

Annual Work Plan Budget Sheet

Year V: 01 January 2011 – 31 October 2011

EXPECTED OUTPUTS and indicators including annual targets	PLANNED ACTIVITIES <i>List all activities including M&amp;E to be undertaken during the year towards stated CP outputs</i>	TIMEFRAME			RESPONSIBLE PARTY	PLANNED BUDGET		
		Q18	Q19	Q20		Source of Funds	Budget Description	Amount
<p><b>COORDINATED NATIONAL RESPONSE TO HIV/AIDS &amp; TUBERCULOSIS IN A WAR-TORN AND HIGHLY STIGMATIZED SETTINGS (BIH10/00053291)</b></p>	<p><b>Activity 1A Scale up IEC/BCC among youth</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>2 trainings of peer educators, 1 follow up trainings,</li> <li>Rehabilitation of 2 facilities</li> <li>Procurement of 2 IT equipment for YFHC</li> <li>Condom distribution</li> <li>Printing and distribution of IEC materials</li> <li>Engagement of Advertising Manager</li> </ul>	X	X	X	PR / SR	GFATM	72100- Training and education service	160,750.00
	1a Engagement of 2 education peer coordinators, trainer per workshop, engagement of Youth center coordinators, engagements of medical staff, Engagement of Trainers for Community Volunteers	X	X	X	PR/SR	GFATM	72100- Training and education service	10,000.00
	1b Organization of trainings: peer educator trainings, follow up training	X	X	X	PR/SR	GFATM	Infrastructure	12,000.00
	1c Rehabilitation of 2 YFHC	X	X	X	PR	GFATM	72800 - Information Technology Equipment	4,000.00
	1d IT Equipment	X	X	X	PR	GFATM	72100- Contractual service	0.00
	1e Engagement of Advertising Manager				PR/SR	GFATM	Supply Management Cost	0.00
	1f Procurement and distribution of condoms				PR/SR	GFATM	72400 - Audio visual and printing production costs	287,500.00
	1g PR Campaign, development of printing of IEC materials	X	X	X	PR/SR	GFATM		15,000.00
	1h Planning and Administration	X	X	X	PR	GFATM		33,932.50
	1i PR (7%) PSC	X	X	X				
	<p><b>Activity 2A Scale up IEC/BCC in populations with increased risk of HIV/AIDS infection</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>5 NGO Project Coordinators, 5 NGO Training Coordinators, 20 NGO outreach workers, 39 NGO Gatekeepers, 1 Technical Assistant</li> <li>TOT Trainings; 60 non-health staff trained</li> <li>Distribution of condoms</li> <li>Distribution of IEC materials</li> </ul>	X	X	X	PR/SR	GFATM	72100- Contractual service	189,000.00
2a Engagement of 5 NGO Project Coordinator, 5 NGO Training Coordinator, NGO Outreach workers, NGO Gatekeepers, Technical Assistance Specialist	X	X	X	PR/SR	GFATM			

2b Organization of TOT trainings, NGO coordination meetings and study tours	X	X	X		PR/SR	GFATM		14,400.00
2c Distribution of condoms (male and female), needles and syringes and lubricants	X				PR/SR	GFATM		4,320.00
2d Cost of printing and distribution of IEC materials					PR/SR	GFATM	72400 - Communication and audio visual equipment	0.00
2e Planning and administration	X	X	X		PR/SR	GFATM		7,150.00
2f PR (7%) PSC	X	X	X		PR	GFATM	75100	15,040.90
<b>Activity 3A - Improve Access to and Quality of Voluntary Testing and Counseling</b>								
<ul style="list-style-type: none"> <li>1 Project Manager, 2 counselors</li> <li>Distribution ELISA tests</li> <li>Distribution of IEC materials</li> </ul>								
3a 1 Project Manager, 2 counselors per VCT					PR/SR	GFATM	72100- Contractual service	0.00
3b Procurement of ELISA tests and condoms	X				PR/SR	GFATM		14,210.00
3c Distribution of IEC materials					PR/SR	GFATM	72100- Contractual service	0.00
3d Planning and Administration					PR/SR	GFATM		0.00
3e PR (7%) PSC	X				PR	GFATM	75100	994.70
<b>Activity 4A - Reduce HIV/AIDS co-infection with tuberculosis</b>								
<ul style="list-style-type: none"> <li>4 health care professionals for lung diseases</li> <li>Purchase and distribution of condoms</li> </ul>								
4a Engagement of 4 care professionals at two lung diseases clinics	X	X	X		PR	GFATM	72100- Contractual service	48,000.00
4b Purchase and distribution of condoms					PR	GFATM		0.00
4c Planning and Administration	X	X	X		PR	GFATM	72400 - Communication and audio visual equipment	3,300.00
4d PR (7%) PSC	X	X	X		PR	GFATM	75100	3,591.00

