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2009

Ukraine

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Table 1: Overview**Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
FY09 Ukraine CN Summary b.doc	application/msword	11/14/2008		LFakory

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:

The strategy has been updated to remove discussion of PMTCT programming, which the USG is no longer funding, and to update reference to current activities.

Ambassador Letter

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Mini COP09 Ambo Letter.pdf	application/pdf	11/14/2008		LFakory

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Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	\$0
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, 2009

	National 2-7-10	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	0	103,000	103,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0	0
Care (1)				
	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		660	14,840	15,500
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	360	10,640	11,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	1,000	299,000	300,000
Treatment				
	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		0	0	0
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				
	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		0	0	0
End of Plan Goal				
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
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	0	0
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1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0
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	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Care (1)	940	15,060	16,000

End of Plan Goal

6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	400	4,600	5,000
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***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)	300	4,600	4,900
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8.1 - Number of OVC served by OVC programs	540	10,460	11,000
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9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,000	299,000	300,000
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	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Treatment	0	0	0

End of Plan Goal

11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	0
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	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Human Resources for Health	0	0	0

End of Plan Goal

Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0
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(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: TBD (Strategic Information)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8714.09
System ID: 11522
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD USG Core

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12242.09
System ID: 12242
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD USG Core

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12243.09
System ID: 12243
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Technical Assistance MAT VCT

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9484.09
System ID: 11683
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12239.09
System ID: 12239
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12240.09
System ID: 12240
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12241.09
System ID: 12241
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: VCT for the military

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6070.09
System ID: 11523
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HIV/AIDS Service Capacity Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6067.09
System ID: 11524
Planned Funding(\$): \$722,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Constella Futures
New Partner: No

Sub-Partner: All Ukrainian Network of People Living with HIV/AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Coalition of HIV Service NGOs
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Project HOPE
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes:

Mechanism Name: HIV/AIDS Service Capacity Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6066.09
System ID: 11652
Planned Funding(\$): \$1,278,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Constella Futures
New Partner: No

Sub-Partner: All Ukrainian Network of People Living with HIV/AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Coalition of HIV Service NGOs
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes:

Sub-Partner: Project HOPE
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes:

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6063.09
System ID: 11525
Planned Funding(\$): \$2,475,000
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

Mechanism Name: TB Control

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6068.09
System ID: 11526
Planned Funding(\$): \$568,660
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Mechanism Name: Management and Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6089.09
System ID: 11527
Planned Funding(\$): \$354,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: US Peace Corps

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 6069.09

System ID: 11528

Planned Funding(\$): \$225,000

Procurement/Assistance Instrument: USG Core

Agency: Peace Corps

Funding Source: GHCS (State)

Prime Partner: US Peace Corps

New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
6066.09	11652	Constella Futures	U.S. Agency for International Development	GHCS (State)	All Ukrainian Network of People Living with HIV/AIDS	Y	\$0
6066.09	11652	Constella Futures	U.S. Agency for International Development	GHCS (State)	Coalition of HIV Service NGOs	Y	\$0
6066.09	11652	Constella Futures	U.S. Agency for International Development	GHCS (State)	Project HOPE	Y	\$0
6067.09	11524	Constella Futures	U.S. Agency for International Development	GHCS (USAID)	All Ukrainian Network of People Living with HIV/AIDS	Y	\$0
6067.09	11524	Constella Futures	U.S. Agency for International Development	GHCS (USAID)	Coalition of HIV Service NGOs	Y	\$0
6067.09	11524	Constella Futures	U.S. Agency for International Development	GHCS (USAID)	Project HOPE	Y	\$0
6068.09	11526	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (USAID)	All Ukrainian Network of People Living with HIV/AIDS	Y	\$0
6068.09	11526	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (USAID)	Coalition of HIV Service NGOs	Y	\$0

Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$55,700

Program Area Narrative:

The number of officially reported and registered cases of HIV infection in Ukraine significantly underestimates the magnitude of the epidemic. Ukraine's standardized system for passive surveillance, initiated in 1987 and used by all 27 administrative regions of Ukraine, is based on confidential name-based reporting of HIV cases. According to this system, a total of 122,674 people were diagnosed with HIV between 1987 and the end of 2007. Of this number, the Ukrainian AIDS Center data reported a total of 87,017 people still alive and officially registered with HIV-infection and under clinical observation through the end of June 2008; of these, 9,816 have been diagnosed with AIDS.

Through the end of 2007, however, the Ministry of Health estimated that 440,000 people were living with HIV/AIDS. This represents an estimated 1.63% of the adult population, indicating that Ukraine has the most severe HIV/AIDS epidemic in Eastern Europe and Central Asia today. Alarming, there is continued and rapid growth in new cases, with 17,687 new cases of HIV reported in 2007, a 10% increase over the number of new cases reported in 2006. The highest rates of HIV prevalence have been registered in southern and eastern Ukraine, with seven South-Eastern regions accounting for 70% of all registered cases currently under medical observation. In recent years, however, there have been rapid increases of HIV prevalence in central, northern, and western regions, with most newly reported cases registered among urban residents.

To date, over 80% of reported cases of HIV have been concentrated in most at-risk populations (MARPs), primarily injection drug users (IDUs), commercial sex workers (CSWs), men who have sex with men (MSM), and sexual partners of these populations. The prevalence of HIV infection is higher among IDUs than in other MARPs, with 2007 national HIV estimates reporting approximately 164,000 cases of HIV among adult IDUs. 2006 behavioral surveillance data also reported elevated HIV rates among MSM (11%), and sentinel surveillance conducted since 2006 demonstrate a large and growing epidemic among female sex workers, particularly those that inject drugs, with HIV prevalence ranging from 10-30% among this group.

There is evidence that the pattern of HIV transmission is shifting, with rapid increases in the proportion of HIV cases linked to heterosexual transmission, which represented 38.4% of all registered cases in 2007. However, increases in heterosexual transmission are closely linked to risky sexual behavior among and with injecting drug users, and are likely also linked to risky sexual behavior between other MARPs and their sexual partners. As a result of this trend, women in Ukraine, particularly female IDUs and women with high-risk sexual partners, are increasingly becoming infected with HIV. According to national statistics, officially registered new HIV-infections during the period October 2007 through October 2008 even higher among females than males in age cohorts 15-19 and 20-24.

Ukraine's 2007 Demographic and Health Survey revealed that 46 percent of young women and 85% of young men age 15-24 reported having had higher risk sexual intercourse, defined as sexual intercourse with a non-marital, non-cohabiting partner, during the 12 months preceding the survey. However, only 68% of young women and 71 percent of young men in those groups had used a condom during the last episode of higher-risk sex. Four percent of young women who had higher risk sexual intercourse in the year preceding the survey said that they had sexual intercourse with a man 10 or more years older. In addition, three percent of young women and 15 percent of young men who had higher risk sexual intercourse in the 12 months prior to the survey reported having two or more partners during that period. However, only 52% of young women, 74% of men age 15-19, and 70 percent of men age 20-24 used a condom during their last higher risk sexual episode. 96 percent of young women and 98 percent of young men knew of at least one source of condoms, but only 45 percent of young women and 43 percent of young men aged 15-24 demonstrated comprehensive knowledge of HIV/AIDS.

