

National Per Diem (DSA)		SR	GFATM	72600	1,963.35
International Per Diem (DSA)		SR	GFATM	72600	5,235.60
Sundries		SR	GFATM	72600	785.34
7% GMS		PR	GFATM	75100	9,409.69
2.4 Stigma Reduction					
Project Coordinator		SR	GFATM	72600	18,848.17
*** Program grants for NGO (Annually program grants will be provided to civil society organizations to undertake stigma reduction programs in their communities (7 grants up to 15000 Euros each) in accordance with criteria's set in call for proposals. HR costs should not exceed 15% of total grant		SR	GFATM	72600	20,615.18
Program grant IRC (Grants will be provided to faith based organizations to undertake stigma reduction programs with their communities, up to 25000 Euros in accordance with submitted proposals and financial offers) in accordance with critter's set in call for proposals. HR costs should not exceed 15% of total grant		SR	GFATM	72600	4,908.38
Technical Assistance (consultant for Stigma reduction training)		SR	GFATM	72600	10,471.20
Organize "Channels of Hope" facilitator workshops (20 participants per workshop, cost includes accommodation, meals, transportation cost and rental of conference room)		SR	GFATM	72600	15,706.81
Stigma reduction training workshop (14 participants in both workshops, cost includes accommodation, meals, transportation cost and rental of conference room)		SR	GFATM	72600	2,617.80
Follow up stigma reduction workshop (14 participants in both workshops, cost includes accommodation, meals, transportation cost and rental of conference room)		SR	GFATM	72600	2,617.80
Communication Programs		PR	GFATM	72100	3,926.70
Travel international (DSA, transport costs, accommodation for participation to GF conferences or workshops appropriate to scope of work)		SR	GFATM	72600	5,445.03
Travel in BiH (DSA, transport costs, accommodation for site visit, monitoring, meetings 8 trips per quarter per organization)		SR	GFATM	72600	6,282.72
Office supply		SR	GFATM	72600	4,712.04
Bank charges		SR	GFATM	72600	785.34
Operational costs		SR	GFATM	72600	25,130.89

	Office rents (including costs of rent, electricity, heating)	SR	GFATM	72600	23,560.21
	Communication costs (telephone costs, cell costs, internet costs)	SR	GFATM	72600	4,712.04
	7% GMS	PR	GFATM	75100	8,736.91
	Activity 4: Strengthen the capacity of coordinating and implementing agencies to respond to HIV/AIDS				
	4.1.1 and 4.1.3 Institutional and Technical Capacity Building				
	4.1.2. Civil Society Strengthening				
	4.2. Strategic Information/M&E				
	4.1.1. and 4.1.3. Institutional and Technical Capacity Building				
Institutional and Technical Capacity Building – 0 Strategic Information / M&E – 0 Civil Society Strengthening – two Municipalities with HIV Multisectoral communities established	Engagement of :HIV/AIDS Project Manager, M&E Expert, Project Officer/Municipality Coordinator, Project Officer/Social Worker, Project Associate, Admin/Finance Associate, Finance Associate, Project Assistant, Procurement Associate, Procurement Associate, Project Assistant, M&E Associate, National and Entity Personnel	PR	71400	GFATM	460,623.02
	Secretariat and Coordination groups	SR	GFATM	72100	8,376.96
	Advocacy Workshops	SR	GFATM	72100	1,570.68
	Exposure Visit	SR	GFATM	72100	13,089.01
	Annual Scholarships	PR	GFATM	72100	47,120.42
	Technical Advisory Committees	PR	GFATM	72100	62,827.23
	Designing and hosting of WEB page	SR	GFATM	72100	2,617.80
	Existing SR Evaluation	PR	GFATM	72100	26,178.01
	Travel (International)	PR	GFATM	71600	3,141.36
	Travel (Intra BiH)	PR	GFATM	71600	12,565.45
	Municipality Coordination Meetings	PR	GFATM	72100	916.23
	Implementation Management Team Meetings	PR	GFATM	72100	7,853.40
	National Per Diem (DSA)	PR	GFATM	71600	3,926.70
	International Per Diem (DSA)	PR	GFATM	71600	2,356.02
	PMU site visit and monitoring costs (programmatic and financial monitoring of SRs)	PR	GFATM	72100	15,706.81
	PMU meetings with implementation agencies (SRs, SSRs, GFATM Officials and LFA)	PR	GFATM	72100	13,089.01
	Stationary (office working material e.g. Paper, pencils, toners etc.)	PR	GFATM	72500	3,926.70
	Vehicle running costs and maintenance	PR	GFATM	73400	7,853.40
	Translation of documents to be sent and presented towards Ministry officials	PR	GFATM	74200	5,235.60
	PMU rent and utilities costs	PR	GFATM	73100	78,534.03
PMU communication costs (land lines, internet connection and cell phones)	PR	GFATM	72400	7,853.40	
7% GMS	PR	GFATM	75100	54,938.48	

