

Government of The Islamic Republic of Iran

United Nations Development Programme (UNDP)

The prevention and control of HIV/AIDS in I.R. Iran through public, civil society and private partnerships

Brief Description

The Program will support Iran's response in controlling the growth of HIV prevalence and incidence. The main activities of the Program are: 1) strengthening of assessment, surveillance and monitoring, 2) producing HIV information and education materials and distributing to high risk groups, 3) developing national protocols and treatment guidelines; (4) building national capacity by arranging training for health care personnel; and 5) improving access to quality HIV/ AIDS treatment and care. In line with the objectives of controlling and prevention from HIV/ AIDS, there is a need to support approaches with human resources, technical capacity building, and infrastructure to help the Government and civil society in addressing the problem and strengthening their responses.

The Programme covers a range of not only strengthening the respective collective capacity, but also to enable SRs to implement a wide range of approaches to target at risk groups in Iran. It is now widely recognized in Iran that that one of the key factors for the growing prevalence of HIV is the lack of knowledge on HIV transmission, prevention factors, and life-skills. This program goes a long way in complimenting Government approaches to HIV prevention and care and aims to control the spread of HIV through particularly at risk groups. Some initiatives target the general community, specific interventions are expanded or scaled up, or new programmes developed to reach young people and population at risk.

Various activities in the areas of capacity building, advocacy, establishment of monitoring, evaluation and surveillance system, education of different population groups, counseling services, access to preventive measures and treatment services, empowerment of PLWHAs have been planned.

Education and research institutions (e.g. medical universities) will support training of health workers and other staff. Community-based networks (supported by government and international agencies) will have a key role to play in delivering programmes to marginalized and vulnerable populations (including IDUs, sex workers and vulnerable young people). Organizations of Persons Living With HIV/ AIDS ("PLWHA") will be active in providing interventions for PLWHA and their families. The private sector will be engaged to expand coverage of public education. International organizations (e.g. UN agencies) will provide technical assistance and guidelines to ensure international best practice. Comprehensive surveillance system will be completed in 5 provinces in the first two years and will be expanded to include all 28 provinces over 5 years based on the WHO Rapid Assessment and Response (RAR) methodology in order to provide contextual assessments which will inform the scaling-up of HIV/AIDS programs throughout the country. Behaviour Surveillance Survey training will be provided to 4 trainers (3 from medical universities and 1 from prisons) in five provinces on RAR methodology. The Program will also develop capacity of one national reference laboratory to undertaking HIV viral load assay. In order to increase access to ARV treatment, at least 130 people living with HIV/AIDS will be put on treatment within two years.

The overall Goal of the Programme is *to maintain HIV prevalence among the general population at less than 0.3% and to maintain HIV prevalence among high- risk behaviour groups below 20% by end 2007*. The key objectives are:

- Strengthening of assessment, surveillance and monitoring;
- Promotion of HIV information and education;
- Reducing HIV risk and vulnerability;
- Improving access and quality of HIV/AIDS treatment and care.

The project document captures a two- year period (2005-2006) for an approved budget of USD 5,698,000.

Section I – Elaboration of the Narrative

Part I. Situation Analysis

Situation in Iran

Iran is a low HIV/AIDS prevalence country, but since the mid 1990's the country has faced considerable HIV/AIDS outbreaks, in particular among injecting drug users. Sexual transmission remains a major concern among young people and vulnerable groups. Epidemiological data indicates that a number of regions in Iran have localised the epidemic, including border regions where there is considerable mobility.

The Government of Iran has already undertaken a number of important initiatives on prevention and raising awareness among young people, voluntary and counseling services, harm reduction, and provision of care and support for people living with HIV/AIDS. Although Iran is characterised by a strong commitment to cultural and religious values, there is now increasing dialogue concerning issues such as legal matters related to sex workers, harm reduction approaches, messages addressed to young people addressing the rights of persons living with HIV/AIDS (PLWHA).

UNDP Programme

UNDP is pro-actively involved in HIV-AIDS initiatives, both globally and nationally, supporting the South Asia Regional Programme's GIPA (Greater Involvement of People Living with HIV/AIDS) initiative which focuses on HIV+ people and their self-organisation and empowerment. The programme will strengthen networks of HIV positive people and their involvement in the responses to HIV/AIDS and reduce HIV/AIDS vulnerability related to mobility. It should help develop Iran's capacity to respond to HIV/AIDS as a development issue in a sustainable manner. In relation to the support to NGOs, UNDP Iran is in the progress of starting up cooperation and projects in the area of GIPA with local partners.

UNDP Iran hopes to continue cooperation with NGO's which are working with PLWHA and hope to set up centers for PLWHA, convene group meetings for PLWHA and their families, have information centres in order to increase awareness on HIV/AIDS, reduce the stigmatisation of HIV/AIDS, provide PLWHA with a comfortable forum in which they can express their concerns and learn to live with the virus and learn how to cope and to provide counseling services to PLWHA.

UNDP Iran and the Ministry of Health, the Ministry of Education and the Prisoners Organization have discussed possible areas of cooperation. The areas of improvement of the surveillance systems, promotion of HIV information and education, reducing HIV risk and vulnerability and improving access and quality of HIV/AIDS treatment and care have been determined by the stakeholders as main objectives of the programme. Other organizations such as medical universities, Blood Transfusion Organization and I.R. Iran Broadcasting are also involved in implementation of the activities planned to achieve the above objectives.

UNDP has also been chosen as the Principal Recipient for the US\$ 5,698,000 (Five Million and Six Hundred Ninety Eight Thousand United States Dollars) funding provided by the Global Fund for AIDS, Tuberculosis and Malaria (GFATM).

UN HIV/AIDS Theme Group

UNDP is also active in the UN HIV/AIDS Theme Group. The Theme Group meets approximately once or twice a month and has a number of projects, which it supports. The UN Agencies are also involved in the GFATM programme, in two ways: 1) specialized evaluation in their own fields of activity; 2) technical advisory support. WHO is also considered as the technical advisor to the Country Coordination Mechanism.

GFATM Programme – Institutional Setup

The GFATM programme approved, in 2003, a proposal from Iran. The proposal had been prepared by the Iranian authorities and with UN Agency support (specifically the UN theme Group) in 2002, under the umbrella of the Country Coordination Mechanism (CCM), chaired by the Under-Secretary for Health at the Ministry of Health (MoH). The techniques utilized in the proposal were generated as best practices approved by GFATM and CCM.

As the initial proposal indicates, "The CCM plans to comprehensively review the national strategies for AIDS, TB and Malaria with the aim of up-dating the strategies and strengthening programs. One of the main reasons for the review is to strengthen partnership approach and facilitate community support as well as better define the role of each partner and fortify their inputs. To achieve the above, the existing national sub-committees in AIDS, TB and Malaria will be redeveloped as technical expert advisory committees. In the same time CCM request its technical committee to initiate the review and up-dating of the strategies with the support of the technical advisory groups and prepare up-dated draft of national strategies. These drafts will be sent to all sectors for comments and input. Then in a national work shop the draft will be finalized and adopted by CCM. Upon the approval of CCM the committee will ratify the strategies and request the responsible bodies for implementation."

Based on existing national mechanisms, the MoH proposed the formation of national CCM to consolidate the existing committees. This was undertaken to create more coordinated action among the activities to combat the main poverty diseases as well as to facilitate country application for the GFATM. The formation of the CCM was ratified by the government on 15th August 2002. The CCM has the mandate of providing the political support, overall guidance and directives to facilitate coordination, implementation, monitoring and evaluation as well as transparent mode of operation and public information.

A technical expert group representing the CCM members have met regularly, in order to review the technical activities, best-practices and progress assessment.

