



Министерство экономики Республики Беларусь
Центр по сотрудничеству с международными
организациями и координации технической помощи
РЕГИСТРИРОВАНО
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Республика Беларусь

Документ проекта

Срок реализации: 29.09.10 - 30.11.15.

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| Название проекта | «Профилактика и лечение ВИЧ/СПИДа в Республике Беларусь – 2» |
| Результат Страновой программы ПРООН: | Создание благоприятных условий для предотвращения распространения ВИЧ/СПИДа и уменьшение негативных последствий эпидемии путем организации надлежащего лечения, повышения профессионального уровня специалистов учреждений, занимающихся вопросом профилактики СПИДа, и повышения национального институционального потенциала в области эффективной реализации профилактических программ |
| Ожидаемый итог проекта: | Сохранение эпидемии ВИЧ-инфекции в Республике Беларусь в концентрированной фазе, снижение смертности больных СПИДом |
| Национальная исполняющая организация: | Министерство здравоохранения Республики Беларусь |
| Ответственные стороны | <p>Основной получатель: Программа развития ООН</p> <p>Основная национальная исполняющая организация: Министерство здравоохранения РБ</p> <p>Получатели средств: ГУ «Республиканский центр гигиены, эпидемиологии и общественного здоровья», наркологические диспансеры Республики Беларусь, Министерство образования, Министерство обороны, Государственный пограничный комитет, Министерство по чрезвычайным ситуациям, Министерство внутренних дел, РОО «Матери против наркотиков», БОО «Позитивное движение» (включая областные, городские и районные отделения), РОО «Белорусская Ассоциация Клубов ЮНЕСКО», ОО «Белорусский республиканский Союз Молодежи», РМОО «Встреча», ДОО «Ассоциация белорусских гайдов», БОО «Альтернатива», ОО «Могилевский центр поддержки и самообразования», ОО «Клуб деловых женщин», Витебское городское общественное объединение женщин «Ульяна», Белорусское общество Красного Креста, МОО «Реальный мир», Борисовское женское СОО «Провинция», ОО «Амрита», ГОС ОО «Родители за будущее детей, Ассоциация «БелСеть АнтиСПИД», Межконфессиональная миссия «Христианское социальное служение», Республиканское религиозное объединение «Белорусская Православная Церковь», Республиканское религиозное объединение «Минско-Могилевская архиепархия Римско-Католической Церкви в Республике Беларусь», Республиканское религиозное объединение «Союз евангельских христиан баптистов в Республике Беларусь», Республиканский театр Белорусской драматургии, Всемирная Организация Здравоохранения, Детский Фонд ООН (ЮНИСЕФ)</p> |

Краткое описание

Задача 1: Изменение поведения групп высокой уязвимости к ВИЧ-инфекции (потребителей инъекционных наркотиков (ПИН), мужчин, имеющих сексуальные отношения с мужчинами (МСМ), женщин, вовлеченных в секс бизнес (ЖСБ), лиц, отбывающих тюремное наказание, женщин, молодежи) на менее опасное в контексте ВИЧ/СПИДа

Задача 2: Обеспечение равного доступа к непрерывному лечению, уходу и поддержке ЛЖВС посредством укрепления системы здравоохранения и программ приверженности к АРВ-терапии

Задача 3: Создание благоприятных условий на национальном и местном уровнях для широкого доступа к профилактике ВИЧ-инфекции, лечению и уходу за ЛЖВС

Период Страновой программы ПРООН:

2006-2010, 2011-2015 гг.

Тематическая область ПРООН:

ВИЧ/СПИД

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Окончание реализации: 30.11.2015г.

Дата заседания Координационного комитета страны:

26.02.2009

Схема реализации: прямое исполнение

Общий бюджет: USD 14 082 258

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US\$ 7,878 496**

Донор:

Глобальный фонд для борьбы со СПИДом, туберкулезом и малярией

Утверждено

ФИО

Должность

Подпись

Дата

Исполняющая
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В.И. Жарко

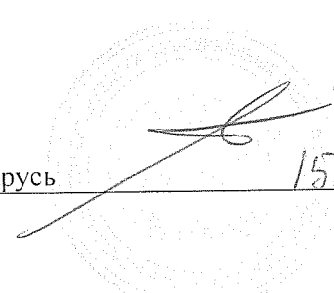
Министр здравоохранения
Республики Беларусь



ПРООН:

Антониус Брук

Представитель
ООН/ПРООН
в Республике Беларусь



15.04.2010

МІНІСТАРСТВА ЗДРАВ'ОУА РЭСПУБЛІКІ БЕЛАРУСЬ
Рэспубліка Беларусь
Служба супрацоўніцтваў
Міжнародны арганізацыйны камітэт
па супрацьстаянню СПИДу