4.1.2. Civil Society Strengthening						
Engagement of RC Managers				GFATM	71300	42,408.38
Human Resources - Administration / Training Assistant				GFATM	71300	25,130.89
Human Resources Information/Education/Resource Manager				GFATM	71300	36,125.65
Human Resources - Finance Assistant				GFATM	71300	18,848.17
Technical Assistance				GFATM	71200	71,204.19
Training Mentors				GFATM	72100	251,308.90
Scholarships				GFATM	72100	15,706.81
Exchange visits				GFATM	72100	19,633.51
Entity Level Training Centers				GFATM	72100	99,476.44
CSO annual conference				GFATM	72100	65,445.03
TOT Training program				GFATM	72100	26,178.01
Stigma Reduction Training Workshops				GFATM	72100	20,942.41
Resource Material				GFATM	74200	13,089.01
Travel (International)				GFATM	71600	3,141.36
Travel (Intra BiH)				GFATM	71600	12,565.45
Ground Transport				GFATM	71600	314.14
Meetings				GFATM	72100	15,706.81
National Per Diem (DSA)				GFATM	71600	7,853.40
International Per Diem (DSA)				GFATM	71600	7,853.40
Accommodation (National)				GFATM	71600	6,282.72
Accommodation (International)				GFATM	71600	4,712.04
Utilities cost				GFATM	73100	78,534.03
Communication costs				GFATM	72400	9,424.08
Logistics maintenance and fuel				GFATM	72400	5,759.16
7% GMS				GFATM	75100	60,035.34
4.2. Strategic Information/M&E						
Municipality MHC M&E Officer Nat Level				GFATM	71300	37,696.34
Municipality M&E Officers				GFATM	71300	62,827.23
M&E Training Workshops				GFATM	72100	11,780.10
Quarterly Supervision				GFATM	72100	31,413.61
Municipality M&E Unit Set up				GFATM	72100	5,235.60
Municipality M&E Unit Op Costs				GFATM	72100	15,706.81
M&E Annual Reviews				GFATM	72100	52,356.02
Operational Research				GFATM	72100	196,335.08
BSS				GFATM	72100	392.67
7% GMS				GFATM	75100	56,421.47
Activity 5: Ensure blood safety						
• 5.1. Blood Safety						
Blood safety – 280 transfuziology representatives trained				GFATM	71200	20,942.41
Technical Assistance				GFATM	71200	20,942.41

	Blood Safety and UP Training Workshops (35 participants per workshop, cost includes accommodation, meals, transportation cost and rental of conference room)						SR	GFATM	72100	31,413.61
	Travel (International)						PR	GFATM	71600	6,282.72
	Travel (Intra BiH)						PR	GFATM	71600	12,565.45
	Ground Transport						PR	GFATM	73400	3,141.36
	National Per Diem (DSA)						PR	GFATM	71600	3,926.70
	Accommodation (National)						PR	GFATM	71600	6,282.72
	7% GMS						PR	GFATM	75100	5,918.58
									Year II	8,251,611.19

MANAGEMENT ARRANGEMENTS

The overall ownership for this project rests with the Government of the Bosnia and Herzegovina and the CCM, while UNDP as nominated Principal Recipient will be leading implementing agency, responsible for the overall management of the project.