Activity 5A Reduce incidence of STIs among vulnerable populations - Harm Reduction Services										
<ul style="list-style-type: none"> <li>2 methadone staff per center, 7 focal points of methadone treatment centers, 1 Project Coordinator, part-time counselor</li> <li>Training in harm reduction for NGOs staff and community volunteers, Annual meetings</li> <li>Distribution of needles and syringes, safety boxes for disposal</li> <li>Procurement of safety boxes</li> </ul>										
5a	Engagement of methadone staff, focal points for methadone centers, Project coordinator and part-time counselor	X	X	X			PR/SR	GFATM	72100-Contractual service	70,000.00
5b	Organization of trainings for Harm Reduction, Annual meetings	X		X			PR/SR	GFATM	72100-Training and education service	3,700.00
5c	Purchase of needles and syringes, safety boxes	X					PR/SR	GFATM		30,000.00
5d	Procurement of safety boxes,						PR/SR	GFATM	72100-Contractual service	0.00
5e	Planning and Administration	X	X	X			PR/SR	GFATM		9,375.00
5f	PR (7%) PSC	X	X	X			PR	GFATM	75100	7,915.25
Activity 6A Introduce HIV prevention in Roma Communities and among formerly displaced persons										
<ul style="list-style-type: none"> <li>1 Project Manager, 10 local community coordinators, 2 nurses, staff, 3 TA experts</li> <li>Seminars for Roma and minority returnee women's workshops for community members</li> <li>Printing and distribution of IEC materials</li> <li>Distribution of condoms</li> </ul>										
6a	Engagement of Project Manager, 10 local community coordinators, 2 nurses and 3 experts	X	X	X			PR/SR	GFATM	72100-Contractual service	43,300.00
6b	Organization of seminars, workshops and follow up training	X		X			SR	GFATM	72100-Training and education service	2,160.00
6c	Design, preparation, printing and distribution of IEC materials	X					PR/SR	GFATM	72100-Training and education service	625.00
6d	Distribution of condoms						PR/SR	GFATM		0.00
6e	Planning and Administration	X	X	X			PR/SR	GFATM		10,000.00
6f	PR (7%) PSC	X	X	X			PR	GFATM	75100	3,925.95
Activity 7A Provide Universal free access for PLHWA to ARV therapies, treatment of opportunistic infections, hospitalization, psychosocial support and palliative care										
<ul style="list-style-type: none"> <li>1 Project Manager, 1 psychosocial counselor, 1 trainer of medical professionals on HIV/AIDS trainings for medical professionals</li> <li>Procurement of CD4 test kits and RNA kits</li> </ul>										
7a	Engagement of 1 Project coordinator, 1 psychosocial counselor, 1 trainer for medical staff	X	X	X			PR/SR	GFATM	72100-Contractual service	45,500.00