Ukraine's national response to AIDS is based on a multisectoral approach that promotes cooperation between the public sector and nongovernmental organizations and endorses HIV prevention among MARPs. The 2006 national "Road Map on Scaling Up Towards Universal Access by 2010," which was developed by the Ministry of Health and endorsed by the National Council on HIV/AIDS and TB, highlights the priority need to scale up prevention, treatment, and care and support programs for MARPs. Both the 2004-2008 National AIDS Program and the Government's Strategic Concept on HIV/AIDS for 2004-2011 underscore the importance of prevention among MARPs and reflect international principles such as equal access, protection of human rights, and quality care. The national program specifically provides for implementation of medication assisted therapy for IDUs; however, it does not allocate needed technical and financial resources to achieve national goals for MARPs and continues to rely on

nongovernmental and external resources to increase program coverage. If Ukraine is to meet its commitment to provide people living with and at risk of HIV/AIDS with universal access to HIV/AIDS prevention, treatment, care and support services by 2010, and if Ukraine is to sustain this achievement, significant GOU resources will need to be made available. To this end, the President of Ukraine demonstrated decisive leadership in issuing a 2007 decree "On Additional Urgent HIV/AIDS Response Activities". The decree acknowledged the need to increase the efficiency of primary prevention and mandated the Cabinet of Ministers to provide targeted funding of HIV/AIDS prevention activities and to facilitate activities of civil society and charitable organizations implementing HIV/AIDS prevention programs.

USG support to date has directly contributed to national goals in prevention, significantly increasing access to prevention information and services, including voluntary counseling and testing, among MARPs in the eight regions most affected by the epidemic. In addition, USG support has worked to increase tolerant attitudes towards and reduce stigma and discrimination against people living with HIV/AIDS, particularly MARPs. As the largest bilateral donor in HIV/AIDS, the USG works closely with the Global Fund, which is supporting the scale up of prevention programs for MARPs throughout the country. In addition, the USG works collaboratively with UN Agency partners and other stakeholders and donors in HIV/AIDS to align strategic priorities and complement and leverage programs and resources.

With particular focus given to high HIV transmission settings, the USG has, since 2002, supported the ongoing scale up of prevention services among IDUs, MSMs and CSWs, focusing on nine regions with the highest HIV burden. To date, USG partners have reached over 130,000 IDUs, over 20,000 people involved in prostitution and more than 13,000 MSM with high quality information and services to prevent transmission of HIV. Focus is given to the use of innovative approaches such as peer outreach models to provide MARPs, their sexual partners, and other bridge populations with appropriate risk reduction messages and information on preventive behaviors.

FY 2009 resources will be used to continue scale up of a minimum package of prevention services for MARPs which include VCT, counseling and informational materials on prevention, STI diagnosis and treatment of sexually transmitted infections (STIs), and provision of condoms. Resources will support expansion of an innovative pharmacy intervention targeting IDUs, using trained pharmacists to increase IDU access to HIV-prevention information, counseling and services. 2009 resources will also support development of approaches to reach stimulant users, sexual contacts of high-risk groups, and other risk groups, with continued ongoing expansion and institutionalization of positive prevention approaches. With ongoing attention given to reaching IDUs, focus will also be given to accessing lesser-reached MARPs such as male and female CSWs and MSMs. With FY 2009 funds, the USG will also continue to support targeted outreach and HIV prevention services for street children

For the past few years, Ukraine's HIV/AIDS program has benefited from the provision of USAID centrally financed condoms for HIV prevention purposes receiving over 93 million male condoms, and 450,000 female condoms to date. As the USG's primary HIV/AIDS implementing partner implements positive prevention approaches within its MARP prevention activities, it can be assumed that a large proportion of these donated condoms will be utilized within prevention with positives activities.

Leveraging non-PEPFAR, non-GHCS-USAID FY 2008 resources, a USG family planning implementing partner worked closely with HIV implementing partners on the development and printing of a manual linking FP and HIV services. FY 2009 resources will be used to strengthen HIV-FP linkages to increase access of HIV-infected and at-risk MARPs to family planning services and commodities.

USG efforts also support activities to identify and reduce policy, legal and regulatory barriers to services faced by MARPs. With FY 2009 resources, USG programs will continue to support policy activities that promote universal access to comprehensive care. This will include support for currently operational policy working groups on VCT and MAT attempting to address key barriers to the scale up of these two critical services for MARPs.

Peace Corps (PC)/Ukraine's HVAB/HVOP activities aim to: raise the level of awareness about reducing risky behavior, including abstinence and behavior change, to prevent HIV; reduce major misconceptions about HIV; and combat stigma and discrimination towards both people living with HIV and MARPs, including IDUs and CSWs. Activities target youth aged 15-24 in the small and medium sized rural communities in which Peace Corps volunteers serve, incorporating activities into volunteer assignments in community development, youth development, and teaching of English as a foreign language. Reaching into their assigned communities, many of which are economically depressed, volunteers work with young people, community leaders and local organizations to help improve awareness of HIV/AIDS and reduce risky behaviors. Serving as catalysts for community change, volunteers work through opinion leaders and change agents for youth including peers, parents, teachers, school nurses, and representatives of regional departments of social services for youth.

With FY 2009 resources, PC will continue to work in both HVAB and HVOP program areas, supporting training of volunteers and their counterparts on youth training methodologies; community level training for service providers, particularly school teachers and representatives of youth NGOs; and the distribution of informational materials on HIV/AIDS. FY 2009 funds will support an ongoing small grants program from which PCVs can apply for funds for local projects; grants support a combination of activities which includes training of teachers and peer educators as trainers, cascade training activities in community schools and colleges, and community level awareness-raising events.

In the year ahead, the USG country team plans to review and assess the range of prevention activities conducted through the PEPFAR country program in order to identify and implement approaches to better harmonize efforts and strengthen synergies across USG prevention activities. It is hoped that as a result of this exercise, the USG will be able to better leverage its programs to achieve increased efficiency and effectiveness using FY 2009 resources.