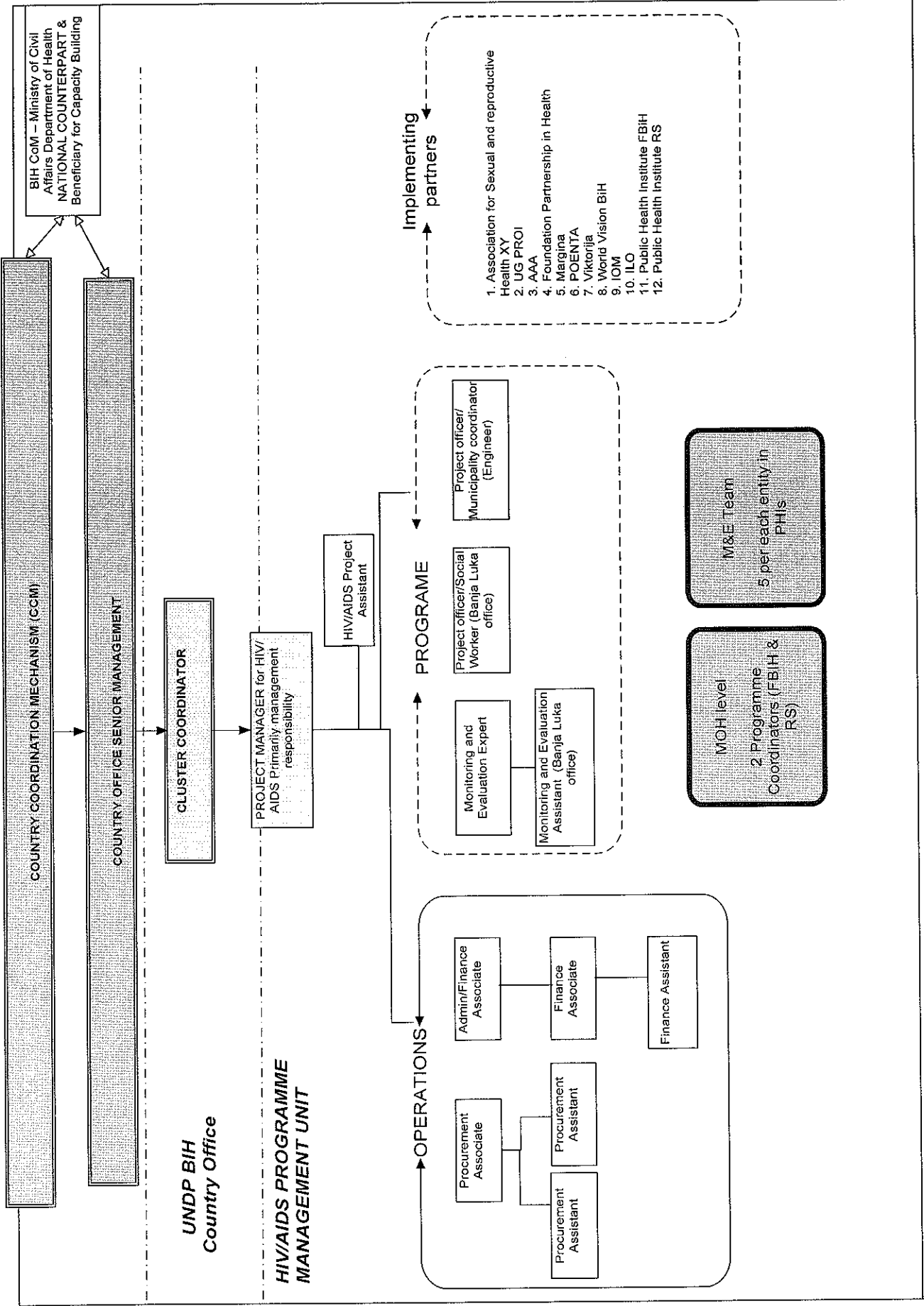
Limited capacity in both government and non-government sectors to implement long-term complex projects has led to the selection of UNDP as PR. On May 26, 2010 the CCM met to discuss Principal Recipients for the round 9 proposal. A review of the existing PR, UNDP, was undertaken and to ensure consistency and follow up into phase 1 of this proposal, UNDP was selected. Considering the best interest of the country, the extensive experience that UNDP globally has in cooperation with the GFATM, UNDP has accepted that role of PR as a last resort solution for BiH.