7b Organization of trainings medical professionals on HIV/AIDS	X				SR	GFATM	72100- Training and education service	4,500.00	
7c Procurement of consumables for CD4 counters and test kits, Procurement of RNA kits					PR/SR	GFATM		0.00	
7d Planning and Administration	X	X	X		PR	GFATM		11,000.00	
7e PR (7%) PSC	X	X	X		PR	GFATM	75100	4,270.00	
<b>Activity 8A Programme management and administration</b>									
<ul style="list-style-type: none"> <li>1 GF Programme Coordinator, 1 HIV/AIDS Specialist, 1 Coordination Assistant, 1 OPS Team Leader/Procurement Associate, 1 Admin &amp; Finance Assistant, 1 Project Assistant, 1 Liaison Assistant, 1 Admin Clerk, 1 Driver</li> <li>Office supplies, rent and utilities, travel expenses</li> </ul>									
8a Engagement of GF Programme Coordinator, HIV/AIDS Specialist, Coordination Assistant, OPS Team Leader/Procurement Associate, Admin & Finance Assistant, Project Assistant, Liaison Assistant, Admin Clerk, Driver	X	X	X		PR/SR	GFATM	72100- Contractual service	102,000.00	
8b Office supplies, rent and utilities, travel expenses	X	X	X		SR	GFATM		30,400.00	
8c PR (7%) PSC	X	X	X		PR/SR	GFATM	75100	9,268.00	
<b>Activity 9A Monitoring and evaluation</b>									
<ul style="list-style-type: none"> <li>1 Data Collection Clerk, 2 M&amp;E Specialists, 2 M&amp;E Assistants, Researches</li> <li>Meeting of data collection group</li> <li>Procurement of tests for sero-surveillance</li> <li>Communication materials</li> <li>Performance evaluation, marketing campaign evaluation, BCC, Survey, BCC, vulnerable groups</li> </ul>									
9a Engagement of Data Collection Clerk, M&E Specialists, M&E Assistants, Researches	X	X	X		PR/SR	GFATM	72100- Contractual service	37,000.00	
9b Meeting costs, such as travel, accommodation etc.	X				PR/SR	GFATM	72100- Training and education service	1,250.00	
9c Procurement of HIV rapid tests	X				PR/SR	GFATM		4,000.00	
9d Printing of Annual Surveillance report					PR/SR	GFATM		0.00	
9e Performance evaluation and marketing campaign, BCC Survey, BCC vulnerable groups		X			PR/SR	GFATM		14,000.00	
9f PR (7%) PSC	X	X	X		PR	GFATM	75100	3,937.50	
<b>TOTAL</b>								<b>Year V</b>	<b>1,266,815.80</b>
<b>TOTAL</b>								<b>Q9+ Year III+IV+V</b>	<b>6,209,870.00</b>



## **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 implementing agent, responsible for the overall management of the project, formerly referred to as DEX.

Considering the relatively weak capacities, sometimes conflicting interests of the key national players and in order to be able to ensure delivery of the programmed activities in full quality and quantity needed to achieve this grant's goals and objective, UNDP has designed and proposes creating of a rather robust 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 standing practice in BiH this project will continue to undertake as a directly managed UNDP project, a modality, referred to as Direct Execution/implementation (DEX). This is an approach which has been applied and fine-tuned during the last couple of years in a number of projects and programmes implemented in several thematic areas. 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.

These principals are applied in this project too, as it is clearly visible from the organizational chart below. The Management Unit structure foresees the active and substantive role and involvement of the both the Health Department of the State level Ministry of Civil Affairs and 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 as the overall authority in this field.

The purpose is to enable build sustainable capacity through learning by doing, via direct and substantive involvement of the selected Ministries and specialized NGOs in implementation of this project. This will be achieved first and foremost through the four staff members of the MoHs, who will be engaged on a part-time basis in the PMU - the two MoH Coordinators for HIV/AIDS and four Monitoring and Evaluation Specialists, as well as through NGOs learning-by-doing through implementation of the programme components.