Although the MoH was initially proposed as the Principal Recipient (PR) for managing the programme, and subsequently WHO, it was UNDP who was eventually chosen as the PR of the GFATM programme (in the fourth quarter of 2003) to undertake to implement the proposal and its techniques for specific outcomes that were in the proposal. UNDP utilized its own funds and initiated a programming exercise, according to GFATM requests and guidelines – preparing a draft work-plan for implementation, a monitoring plan and a procurement plan. The work plan was

provided to the CCM for approval in January 2003. After conducting thorough assessments of PR and SRs by LFA, the GFATM finally allowed UNDP and the CCM to sign the agreement in January 2005. The Agreement was signed by the Government, representative of civil society and UNDP on 13 January 2005 and the Global Fund signed it on 11 March 2005.

The GFATM approach is a performance-based funding system. The PR receives funds, allocates and disburses them for activities. According to the GFATM guidelines, the various roles of the CCM, PR (UNDP) and SR's (sub-recipients) are clear – for each and with respect to each other. Once the programme starts (Grants Agreement is finalized) the CCM monitors and evaluates outcomes and may advise on delivery of outputs and the work-plan adjustments with the PR. The PR is responsible and accountable for the execution of programme management and deliver. The SR's are responsible for implementing the work-plan's activities, achieving output targets and reporting to the PR on a regular basis (according to an agreed upon work-plan, monitoring plan and procurement plan).

As mentioned in the work plan, sub-Recipients are 1) The Center for Disease Control of the Ministry of Health, 2) The Health and Nutrition Bureau of the Ministry of Education and 3) The Treatment Department of the Prisons Organization and sub-Sub- Recipients are 1) Medical Universities, 2) The Blood Transfusion Organization, 3) The Islamic Republic of Iran Broadcasting and 4) the Welfare Organization.

PR (UNDP) abides by the GFATM guidelines on institutional arrangements, set forth in the referred documents.

Part II. Strategy

The programmatic areas under this framework are guided by UNDP's Corporate Strategy on HIV/AIDS, and linked to UNDP's Country Programme. The programme strategy fits within the framework of the Millennium Development Goals (MDG) including the sixth global goal to halt and begin to reverse the spread of HIV/AIDS. The document captures a strategic vision using a modular format, so that modules around individual themes can be expanded for greater reach and impact as additional resources are mobilised. The initial start up period is for 2 years.

Capacity support would be provided in areas such as technical support in planning, project formulation, capacity-building of partners, development of tools, mainstreaming and multi-sectoral planning etc. To ensure relevance, ownership and maximum impact, these issues will be addressed through jointly prepared approaches and plans and may involve modalities such as agreements etc.

Building on lessons learned from the previous experiences in the country and based on the feedback from Governments, civil society organizations including PLWHA networks and UN agencies the programme addresses niche areas of trans-border relevance where country responses can be strengthened through networking, capacity support and advocacy, specially addressing the human development context of HIV.

The overall goal of the programme is to maintain HIV prevalence among the general population at less than 0.3% and to maintain HIV prevalence among high- risk behaviour groups below 20% by

end 2007. The programme envisioned to achieve the following objective along the lines of activity set out below:

- Objective 1 :** Strengthening of assessment , surveillance and monitoring .
Activity: conducting behavioral surveys in each province.
- Objective 2 :** Promotion of HIV information and education.
Activity: supporting school based education.
Activity: community and high risk group education through broadcasting system .
- Objective 3 :** Reducing HIV risk and vulnerability
Activity: providing facilities and establishment of outreach programmes for counseling and promotion of safe behavior among high risk groups and bridging population gaps.
- Objective 4 :** Improving access and quality of HIV/AIDS treatment and care.
Activity: Improving psychosocial support services for PLWHA.
Activity: Improving access to A.R.V for treatment and prophylaxis.

With emerging best practices within the country, the response within the framework of the project will provide a platform for mutual sharing and learning from culturally relevant models of good practices. In addition, the programme will draw on the global best practices and existing knowledge, facilitate exchanges and contribute to and strengthen in-country capacities.

The programme will sustain the partnerships between the Government and UNDP while forging newer partnerships with research institutes, knowledge networks, media and private sector for effective delivery of responses.

The programme will enable the promotion of institutional capacities in the fields of monitoring and surveillance and create a critical mass of technical skills and expertise useful for addressing monitoring related HIV issues. Issues concerning particularly vulnerable communities such as IDUs, PPUS and ARGs will be accorded priority.

Continued attention will be given to the issues concerning **PLWHA** with a focus on **networking and empowerment** of formal and informal networks, including nascent and unstructured organizations. Lessons from the GIPA programme reinforce the importance of networking to offer spaces for supporting and learning from each other and undertaking joint advocacy. Ongoing capacity support for PLWHA groups will be focused on psychosocial support and to increase access to HIV/ AIDS treatment services. Attention will be given to ensure sustainability of PLWHA initiatives and their inclusion and active participation in policies and programmes affecting their lives.

To ensure that the progress and impact made by the programme is **measurable and demonstrable** the programme has identified and design indicators and innovative processes for evaluation and gendered impact assessments. Milestones and benchmarks has been developed to monitor progress against a baseline.

Direct **beneficiaries** of the programme will include key Government departments, policy makers, civil society organizations, media and PLWHA.

UNDP Iran's medium term programme for HIV-AIDS also supports these objectives, as has been stated in the UNDAF, provides the basic indicators for UNDP's strategy.

UNDAF Outcomes*	Indicator(s) and Baselines	Risks and Assumptions
<p>UNDAF Outcome 1 – There is increased access to quality HIV/AIDS prevention and care services, for all vulnerable groups, especially women and children, ensuring their rights to participate in development</p> <p style="text-align: right;">Contributing</p> <p>CP Outcomes</p> <p>UNDP – To empower people living with HIV/AIDS (PLWHA)</p> <p>UNDP – To prevent and reduce the spread of HIV/AIDS</p>	<p>HIV/AIDS prevention</p> <ul style="list-style-type: none"> ▪ HIV prevalence among 15-24 year old pregnant women, (-) ▪ Contraceptive prevalence rate, 73.8 ▪ Condom Use Prevalence, 5.9 ▪ HIV Positive Registered, 5,780 ▪ HIV Positive Estimated, 30,000 ▪ Number of children orphaned by HIV/AIDS, (-) ▪ At least one antenatal visit, 93.05 ▪ Delivery by Untrained Attendant, 10.37 <p>Outcome indicator: Number of PLWHA groups empowered Baseline year 2004: 1 group</p> <p>Outcome indicators: Number of people reached by the GFATM's activities, number of detected HIV/AIDS cases Output indicator: Timely disbursement of GFATM to sub-recipients</p>	<p>Correct management of GFATM 's funds, timely and correct submission of quarterly reports by sub-recipients</p>

The Country Programme Outline (as well as MYFF) of UNDP has included the above, as follows:

UNDP Iran – Service Line 5.12

Core Result Expected	Country Programme Outcome
<p>Broad-based, multi-sectoral and multi-level response generated, integrating HIV/AIDS into national development plans and mainstreaming HIV/AIDS into key sectors and ministries.</p>	<p>HIV-AIDS awareness raising and prevention (national responsiveness to HIV-AIDS treatment and prevention services and public awareness raising).</p>

UNDP (PR) strategy for implementing the GFATM programme

UNDP (as PR) will undertake to ensure that the GFATM programme is implemented appropriately, according to GFATM guidelines and with due regard to issues of principle such as efficiency, equity, sustainable and effectiveness.

As the programme was designed, and the SR's were chosen, prior to UNDP involvement and inclusion, UNDP has not had a role in either the selection of the programme techniques nor in choice of SR's. The GFATM and UNDP have agreed that an independent assessment of the management capacity of the SR's will be undertaken by the Local Fund Agent (LFA), to highlight performance issues – and to indicate capacity building requirements to be undertaken.

UNDP (as PR) will then undertake to contract with the SR's, according to UNDP National Execution and/or NGO Execution procedures, The contracts will be based on the approved work-plans ratified by the CCM and attached to the GFATM programme document.