UNDP has designed and proposed creating of a Programme Management Unit (PMU), tasked with ensuring implementation of the grant, as illustrated in the graphic representation below. The unit is designed as a self-sustainable component that could relatively easily be transformed, partially or fully, into government implementation.

In line with management arrangements described in UNDP Country Programme Action Plan for 2010 – 2014 (CPAP) this project will continue to support overall ownership of the Government of Bosnia and Herzegovina through UNDP support to National Implementation Modality (NIM). At the core of UNDP's approach is to while ensuring that delivery is overseen in-house by UNDP, concerted effort is made to build-in governmental oversight and local management input. The use of this modality is motivated by its high potential for maximum cost-effectiveness alongside flexible capacity development of local institutions.

The Management Unit structure foresees the active and substantive role and involvement of the Health Department of the State level Ministry of Civil Affairs, the Ministry of Health of Federation BiH (F BiH) and the Ministry of Health and Social Welfare of Republika Srpska (RS), as well as the key role of the CCM (Country Coordination Mechanism) as the overall authority in this field.

The purpose is to enable development of the sustainable capacity through learning by doing, via direct and substantive involvement of the sectoral Ministries and specialized NGOs in implementation of this project. This will be achieved first and foremost through the , on a part-time basis engagement in the PMU of two staff members of the Ministries of Health - as nominated programme coordinators and staff of Public Health Institutes; five per each Entity to act as Monitoring and Evaluation Specialists.



Overall, the roles and responsibilities for the implementation of the programme will be in line with the issued UNDP Results Management User Guide which defines the minimum requirements for ensuring proper accountability for programmed activities and use of resources.

Overview of the key roles

The **CCM** will play a crucial oversight role by appointing CCM sub-committees to conduct periodic site visits to project implementation sites. The sub-committee members can select specific implementation sites, as to minimize or avoid conflict of interest in areas where some CCM members also play an active role as implementing partners.

The **Resident Representative** is in role of Executive/Senior Supplier, as designated by the UNDP Country Office senior management, shall be responsible on behalf of UNDP BiH of overall monitoring and realization of project's outcomes.

The **HIV/AIDS Project Manager** will manage the programme on a day-to-day basis on behalf of UNDP BiH. His/ her primary responsibility will be to ensure that the programme delivers results that contribute to achievement of the project objectives, under overall supervision of relevant Cluster Coordinator and Assistant Resident Representative for Programmes in UNDP.

The PMU team will operate out of two offices. The central office will be in Sarajevo and a smaller, sub-office in Banja Luka, in order to facilitate the most effective communication with the Federal Ministry of health and Ministry of Health and Social Welfare RS and geographical coverage. The PMU will be responsible for the implementation of Global Fund project in collaboration with local implementing partners. This will involve providing overall direction, development and oversight of work-plans in delivering HIV prevention projects among vulnerable populations and related monitoring, evaluation and research activities under the grant.

In addition, the PMU will be responsible for: reporting to LFA (Local Fund Agent) and to GFATM Secretariat-in accordance with Grant agreement; operational management and staff supervision; financial management; partnership collaboration and coordination; monitoring and supervision of project activities; and regularly reporting to the CCM.

Principal Recipient

Globally UNDP and GFATM have been engaged in partnership since late 2002. The partnership was formalized in December 2003 through an Exchange of Letters between UNDP and the GFATM, defining UNDP's primary role in the partnership being to provide capacity development or act as PR in exceptional circumstances, when requested by the GFATM and the CCM.

As the UN agency with strong governance mandate, well developed management capacities and the special relations with the GFATM – UNDP, as the Principal Recipient in BiH, will be able to provide a range of services including but not limited to:

- 1) **Advocacy and Advisory Support** (e.g. facilitation of dialogue, coordination and synergies, support to national program, strategy and policy design);
- 2) **Capacity Development** (e.g., continuous training, technical assistance and exchange of experiences);
- 3) **Support to Execution** (e.g., operational support, procurement and contracts management and fiduciary support).