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 12106.28140.09

Planned Funds: \$169,300

Activity System ID: 28140

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18870

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18870	12106.08	Peace Corps	US Peace Corps	8288	6069.08	US Peace Corps	\$120,500
12106	12106.07	Peace Corps	US Peace Corps	6069	6069.07	US Peace Corps	\$44,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 6063.09

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

Prime Partner: International HIV/AIDS Alliance

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 12094.28134.09

Planned Funds: \$1,050,000

Activity System ID: 28134

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18861

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18861	12094.08	U.S. Agency for International Development	International HIV/AIDS Alliance	8283	6063.08	Sunrise Project (121-A-00-04-0071)	\$1,040,000
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

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

As noted in a 2005 UNAIDS/UNICEF-funded "Review of Work with IDUs in Ukraine in the Context of the HIV/AIDS Epidemic", since 1999 the Ministry of Internal Affairs (MOI) has registered, on average, between 21,000 – 25,000 people who use drugs for non-medical purposes. 60% of this group has been diagnosed as drug addicts, with a total of 173,594 drug users recorded as of 2008, up from 152,000 in 2007. MOI numbers usually include drug users detained by law enforcement officials for the production, sale, distribution or transportation of drugs, along with users who have completed a course of treatment at a drug clinic.

It is estimated that there are between 325,000 and 425,000 injecting drug users (IDUs) in Ukraine, with Ukraine ranked as having the sixth highest rate of increase in drug abuse in Europe. With an average age of 20-29, 65% of IDUs are estimated to be living with HIV, along with 95,000 of their non-IDU partners. The age of initiation of injecting drug use ranges from 13 to 30 years of age, with initiation of drug use occurring earlier among males than females. Anecdotal information from health care specialists suggests an increasingly young age of patients with drug-related disorders, with the age of initial drug use seen in some instances as low as 7-8 years of age.

The most popular and problematic drug in Ukraine is a homemade opiate, known as shirka, which is extracted opium from poppy straw. However, there is a trend toward use of home-made psychostimulants for injection. Generally, the expanding epidemic in Ukraine reveals a changing drug situation, with increased amphetamine-type stimulant use; emerging sub-groups such as younger IDUs, new injectors and increasing numbers of female IDUs; and high risk injection-related practices associated with home-made opiates, such as pre-loaded syringes that may be shared and shared drug solutions from which syringes are loaded.

With 2005 data from the Ukrainian AIDS Center indicating that injecting drug use accounted for approximately 44.8% of HIV transmission in Ukraine, HIV transmission related to injecting drug use remains the driving force of the HIV/AIDS epidemic. Data indicate that 97% of all registered drug addicts are opioid IDUs and that more than 70% of people living with HIV have a history of injecting drug use. 2006 sentinel surveillance among IDUs indicated that the prevalence of HIV-infection among this population was significantly higher than in any other MARP, with HIV prevalence ranging from 18% to 62.8%. 2007 national HIV estimates indicate that there are approximately 164,000 cases of HIV among adult IDUs, or 41.4% of all adults living with HIV, as well as over 95,000 HIV-positive non-IDU partners of IDUs. Twenty-four percent of female sex workers are also IDUs, and 6% of IDUs sell sex. Since IDUs engage in high-risk sexual practices such as unprotected sex or exchanging sexual services for money and/or drugs, the overlapping sexual and injection risk practices of multiple risk groups are undoubtedly contributing to increases in heterosexual transmission and have critical implications for the HIV epidemic.

Opiate medication assisted therapy is key to halting the spread of HIV among IDUs. However, only about 1,499 IDUs (816 on buprenorphine-based medication assisted therapy, or MAT, and 670 on methadone-based MAT) are currently enrolled in MAT programs against the current target of 20,000 patients. AIDS service providers, knowing that MAT increases adherence, frequently require IDUs to either be in sustained remission or to start MAT as a precondition for initiating antiretroviral therapy. With some estimates as high as 60,000 IDUs needing MAT in the years ahead, it is clear that the current scale of coverage is too limited to have a significant impact on the epidemic.

However, there are a number of challenges to the continuing scale up of MAT. First, with no GOU resources allocated for MAT, there is no formal state system or structure to oversee MAT programming and lack of a centralized state monitoring system for MAT implementation. At the facility level, there is a lack of trained specialist staff to work with MAT patients and often low commitment regarding MAT among health care authorities; as a result, enrollment of patients for methadone-based MAT is extremely slow and MOH orders on MAT are often not implemented. There is a clear need to increase the engagement of non-narcologists in the delivery of MAT.

In addition, current legal regulations on narcotic drugs are highly restrictive and do not facilitate expanded implementation of MAT. These include the mandatory patient registration system, policies on handling narcotic drugs at medical institutions, types of methadone treatment available, availability of trained professionals in provision of MAT, distribution of drugs to outpatients, and the transfer of MAT patients to other facilities.

Building on the MAT programs of the Global Fund and the Clinton Foundation, during 2008 the USG initiated implementation of a pilot activity to expand access to methadone-based medication assisted therapy. The pilot will develop, implement and assess models of integrated medical care and support in ten sites in five regions in Ukraine for 300 HIV-infected IDUs. Focus will be given to ongoing monitoring of the quality and effectiveness of integrated services and analysis and documentation of pilot outcomes and lessons learned. The patients, at least 30% of whom will be women, will receive methadone as well as HIV and related medical treatment and health and non-health support services. Pilot program results are expected to serve as a foundation for replication and progressive scale up of MAT throughout Ukraine.

With FY 2009 resources, the USG will continue to scale up MAT activities to include additional treatment models. The integrated methadone-based MAT program will continue to develop, implement and assess models of integrated medical care and support in different institutional settings. Ongoing emphasis will be given to the provision of a comprehensive package of prevention services with MAT, including STI testing, counseling and condoms to prevent sexual transmission, and voluntary counseling and testing services.

FY 2009 resources will also be directed to supporting advocacy and policy work to accelerate development of the legislative and operational policy adjustments needed to allow for more rapid and sustainable scale up of methadone-based MAT. Attention will be given to addressing policies: to deregulate methadone-based MAT services to expand reach and access; and to the establishment of law enforcement policies to reduce criminal prosecution of IDUs when in possession of minor quantities of narcotics, or to eliminate police harassment of IDUs carrying a large number of syringes or visiting a needle exchange site.

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$950,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 6063.09	Mechanism: Alliance Sunrise Project (121-A-00-04-0071)
Prime Partner: International HIV/AIDS Alliance	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 28533.09	Planned Funds: \$700,000
Activity System ID: 28533	
Activity Narrative: N/A	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 9484.09	Mechanism: Technical Assistance MAT VCT
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Biomedical Prevention:
Injecting and non-Injecting
Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 21892.28607.09

Planned Funds: ██████████

Activity System ID: 28607

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 21892

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21892	21892.08	U.S. Agency for International Development	World Health Organization	9484	9484.08		\$150,000

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: \$568,660

Program Area Narrative:

Ukraine's rapidly growing HIV epidemic is aggravated by a parallel and rapidly escalating Tuberculosis (TB) epidemic, with TB being the leading opportunistic infection associated with AIDS morbidity and mortality. While the magnitude of active TB among those infected with HIV is not reliably documented, a 2006 WHO investigation of HIV prevalence among TB patients in one region of both the general population and penitentiary setting reported prevalence rates of 15.5% among the general population and 21.9% among penitentiary inmates. As of the end of 2007, 48% of all AIDS cases were diagnosed with TB co-infection. TB is the leading cause of AIDS mortality, with 53% of AIDS deaths in 2006 associated with TB. In one region, TB patients with HIV were also found to be nearly twice as likely to have drug-resistant TB as patients without HIV.