An HIV-AIDS operations unit will be set up within UNDP, composed of programme officers and associates, to work on a full-time basis on the GFATM programme. UNDP CO as a whole will also provide it's services to the HIV-AIDS unit, and charging both overheads and service charges (according to a global UNDP service charge rate). The operations costs of the unit will be undertaken by the GFATM programme.

UNDP will ensure that appropriate management, implementation, finance, monitoring and evaluation of the GFATM will be undertaken, in order to ensure objectives of output delivery and outcomes. Continuous monitoring of the SR's contractual obligation with UNDP will be undertaken and reported to both the CCM, GFATM and the LFA (on a regular basis).

Part III. Management Arrangements

The PR will be authorised and accountable for the execution of the agreed work-plan. UNDP HIV-AIDS operations unit consisting of the Head of the unit with one Procurement Officer, one Monitoring and Evaluation Officer, One Finance Officer and two Programme Associates is responsible for delivering the programme. The Head of UNDP HIV-AIDS operation unit will report to the Head of Poverty Reduction, Economic Development and HIV/ AIDS Cluster who will be responsible for reporting to UNDP management. UNDP will charge GFATM an average rate of 9% for the services that are rendered. The details of UNDP's cost has been mentioned as "PR cost" in the work plan.

The SR's are fully accountable for delivery of agreed upon outputs in a timely manner, and according to the principles outlined above. They will ensure that a "programme manger" is recruited on a full time basis to undertake the implementation of the programme – and the SR will ensure the appropriate support to the manager. The procedures for undertaking work plan implementation, making payments, reporting and undertaking relevant processes for release of contractual obligations is set out in the NEX manual (as attached). This sets out the framework for the SR's working interaction with UNDP (as PR).

The CCM (as Steering Committee) is responsible for the overall technical aspects of the programme, and monitors and evaluates the outcomes of the programme as well as ongoing strategic guidance and support in the implementation of the programme. Additional support in achieving results will also be extended by Sub-Recipients, at both central and field levels.

The CCM will inform the PR of any technical and outcome related matters which are relevant to programme outcomes in a continuous and formal manner. The interaction with the PR shall be through the Secretariat of the CCM.

The active involvement of and ownership by SRs will be key to achieving the proposed results. Initiatives executed under the Programme will be closely aligned with and complement the existing and future national development frameworks of UNDP. In each collaborative initiative standard UNDP modalities including Agreements with the Government, civil society organizations and UN agencies as well as sub-contracts will be used as appropriate.

Part IV. Monitoring and Evaluation

The project will follow UNDP's standard procedures for review, reporting, monitoring and evaluation. Progressive indicators measuring processes, outputs, and outcomes have been included in the Results and Resources Framework. The monitoring and evaluation will be linked to the UNDP corporate service line 5.12 to ensure that the programme activities and outputs correspond to the agreed development frameworks and priorities.

Review - Annual programme review for progress monitoring and planning will be done at the end of each year to assess achievement of results against proposed intended results, including technical and financial review. This will provide the opportunity to discuss progress, achievements and challenges and evolve a detailed work plan for the next year. The findings will be shared with the CCM and the GFATM to ensure transparency and seek inputs from countries.

Monitoring and Reporting - Monitoring of the programme activities will be undertaken in a systematic manner through visits and on-going consultation with stakeholders. Mission reports and programme publications will supplement reporting and facilitate information sharing.

UNDP (as PR) will undertake monitoring and evaluation according to corporate UNDP guidelines. UNDP will report to the GFATM on a quarterly basis (every three months), and to the CCM every month.

The SRs will report to UNDP every month on progress of work. They will provide to UNDP a physical and financial delivery report every three months.

The CCM will ensure regular meetings to assess progress of programme and evaluate outcome related developments.

The objective of the Programme's reporting framework is to:

- Furnish information for monitoring program results, including cost effectiveness, and identifying areas in which success has been achieved or in which assistance may be required to make programs more effective
- Promote the use of PRs' own reporting systems (as in NEX) not only as tools for the PRs' own management of the program, but also for reporting to the GF,
- Provide progress reports on PR program results to the GF for making necessary disbursement and financing decisions,

The reporting will consider the following:

- Reporting to GF is Quarterly,
- Audit reports are yearly,
- The PR's Annual Report, due within 60 days after the end of the PR fiscal year, covers results for the entire program (i.e., the consolidated financial and programmatic results of the PR and sub-recipients),
- Format and Content of Expenditure Statements will be according to UNDP NEX Manual procedures,
- The line items for the budget and expenditure reports to manage and monitor the program are according to the Work Plan,
- The line items in the program budget will reflect:
 1. Various grants to Sub-recipients;
 2. PR Administrative expenses;
 3. Programmatic expenses of the PR .
- The periodic expenditure report included with the Disbursement Request and the annual audited financial statement will be in the same format,
- Quarterly Disbursement Request is used to request additional disbursements from the GF. The Disbursement Request is due within 45 days after the end of the PR fiscal quarter. PR will estimate its cash requirements for the next two reporting periods (i.e. quarters) and, taking into account the cash on hand, calculate the disbursement required from the GF,
- PR reports on progress towards achieving agreed milestones and planned indicators will be provided to GF on a quarterly basis,
- PR expenditures are defined as the payments made by the PR to suppliers, sub-recipients and others. Payments to sub-recipients will typically be tranches or periodic payments in accordance with the financing agreement between the PR and the sub-recipient,
- The sub-recipients will develop capacity needed to have adequate systems to account for and report on their expenditures.

Qualitative and quantitative indicators have been developed in consultation with experts and stakeholders. Participatory monitoring processes will be undertaken where appropriate. Field/country level monitoring and supervision of programme related activities would be facilitated in partnership with the CCM and Sub-Recipients.

Evaluation - A mid-term programme review will be conducted by an external team to assess progress on outputs/outcomes and identify areas for strategic, budgetary, or programmatic

adjustments if necessary. Additionally, on going monitoring and self- evaluation will be carried out on a regular basis to constantly improve performance.

In addition to output/result-oriented monitoring and evaluation, an audit will be undertaken with a special focus on assessing adherence to the principles of development focused responses as well as to assess the programme's ability to respond to emerging demands. Recommendations will be included in mid-course correction.

The programme will be reviewed in consultation with all stakeholders and with ongoing inputs from the CCM. This is anticipated to be a key step in the development of a need-responsive, dynamic regional strategy.

Part V. Legal Context

Attached

Section II – Results and Resources Framework (Objective 1)

Goal/Intended Outcome: Strengthened assessment, surveillance and monitoring			
Partnership Strategy: Implemented with the Center for Disease Control, Universities of Medical Sciences, Blood Transfusion Organization, UN Agencies			
Project title and ID: The prevention and control of HIV/AIDS in I.R. Iran through public, civil society and private partnerships, IRN-205-G01-H-00			
Outcome Indicator: Enhanced national capacity in the field of monitoring and surveillance to address HIV as a human development issue			
Intended Outputs	Output Targets for 2 years	Indicative Activities	Inputs
1.1 HIV/AIDS surveillance system expanded in five provinces	50 national and provincial staff trained on BS Five BSS sites established	Establishing a behavioral surveillance system Implementation of the BSS in five provinces	International consultant, BSS guidelines, trained staff for BSS, information obtained from subject persons
Output Indicators			
Number of national and provincial staff trained on BSS			
Number of BSS sites established			
1.2 Capacity of the existing national reference laboratory strengthened	One reference laboratory developed capacity for viral load assay	Developing national HIV laboratory guideline Developing capacity for one laboratory with viral load assay	Consultant for producing a national HIV laboratory guideline Laboratory equipment
Output Indicators			
No. of laboratory developed capacity for viral load assay			
1.3 A national HIV/AIDS monitoring and evaluation system (including situation	56 provincial assessment conducted	Developing a national M&E plan Implementing the national M&E	Consultants, data, reports, documentation