In accordance with the rules of the GFATM, UNDP – as the Principal Recipient, is the entity fully responsible for grant proceeds, implementation in a recipient country, program results and most importantly it is fully legally accountable to the Global Fund for all funds under the grant. In order to fulfill that role, UNDP has to be the entity entirely responsible for:

- a) **Financial Management**
- b) **Procurement and Supply Management** (including procurement of goods and services-as further specified in the corresponding *Procurement and Supply Management Plan* .
- c) **Provision of Technical Assistance.**

UNDP will closely cooperate with the CCM and the GFATM to ensure that the goals of the grant agreement are accomplished. UNDP BiH will also try to assist the CCM to meet regularly, to discuss plans, to share information and communicate on GFATM issues, and UNDP will keep the CCM fully informed and involved in implementation of the grant.

Accepting the responsibility for the results to be accomplished, UNDP will, as the PR, continue in the next two years of implementation of the grant, to provide overall management, oversight, leadership, procurement and supply chain management, conduct tendering procedures including contracting of goods and services; receive and transfer the funds and provide accounting and disbursements – all in accordance with UNDP and GFATM rules and regulations and in agreement with relevant national partners.

One of the key issues on which UNDP will insist on is taking all necessary precautions to avoid conflicts of interest and corrupt practices. To this end, as PR, UNDP shall maintain standards of conduct that govern the performance of its staff, including the prohibition of conflicts of interest and corrupt practices in connection with the award and administration of contracts, grants, or other benefits, as set forth in the Staff Regulations and Rules of the United Nations, the UNDP Financial Regulations and Rules, and the UNDP Procurement Manual.

UNDP will ensure that the same level of precautions is applied by all other entities that will have a role in implementation of this grant, including but not limited to the national authorities, NGOs and other UN Agencies.

Sub-Recipients

Since the NGOs implementing Rd 5 were successful in implementation, CCM decided to nominate the same specialized organizations as in Rd 5, for implementation of Rd 9 grant, and they are as follows:

1. Association for Sexual and Reproductive Health "XY"
2. UG PROI;
3. Action against AIDS
4. Fondation Partnerships in Health
5. Margina;
6. Poenta
7. Viktorija
8. World Vision BiH

Also CCM decided to nominate 4 more organization to implement activities in Rd 9 (two international and two government organizations) and they are as follows:

1. International Organization for Migration - IOM

2. International Labour Organization – ILO
3. Institute for Public Health FBiH
4. Public Health Institute RS

The Global Fund's defines which entity should be considered as a SR, as following: *"A Sub-Recipient is a recipient of grant funds which performs any Program activities that would otherwise be expected to be directly undertaken by the Principal Recipient within the scope of its responsibilities as implementer of the Program. This includes entities that the Principal Recipient may engage to fulfill its minimum capacity requirements, which are assessed by the Global Fund and set out in Global Fund Document "Guidelines for the Principal Recipient Assessment" (December 2, 2003).*

In practice for UNDP as PR, that means that a SR is an entity to which UNDP provides funding in order to carry out activities contemplated under the Project, or simply in UNDP terms, a Sub-Recipient could be termed the "implementing entity" or "contractor. UNDP is required to have an agreement with any SRs that is consistent with the grant agreement and acceptable to the Global Fund. UNDP will use model agreements for SRs that have been approved by the Global Fund and based on the model NGO Cooperation Agreement and/or the Standard Letter of Agreement between UNDP and a Government Ministry/Institution or a United Nations Agency. Any substantive departures from these model agreements will require approval from UNDP Headquarters in New York.

UNDP will align the schedule of payments to SRs with the availability of funds anticipated to be received from the Global Fund for such purpose. UNDP Country Office will be responsible for conducting a financial capacity assessment of the SRs prior to issuing any payments.

The SRs will be required to submit reports to the Country Office on a quarterly basis. The SR reports should reflect at a minimum (i) the financial activity during the quarter in question and cumulatively from the beginning of the Program until the end of the reporting period, and (ii) a description of the progress achieved toward the milestones set forth in Annex A to the Grant Agreement. The SR shall explain in the report any variation between the planned and actual achievements for the period in question.