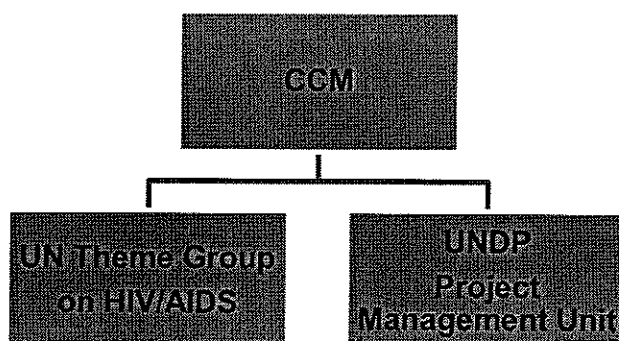




Overall, the roles and responsibilities for the implementation of the programme will be in line with the issued UNDP Results Management User Guide which defines the minimum requirements for ensuring proper accountability for programmed activities and use of resources.

#### 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 **Portfolio Manager** 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 **GF Programme Coordinator** 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.

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 MoHs and geographical coverage. The PMU will be responsible for the day-to-day 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* (attached to this project document as Annex C))
- 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 three 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.

In the II phase of implementation, , 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**

The original proposal had envisaged that there shall be three Sub-Recipients (SR): Ministry of Health of the Federation of BiH (MoH F), Ministry of Health and Social Welfare of Republika Srpska (MoH RS) and UNICEF.

Through open and transparent tender process the following sub-recipients has been contracted for the implementation of program:

Objective 1 – Association for Sexual and Reproductive Health “XY”

Objective 2 – Consortium PROI, XY and Q, Action against AIDS, Viktorija

Objective 3 –Partnerships in Health

Objective 4 – PR (UNDP)

Objective 5 – Margina, Poenta and Viktorija

Objective 6 – World Vision BiH

Objective 7 - Fondation Partnerships in Health

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 Program, or simply in UNDP terms, a Sub-Recipient could be termed the "implementing entity" or "contractor." Given the fact that the role of Principal Recipient is now delegated to a UN agency-UNDP, there is no need any longer for another UN Agency to be a Sub-Recipient and have the role of sub-contracting further NGO or other services. Such situation would only imply extra cost and create confusion among the HIV/AIDS specialized NGOs, given the differences in selection procedures and criteria between UNDP and UNICEF. However, UNICEF will still have an important programmatic role similar as UNFPA and WHO.

Considering these two definitions, the actual number of program implementation partners/contractors in this project will exceed 30 due to the existing structure of the Bosnia and Herzegovina government, comprised of: 13 "county-level" Ministries of Health (2 on Entity level, 1 in District Brcko and 10 in Cantons of Federation BiH – to add on top of this is Health Department in the State level Ministry of Civil Affairs); 13 Institutes of Public Health following same logic like with Ministries of Health), and 12 Health Insurance Funds – totaling some 38 actors in VCT, epidemiology, and medical services – with approximately 10 -12 civil society NGO partners playing an active role in IEC/BCC activities targeted towards vulnerable populations.

In any case, 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 entity Ministries of Health

The two key partners in the II phase for UNDP in implementation of this grant will stay unchanged : **the Ministry of Health of Federation of Bosnia and Herzegovina (MoH F) and the Ministry of**

**Health and Social Welfare of Republika of Srpska (MoH RS).** The two entity level ministries in charge of health issues 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, and in the II phase, 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 MoHs 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. MoH of F BiH and MoH 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.

The Ministries of Health and CCM will programmatically guide and oversee all activities being implemented within, and strengthening, the health system, including surveillance, VCCT, TB and HIV/AIDS treatment, youth friendly services, and care of the sick. MoHs 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 Institutes for Public Health, in collaboration with respective Ministries of Health, will be involved in coordination of health promotion initiatives; ensuring health related data collection, analysis and dissemination. Clinical Centers of BiH, 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.

Ministries for Education in both Entities 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 NGOs

Another group of actors that is extraordinary important for success of II phase 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 I Phase of programme and thus will continue in the II phase. 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.

In the II phase of the programme implementation, PR continue co-operation with the sub-recipients selected during the I phase of the programme, based on the above mentioned criteria.