<p>assessment & external evaluation) established</p> <p>Output Indicators:</p> <p>No. of services for provincial assessments (monitoring & evaluation national plan)</p> <p>No. of service & report for external evaluation</p>	<p>Two external evaluation conducted</p>	<p>plan</p> <p>External evaluation of HIV/AIDS educational Projects</p>	
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Section II – Results and Resource Framework (Objective 2)

<p>Goal/Intended Outcome: HIV information and education promoted among the youth, general population, policy makers and at risk and high risk groups</p>			
<p>Partnership Strategy: Implemented with the Ministry of Education, the Center for Disease Control, Universities of Medical Sciences, the Islamic Republic of Iran Broadcasting, the Welfare Organization, the Prisoner Organization,</p>			
<p>Project title and ID: The prevention and control of HIV/AIDS in I.R. Iran through public, civil society and private partnerships, IRN-205-G01-H-00</p>			
<p>Outcome indicators: 1. Increased knowledge of the target population led to safe practice and behavior 2. Policy makers and resource persons sensitized about HIV/ AIDS to take appropriate decisions in responses to HIV in the context of poverty, livelihood and gender</p>			
Intended Outputs	Output Targets for 2 years	Indicative Activities	Inputs
<p>2.1 Knowledge of high school and university students, workers and other young people in relation to HIV/AIDS improved</p>	<p>210 university students trained as trainer for peer education</p> <p>125,000 teachers trained on HIV/ AIDS in MOE training</p>	<p>Training faculty members who will subsequently train pre-service teachers</p> <p>Training pre-service teachers (in MOE training centers)</p>	<p>Training consultations, training modules, workshops</p> <p>Educational books, educational CDs, office equipment, IT equipment</p>

<p>Output indicators:</p> <p>Number of university students trained as trainer for peer education</p> <p>Number of teachers trained</p> <p>Number of service deliverers trained as trainers incl. health workers and medical doctors</p> <p>Number of radio, TV programs & teasers broadcasted</p>	<p>centers</p> <p>1,320 service deliverers trained as trainers incl. health workers and medical doctors</p> <p>11 radio, TV programs & teasers broadcasted</p>	<p>Establishing university students committees</p> <p>Training volunteer university students as trainers</p> <p>Training university students</p> <p>HIV/AIDS training for health worker</p> <p>Educating general population about HIV/AIDS through mass media</p> <p>Establishment of 20 hotlines in UMSs</p> <p>Training of volunteer as trainers (TOT)</p> <p>Training of voluntary youth about HIV/AIDS prevention</p>	<p>Educational sessions, telephone lines, peer education sessions</p> <p>Moderator/ co-ordinator, draft plans of action.</p> <p>Training package, on-going co-ordination and networking</p> <p>Technical Experts, formulation, HR, logistics, teasers</p>
<p>2.2 Knowledge of ARGs & HRGs about HIV/AIDS (including prisoners & IDUs & IDU's wives &...) improved</p> <p>Output indicators:</p> <p>Number of people trained by peer education (youth, HRG, ARG, prisoners)</p>	<p>211,700 people trained by peer education (youth, HRG, ARG, prisoners)</p>	<p>Training of medical staff and health personal about standard precautions</p> <p>Training of HRGs & ARGs about HIV/AIDS prevention</p> <p>Establishing hotlines</p>	<p>Training consultations, training modules, workshops</p> <p>Educational sessions, telephone lines, peer education sessions</p> <p>Formulation, expert human resource, logistics</p>

<p>2.3 Percentage of the key policy makers who endorse the NAP increased</p> <p>Output indicator:</p> <p>No. of seminar & field visits of key policy makers</p>	<p>Four seminars & field visits organized for key policy makers</p>	<p>Publishing a monthly HIV/ AIDS newsletter</p> <p>Training of key policy makers</p>	<p>Desk review, reports, reviews, documentations, dissemination</p> <p>Meetings, field visits, travel logistics, training sessions, briefing sessions, consultations</p>
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Section II – Results and Resource Framework (Objective 3)

<p>Goal/Intended Outcome: HIV risk and vulnerability reduced among ARGs and HRGs</p>			
<p>Partnership Strategy: Implemented with the Center for Disease Control, Universities of Medical Sciences, the Welfare Organization, the Prisoner Organization</p>			
<p>Project title and ID: The prevention and control of HIV/AIDS in I.R. Iran through public, civil society and private partnerships, IRN-205-G01-H-00</p>			
<p>Outcome indicators: Incidence of HIV/AIDS among ARGs and HRGs reduced</p>			
Intended Outputs	Output Targets for 2 years	Indicative Activities	Inputs
<p>3.1 Capacity for availability and accessibility of voluntary counseling & testing to HRG and ARG groups (including prisoners)</p> <p>Output indicators:</p> <p>Number of consultant and staff trained for VCTs</p> <p>Number of VCT sites</p>	<p>357 consultant and staff trained for VCTs</p> <p>128 VCT sites established/upgraded</p> <p>60 health care providers trained for integrating HIV/AIDS into PHC</p>	<p>Upgrading & computerizing health centres to VCTs</p> <p>Establishing & computerizing VCTs in prisons</p> <p>Upgrading PPUSs shelters & addiction part to VCTs in 5 province</p>	<p>Computers, office equipment, consultants, workshops, human resources</p>

<p>established/upgraded</p> <p>Number of staff trained for integrating HIV/AIDS into PHC</p>			
<p>3.2 Access of IDUs to harm reduction and other HIV prevention services increased</p> <p>Output indicators:</p> <p>Number of IDUs exposed to MMT programme</p> <p>No .of prisons exposed to bleach program</p> <p>No. of disposable shaver distributed for IDUs in prison</p>	<p>2,000 IDUs exposed to MMT programme</p> <p>3,500 prisons exposed to bleach program</p> <p>480,000 disposable shaver distributed for IDUs in prison</p>	<p>Distribution of syringes for IDUs</p> <p>MMT, bleach and disposable shaver for IDUs including prisoners</p> <p>Outreach program for IDUs</p>	<p>Syringes, methadone, bleach, disposable shavers, condoms, logistics, technical missions, ongoing support</p>
<p>3.3 HIV/STI among PPUS (persons practicing unsafe sex) prevented - outreach program</p> <p>Output indicators:</p> <p>Number of PPUS received condoms by SPPS or in VCT</p> <p>Number of condoms distributed</p>	<p>1,500 PPUS received condoms by SPPS or in VCT</p> <p>724,500 condoms distributed</p>	<p>Organizing self help groups for PPUS</p> <p>Procurement and distribution of condoms for 1500 PPUS in VCT</p>	<p>Training, self help groups, peer education, distribution, logistics, technical missions, ongoing support</p>

Section II – Results and Resource Framework (Objective 4)

<p>Goal/Intended Outcome: Access and quality of HIV/ AIDS treatment and care improved</p> <p>Partnership Strategy: Implemented with the Center for Disease Control, the Prisoner Organization, the Ministry of Education</p> <p>Project title and ID: The prevention and control of HIV/AIDS in I.R. Iran through public, civil society and private partnerships, IRN-205-G01-H-00</p> <p>Outcome indicators: 1. Networking capacity of PLWHA enhanced and stigma and discrimination reduced. 2. PLWHAs' life span and comparative quality of life increased.</p>			
<p>Intended Outputs</p> <p>3.1 PLWHAs networks organized in order to empower them and provide them with psychosocial support</p> <p>Output indicators:</p> <p>Number of PLWHA trained to support other PLWHAs</p> <p>Number of community based organizations/NGOs involved in care and support for PLWHAs</p>	<p>Output Targets for 2 years</p> <p>400 PLWHAs trained to support other PLWHAs</p> <p>Two community based Networks involved in care and support for PLWHAs</p>	<p>Indicative Activities</p> <p>Organizing networks of PLWHAs in 2 provinces</p> <p>Empowering PLWHAs-incl. Psychosocial</p>	<p>Inputs</p> <p>Human resources, equipment, consultant, training, advocacy materials</p>