Role of the Ministry of Civil Affairs

The main role is to follow the implementation of programme through CCM and National Advisory Board (NAB) for HIV and give suggestions and recommendations when necessary. Also, on regular basis MoCA is requesting PMU for HIV to prepare various programme reports which are being presented and discussed on the meetings of "Conference of Health Ministers in BiH" (consistent of Minister of MoCA, Minister of Federal Ministry of Health, Minister of Ministry of Health and Social Welfare RS and Head of Department of health and other services of Brcko District of BiH)

Role of the entity Ministries of Health

The two key partners for UNDP in implementation of this grant will be : **the Federal Ministry of Health of Bosnia and Herzegovina (MoH F) and the Ministry of Health and Social Welfare of Republika Srpska (MoH RS)** were the key players who provided the essential expert inputs in development of the original project proposal that has been approved by the GFATM. Thus they will continue, from the very beginning of implementation of this project to be fully involved in the day-to-day management of the project, as well as in oversight and implementation of individual components. UNDP has foreseen in the proposed management structure to have the ministries to appoint their health experts (on part-time basis) to be members of the Programme Management Unit and directly contribute in implementation through establishment of daily contacts/coordination with relevant

Governmental authorities and provision of expertise in HIV/AIDS and Monitoring and Evaluation issues.

Main role of the both, Federal Ministry of health and Ministry of Health and Social Welfare RS is in coordinating development of HIV/AIDS policies, ensuring synergies between various aspects of health related interventions; responsibility for quality assurance and to manage activities required to ensure the medicines or other health products are safe, effective and acceptable to the patient. Federal Ministry of health and Ministry of Health and Social Welfare RS will also ensure development of supportive social policies for PLWHA, as well as their access to existing social welfare schemes, including ensuring that adequate legal provisions are introduced in order to secure smooth implementation of all envisaged activities in the programme.

Federal Ministry of health and Ministry of Health and Social Welfare RS and CCM will programmatically guide and oversee all activities being implemented within, and strengthening, the health system, including surveillance, VCCT, HIV/AIDS treatment, youth friendly services, and care of the sick. Federal Ministry of health and Ministry of Health and Social Welfare RS will also be in charge for the proper distribution and utilization of treatment protocols, drugs, other medical supplies. They will give decisive support in building of health staff competencies in the prevention, treatment and care related to HIV/AIDS, including the capacity to relate to and work with young people.

In addition, the Institute for Public Health FBIH and Public Health Institute RS in collaboration with Federal Ministry of health and Ministry of Health and Social Welfare RS, will be involved in coordination of health promotion initiatives; ensuring health related data collection, analysis and dissemination. They will be also in charge to follow up the work of methadone centers; to establish and lead municipal health councils and organize a number of trainings for the staff of transfuziology clinics and various government and non-government actors. However, the main role would be to establish two resource centers with relevant libraries in both Sarajevo and Banja Luka (as well as smaller department in Mostar). As future capacity development and know-how national HIV&STD's excellence hubs. Clinical Center of Sarajevo, Clinical Center of Banja Luka and University Clinical Center of Tuzla, additionally to the issues mentioned above, will advocate for adequate treatment and care policies for PLWHA, provision of accessible and confidential treatment and case management, as well as development and implementation of measures to ensure blood safety which will be part of their responsibility in years to come. Primary Health Care Centers will be engaged in the assistance in education of teachers, HCW, YFS development and similar.

Federal Ministry of Education and Science BiH and Ministry of Education and Culture RS will coordinate school based prevention programs, and other educational programs targeting youth. UNDP as an UN development agency, will put special emphasis on improving working relations and coordination between the non-governmental and governmental sector in health, social welfare, education, stigma reduction and others aspects.

Role of NGO sub-recipients

Another group of actors that is extraordinary important for success of implementation of this project are the non-governmental organizations specialized in HIV/AIDS issues. The NGOs have played a central role in implementation of the activities financed by this GFATM grant in the Rd 5 grant. Their role is reflected though their contribution to management and implementation, which is achieved though their role and influence in CCM, but also many of them are contracted by UNDP as implementation partners/contractors trusted with implementation of activities within the different Objectives of this project.

The criteria for NGO selection was discussed and agreed in advance with all the stakeholders, and is based on the following criteria (but not limited just to those):

- Quality of proposed project/activities
- Organization's experience in and results in the field of HIV/AIDS and drug use
- Submission and review of the organization's financial reports and, if possible, audit reports
- Organization applying should have clearly defined goals for HIV/AIDS and drug use in their statute and programme goals.