#### 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 (Annex A).

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 programme's expected results 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 activity Work Plan (attached to this proposal as Annex D) defines key indicators for the progress of each activity. On the basis of this, the GF Programme Coordinator, 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. UNDP has agreed with the Grant Agreement to allow authorized representatives of the Global Fund and its agents 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 program that will focus on results, transparency and substantive accountability, but it must collaborate with UNDP's Evaluations

Office 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 Work Plan (attached as Annex D) and the ultimate responsibility to ensure timely and quality reporting to both GFATM and the Executive Group lies with the GF Programme Coordinator.

### **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 capacity 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 II phase of 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 two health ministries 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 II phase 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.

The highly decentralized health 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	Legal issues	External	I = 2 P = 4	Agreement with MoHs to provide needed support and legal coverage  Support MoHs in development of needed legislation	GF Programme Coordinator	01/11/2008
2	Highly stigmatized beneficiary population	External	I = 4 P = 4	Education of general public through targeted media campaigns	GF Programme Coordinator	01/11/2008
3	Decentralized health 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.	GF Programme Coordinator	01/11/2008

## 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 (2005-2008). However, the CPAP is under revision and the new project will be included in the updated version.

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:

- Revisions in, or addition of, any of the annexes of the project document;
- 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

- 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.

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 Agreement

Annex C: Attachment 3&4 of the Agreement

Annex D: Activity Level Breakdown of Costs with Work plan – as approved by the GFATM and CCM





## ANNEX A to the PROGRAM GRANT AGREEMENT

### Program Implementation Abstract

<b>Country:</b>	<b>Bosnia and Herzegovina</b>
<b>Proposal Name:</b>	<b>Coordinated National Response to HIV/AIDS and Tuberculosis in a War-Torn and Highly Stigmatized Setting</b>
<b>Proposal Number:</b>	<b>96</b>
<b>Program Title:</b>	<b>Coordinated National Response to HIV/AIDS in a War-Torn and Highly Stigmatized Setting</b>
<b>Grant Number:</b>	<b>BIH-506-G01-H</b>
<b>Disease:</b>	<b>HIV/AIDS</b>
<b>Principal Recipient:</b>	<b>United Nations Development Programme</b>

#### **A. PROGRAM DESCRIPTION**

##### **1. Background and Summary:**

Bosnia and Herzegovina, a country with low HIV prevalence, reported a cumulative total of 101 HIV cases by the end of 2004, including 42 who died later. Of the HIV cases with documented mode of transmission, the predominant mode of transmission was heterosexual, followed by injecting drug use, and sex between men. The epidemiological surveillance system in the country was affected during the war period (1992-1995) with much data lost during and after the war, and it has been slowly recovering and improving since then, with re-count of the HIV/AIDS registered cases conducted in 2004.

The National Strategy for the fight against HIV/AIDS in Bosnia and Herzegovina sets the framework for the national response to the disease. The Program aims to prevent the spread of HIV in the country focusing on vulnerable groups, to increase access to and improve the quality of voluntary testing and counseling (VCT) services, to reduce stigma and discrimination against vulnerable populations and people living with HIV/AIDS (PLWHA), and to implement best practices in antiretroviral therapy (ART), patient care, psycho-social support, and palliative care. The strategies seek to strengthen and scale-up existing services to ensure country-wide coverage with effective interventions, and to establish new services where not available.

##### **2. Goals:**

- To maintain prevalence rate below 1% in five years from the Program Starting Date by scaling up HIV prevention among vulnerable populations;
- To reduce stigma and discrimination against populations with HIV/AIDS risk behavior; and
- To implement best practices in ART, patient care, psychosocial support, and palliative care for PLWHA.

##### **3. Target Group/Beneficiaries:**

- Young people;
- Injecting Drug Users (IDUs);
- Commercial sex workers (CSWs);
- Men who have sex with men (MSMs);
- Prisoners;
- Roma community;
- Formerly displaced people; and
- PLWHA.

