

(No data provided.)

**Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies**

Redacted

**Public-Private Partnership(s)**

(No data provided.)

**Surveillance and Survey Activities**

Name	Type of Activity	Target Population	Stage
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## Budget Summary Reports

### Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			200,000		200,000
HHS/CDC		300,000	6,043,000		6,343,000
HHS/HRSA			500,000		500,000
HHS/NIH			200,000		200,000
PC			310,100		310,100
USAID			12,124,900	2,500,000	14,624,900
<b>Total</b>	<b>0</b>	<b>300,000</b>	<b>19,378,000</b>	<b>2,500,000</b>	<b>22,178,000</b>

### Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	DOD	HHS/CDC	HHS/HRSA	HHS/NIH	PC	USAID	AllOther	
HKID						600,000		600,000
HLAB		1,500,000						1,500,000
HMBL		800,000						800,000
HVCT						200,000		200,000
HVMS		1,543,000			135,060	1,689,570		3,367,630
HVOP					175,040	1,250,000		1,425,040
HVSI	200,000	1,850,000						2,050,000
HVTB		400,000				1,000,000		1,400,000
IDUP						3,200,000		3,200,000
OHSS			500,000	200,000		6,385,330		7,085,330
	<b>200,000</b>	<b>6,093,000</b>	<b>500,000</b>	<b>200,000</b>	<b>310,100</b>	<b>14,324,900</b>	<b>0</b>	<b>21,628,000</b>

### Budgetary Requirements Worksheet

(No data provided.)





## National Level Indicators

**National Level Indicators and Targets**  
REDACTED





## Policy Tracking Table

(No data provided.)



## Technical Areas

### Technical Area Summary

#### Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	800,000	
IDUP	3,200,000	
<b>Total Technical Area Planned Funding:</b>	<b>4,000,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	200,000	
<b>Total Technical Area Planned Funding:</b>	<b>200,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	7,085,330	
<b>Total Technical Area Planned Funding:</b>	<b>7,085,330</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	1,500,000	
<b>Total Technical Area Planned</b>	<b>1,500,000</b>	<b>0</b>



<b>Funding:</b>		
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**Summary:**  
(No data provided.)

**Technical Area: Management and Operations**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	3,367,630	
<b>Total Technical Area Planned Funding:</b>	<b>3,367,630</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: OVC**

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	600,000	
<b>Total Technical Area Planned Funding:</b>	<b>600,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Sexual Prevention**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVOP	1,425,040	
<b>Total Technical Area Planned Funding:</b>	<b>1,425,040</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Strategic Information**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	2,050,000	
<b>Total Technical Area Planned Funding:</b>	<b>2,050,000</b>	<b>0</b>



**Summary:**  
(No data provided.)

**Technical Area: TB/HIV**

<b>Budget Code</b>	<b>Budget Code Planned Amount</b>	<b>On Hold Amount</b>
HVTB	1,400,000	
<b>Total Technical Area Planned Funding:</b>	<b>1,400,000</b>	<b>0</b>

**Summary:**  
(No data provided.)



**Technical Area Summary Indicators and Targets**  
REDACTED

## Partners and Implementing Mechanisms

### Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
10616	The Futures Group International	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	2,500,000
11757	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	175,040
12084	QED Group, LLC	Private Contractor	U.S. Agency for International Development	GHCS (State)	100,000
12090	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12091	NIH FOGARTY INTERNATIONAL CENTER	Implementing Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHCS (State)	200,000
12097	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	885,330
12845	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12957	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human	GHCS (State)	550,000



			Services/Centers for Disease Control and Prevention		
12977	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13095	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13128	ITECH	Implementing Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	500,000
13168	American Society for Microbiology	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	100,000
13178	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13223	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13232	TBD	TBD	U.S. Agency for International	Redacted	Redacted

			Development		
13252	WHO	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	250,000
13268	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	350,000
13322	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13426	U.S. Department of Defense (Defense)	Implementing Agency	U.S. Department of Defense	GHCS (State)	200,000
13435	MOH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,600,000
13464	TBD	TBD	U.S. Department of Health and Human Services/Centers	Redacted	Redacted



			for Disease Control and Prevention		
13465	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted



## Implementing Mechanism(s)

### Implementing Mechanism Details

<b>Mechanism ID: 10616</b>	<b>Mechanism Name: HIV/AIDS Service Capacity Project</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: The Futures Group International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 2,500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,400,000
GHCS (USAID)	1,100,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 10616
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<b>Mechanism Name:</b> HIV/AIDS Service Capacity Project			
<b>Prime Partner Name:</b> The Futures Group International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	2,500,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 11757	<b>Mechanism Name:</b> US Peace Corps
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding:</b> 175,040	
Funding Source	Funding Amount
GHCS (State)	175,040

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Education	140,000
Gender: Reducing Violence and Coercion	29,740
Human Resources for Health	5,300



### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Family Planning

### Budget Code Information

<b>Mechanism ID: 11757</b>			
<b>Mechanism Name: US Peace Corps</b>			
<b>Prime Partner Name: U.S. Peace Corps</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	175,040	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12084</b>	<b>Mechanism Name: GH Tech Project</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: QED Group, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 100,000</b>	
Funding Source	Funding Amount
GHCS (State)	100,000





**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

(No data provided.)

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 12090</b>	<b>Mechanism Name: TBD: HVTB</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted



**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 12090 <b>Mechanism Name:</b> TBD: HVTB <b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 12091	<b>Mechanism Name:</b> Fogarty
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: NIH FOGARTY INTERNATIONAL CENTER	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	Global Fund / Multilateral Engagement: No
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<b>Total Funding: 200,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	200,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

This is not a new mechanism. It was funded in 2010 in Ukraine but was not funded in the October programming for 2011. The 2010 mechanism template is not accessible to us, so we are assigning a number that is not its original number to it, but there should be a preexisting correct number from the 2010 programming.

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	12091		
<b>Mechanism Name:</b>	Fogarty		
<b>Prime Partner Name:</b>	NIH FOGARTY INTERNATIONAL CENTER		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	200,000	
<b>Narrative:</b>			
None			



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 12097</b>	<b>Mechanism Name: Strengthening Pharmaceutical Systems (SPS)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 885,330</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	885,330

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
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## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID: 12097</b>
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<b>Mechanism Name:</b> Strengthening Pharmaceutical Systems (SPS)			
<b>Prime Partner Name:</b> Management Sciences for Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	885,330	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 12845	<b>Mechanism Name:</b> Strengthening Tuberculosis Control in Ukraine
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)



(No data provided.)

### Key Issues

TB

### Budget Code Information

<b>Mechanism ID:</b>	12845		
<b>Mechanism Name:</b>	Strengthening Tuberculosis Control in Ukraine		
<b>Prime Partner Name:</b>	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12957</b>	<b>Mechanism Name: Association of Public Health Laboratories</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 550,000</b>	
Funding Source	Funding Amount
GHCS (State)	550,000



**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 12957			
<b>Mechanism Name:</b> Association of Public Health Laboratories			
<b>Prime Partner Name:</b> Association of Public Health Laboratories			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	550,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 12977	<b>Mechanism Name:</b> Improved HIV/AIDS Services among Most-at-Risk Populations (MARPs) in Ukraine
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	REDACTED
Human Resources for Health	REDACTED

### Key Issues

Increasing gender equity in HIV/AIDS activities and services

### Budget Code Information

<b>Mechanism ID:</b> 12977 <b>Mechanism Name:</b> Improved HIV/AIDS Services among Most-at-Risk Populations (MARPs) <b>Prime Partner Name:</b> in Ukraine TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
REDACTED			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13095</b>	<b>Mechanism Name: TBD: HIV Prevention Awareness among Federal Drug Control Officers and other GOU Stakeholders</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted



**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	REDACTED
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**Key Issues**