The number of TB cases increased dramatically after independence, more than doubling between 1993 and 2003 as a result of the economic and social challenges that came with independence and continuing to increase rapidly. At present, Ukraine's TB incidence rate of 101 cases notified per year per 100,000 people is more than twice the regional average for the Eastern and Central European region and the eighth highest rate of new TB cases in Europe and Eurasia (WHO 2006), making Ukraine one of Europe's highest priority countries for TB control. According to the Ministry of Health (MOH), TB is today the leading cause of death from infectious disease, with an estimated 670,000 persons, or approximately 1.4% of the population with active disease. Ukraine's TB burden is estimated at approximately 40,000 TB cases per year, which occur throughout the country, but as with HIV/AIDS, there are higher concentrations of TB in the industrial southern and eastern regions of the country. Ukraine's 2007 application to the Global Fund to Fight AIDS, Tuberculosis and Malaria noted that TB was a disease of socially disadvantaged populations, with 43% of individuals with active TB unemployed and 13.6% retired.

Ukraine's rapidly escalating TB problem is exacerbated by growing rates of multi-drug resistant (MDR) TB, which not only poses higher risk for people living with HIV but poses a substantial additional burden to the health care system as it is vastly more difficult and costly to treat. Ukrainian data suggest that MDR TB occurs in 10-15% of newly diagnosed TB cases and in 30-40% of relapses. According to WHO estimates, Ukraine has the eighth highest number of MDR-TB cases in the world and is considered a high priority for action to prevent creation of additional cases of MDR-TB and XDR-TB and to detect and treat the cases that exist.

In 2005, the World Health Organization Regional Bureau for Europe (WHO/EURO) declared TB a regional emergency and called upon host countries and donors to redouble efforts to scale up effective TB control using the internationally-accepted Directly Observed Treatment Short-Course (DOTS) strategy. In November of that year, the Ministry of Health made DOTS the standard national protocol for TB treatment and approved the nationwide adoption of the DOTS strategy, consistent with internationally recommended norms. Nonetheless, DOTS coverage still remains limited to only about 35% percent of the population, while Government of Ukraine (GOU) TB national program budgets continue to allocate substantial funds to less effective, more costly practices from the Soviet era, including long term treatment in 26 specialized national TB sanatoriums and use of x-ray and fluorography diagnosis.

In spite of sharp increases in HIV-TB co-infection in Ukraine, collaboration between the National AIDS Program and National TB Program remains weak, as does collaboration between the two programs at the regional level. Systems of service provision in Ukraine remain highly vertical and specialized; there are not horizontal linkages between these systems, and the roles of TB, HIV and primary care services in addressing TB-HIV co-infection are not delineated. Accordingly, there is no systemic coordination between HIV and TB services and TB and HIV services are not integrated into primary health services. With no established system for early TB detection among people living with HIV/AIDS, co-infected clients receive inadequate care and are often shifted back and forth between services. Lack of provider knowledge and skills on TB-HIV co-infection also represent a significant barrier.

The USG has provided assistance to Government of Ukraine TB prevention and control efforts since 2000, working through two primary implementing partners: the World Health Organization (WHO) and Program for Appropriate Technology in Health (PATH). The overall program goal has been to improve the prevention, diagnosis and treatment of TB in order to contribute to reductions in TB morbidity and mortality. The USG program aims to assist the Government of Ukraine to implement its commitment to WHO's Global Stop TB Strategy by expanding the availability of DOTS programs and by enhancing efforts to address TB-HIV co-infection and MDR/XDR-TB through DOTS-Plus programs.

As the principal donor of TB-DOTS programs in Ukraine, the USG has played a key role in introducing and expanding DOTS service provision to significantly improve the diagnosis and treatment of TB. Currently, DOTS services are available in eight regions and cover about 35% of the population. USG policy, advocacy and implementation support for DOTS led to GOU commitment to DOTS as part of its national TB program.

In FY 2008, the USG began implementation of a new five year program in TB control. The program focuses on expanding DOTS coverage to 50% of the population and improving the quality of DOTS implementation; building adequate capacity for rapid implementation of DOTS Plus programs for MDR/XDR-TB; providing access to TB-HIV co-infection services to 30% of the population; and the development of policies and attitudes to reduce barriers to care and support an appropriate enabling environment for DOTS implementation.

With PEPFAR 2009 funds, the USG will continue to strengthen the capacity of public sector and civil society organizations to address TB-HIV co-infection by improving TB/HIV collaborative mechanisms and building systems to provide integrated TB/HIV services to the groups at highest risk of co-infection. To broaden knowledge of TB among NGOs and others providing HIV/AIDS services, the USG will continue to train nurses, HIV service NGOs and organizations of PLWHA in basic DOTS service provision. It will build on pilot work initiated in FY 2008 using HIV service NGOs and NGOs of People Living with HIV/AIDS (PLWHA) as key service points where at-risk clients can obtain TB symptom screening and referral and treatment support as needed. A TB symptom screening tool to be piloted with use of FY 2008 funds will be routinely utilized at NGO service points. To promote service integration and create more client-friendly care models, TB/HIV trainers and staff will be trained in collaborative case management and TB-HIV case management teams will be established to provide care for co-infected patients. USG assistance will also assist the GOU to enhance monitoring and supervision of TB-HIV case management and service collaboration. Finally,

the USG will continue to address critical laboratory needs related to HIV-TB co-infection through training of laboratory technicians on TB-HIV diagnostics and infection control.

With PEPFAR 2009 funds, the USG will give continued assistance to both the MOH Committee on HIV/AIDS and TB and Regional Coordination Councils on HIV/AIDS and TB to improve national and local planning, implementation and monitoring of TB-HIV activities. The USG will also assist the MOH in the development of an integrated TB-HIV protocol and support operationalization of this protocol through the training of providers in TB-HIV co-infection service guidelines. To assist in operationalizing TB-HIV protocols, the USG will support development of a legal and regulatory framework to establish a client referral system and establish TB testing at HIV services.

The Global Fund Round 6 HIV/AIDS Grant to Ukraine made resources available to address HIV-TB co-infection to address a number of critical needs, including the development of protocols for coordinated treatment of HIV, the training of TB specialists in the management of TB-HIV co-infection, and the strengthening of referral linkages between TB and HIV services. These areas directly complement activities under the USG's TB control project, and accordingly USG and GF implementing partners coordinate closely together in this area to achieve maximum output.