UNDP's Cost Recovery

UNDP's Executive Board requires Country Offices to use two types of cost recovery policies: General Management Services (GMS) and Implementation Support Services (ISS). The GMS is a standard percentage rate that applies to all funds received under the Grant Agreement. The use of cost recovery policies, which were agreed with the Global Fund in the Exchange of Letters, is described as follows:

- (i) GMS: Services of a general management nature, including project design, monitoring and evaluation, basic oversight, recording of income and reporting (normal Principal Recipient responsibilities, including payments to sub-recipients, fall within this category).
- (ii) ISS: Capacity development, including implementation or transactional services (e.g., all other payments, recruitment, procurement).

In the Exchange of Letters, the Global Fund agreed that UNDP would charge an administrative fee (7%) for the first category of costs on all grant funding. The Global Fund also agreed that the cost of providing support in the second category would be built into the project document as a direct cost against the identifiable budget line items.

Monitoring and Evaluation

This section of project document refers only to monitoring and evaluation of implementation of this project from the management point of view, while the medical systems of monitoring and evaluation is described in details in the original project proposal.

UNDP globally has introduced results-based management as its corporate approach through which performance is related back to development goals and outcomes, and systematically measured and improved. In the sense, monitoring and evaluation plays a key factor in helping to improve operational performance. Monitoring and evaluation will be performed using result-based quantitative and qualitative indicators as outlined in the project's Performance Framework and the revenue and capital budgets.

The purpose of monitoring at the project level is to ensure the systematic assessment of progress activities towards achievement of outcomes. To that end, PMU will document achievements through semi-annual progress reports, field visits. The detailed Performance Framework (attached to this proposal as Annex E) defines key indicators for the progress of each activity. On the basis of this, the HIV/AIDS Project Manager, will define key milestones and monitoring plan for joint field visits, in order to validate the results reported.

Ad hoc site visits will also be conducted by the LFA from time to time, but not less than once in six months. UNDP has agreed, in the Grant Agreement, to allow authorized representatives of the Global Fund and its agent's access to sites related to operations financed by the grant on an ad hoc basis.

The GFATM has the discretion to conduct an independent evaluation of the project that will focus on results, transparency and substantive accountability, but it must collaborate with UNDP's Evaluations Office in New York, to specify, in consultation with the CCM, the terms of reference for the evaluation and to plan, schedule and implement the evaluation. The standard SR Agreements require the SRs to cooperate in the evaluation. The PR is entitled to a copy of the report of the evaluation.

Overall the project reporting will be done in time frames indicated in the project Performance Framework (attached as Annex E) and the ultimate responsibility to ensure timely and quality reporting to both GFATM and the CCM (Country Coordinating Mechanism) lies with the HIV/AIDS Project Manager.

Assumptions

The project goal is to continue successful implementation of GFATM grant to Bosnia and Herzegovina. The main assumption is that implementation of the project activities will be as foreseen in the original project proposal prepared by the CCM, prevention of the spread of HIV in BiH will be improved, survival rates of PLWHA will be increased and national and entity capacities to manage GFATM grants in BiH will be built. The set of activities has been designed by BiH's leading experts in this field, though a number of consultative meetings and participative mechanism, to ensure that all aspects of the problem are addressed properly.

Constraints

One of the issue that might pose a certain problem in implementation of the project is still unclear legal status of needle exchange programmes in BiH and the need to improve legislation in that area. Although needle exchange programs are already *de facto* taking place in BiH with full agreement of relevant authorities, their status is not completely legally clear. UNDP has discussed this issue with the Federal Ministry of health and Ministry of Health and Social Welfare RS and they have committed to: (1) provide support to remove any eventual interrupted that such situation might cause in implementation of this project and (2) to intensify activities on adoption of the legislation needed to fully legalize these activities.

Another potential problem in implementation of this project will be the fact that the target beneficiaries of this programme belong to the populations which are still highly stigmatized in the BiH society today, such as HIV positive, drug users, man seeking man (MSM), Roma, etc. Therefore there are still many prejudices in general public towards most of the activities aimed at assisting benefiting those populations. The key countermeasure that UNDP will use education of the general public through targeted media campaigns on these issues. In that way we will create an environment in which the project activities will not be disputed but rather positively accepted by most of BiH population and the general attitude towards the now-stigmatized groups lastingly improved.