Increasing gender equity in HIV/AIDS activities and services

**Budget Code Information**

<b>Mechanism ID:</b>	13095		
<b>Mechanism Name:</b>	TBD: HIV Prevention Awareness among Federal Drug Control Officers and other GOU Stakeholders		
<b>Prime Partner Name:</b>	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	Redacted	Redacted
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 13128</b>	<b>Mechanism Name: ITECH</b>
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services	Procurement Type: Cooperative Agreement



Administration	
Prime Partner Name: ITECH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	500,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13128 <b>Mechanism Name:</b> ITECH <b>Prime Partner Name:</b> ITECH			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	500,000	
<b>Narrative:</b>			
None			



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 13168</b>	<b>Mechanism Name: American Society of Microbiology</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 100,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	100,000

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b> 13168
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<b>Mechanism Name:</b>	American Society of Microbiology		
<b>Prime Partner Name:</b>	American Society for Microbiology		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Treatment	HVTB	100,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13178</b>	<b>Mechanism Name: TBD: Procurement Systems and Management</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
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### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 13178			
<b>Mechanism Name:</b> TBD: Procurement Systems and Management			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 13223	<b>Mechanism Name:</b> Blood Safety Technical Assistance Services (HQ)		
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract		
Prime Partner Name: TBD			
Agreement Start Date: Redacted	Agreement End Date: Redacted		
TBD: Yes	Global Fund / Multilateral Engagement: No		
Total Funding: Redacted			
Funding Source	Funding Amount		
Redacted	Redacted		

### Sub Partner Name(s)

(No data provided.)



## Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	13223		
<b>Mechanism Name:</b>	Blood Safety Technical Assistance Services (HQ)		
<b>Prime Partner Name:</b>	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13232</b>	<b>Mechanism Name: TBD: Removing Legal and Operational Barriers to HIV/AIDS Services</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No



Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13232			
<b>Mechanism Name:</b> TBD: Removing Legal and Operational Barriers to HIV/AIDS Services			
<b>Prime Partner Name:</b> TBD			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
REDACTED			





Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	Redacted	Redacted
<b>Narrative:</b>			
REDACTED			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13252</b>	<b>Mechanism Name: WHO</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: WHO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 250,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	250,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues



(No data provided.)

**Budget Code Information**

(No data provided.)

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 13268</b>	<b>Mechanism Name: American Society of Clinical Pathology</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 350,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	350,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**



(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13268			
<b>Mechanism Name:</b> American Society of Clinical Pathology			
<b>Prime Partner Name:</b> American Society of Clinical Pathology			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	350,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 13322	<b>Mechanism Name:</b> Strategic Information Partner for Ukraine
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

The purpose of the NGO Strategic Information project is 1) to fill gaps in strategic information through



surveillance surveys, qualitative and quantitative assessments, analysis of program data, and other focused data collection activities and 2) to provide technical assistance to the National M&E Unit of the Ministry of Health to progressively transfer capacity to direct, analyze and use these types of data collection activities. Existing priority needs for additional information identified in the development of the Partnership Framework by experts from USG, GF, GOU, and other partners include data on multiple aspects of the expanding medication-assisted-therapy (MAT) program, surveillance data on young IDUs and on bridge groups, and data on aspects of expanding the use of rapid testing in HIV surveillance and outreach. The newly established National M&E Center currently lacks capacity to develop and direct these types of activities. This mechanism will have a preference for a local implementing partner. The Implementing Mechanism will work closely with PEPFAR and Global Fund MARP surveillance, prevention, care and treatment implementing partners to identify priority strategic information needs to guide MARP activities that are not being met with current data collection activities. The Mechanism will provide the needed data through conduct of targeted data collection activities (qualitative and quantitative), analysis, and dissemination of the data to stakeholders in Ukraine. This mechanism will also work with the Ukrainian AIDS Center Monitoring and Evaluation Unit to build capacity in managing and interpreting data collection activities to facilitate progressive transfer of responsibility to the GOU. Through these activities, the NGO – SI project would contribute to the achievement of all three of the goals of Ukraine's forthcoming Partnership Framework goals: directly to goals 2 (improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs) and 3 (strengthened national and local ability to achieve Ukraine's National AIDS Program objectives); and indirectly to goal 1 of (reduction of HIV transmission among most-at-risk populations (MARPs)). The activities would be coordinated with other partners including GOU, Global Fund and its implementers, other PEPFAR partners, and WHO.