<p>3.2 PLWHAs access to HIV/AIDS treatment services increased</p> <p>Output indicators:</p> <p>Number of people with advanced HIV infection receiving ARV combination therapy</p> <p>Number of PLWHA exposed to home based care</p>	<p>130 people with advanced HIV infection receiving ARV combination therapy</p> <p>3,000 PLWHAs exposed to home based care</p>	<p>Provision of annual antiviral drugs (ARV) to the PLWHAs</p> <p>Provision of home care to the PLWHAs</p>	<p>Human resources, equipment, consultant, training, workshops, ARVs, logistics</p>
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Section III – Attachments

- 1. Detailed Workplan (2005-2007)**
- 2. Monitoring and Evaluation Plan**
- 3. Procurement and Supply Management Plan**
- 4. PR-SR Agreement**
- 5. NEX Guideline**
- 6. Legal Context**

SIGNATURE PAGE

Country: Islamic Republic of Iran

UNDAF Outcome(s)/Indicator(s):

UNDAF Outcome 1 –

There is increased access to quality HIV/AIDS prevention and care services, for all vulnerable groups, especially women and children, ensuring their rights to participate in development

Expected Outcome(s)/Indicator (s):

Broad-based, multi-sectoral and multi-level response generated, integrating HIV/AIDS into national development plans and mainstreaming HIV/AIDS into key sectors and ministries.

HIV-AIDS awareness raising and prevention (national responsiveness to HIV-AIDS treatment and prevention services and public awareness raising).

Expected Output(s)/Indicator(s):

As indicated in the Results and Resource Framework of this PRODOC under the four objectives.

Implementing partners:

Sub-Recipients are 1) The Center for Disease Control of the Ministry of Health, 2) The Health and Nutrition Bureau of the Ministry of Education and 3) The Treatment Department of the Prisons Organization and sub-Sub- Recipients are 1) Medical Universities, 2) The Blood Transfusion Organization, 3) The Islamic Republic of Iran Broadcasting and 4) the Welfare Organization. The above organizations/ Ministries will be benefiting from collaboration of the Ministry of Foreign Affairs, the private sector, civil society networks and PLWHIVs.

Programme Period: 2 years
Project Title: The prevention and control of HIV/AIDS in I.R. Iran through public, civil society and private partnerships
Project ID: IRN-202-G01-H-00
Project Duration: 2 years
Management Arrangement: NEX

Budget 5,698,000 million USD
UNDP Support Fee 9 % (including 3.06% F&A cost)
Total budget: 5,698,000 million USD

Allocated resources:

- UNDP (GFATM): 5,698,000 million USD
- Donor: GFATM

Agreed by: The Ministry of Health and Medical Education,
Deputy Minister for Health,
Dr. M. E. Akbari



Agreed by: UNDP,
Resident Representative a.i.,
Mr. Yuxue Xue



Standard Annex to Project Document for use in countries which are not parties to the Standard Basic Assistance Agreement (SBAA)

Standard Text: Supplemental Provisions to the Project Document: The Legal Context

General responsibilities of the Government, UNDP and the executing agency

1. All phases and aspects of UNDP assistance to this project shall be governed by and carried out in accordance with the relevant and applicable resolutions and decisions of the competent United Nations organs and in accordance with UNDP's policies and procedures for such projects, and subject to the requirements of the UNDP Monitoring, Evaluation and Reporting System.
2. The Government shall remain responsible for this UNDP-assisted development project and the realization of its objectives as described in this Project Document.
3. Assistance under this Project Document being provided for the benefit of the Government and the people of (the particular country or territory), the Government shall bear all risks of operations in respect of this project.
4. The Government shall provide to the project the national counterpart personnel, training facilities, land, buildings, equipment and other required services and facilities. It shall designate the Government Co-operating Agency named in the cover page of this document (hereinafter referred to as the "Co-operating Agency"), which shall be directly responsible for the implementation of the Government contribution to the project.
5. The UNDP undertakes to complement and supplement the Government participation and will provide through the Executing Agency the required expert services, training, equipment and other services within the funds available to the project.
6. Upon commencement of the project the Executing Agency shall assume primary responsibility for project execution and shall have the status of an independent contractor for this purpose. However, that primary responsibility shall be exercised in consultation with UNDP and in agreement with the Co-operating Agency. Arrangements to this effect shall be stipulated in the Project Document as well as for the transfer of this responsibility to the Government or to an entity designated by the Government during the execution of the project.
7. Part of the Government's participation may take the form of cash contribution to UNDP. In such cases, the Executing Agency will provide the related services and facilities and will account annually to the UNDP and to the Government for the expenditure incurred.

(a) Participation of the Government

1. The Government shall provide to the project the services, equipment and facilities in the quantities and at the time specified in the Project Document. Budgetary provision, either in kind or in cash, for the Government's participation so specified shall be set forth in the Project Budgets.

2. The co-operating Agency shall, as appropriate and in consultation with the Executing Agency, assign a director for the project on a full-time basis. He shall carry out such responsibilities in the project as are assigned to him by the Co-operating Agency.
3. The estimated cost of items included in the Government contribution, as detailed in the project budget, shall be based on the best information available at the time of drafting the project proposal. It is understood that price fluctuations during the period of execution of the project may necessitate an adjustment of said contribution in monetary terms; the latter shall at all times be determined by the value of the services, equipment and facilities required for the proper execution of the project.
4. Within the given number of man-months of personnel services described in the Project document, minor adjustments of individual assignments of project personnel provided by the Government may be made by the Government in consultation with the Executing agency, if this is found to be in the best interest of the project. UNDP shall be so informed in all instances where such minor adjustments involve financial implications.
5. The Government shall continue to pay the local salaries and appropriate allowances of national counterpart personnel during the period of their absence from the project while on UNDP fellowships.
6. The Government shall defray any customs duties and other charges related to the clearance of project equipment, its transportation, handling, storage and related expenses within the country. It shall be responsible for its installation and maintenance, insurance, and replacement, if necessary after delivery to the project site.
7. Government shall make available to the project – subject to existing security provisions – any published and unpublished reports, maps, records and other data, which are considered necessary to the implementation of the project.
8. Patent rights, copyright rights and other similar rights to any discoveries or work resulting from UNDP assistance in respect of this project shall belong to the UNDP. Unless otherwise agreed by the Parties in each case, however, the Government shall have the right to use any such discoveries to work within the country free of royalty and any charge of similar nature.
9. The Government shall assist all project personnel in finding suitable housing accommodation at reasonable rents.
10. The services and facilities specified in the Project Document which are to be provided to the project by the Government by means of a contribution in cash shall be set forth in the Project Budget. Payment of this amount shall be made to the UNDP in accordance with the Schedule of Payments by the Government.
11. Payment of the above-mentioned contribution to the UNDP on or before the dates specified in the Schedule of Payments by the Government is a prerequisite to commencement or continuation of project operations.

(b) Participation of the UNDP and the executing agency

1. The UNDP shall provide to the project through the Executing Agency the services, equipment and facilities described in the Project Document. Budgetary provision for the UNDP contribution as specified shall be set forth in the Project Budgets.
2. The Executing Agency shall consult with the Government and UNDP on the candidature of the Project Manager* who, under the direction of the Executing Agency, will be responsible in the country for the Executing Agency's participation in the project. The Project Manager shall supervise the experts and other agency personnel assigned to the project, and the on-the-job training of national counterpart personnel. He shall be responsible for the management and efficient utilization of all UNDP-financed inputs, including equipment provided to the project.
3. The Executing Agency, in consultation with the Government and UNDP, shall assign international staff and other personnel to the project as specified in the Project Document, select candidates for fellowships and determine standards for the training of national counterpart personnel.
4. Fellowships shall be administered in accordance with the fellowships regulations of the Executing Agency.
5. The Executing Agency may, in agreement with the Government and UNDP, execute part or all of the project by subcontract. The selection of subcontractors shall be made, after consultation with the Government and UNDP, in accordance with the Executing Agency's procedures.
6. All material, equipment and supplies which are purchased from UNDP resources will be used exclusively for the execution of the project, and will remain the property of the UNDP in whose name it will be held by the Executing Agency. Equipment supplied by the UNDP shall be marked with the insignia of the UNDP and of the Executing Agency.
7. Arrangements may be made, if necessary, for a temporary transfer of custody of equipment to local authorities during the life of the project, without prejudice to the final transfer.
8. Prior to completion of UNDP assistance to the project, the Government, the UNDP and the Executing Agency shall consult as to the disposition of all project equipment provided by the UNDP. Title to such equipment shall normally be transferred to the Government, or to an entity nominated by the Government, when it is required for continued operation of the project or for activities following directly therefrom. The UNDP may, however, at its discretion, retain title to part or all of such equipment.
9. At an agreed time after the completion of UNDP assistance to the project, the Government and the UNDP, and if necessary the Executing Agency, shall review the activities continuing from or consequent upon the project with a view to evaluating its results.