Fragmented health care system in BiH, where responsibilities have been divided and delegated to a big number of governance institutions at different levels pose a certain threat in terms of coordinating and monitoring project activities. As UNDP is tasked with setting up a system for ensuring collection of aggregated monitoring and evaluation data at national level the decentralized structure poses a risk. Being aware from the begging of that problem, UNDP has designed the management structure of the programme and the monitoring and evaluation mechanisms, in such a way that all relevant levels of authority and different institution are included in a way in which they can contribute the best to achievement of the project goals.

Initial Risk Log

#	Description	Category	Impact Probability	Countermeasures	Owner	Date Identified
1	Highly stigmatized beneficiary population	External	I = 4 P = 4	Education of general public though targeted media campaigns	HIV/AIDS Project Manager	01/12/2010
2	Fragmented health care system in BiH	External	I = 2 P = 3	Design of the project management structure in a way that all the stakeholders are actively involved and contribute to achievement of the project goals.	HIV/AIDS Project Manager	01/12/2010
3	Finance	External	I=2 P-3	Fluctuation of dollar vs. Euro	HIV/AIDS Project Manager	01/12/2010
4	Absorption Capacity of SR's	External	I=2 P-3	Capacity development of SR's in activities and staffing	HIV/AIDS Project Manager	01/12/2010

LEGAL CONTEXT

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of Bosnia-Herzegovina and the United Nations Development Programme, signed by the parties on 7 December 1995. The host country implementing agency shall, for the purpose of the Standard Basic Assistance Agreement, refer to the government co-operating agency described in that Agreement.

The following types of revisions may be made to this project document with the signature of the UNDP Resident Representative only, provided s/he is assured that the other signatories of the project document have no objections to the proposed changes:

- (a) Revisions in, or addition of, any of the annexes of the project document;
- (b) Revisions which do not involve significant changes in the immediate objectives, outputs or activities of a project, but are caused by the rearrangement of inputs already agreed to or by cost increases due to inflation; and
- (c) Mandatory annual revisions which re-phase the delivery of agreed project inputs or increased expert or other costs due to inflation or take into account agency expenditure flexibility.

This document together with the CPAP signed by the Government and UNDP which is incorporated by reference, constitute together a Project Document as referred to in the Article 1 of the Standard Basic Assistance Agreement between BiH authorities and the UNDP, signed by the parties on 7 December 1995. The project is not set out in the current CPAP (2010-2014).

Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the implementing partner and its personnel and property, and of UNDP's property in the implementing partner's custody, rests with the implementing partner.

The implementing partner shall:

- a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;

- b) assume all risks and liabilities related to the implementing partner's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

The implementing partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document".

This project document has been originally prepared in English language and will be translated into BHS languages. The English version will be given preference during any future interpretation.

This document will be signed in four copies, two in both English and the language used by the people in BiH.

ANNEXES

Attached to this project document are the following Annexes:

- Annex A: Agreement between UNDP BiH and GFATM.
- Annex B: Annex A of the Grant Agreement
- Annex C: Standard terms and conditions
- Annex D: Budget Summary in EUROS
- Annex E: Performance Framework – as approved by the GFATM and CCM

Abbreviations

CPAP	Country Program Action Plan
CCM	Country Coordinating Mechanism
PR	Primary Recipient
IDUs	Injecting Drug Users
MSM	Men who have Sex with Men
SW	Sexual Workers
UNDAF	United Nations Development Assistance Framework
NAB	National Advisory Board
MoCA	Ministry of Civil Affairs
PLWHA	People Living with HIV/AIDS
VCCT	Voluntary Counseling and Testing
IEC/BCC	Information Education Communication/Behavior Change Communications
PMTCT	Prevention of Mother to Child Transmission
IPTCS	Integrated Protection, Treatment Care and Support
CBOs	Community-Based Organizations

LFA	Local Fund Agent
MoCA	Ministry of Civil Affairs
FMoH	Federal Ministry of Health
MoHSW RS	Ministry of Health and Social Welfare RS
HCW	Health Care Workers
YFS	Youth Friendly Services