4. **Strategies:**

- Scaling up prevention interventions among young people and vulnerable groups;
- Increasing access to and improving quality of VCT services;
- Increasing public awareness and reducing stigma and discrimination against vulnerable groups; and
- Creating a more supportive environment for people living with or affected by HIV/AIDS, and implementing best practices in antiretroviral therapy and opportunistic infection (OI) treatment, appropriate cross-referral systems for HIV/AIDS, tuberculosis (TB) and sexually transmitted infection (STI) patients, improved patient care, psychosocial support, and palliative care.

5. **Planned Activities:**

The Program envisages the scale-up of information, education and communication (IEC)/behavioral change communication (BCC) among youth. Activities with youth will include peer education in and out-of-school settings, establishing and maintaining additional community-based, youth friendly, information-education and medical centers across the country with provision of STI treatment and other health services, condom distribution, counseling and VCT referral. These activities will be complemented by a national mass-media campaign.

Prevention efforts among IDUs, CSWs, MSM, prisoners, Roma, and formerly displaced people will focus on condom distribution, needle/syringe exchanges, renovation of detox and methadone treatment facilities, provision of methadone substitution treatment, counseling, and advocacy initiatives for stigma reduction.

Further, the Program plans to improve access to and quality of the VCT services in the country. It also aims to reduce the number of HIV/AIDS co-infections by providing continuous training to healthcare providers, further elaborating the cross-referral system between TB, HIV/AIDS and STI services, and making available accessible testing services for the PLWHA, TB and STI patients.

The Program will also introduce HIV prevention programs in Roma communities and among formerly displaced people with focus on scaled-up IEC/BCC activities including HIV/AIDS, TB and STI prevention education component, access to prenatal care services and prevention of mother to child transmission (PMTCT) testing for pregnant women.

Under its last objective, the Program envisages providing free access to and improved quality of ARV therapy and OI treatment and creating a more supportive environment for PLWHA by provision of training to healthcare professionals, and psychosocial support to PLWHA to complement the continued government provision of treatment services. The program also seeks to implement a functioning second-generation HIV surveillance system.

**B. CONDITIONS PRECEDENT TO DISBURSEMENT**

**1. Condition(s) Precedent to First Disbursement in Phase 1 (Terminal Date as stated in block 6A of the Face Sheet)**

The first disbursement of Grant funds in Phase 1 is subject to the satisfaction of each of the following conditions:

a. the delivery by the Principal Recipient to the Global Fund of a statement confirming the bank account into which the Grant funds will be disbursed as indicated in block 9 of the face sheet of this Agreement; and

b. the delivery by the Principal Recipient of a letter signed by the Authorized Representative of the Principal Recipient setting forth the name, title and authenticated specimen signature of each person authorized to sign disbursement requests under Article 6 of the Standard Terms and Conditions of this Agreement and, in the event a disbursement request may be signed by more than one person, the conditions under which each may sign.

**2. Condition(s) Precedent to Second Disbursement in Phase 1 (Terminal Date as stated in block 6B of the Face Sheet)**

The second disbursement of Grant funds in Phase 1 is subject to the satisfaction of each of the following conditions:

a. the delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, of the appointment, under terms of reference satisfactory to the Global Fund, of at least two persons, with appropriate qualifications and experience, to serve as Monitoring and Evaluation officers for the Program; and

b. the delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, that an appropriate information management system for the functional area of Monitoring and Evaluation under the Program has been installed and is functioning, and which enables the Principal Recipient to comply with its Program management and reporting obligations under this Agreement.

**C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT**

1. By no later than 12 months following the Program Starting Date (as stated in Block 4 on the Face Sheet of this Agreement), the Principal Recipient shall present to the Global Fund, in form and substance satisfactory to the Global Fund, the baseline values for impact/outcome indicators, which are indicated in the Attachment 1&2 to this Annex A, as "TBD".

2. (a) The Principal Recipient represents and warrants to the Global Fund that the annual counter-part financing for HIV/AIDS in Bosnia and Herzegovina is at least 10% of all resources dedicated to HIV/AIDS in Bosnia and Herzegovina in the first year of the Program with a progressive increase to at least 20% over the duration of the Program.