* May also be designated Project Co-ordinator or Chief Technical Adviser, as appropriate.

10. UNDP may release information relating to any investment oriented project to potential investors, unless and until the Government has requested the UNDP in writing to restrict the release of information relating to such project.

Rights, Facilities, Privileges and Immunities

1. In accordance with the Agreement concluded by the UN Development Programme (UNDP) and the Government concerning the provision of assistance by UNDP, the personnel of UNDP and other United Nations organizations associated with the project shall be accorded rights, facilities, privileges and immunities specified in said Agreement.
2. The Government shall grant UN volunteers, if such services are requested by the Government, the same rights, facilities, privileges and immunities as are granted to the personnel of UNDP.
3. The Executing Agency's contractors and their personnel (except nationals of the host country employed locally) shall:
 - a. Be immune from legal process in respect of all acts performed by them in their official capacity in the execution of the project;
 - b. Be immune from national service obligations;
 - c. Be immune together with their spouses and relatives dependent on them from immigration restrictions;
 - d. Be accorded the privileges of bringing into the country reasonable amounts of foreign currency for the purposes of the project or for personal use of such personnel, and of withdrawing any such amounts brought into the country, or in accordance with the relevant foreign exchange regulations, such amounts as may be earned therein by such personnel in the execution of the project;
 - e. Be accorded together with their spouses and relatives dependent on them the same repatriation facilities in the event of international crisis as diplomatic envoys.
4. All personnel of the Executing Agency's contractors shall enjoy inviolability for all papers and documents relating to the project.
5. The Government shall either exempt from or bear the cost of any taxes, duties, fees or levies which it may impose on any firm or organization which may be retained by the Executing Agency and on the personnel of any such firm or organization, except for nationals of the host country employed locally, in respect of:
 - a. The salaries or wages earned by such personnel in the execution of the project;
 - b. Any equipment, materials and supplies brought into the country for the purposes of the project or which, after having been brought into the country, may be subsequently withdrawn therefrom;
 - c. Any substantial quantities of equipment, materials and supplies obtained locally for the execution of the project, such as, for example, petrol and spare parts for the operation and maintenance of equipment mentioned under (b) above, with the provision that the types and approximate quantities to be exempted and relevant procedures to be followed shall be agreed upon with the Government and, as appropriate, recorded in the Project Document; and
 - d. As in the case of concessions currently granted to UNDP and Executing Agency's personnel, any property brought, including one privately owned automobile per

employee, by the firm or organization or its personnel for their personal use or consumption or which after having been brought into the country, may subsequently be withdrawn therefrom upon departure of such personnel.

6. The Government shall ensure:
 - a. Prompt clearance of experts and other persons performing services in respect of this project; and
 - b. The prompt release from customs of:
 - i. Equipment, materials and supplies required in connection with this project; and
 - ii. Property belonging to and intended for the personal use or consumption of the personnel of the UNDP, its Executing Agencies, or other persons performing services on their behalf in respect of this project, except for locally recruited personnel.
7. The privileges and immunities referred to in the paragraphs above, to which such firm organizing and its personnel may be entitled, may be waived by the Executing Agency where, in its opinion or in the opinion of the UNDP, the immunity would impede the course of justice and can be waived without prejudice to the successful completion of the project or to the interest of the UNDP or the Executing Agency.
8. The Executing agency shall provide the Government through the Resident Representative with the list of personnel to whom the privileges and immunities enumerated above shall apply.
9. Nothing in this Project Document or Annex shall be construed to limit the rights, facilities, privileges or immunities conferred in any other instrument upon any person, natural or juridical, referred to hereunder.

Suspension or termination of assistance

1. The UNDP may by written notice to the Government and to the Executing agency concerned suspend its assistance to any project if in the judgment of the UNDP any circumstance arises which interferes with or threatens to interfere with the successful completion of the project or the accomplishment of its purposes. The UNDP may, in the same or a subsequent written notice, indicate the conditions under which it is prepared to resume its assistance to the project. Any such suspension shall continue until such time as such conditions are accepted by the Government and as the UNDP shall give written notice to the Government and the Executing Agency that it is prepared to resume its assistance.
2. If any situation referred to in paragraph 1 above, shall continue for a period of fourteen days after notice thereof and of suspension shall have been given by the UNDP to the Government and the Executing Agency, then at any time thereafter during the continuance thereof, the UNDP may by written notice to the Government and the Executing Agency terminate the project.
3. The provisions of this paragraph shall be without prejudice to any other rights or remedies the UNDP may have in the circumstances, whether under general principles of law or otherwise.

Annex A

Program Implementation Abstract

Country: Islamic Republic of Iran
Original Proposal Name: The prevention and control of HIV/AIDS, TB, and Malaria in I.R.Iran through public, civil society and private partnerships
Original Proposal Number: 781
Program Title: The prevention and control of HIV/AIDS in I.R. Iran through public, civil society and private partnerships
Grant Number: IRN-202-G01-H-00
Disease: HIV/ AIDS
Principal Recipient: United Nations Development Programme (UNDP), Iran

A. Program Description

1. Summary:

The Program will support Iran's response in controlling the growth of HIV prevalence and incidence. The main activities of the Program are: 1) strengthening of assessment, surveillance and monitoring, 2) producing HIV information and education materials and distributing to high risk groups, 3) developing national protocols and treatment guidelines; (4) building national capacity by arranging training for health care personnel; and 5) improving access to quality HIV/ AIDS treatment and care. Education and research institutions (e.g. the Medical Universities) will support training of health workers and other staff. Community-based networks (supported by government and international agencies) will have a key role to play in delivering programmes to marginalized and vulnerable populations (including IDUs, sex workers and vulnerable young people). Organizations of Persons Living With HIV/AIDS ("PLWHA") will be active in providing interventions for PLWHA and their families. The private sector will be engaged to expand coverage of public education. International organizations (e.g. UN agencies) will provide technical assistance and guidelines to ensure international best practice. Comprehensive surveillance system will be completed in 5 provinces in the first two years and will be expanded to include all 28 provinces over 5 years based on the WHO Rapid Assessment and Response (RAR) methodology in order to provide contextual assessments which will inform the scaling-up of HIV/AIDS programs throughout the country. Behaviour Surveillance Survey training will be provided to 4 trainers (3 from medical universities and 1 from prisons) in five provinces on RAR methodology. The Program will also develop capacity of one national reference laboratory to undertaking HIV viral load assay. In order to increase access to ARV treatment, at least 48 people living with HIV/AIDS will be put on treatment over two years.

Goal:

To maintain HIV prevalence among the general population at less than 0.3% and to maintain HIV prevalence among high risk behaviour groups below 20% by end 2007.

2. Target Group/Beneficiaries:

- University students/teachers
- Infected pregnant women
- PLWHA
- Young people 15-24 years of age
- IDUs and their families
- General public

3. Strategies:

- Strengthening of assessment, surveillance and monitoring.
- Promotion of HIV information and education.
- Reducing HIV risk and vulnerability
- Improving access and quality of HIV/AIDS treatment and care.