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 6068.09	Mechanism: TB Control
Prime Partner: Program for Appropriate Technology in Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 12098.28137.09	Planned Funds: \$568,660
Activity System ID: 28137	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18857	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18857	12098.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	8280	6068.08	TASC II	\$610,000
12098	12098.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	6068	6068.07	TASC II	\$450,000

Estimates of the total number of children and adolescents living on the streets in Ukraine range from 40,000 to 300,000. Ukraine's 2006 application for a Round Six Global Fund Grant estimated that approximately 115,000 children up to 18 years of age are currently on the street. Of this number, about 42,000 are officially registered, with 20,000 occasionally living in 96 Government-run shelters and/or juvenile detention centers. Largely between 8-19 years of age, most street children and adolescents are male (70%), with 30% female. Many come from small towns and villages around Ukraine. Most quit school at an early age, have low education and literacy levels. Many are 'social orphans' with one or both parents alive but either absent or unable to care for the child, or are the victims of verbal, psychological or physical abuse at home.

Groups such as street children/adolescents represent an emerging but as of yet uncovered most at-risk-group with high risk behaviors that often intersect with those of other most at-risk-populations (MARPs) such as injection drug users (IDUs), commercial sex workers (CSWs) and males who have sex with males (MSMs). This puts them at high risk of HIV-infection and makes them a potential bridge population for HIV transmission. Although data is largely unreliable on street children/adolescents, anecdotal information about this highly marginalized population reveals a number of alarming behaviors. They generally start sex at an early age and have a multiple sexual partners, in many cases practicing commercial sex for money or food (with 11% reporting earning a living from sex in one region). They reveal high levels of unprotected sex, with only 27% reporting consistent use of a condom with their steady partners, and consequently have high rates of sexually transmitted infections. They practice high levels of injecting drug use and use of stimulants, with injection drug use beginning as early as 13 and with less than 20% using sterile syringes. The 2007 Comprehensive External Evaluation of the National AIDS Program indicated that 19% of adolescent CSWs age 13-19 reported injecting drugs, with 45% of this group injecting daily. 32% of people living with HIV/AIDS are IDUs age 15-19.

Children and at-risk adolescents, including street children/adolescents, are one of the populations targeted for coverage with a minimum package of prevention services in Ukraine's Road Map on Scaling Up Towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support in Ukraine by 2010. The 2007 comprehensive external evaluation of the national AIDS response also reinforced the importance of this group, noting that the development and scale up of HIV prevention and harm reduction services for children and adolescents living or working on the streets should be prioritized more than other HIV prevention programs for children and youth.

Acknowledging a critical lack of information and no systematic assessment of HIV seroprevalence in this high risk group, the USG leveraged COP 2007 resources with GAP funds to initiate in FY 2008 strategic support for street children in two areas. First, the USG sought to build knowledge of this group through administration of an assessment of HIV seroprevalence and risk factors for HIV among street and out of school youth.

Preliminary findings of this study suggest that the seroprevalence rate among street youth in Kyiv is as high as 18% and in Odessa 25%. The study is still underway at a third site, Donetsk, but it is expected that seroprevalence rates will be similarly high. Data also suggest that injection drug use and unprotected sex are key HIV risk behaviors among street children. This data reinforces the findings of previous studies, which although with smaller samples and more limited study design, showed similarly high HIV prevalence in street children, at over 20% in Kyiv and 60% in Odessa.

As a second strategic intervention on street children, with FY 2007 funds the USG is supporting HIV prevention and peer education outreach activities in regions where the assessment was conducted. The activity identify appropriate approaches to reaching street children and adolescents with HIV prevention services and develop systems to link individuals with treatment and care and support services. This set of activities will, in the year ahead, provide strategic information key to programming future activities, and accordingly, FY 2009 resources will be used to scale up effective strategies and approaches to reach street children and adolescents, implement prevention activities, and link individuals with appropriate medical and social services.

Using COP 2008 resources the USG began analysis of policy, regulatory and legal issues related to at-risk and infected children, including homeless children, and established a policy development working group to develop strategies to address legislative gaps and provide appropriate prevention, medical and social support to at-risk and infected children and adolescents. Continued support will be provided in this area using COP 2009 resources, with emphasis on developing policies for the social protection of HIV-infected and vulnerable street children and adolescents. Finally, advocacy efforts will focus on promoting regional coordination of prevention and care services for street children and adolescents, as well as on the removal of legal, financial, and administrative barriers to service access by street children and adolescents such as mandatory testing in shelters and psychosocial rehabilitation centers and requiring parental consent for services.

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 6063.09	Mechanism: Alliance Sunrise Project (121-A-00-04-0071)
Prime Partner: International HIV/AIDS Alliance	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 12100.28135.09	Planned Funds: \$425,000
Activity System ID: 28135	

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18862

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18862	12100.08	U.S. Agency for International Development	International HIV/AIDS Alliance	8283	6063.08	Sunrise Project (121-A-00-04-0071)	\$80,000
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

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$650,000

Program Area Narrative:

The national system of voluntary counseling and testing (VCT) is one of the most highly developed components of the national response to HIV/AIDS. There is an established and widespread network of VCT sites, including 214 centers, 'cabinets' for HIV testing and an additional 648 service sites providing counseling. There is wide coverage of VCT, with 2.86 million tests performed in 2008. Testing coverage among blood donors is universal, and data indicates that over 95% of pregnant women are tested. However, despite strong national coverage figures, there are significant disparities between regions in coverage of testing and the number of new cases reported depending on whether or not local budgets are used to procure test kits to compensate for unreliable central procurement and distribution of test kits. Moreover, coverage of VCT among MARPs remains uneven and inadequate.

In spite of wide coverage, VCT remains an underutilized resource in Ukraine. It is estimated that only one in five individuals from the general population have been tested and are aware of their HIV status. In 2007, according to the Comprehensive External Evaluation of the National AIDS Response, client initiated VCT represented less than 2% of all HIV tests, indicating extremely low uptake of anonymous VCT. The National Law on AIDS specifies that all HIV testing must be both free and voluntary; however, people must often pay out-of-pocket for an HIV test, the quality of counseling remains, for the most part, suboptimal, and there is poor reliability of informed consent and confidentiality processes. Effective pre- and post-test counseling is largely available only at AIDS centers, or through NGO services contracting with AIDS Center service providers. At other testing locations counseling is often not provided at all, or is provided only for patients with a positive diagnosis and is frequently of poor quality when provided.

Rapid testing was introduced by the MOH only a few years ago, although only for use in maternity hospitals when a pregnant woman presents for delivery without a prior antenatal HIV test. With the support of the Global Fund, however, since 2006 NGOs have been able to provide point of care rapid testing for MARPs, although the scope of this program is still quite limited. A National Plan for Scaling Up Rapid HIV Testing is in place and was endorsed by the MOH in 2007; however, this plan has not yet been implemented, and there remain serious shortcomings related to the registration, validation, and quality assurance/quality control of rapid testing.