### **Cross-Cutting Budget Attribution(s)**

(No data provided.)

### **Key Issues**

(No data provided.)

### **Budget Code Information**

<b>Mechanism ID:</b>	<b>13322</b>
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<b>Mechanism Name:</b>	<b>Strategic Information Partner for Ukraine</b>		
<b>Prime Partner Name:</b>	TBD		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	HVSI	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13426</b>	<b>Mechanism Name: TBD: STRATEGIC INFORMATION AND EDUCATION FOR THE MOD POLICY MAKERS</b>
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 200,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	200,000

### Sub Partner Name(s)

TBD		
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### Overview Narrative

### Cross-Cutting Budget Attribution(s)



Human Resources for Health	50,000
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### Key Issues

TB

### Budget Code Information

<b>Mechanism ID:</b>	13426		
<b>Mechanism Name:</b>	TBD: STRATEGIC INFORMATION AND EDUCATION FOR THE MOD		
<b>Prime Partner Name:</b>	POLICY MAKERS		
	U.S. Department of Defense (Defense)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	200,000	
<b>Narrative:</b>			
HVSI Strategic Information - \$200,000			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13435</b>	<b>Mechanism Name: MOH</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: MOH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 1,600,000</b>	
Funding Source	Funding Amount
GHCS (State)	1,600,000



**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13435 <b>Mechanism Name:</b> MOH <b>Prime Partner Name:</b> MOH			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	550,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	450,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	600,000	
<b>Narrative:</b>			
None			



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 13464</b>	<b>Mechanism Name: ESIS</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b>	<b>13464</b>
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<b>Mechanism Name:</b>	ESIS		
<b>Prime Partner Name:</b>	TBD		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	HVSI	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13465</b>	<b>Mechanism Name: HIV/AIDS Assessment/End of Project Evaluation</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13465			
<b>Mechanism Name:</b> HIV/AIDS Assessment/End of Project Evaluation			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)



## USG Management and Operations

1.  
Redacted
2.  
Redacted
3.  
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### Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				50,250		50,250
ICASS				259,300		259,300
Management Meetings/Professional Development				73,000		73,000
Non-ICASS Administrative Costs				326,817		326,817
Staff Program Travel				33,500		33,500
USG Staff Salaries and Benefits				946,703		946,703
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,689,570</b>	<b>0</b>	<b>1,689,570</b>



**U.S. Agency for International Development Other Costs Details**

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		50,250
ICASS		GHCS (State)		259,300
Management Meetings/Professional Development		GHCS (State)		73,000
Non-ICASS Administrative Costs		GHCS (State)		326,817

**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention**

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				50,160		50,160
ICASS				197,300		197,300
Management Meetings/Professional Development				74,500		74,500
Non-ICASS Administrative Costs			150,000	361,137		511,137
Staff Program Travel				84,000		84,000
USG Staff Salaries and Benefits			150,000	475,903		625,903
<b>Total</b>	<b>0</b>	<b>0</b>	<b>300,000</b>	<b>1,243,000</b>	<b>0</b>	<b>1,543,000</b>



**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details**

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		50,160
ICASS		GHCS (State)		197,300
Management Meetings/Professional Development		GHCS (State)		74,500
Non-ICASS Administrative Costs		GAP		150,000
Non-ICASS Administrative Costs		GHCS (State)		361,137

**U.S. Peace Corps**

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Management Meetings/Professional Development				13,300		13,300
Non-ICASS Administrative Costs				400		400
Peace Corps Volunteer Costs				53,560		53,560
Staff Program Travel				2,800		2,800
USG Staff Salaries and Benefits				65,000		65,000



<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>135,060</b>	<b>0</b>	<b>135,060</b>
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**U.S. Peace Corps Other Costs Details**

Category	Item	Funding Source	Description	Amount
Management Meetings/Professional Development		GHCS (State)		13,300
Non-ICASS Administrative Costs		GHCS (State)		400