4. Planned Activities:

- Conducting biological and behavioral surveys in each province;
- Supporting school based education;
- Community and high risk group education through broadcasting system;
- providing facilities and establishment of outreach programmes for counseling;
- promotion of safe behavior among high risk groups and bridging population gaps;
- Improving psychosocial support services for PLWHA;
- Improving access to ARV for treatment.

5. Initial Country Coordinating Mechanism Members:

- Ministry of Health and Medical Education (MOHME)
- Ministry of Education (MOE)
- Ministry of Interior (MOI)
- Ministry of Foreign Affairs (MFA)
- Health Committee of the Parliament
- Welfare organization
- Prison Organization
- Blood Transfusion Organization
- Islamic Republic of Iran's Broadcasting (IRIB)
- Management and Planning Organization
- National Pharmaceutical Representative
- NGO Representative
- Private Medical Practitioners
- Iranian Red Crescent Society (IRCS)
- UNICEF (Chair of the UN theme group on HIV/ AIDS),
- UN Agencies (WHO, UNDP)
- Representatives of PLWHA
- Representatives of Religious Entities

6. Technical Partners include:

- WHO
- UNFPA
- UNODC
- UNICEF
- UNAIDS

B. Conditions Precedent to Disbursement

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

Before first disbursement under the Grant, the Principal Recipient will, except as the Global Fund and the Principal Recipient may otherwise agree in writing, furnish to the Global Fund, in form and substance satisfactory to the Global Fund,

- a. a statement confirming the bank account into which grant funds will be disbursed and from which the PR shall draw funds to implement the Program;
- b. 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;
- c. a final detailed budget and work plan for the Program which outlines the use of grant funds and reconciles with the total grant amount set out on the face sheet of this Agreement and the activities set out above and in the proposal submitted to and approved by the Global Fund on which this grant is based;
- d. final detailed work plans and budgets for the first year of the Program for all sub recipients approved by the Global Fund to receive Grant funds during the first year of the Program;
- e. an agreement between the Principal Recipient and each United Nations organization serving as Sub-recipient during the first year of the Program which sets out implementation, monitoring and technical assistance responsibilities of the UN organization and terms and conditions of collaboration between the United Nations organization and the Principal Recipient;
- f. evidence that it has increased its staff and organization in its country office as set forth in the applicable budget;
- g. evidence that all clearances, licenses, or approvals by government entities, program participants, or any other entities or actors with regulatory or access control or oversight over program activities and participants necessary to facilitate the participation of all program actors (including but not limited to the Principal Recipient, Sub-Recipients, suppliers, or other Program participants) in program activities (including but not limited to access to all Program sites) have been issued.

2. Conditions Precedent to Second Disbursement (Terminal Date as stated in block 6B of the Face Sheet)

Before second disbursement under the Grant, the Principal Recipient will, except as the Global Fund and the Principal Recipient may otherwise agree in writing, furnish to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that it has engaged sub recipients in accordance with the conditions of Section B(4) of this Annex A in sufficient number to implement activities set out in the work plan approved under Section B(1)(d) of this Annex A ;

3. Conditions Precedent to Disbursement for Health Product Procurement (Terminal Date as stated in block 6C of the Face Sheet)

Before disbursement of Grant funds to finance the procurement of health products as defined in Article 18, the Principal Recipient shall provide a procurement plan in form and substance satisfactory to the Global Fund (which plan shall include, but not be limited to, details regarding the tracking of procurement prices, supply and distribution arrangements and costs, additionality of Global Fund resources to domestic and other international sources, and other measures of procurement and supply system performance and sustainability).

4. Conditions Precedent for Disbursement to Sub-Recipients.

Prior to disbursement of funds from the Principal Recipient to a particular Sub-recipient, the Principal Recipient will furnish to the Global Fund, in form and substance satisfactory to the Global Fund,

- a. confirmation that the Local Fund Agent has assessed and approved the Sub-recipient for implementation of program activities;
- b. confirmation that the Principal Recipient has signed an agreement with the Sub-recipient, which shall include, at a minimum, a budget, workplan, implementation and reporting responsibilities of the Sub-recipient;
- c. details identifying the financial institution or institutions into which grant funds will be disbursed for the benefit of the Sub-recipient;
- d. a detailed description of the mechanism for financial transfers from UNDP to the particular Sub-recipient, and of the financial institution or institutions into which grant funds will be disbursed for the benefit of the Sub-recipient; and
- e. confirmation that the Sub-recipient has received training on UNDP's NEX systems, as well as training on monitoring and evaluation techniques sufficient to enable it to meet its requirements under the Program;
- f. confirmation that the Principal Recipient has signed an agreement with the Sub-recipient that requires the Sub-recipient to allow authorized representatives of UNDP, the Global Fund, and/or their designated agents, to undertake ad-hoc site visits consistent with the ad hoc visits described in Article 7(e), which include but are not limited to reviews of relevant financial information drawn from relevant accounts and records.

C. Forms Applicable to this Agreement:

Unless the Principal Recipient and the Global Fund agree otherwise in writing:

1. For purposes of Article 6, "Disbursements," the Principal Recipient will use Sections 1 and 3 and Appendix 1 of the Global Fund form entitled, "Disbursement Request and Progress Update" (dated June, 2003).

2. For purposes of Article 13b(1), "Periodic Reports," the Principal Recipient will use Section 2 of the Global Fund form entitled, "Disbursement Request and Progress Update" (dated June, 2003).

D. Special Terms and Conditions for this Agreement:

Breach of any of the following Special Terms and Conditions by one party is a material breach of this Agreement for which the other party may terminate or suspend this Agreement under Section 21.

1. Not later than 120 days after the Program Start Date, the Principal Recipient shall determine baseline data for all indicators set out in Attachment 1 to Annex A of this Agreement.

2. Unless otherwise specified in the Procurement Plan or agreed in writing by the Global Fund, the Principal Recipient will directly conduct all activities associated with the procurement of all goods and services funded by the Grant, including but not limited to conducting the selection process for vendors or service providers, and will make all payments for such goods and services directly to the respective vendors or service providers.

3. The Principal Recipient shall only transfer funds to (a) Sub-recipients who are identified in the Procurement Plan as authorized to accept funds (b) Sub-recipients who are approved by the Global Fund in writing, and (c) vendors or service providers who are selected through its procurement procedures. The Principal Recipient shall ensure that all Sub-recipient agreements do not permit the transfer of Grant funds to any other entity except as explicitly authorized under the Procurement Plan.

E. Program Budget

The following budget sets out anticipated expenditures for the Program term. Changes to the budget shall only be made pursuant to written guidelines provided by the Global Fund or as otherwise authorized in writing by the Global Fund.

GFATM - IRAN HIV/AIDS - Round 2							
Categories	year1				Y 1	Y2	Total 2-years
	Q1	Q2	Q3	Q4			
Human Resource	29,900.00	70,090.00	140,820.00	182,100.00	422,910	834,720	1,257,630
Infrastructure & Equipment	58,615.00	45,860.98	63,056.32	254,585.66	422,118	37,086	459,204
Training	52,359.00	178,565.70	249,743.00	273,185.50	753,853	921,444	1,675,297
Commodities & Products	358,200.00	20,925.00	23,025.00	24,825.00	426,975	111,300	538,275
Drugs	-	325,535.00	-	-	325,535	-	325,535
Planing & Administration	88,918.26	78,171.09	100,373.07	128,095.39	395,558	528,681	924,239
Monitoring & Evaluation	138,065.49	44,002.50	44,002.50	74,940.00	301,010	216,810	517,820
Total	726,057.8	763,150.3	621,019.9	937,731.6	3,047,959.5	2,650,040.7	5,698,000.2

Attachment 1 to Annex A

Country: Iran
 Disease: HIV/AIDS
 Grant number: IRN-202-G01-H-00
 Principal Recipient: LINDP

Period Covered	Quarter 1 01-May-2005 - 31-Aug-2005 14-Sep-05	Quarter 2 01-Aug-2005 - 31-Oct-2005 14-Dec-05	Quarter 3 01-Nov-2005 - 31-Jan-2006 14-Mar-06	Quarter 4 01-Feb-2006 - 30-April-2006 14-Jun-06
Date disbursement request/progress update due				

The fiscal year of the Principal Recipient runs from 01 January 2005 to 31 December 2005. The audit report is due 80 days following the close of the Principal Recipient's fiscal year.
 The disbursement period under this grant shall be quarterly.