Ukraine's whole-population approach to VCT is not appropriate to its concentrated epidemic, with too much testing of the general population, too little testing of populations most at risk and lack of an operational system for rapid testing. There is a need for standardized protocols for VCT and provider-initiated counseling and testing, including rapid testing, that: outline which population groups should be provided with VCT and when testing should be provided; include both public and NGO provision of VCT; clarify testing policies and algorithms on issues such as confirmatory testing; and link with prevention services. In addition, there is urgent need for systems to ensure the quality of both testing and counseling, as well as policies which regulate use of regional budget funds to support provision of VCT by local NGOs for MARPs.

USG support to date has supported activities to improve the quality and reach of voluntary counseling and testing services through the training of VCT specialists; strengthening of NGO capacity to provide VCT services; and the provision of targeted technical assistance to VCT centers. USG support has catalyzed the development of innovative models of collaboration between NGO HIV service organizations and public sector clinical facilities in which public sector clinicians provide testing and NGOs provide pre-and post-test counseling, referral assistance, adherence support, social and legal assistance, and palliative care. To date, over 7,700 MARPs have received HIV counseling and testing from over 190 service outlets providing counseling and testing services provided by 260 trained staff, and all individuals tested have obtained their test results.

With FY 2009 resources, the USG will continue to support NGO-public sector collaboration in the scale up of VCT services for MARPs as part of a comprehensive prevention package. Increasing the availability of and access to rapid HIV tests for MARPs, particularly IDUs, will form an important component of this strategy; accordingly, USG resources will be directed to enabling wider provision of rapid testing services. Continued support will be provided to strengthen the capacity of civil society and public sector organizations providing VCT services. Finally, the USG will also continue efforts to standardize training for counseling and testing, institutionalize this training in pre- and in-service settings, and improve the quality of VCT services and commodities

With FY 2008 resources, the USG supported efforts to improve national policies to scale up access to and improve the quality of VCT services, facilitating efforts of a multisectoral working group which proposed initial amendments to the national VCT protocol. With FY 2009 resources, the USG will continue support to update national testing protocols. Through coordinated advocacy efforts with the GF, other donors and civil society, the USG will use FY 2009 resources to continue efforts to reduce policy, legal, regulatory and fiscal barriers inhibiting access to quality HIV/AIDS related services that meet international standards. One key area of ongoing focus will be regulating role of NGOs in the delivery of prevention services, including rapid testing, to IDUs and other most at risk groups.

PEPFAR funding support for US Department of Defense collaboration with the Ukrainian military has to date resulted in the establishment of five counseling and testing centers, the development of related laboratory capacity and improved staff technical skills. The DOD has also facilitated the utilization of rapid testing technology into these facilities that serve military personnel and their families.

With FY 2009 resources, the DOD will continue to enhance the delivery of VCT services and effectiveness of laboratory diagnostic systems through the provision of related equipment and supplies. It will also provide ongoing support to strengthen military HIV prevention programs through the training of military trainers to educate military personnel on HIV prevention.

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 6063.09

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

Prime Partner: International HIV/AIDS Alliance
Funding Source: GHCS (State)
Budget Code: HVCT
Activity ID: 12103.28136.09
Activity System ID: 28136
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 18863

USG Agency: U.S. Agency for International Development
Program Area: Prevention: Counseling and Testing
Program Budget Code: 14
Planned Funds: \$300,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18863	12103.08	U.S. Agency for International Development	International HIV/AIDS Alliance	8283	6063.08	Sunrise Project (121-A-00-04-0071)	\$460,000
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 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6070.09
Prime Partner: To Be Determined
Funding Source: GHCS (State)
Budget Code: HVCT
Activity ID: 12107.28132.09
Activity System ID: 28132
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 18858

Mechanism: VCT for the military
USG Agency: Department of Defense
Program Area: Prevention: Counseling and Testing
Program Budget Code: 14
Planned Funds: ██████████

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18858	12107.08	Department of Defense	To Be Determined	8281	6070.08	VCT for the military	██████████
12107	12107.07	Department of Defense	To Be Determined	6070	6070.07	VCT for the military	██████████

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 9484.09
Prime Partner: To Be Determined

Mechanism: Technical Assistance MAT VCT
USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 21892.28608.09

Planned Funds: ██████████

Activity System ID: 28608

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 21892

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21892	21892.08	U.S. Agency for International Development	World Health Organization	9484	9484.08		\$150,000

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$655,340

Program Area Narrative:

Data collection and reporting for HIV/AIDS in Ukraine is regulated by a December 2004 Order of the Cabinet of Ministers of Ukraine. According to this order, Central government authorities are to monitor and evaluate HIV/AIDS programs and activities, based on an agreed upon set of national indicators. Based on this order, a list of national indicators for monitoring and evaluating HIV/AIDS activities which are consistent with UNGASS guidelines was developed. Data is systematically collected on these indicators for development of UNGASS reports; with five central governmental authorities responsible for data collection and reporting on national indicators, including: the Ministry of Health, the Ministry of Family, Youth and Sports, the Ministry of Education and Science, the Ministry of Defense, and the State Penitentiary Department of Ukraine.

Primary responsibility for regular reporting on progress on the implementation of the UNGASS Declaration rests with the National Government. According to the Ukrainian law on AIDS, the Ministry of Health of Ukraine is the authority responsible for coordination of the national response to HIV/AIDS. Within the Ministry of Health, the Committee on the Prevention of HIV/AIDS and Other Socially Dangerous Diseases is responsible for overall coordination of the process for UNGASS reporting. In this capacity, the Committee must manage the process of endorsement of indicators by central governmental authorities, and oversee the final endorsement of UNGASS reports on behalf of the Government of Ukraine.

The national indicators were an important first step in developing a national M&E system. To date, though, although draft M&E frameworks have been developed and efforts put in place to strengthen M&E systems in different government ministries and at the regional level, there is not a GOU- endorsed, national M&E system in line with the Three Ones for use in monitoring the national AIDS program. In early 2007, however, the Cabinet of Ministers mandated the development of a clear M&E framework with specific indicators for the National AIDS Program for 2009-2013. To date, however, there is continuing lack of a formal coordinating structure to provide overall guidance to, and coordinate, the national response to AIDS, nor is there a national M&E center or unit to coordinate the many HIV data flows into one consolidated M&E system.

During the past few years, with the support of the Global Fund, there has been important progress in expanding surveillance among key MARP groups. However, there are continuing gaps in surveillance, lack of a clear research agenda, and as of yet limited capacity to conduct surveillance studies, particularly qualitative studies.