(b) The Principal Recipient acknowledges and understands that the Global Fund has entered into this Agreement with the Principal Recipient in reliance on the representation and warranty by the Principal Recipient set out above.

(c) Accordingly, if the annual counter-part financing for any year of the Program is in fact or is anticipated to be materially lower than the amounts stated above, the Principal Recipient shall promptly notify the Global Fund. (Counter-part financing encompasses all domestic resources (including contributions from governments, loans from external sources or private creditors, debt relief proceeds, and private contributions such as from non-governmental organizations, faith-based organizations, other domestic partners, and user fees dedicated to the national HIV/AIDS program)).

**D. FORMS APPLICABLE TO THIS AGREEMENT**

For purposes of Article 13b(1) of the Standard Terms and Conditions of this Agreement entitled "Periodic Reports," the Principal Recipient shall use the "On-going Progress Update and Disbursement Request", available from the Global Fund upon request.

**E. ANTICIPATED DISBURSEMENT SCHEDULE**

For the purposes of Article 6a. of the Standard Terms and Conditions of this Agreement, the anticipated disbursement schedule for the Program shall be semi-annually starting from the Program Starting Date.

**F. PROGRAM BUDGET**

The Summary Budget(s) attached to this Annex A set forth anticipated Program expenditure for the Program Term.

**G. PERFORMANCE FRAMEWORK**

The Performance Framework(s) attached to this Annex A set forth the main objectives of the Program, key indicators, intended results, targets and reporting periods of the Program.





**AMENDMENT TO**  
**PROGRAM GRANT AGREEMENT**  
**(the "Grant Agreement")**

**BETWEEN**

**THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA**  
**(the "Global Fund")**

**AND**

**UNITED NATIONS DEVELOPMENT PROGRAMME**  
**(the "Principal Recipient")**

WHEREAS,

1. the Global Fund entered into the Grant Agreement for Grant Number BIH-506-G01-H with the Principal Recipient on 13 October, 2006 for the purpose of providing funds to implement a HIV/AIDS program in Bosnia and Herzegovina described more fully in the Grant Agreement as "Coordinated National Response to HIV/AIDS in a War-torn and Highly Stigmatized Setting" (the "Program");
2. In accordance with Article 12 and 20 of the Standard Terms and Conditions of the Grant Agreement, the Grant Agreement was amended by Implementation Letters dated 17 October 2006, 5 December 2007 and 18 February 2008;
3. Article 3.d of the Standard Terms and Conditions" of the Grant Agreement states that "[u]nless the Global Fund agrees otherwise in writing, the Global Fund will not authorize disbursement of the Grant after the 'Program Ending Date' (specified in block 5 of the face sheet of this Agreement)";
4. The "Program Ending Date" specified in block 5 of the face sheet of the Grant Agreement is 31 October 2008; and
5. Subject to certain conditions, the Global Fund wishes to increase the amount of the Grant, to continue disbursement of funds under the Grant and to extend the Program Ending Date,

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein and intending to be legally bound, the parties hereby agree to amend the Grant Agreement as follows:

1. The existing face sheet of the Grant Agreement is replaced by the face sheet attached hereto.



2. The Standard Terms and Conditions of the Grant Agreement are replaced with those attached hereto.
3. Annex A of the Grant Agreement, (exclusive of any attachments that have formerly been attached to such Annex A) is replaced with the revised Annex A attached hereto entitled "Annex A: Program Implementation Abstract"; and
4. The document entitled "Performance Framework Year 3 & 4: Indicators, Targets and Periods" attached hereto is attached to Annex A of the Grant Agreement, as revised by this Amendment.

All other provisions of the Grant Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment on the date as stated below.

**UNITED NATIONS DEVELOPMENT PROGRAMME**

By: \_\_\_\_\_

Name: Ms. Christine McNab

Title: UNDP Resident Representative

Date: \_\_\_\_\_

**THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA**

By: \_\_\_\_\_

Name: Prof. Michel Kazatchkine

Title: Executive Director

Date: \_\_\_\_\_