MAIN PROGRAM OBJECTIVES, SDAs, COVERAGE INDICATORS AND PROGRESS MILESTONES

Coverage Indicators	Indicator level	SDA (database category)	Baseline (if applicable)	Date of baseline data	Year 1 Indicators/Milestones (Expanded Program Results/cumulative)			
					Targets year 1	Targets year 2	Total targets Year 1 and Year 2	Year 1 Indicators/Milestones (Expanded Program Results/cumulative)
					Quarter 1	Quarter 2	Quarter 3	Quarter 4
Objective 1: Strengthening of assessment, surveillance and monitoring								
1	Number of national and provincial staff trained on BSS	Supportive Environment: Monitoring, evaluation and operations			50	0	20	60
2	Number of BSS sites established	Supportive Environment: Monitoring, evaluation and operations			5	0	2	0
Objective 2: Promotion of HIV information and education								
1	Number of university students trained to train for peer education	Youth education and prevention			140	0	0	70
2	Number of teachers trained	Youth education and prevention			62,500	125,000	31,250	62,500
3	Number of people trained by peer education (youth, HRG, ARG, artisans & their families)	Youth education and prevention			88,000	211,400	40,000	88,000
5	Number of service deliverers trained as trainers incl. health workers and medical doctors	BCC - community outreach			480	1,300	200	400
6	Number of radio, TV programs & posters broadcasted	BCC - mass media			5	11	0	6
Objective 3: Improving access and quality of HIV/AIDS treatment and care								
1	Number of consultant and staff trained for VCTs	Counseling and testing			228	128	0	128
2	Number of VCT sites established/upgraded	Counseling and testing			7	128	68	121
3	Number of staff trained for integrating HIV/AIDS into PHC	Program for specific groups			30	80	0	30
4	Number of IDUs exposed to MMT programmes	Program for specific groups			1,500	2,000	700	1,500
6	Number of PPLUS reached/condoms by SPPS or in VCT	Program for specific groups			1,000	1,500	550	1,000
6	Number of condoms distributed	Specialty condom distribution			184,500	540,000	31,500	184,500
Objective 4: Increase the access to and quality of HIV/AIDS treatment and psychosocial support services for PLWHAs								
1	Number of people with advanced HIV infection receiving ARV combination therapy	Antiretroviral treatment and monitoring			20	48	0	20
2	Number of PLWHA trained/empowered to support other PLWHAs	Care and support for chronically ill and families			220	440	0	220
3	Number of community based networks involved in care and support for PLWHAs	Care and support for chronically ill and families			2	0	0	2
4	Number of PLWHA exposed to home based care	Care and support for chronically ill and families			1,200	1,800	0	1,200

GFATM - IRAN HIV/AIDS - Round 2

Categories	year1				Y 1	Y2	Total 2-years
	Q1	Q2	Q3	Q4			
Human Resource	29,900.00	70,090.00	140,820.00	182,100.00	422,910	834,720	1,257,630
Infrastructure & Equipment	58,615.00	45,860.98	63,056.32	254,585.66	422,118	37,086	459,204
Training	52,359.00	178,565.70	249,743.00	273,185.50	753,853	921,444	1,675,297
Commodities & Products	358,200.00	20,925.00	23,025.00	24,825.00	426,975	111,300	538,275
Drugs	-	325,535.00	-	-	325,535	-	325,535
Planing & Administration	88,918.26	78,171.09	100,373.07	128,095.39	395,558	528,681	924,239
Monitoring & Evaluation	138,065.49	44,002.50	44,002.50	74,940.00	301,010	216,810	517,820
Total	726,057.8	763,150.3	621,019.9	937,731.6	3,047,959.5	2,650,040.7	5,698,000.2

Country: **Kenya**
 Disease: **HIV/AIDS**
 Grant Number: **IRN-205-001-H-00**
 Principal Recipient: **UNDP**

Period Covered	Quarter 1 01-Apr-2005 - 30-Jun-2005	Quarter 2 01-Jul-2005 - 30-Sep-2005	Quarter 3 01-Oct-2005 - 31-Dec-2005	Quarter 4 01-Jan-2006 - 31-Mar-2006
Date disbursement request/progress update due	14-Nov-05	14-Nov-05	14-Feb-06	14-May-06

The fiscal year of the Principal Recipient runs from 01 January 2005 to 31 December 2005. The audit report is due 90 days following the close of the Principal Recipient's fiscal year.
 The disbursement period under this grant shall be quarterly.

MAIN PROGRAM OBJECTIVES, SDAs, COVERAGE INDICATORS AND PROGRESS MILESTONES

Coverage Indicators	Indicator level	SDA (database category)	Baseline (if applicable)	Date of baseline data	Yerqis year 1	Yerqis year 2	Yerqis year 3	Yerqis year 4	Total requests Year 1 and Year 2	Year 1 indicators/milestones (Indicated Program Recipients/activities)	Quarter 1	Quarter 2	Quarter 3	Quarter 4
1 Number of national and provincial staff trained on BBS	Level 1 - people trained	Supportive Environment: Monitoring, evaluation and operations			42	0	0	0	42					42
2 Number of BBS sites established	Level 2 - Service points supported	Supportive Environment: Monitoring, evaluation and operations research			0	0	0	0	0			2		5
1 Number of university students trained as trainers for peer education	Level 1 - people trained	Youth education and intervention			70	140	0	0	210					70
2 Number of teachers trained	Level 1 - people trained	Youth education and intervention			82,500	82,500	0	0	165,000					82,500
3 Number of people trained by peer education (youth, HRG, ARG, managers)	Level 3 - People reached	Youth education and intervention			181,800	98,200	100	0	280,100					181,800
4 Number of service delivery workers trained as trainers and health workers and medical doctors	Level 1 - people trained	BCC - community outreach			480	860	0	0	1,340					480
5 Number of radio, TV programs & posters produced	Level 2 - Service points supported	BCC - mass media			100	201	0	0	301					100
1 Number of consistent and staff trained for VCTs	Level 1 - people trained	Counseling and testing			210	120	30	0	360					210
2 Number of VCT sites established/upgraded	Level 2 - Service points supported	Counseling and testing			131	20	24	0	175					131
3 Number of staff trained for integrating HIV/AIDS into PMCT programs	Level 3 - People reached	Program for specific groups			30	33	0	0	63					30
4 Number of IDUs exposed to MMT programs	Level 3 - People reached	Program for specific groups			1,800	2,000	0	0	3,800					1,800
5 Number of PPUS received condoms by STPS or VCT	Level 3 - People reached	Program for specific groups			1,000	1,600	0	0	2,600					1,000
6 Number of condoms distributed	Level 3 - People reached	Condom distribution			214,900	600,000	0	0	814,900					214,900
1 Number of people with advanced HIV infection receiving ARV combination therapy	Level 3 - People reached	Antiretroviral treatment and monitoring			20	28	0	0	48					20
2 Number of PLWHA trained to support other PLWHA	Level 1 - people trained	Care and support for chronically ill and families			100	100	0	0	200					100
3 Number of community based organizations/NGOs involved in care and support for PLWHA	Level 2 - Service points supported	Care and support for chronically ill and families			4	0	0	0	4					4
4 Number of PLWHA exposed to home based care	Level 3 - People reached	Care and support for chronically ill and families			1,200	1,600	0	0	2,800					1,200