Finally and significantly, information collected on national indicators and through research are not routinely used to inform national and regional decisions on policy and program planning.

After the Global fund, the USG is the largest donor in HIV/AIDS programming in Ukraine; the organizational and systems strengthening work it has supported to date has made a significant contribution to national program outputs and outcomes. Working closely with the Global Fund, UNAIDS and other stakeholders and partners in HIV/AIDS and under the framework of the Three Ones Principles, the USG has provided critically needed support in strengthening national HIV-related monitoring and evaluation efforts, especially at the regional level. A few years ago, the USG played a key role in developing the national indicators for the national AIDS program. Since that time, USAID implementing partners have coordinated closely with UNAIDS in providing targeted assistance to strengthen monitoring and evaluation systems through the establishment of regional monitoring and evaluation centers that are responsible for the collection and analysis of regional level data.

Building on this framework, USAID proposes to provide targeted assistance to strengthen strategic information systems in Ukraine using COP 2009 resources. Efforts to improve monitoring and evaluation processes and the use of data for decision-making will intensify. Activities will continue to focus on strengthening the role of regional M&E centers by institutionalizing regional level monitoring and evaluation systems which continually assess the effectiveness of regional HIV/AIDS programs. Assistance to regional centers will build capacity to collect, analyze, disseminate and utilize data strategically. Working in close collaboration with other USG implementing partners, UNAIDS and the Government of Ukraine, it is anticipated that by the end of 2009, strengthened and unified M&E systems will be operational in all regions of Ukraine.

In addition, the USG will work with public and nongovernmental partners to strengthen surveillance systems and monitoring and assessment methodologies to track and assess program effectiveness and impact. Using COP 2009 resources, the USG will also focus on strengthening epidemiological data and strategic information approaches in order to ensure that programs for MARPs are of sufficient quality, scope, scale and quantity. With the aim of building the capacity of central/national and regional level staff in surveillance, key activities would include training of NGOs on strengthening MARP survey approaches; and a data triangulation exercise to strengthen monitoring of the progression of HIV and assess the effectiveness of programs. Ongoing focus will be given to strengthening sub-national M&E as part of the national M&E system and on building capacity at the local level to use M&E systems, including second generation surveillance systems, to closely and accurately monitor behaviors and trends.

The USG's planned 2009 COP support to strategic information will ensure a coordinated approach to the collection of information to monitor progress against national program results. To this end, one HIV/AIDS implementing partner is charged with tracking national and regional level indicators measuring the scope, severity, evolution and response to the HIV/AIDS epidemic. In this, the Partner coordinates closely with UNAIDS in the collection of data, as well as works with UNAIDS and the Government of Ukraine in the dissemination, reporting and utilization of this data to more appropriately target program planning and implementation.

The Ukraine PEPFAR Country Team does not have a strategic information team, although the PEPFAR Coordinator and one team member provide oversight to SI functions. Plans are under development, however, to scale up staffing in order to expand SI skills within the team. In addition, discussions are underway with OGAC to support the fielding to Ukraine, in the early part of FY 2009, of a team that will assist the Mission to define a SI strategy and plan of activities blending monitoring and evaluation and surveillance functions and to provide input and guidance on strategic programming on SI using COP 2008 and 2009 resources.

To improve the collection and utilization of data for monitoring and evaluation of the country program, the USG plans to use COP 2008 and 2009 resources to obtain technical support to assist the team in the design of an overarching monitoring and evaluation plan for the PEPFAR Country Program as well as an assessment of implementing partner monitoring and evaluation systems and plans. This would include an assessment of data quality and a plan for the improvement of data quality.

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 8714.09	Mechanism: TBD (Strategic Information)
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 19539.28131.09	Planned Funds: ██████████
Activity System ID: 28131	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	

Over the past several 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 models for a continuum of preventive, treatment and follow-up care to PLWHA.

The USG remains the primary financial supporter of organizational and systems strengthening activities to enhance national and local responses to the epidemic in both governmental and nongovernmental settings. This investment is carefully leveraged with civil society and public sector programming in order to improve HIV/AIDS program outputs and outcomes. The USG, through its implementing partners, works with more than 100 NGOs and civil society groups. Most of these organizations have only been created in the last several years, and, though many provide valuable services, most are organizationally nascent. 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.

Weak institutional capacity among nascent civil society groups, particularly in smaller communities, limits access to services of the more marginalized and highest risk groups. The GF Round Six Grant 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. Ongoing strengthening of 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.

With the goal of leveraging GF Round 6 resources and assuring their effective and efficient use, the USG will continue to make service capacity building a high priority in FY 2009 and dedicate resources to building on work undertaken to date. Through a flagship HIV/AIDS Service Capacity project that got underway during FY 2008, the USG in FY 2009 will continue to support and leverage GF efforts to strengthen HIV/AIDS service provision through a comprehensive program of capacity development. Efforts will provide technical, management and administrative capacity development to organizations to enable them to make effective use of GF and other resources to meet national HIV/AIDS program universal coverage goals. Activities will continue to: 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.

In addition to ongoing work in civil society capacity development, COP 2009 resources will: enhance the role of the multisectoral National Council on HIV/AIDS and TB and the Committee on HIV/AIDS and TB within the Ministry of Health in supporting multisectoral planning, implementation, budgeting and monitoring of the National AIDS Program as well as donor and implementing partner coordination; provide continued strengthening of regional level HIV/AIDS and TB coordination council capacity to develop and implement effective HIV/AIDS policies and strategies and enhance regional planning, budgeting, implementing and monitoring of programs.

With COP 2009 resources, the USG will provide ongoing assistance to improve HIV/AIDS drug and commodity procurement and supply management systems. The National Law on HIV/AIDS commits the Government of Ukraine to universal access to HIV treatment and care, with free treatment for all patients with HIV/AIDS. If this target is to be successfully achieved and sustained, optimal utilization of resources and improvements in pharmaceutical management capacity to ensure uninterrupted supplies of drugs and commodities is urgently needed. Currently, however, resource utilization and associated availability of drugs and commodities for HIV/AIDS testing and treatment is suboptimal. Poor procurement practices, frequent stockouts of supplies, poor quantification of needs and inadequate management of supplies significantly limit the government's capacity to ensure a steady supply of required drugs and commodities.

Using resources obtained through centrally supported TA to address GF implementation bottlenecks, the USG joined with WHO and the EU to support an assessment of HIV/AIDS drug and commodity procurement systems. Based on the findings of the joint assessment, the USG will, in early 2009, provide assistance in developing a GOU plan for the sustainable uptake of GF-supported patients on ARVs, as well as a capacity development plan to strengthen HIV/AIDS drug and commodity procurement. During the next year, the USG will provide targeted TA to address key elements of this capacity development framework in order to strengthen GOU capacity to increase access to HIV-related drugs and commodities.

Improving the procurement and management of HIV/AIDS drugs and commodities is a high-leverage opportunity to strengthen health service systems which affect implementation of the entire National AIDS Program. Moreover, it is an intervention that builds on and complements the capacity development/systems strengthening work that the USG is currently undertaking in its HIV/AIDS program. Promoting good governance principles through best pharmaceutical management practices can increase transparency and accountability in how decisions are made in health sector procurement and improve the effectiveness of actions taken in drug procurement and distribution. Effective governance in the pharmaceutical sector promotes more effective health programs by ensuring appropriate operational level policies and standards are in place and implemented, by combating corruption and promoting efficiency, and by ensuring equitable access to medicines in a transparent manner.

Finally, COP 2009 resources will also be applied to a number of important policy areas, including the development of anti-discrimination laws and policies to ensure the legal protection of MARPs living with HIV; strengthening the role of NGOs in the delivery of prevention services, including voluntary counseling and testing services, to IDUs and other most at risk groups; and enhancing the role of Parliament in the development of an appropriate enabling environment for the expansion of services for MARPs.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12243.09 **Mechanism:** TBD USG Core
Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 29814.09 **Planned Funds:** ██████████
Activity System ID: 29814
Activity Narrative: Assessment to assist with Partnership Framework
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 6066.09 **Mechanism:** HIV/AIDS Service Capacity Project
Prime Partner: Constella Futures **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 12105.28487.09 **Planned Funds:** \$1,278,000
Activity System ID: 28487
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 18855

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18855	12105.08	U.S. Agency for International Development	Constella Futures Group	8278	6066.08	HIV/AIDS Service Capacity Project	\$0
12105	12105.07	U.S. Agency for International Development	Constella Futures	6066	6066.07	HIV/AIDS Service Capacity Project	\$1,120,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$550,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 6067.09	Mechanism: HIV/AIDS Service Capacity Project
Prime Partner: Constella Futures	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 18878.28133.09	Planned Funds: \$722,000
Activity System ID: 28133	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18878	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18878	18878.08	U.S. Agency for International Development	Constella Futures	8279	6067.08	HIV/AIDS Service Capacity Project	\$787,532

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$1,354,000

Program Area Narrative:

An HIV/AIDS inter-agency team 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. The Director is supplemented by three professional Foreign Service National staff, two of which work part-time on HIV/AIDS activities, and one administrative Foreign Service National staff person. During FY 2009, a Senior Advisor on HIV/AIDS and TB, a Junior Direct Hire Officer and two professional Foreign Service National staff will join USAID's PEPFAR team to better address workload needs. 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 headquarter 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. The Peace Corps supports prevention of HIV and drug use among youth, especially in small towns and villages. The Economic Affairs Counselor leads efforts to stimulate greater political and scientific leadership in battling the epidemic. The Embassy's Public Affairs (PA) section and USAID coordinate on USG information dissemination and external events on HIV/AIDS to ensure consistency of message.

To better implement a staffing for results approach, Ukraine's PEPFAR management and program team structure has been revisited, 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, in the year ahead 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 considering an approach to staffing for results, the interagency team will address the issue of engaging Washington leadership and utilizing, as needed, Washington-based resources.

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 6089.09	Mechanism: Management and Staffing
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 12139.28138.09	Planned Funds: \$354,000
Activity System ID: 28138	
Activity Narrative: To support PEPFAR reporting, administrative and program support during 2009, planned funding will cover the cost of 2 full-time equivalent FSN staff salaries, travel, administrative costs, ICASS services and IRM technical support	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18868	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18868	12139.08	U.S. Agency for International Development	US Agency for International Development	8287	6089.08	Management and Staffing	\$234,000
12139	12139.07	U.S. Agency for International Development	US Agency for International Development	6089	6089.07	Management and Staffing	\$77,588

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 6069.09 **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 Budget Code:** 19
Activity ID: 12144.28141.09 **Planned Funds:** \$0
Activity System ID: 28141
Activity Narrative: FY 2009 funds will support the salary and associated costs of one full-time FSN Peace Corps coordinator.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18871

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18871	12144.08	Peace Corps	US Peace Corps	8288	6069.08	US Peace Corps	\$29,400

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 12240.09 **Mechanism:** TBD
Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 29809.09 **Planned Funds:** ██████████
Activity System ID: 29809
Activity Narrative: Staff to assist with Partnership Framework
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 12241.09 **Mechanism:** TBD

Prime Partner: To Be Determined
Funding Source: GHCS (State)
Budget Code: HVMS
Activity ID: 29810.09
Activity System ID: 29810
Activity Narrative: Staff to assist with Partnership Framework
New/Continuing Activity: New Activity
Continuing Activity:

USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Management and Staffing
Program Budget Code: 19
Planned Funds: ██████████

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 12239.09
Prime Partner: To Be Determined
Funding Source: GHCS (State)
Budget Code: HVMS
Activity ID: 29808.09
Activity System ID: 29808
Activity Narrative: Staff to assist with Partnership Framework
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: TBD
USG Agency: Department of Defense
Program Area: Management and Staffing
Program Budget Code: 19
Planned Funds: ██████████

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	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 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2009?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2009?	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 2009?	Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
xCOPHIVUkraine_5_year_strategy 1Arev7hl.doc	application/msword	11/14/2008	Five-Year Strategy	Other	LFakory
Gender 2009.doc	application/msword	11/14/2008		Gender Program Area Narrative*	LFakory
PPP table_populated.xls	application/vnd.ms-excel	11/14/2008		PPP Supplement	LFakory
FY 09 Mini-COP staffing spreadsheet.xls	application/vnd.ms-excel	11/14/2008		Staffing Analysis	LFakory
FY09 Budgetary Requirements Worksheet (updated for VCT policy change)_populated.xls	application/vnd.ms-excel	11/14/2008		Budgetary Requirements Worksheet*	LFakory
FY09 Ukraine CN Summary b.doc	application/msword	11/14/2008		Executive Summary	LFakory
Mini COP09 Ambo Letter.pdf	application/pdf	11/14/2008		Ambassador Letter	LFakory
Justification for Budgetary RequirementsAlliance2009.doc	application/msword	11/17/2008		Other	LPerry
Human Capacity Development 2009.doc	application/msword	11/17/2008		HRH Program Area Narrative*	LPerry
Ukraine COP 2009 Global Fund Supplemental.doc	application/msword	11/17/2008		Global Fund Supplemental	LPerry
Justification for Budgetary RequirementsFutures2009.doc	application/msword	11/17/2008		Budgetary Requirement Justifications	LPerry
Summary Targets and Explanations2.xls	application/vnd.ms-excel	12/1/2008		Summary Targets and Explanation of Target Calculations	LPerry
Justification for Budgetary Requirements Treatment 2009.doc	application/msword	12/1/2008		Budgetary Requirement Justifications	LPerry