The United Nations Development Programme (UNDP)
in the Republic of Belarus



Project Document

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|--|---|
| Project title | Prevention and Treatment of HIV/AIDS in the Republic of Belarus - 2 |
| UNDP Country Program output | Creation of favorable conditions for preventing the spread of HIV/AIDS and mitigating the negative impacts of the epidemic by means of organizing proper treatment, upgrading the professional level of specialists at institutions that are involved in AIDS prevention, and building the national institutional capacity to efficiently implement prevention programs. |
| Expected project outcome | The HIV epidemic is retained in the concentrated phase and the rate of AIDS mortality is reduced in the Republic of Belarus |
| The National Implementing Agency | The Ministry of Healthcare of the Republic of Belarus |
| Responsible parties | <p>The principal recipient: The United Nations Development Programme</p> <p>The National Implementing Agency: The Ministry of Healthcare of the Republic of Belarus</p> <p>Sub-recipients: The National Centre for Hygiene, Epidemiology and Public Health, narcological dispensaries of the Republic of Belarus, Ministry of Education, Ministry of Defense, State Border Committee, Ministry of Emergencies, Ministry of Interior, NGO “Mothers Against Drugs”, NGO “Positive Movement” (including its regional, city and district branches), NGO “Belarusian Association of UNESCO Clubs”, NGO “Belarusian National Union of Youth”, NGO “Vstrecha”, NGO “Association of Belarusian Guides”, NGO “Alternativa”, NGO “Mogilev Center for Support and Self-Education”, NGO “Business Women’s Club”, Vitebsk City Women’s Association “Uliana”, Belarusian Red Cross Society, NGO “The Real World”, Borisov Women’s Association “Province”, NGO “Amrita”, NGO “Parents for Children’s Future”, association “BelNetwork AntiAIDS”, interdenominational mission “Christian Social Service”, national religious association “Belarusian Christian Orthodox Church”, national religious association “Minsk-Mogilev Archdiocese of the Roman Catholic Church in the Republic of Belarus”, national religious association “Union of Evangelical Baptist Christians in the Republic of Belarus”, National Belarusian Drama Theatre, World Health Organization, UN Children’s Fund (UNICEF).</p> |
| <p>A brief description</p> <p>Objective 1. Change the behavior of the most vulnerable groups (injecting drug users (IDU), men who have sex with men (MSM), female sex workers (FSW), prison inmates, women, and youth) to less risky behavior in terms of HIV/AIDS transmission.</p> <p>Objective 2. Ensure equal access of PLHIV to continuous treatment, care and support by means of</p> | |

strengthening the healthcare system and ARV therapy commitment programs.

Objective 3. Create favorable conditions at the national and local levels for wide access to the prevention of HIV, the treatment and care of PLHIV.

UNDP Country Programme duration:

2006-2010, 2011-2015

UNDP thematic area:

HIV/AIDS

Start date: May 1, 2010

End date: April 30, 2016

Date of the Country Coordinating Mechanism session: February 26, 2009

Implementation modality: direct implementation

Total budget: USD 14,082,258

**Allocated resources for 2010 – 2012:
USD 7,878,496**

Donor:

The Global Fund to Fight AIDS,
Tuberculosis and Malaria

Approved by:

**Last name, first Position
name, patronymic**

Signature

Date

**Implementing
agency**

V.I. Zharko

The Minister of Healthcare
of the Republic of Belarus

UNDP:

Antonius Broek

The UN Resident
Coordinator/UNDP Resident
Representative
in the Republic of Belarus

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ACRONYMS AND ABBREVIATIONS

| | |
|----------------|---|
| ACC | Anonymous counseling center |
| AIDS | Acquired immunodeficiency syndrome |
| ARVT | Antiretroviral therapy |
| ARV | Antiretroviral |
| APE | Academy of Post-Graduate Education |
| BelAU | Belarusian Association of UNESCO Clubs |
| BelMAPE | Belarusian Medical Academy of Post-Graduate Education |
| BF | RUE “BelFarmatsiya” |
| BT | RUE “BelMedTehnika” |
| CCM | Country Coordinating Mechanism |
| FSW | Female sex workers |
| GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| HIV | Human immunodeficiency virus |
| HSS | Healthcare system strengthening |
| IDU | Injecting drug users |
| ILO | International Labor Organization |
| LFA | Local Fund agent |
| M&E | Monitoring and evaluation |
| MDG | Millennium Development Goals |
| MDR TB | Multi-drug resistant tuberculosis |
| MoH | Ministry of Healthcare |
| MSM | Men who have sex with men |
| NCEET | National Centre for Expert Examinations and Tests |
| NGO | Non-governmental organization |
| PCR | Polymerase chain reaction |
| PED | Penalty Execution Department |
| PMU | Project Management Unit |
| PLHIV | People living with HIV |
| PMTCT | Prevention of mother-to-child transmission |
| PR | Principal recipient |
| NSPCPP | National Scientific and Practical Center for Pulmonology and Phthisiology |
| SDA | Service delivery area |
| SR | Sub-recipient |
| STD | Sexually transmitted disease |

| | |
|---------------|--|
| TA | Technical assistance |
| TB | Tuberculosis |
| UN | United Nations Organization |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Fund for Population Activities |
| UNGASS | United Nations General Assembly Special Session |
| UNICEF | United Nations International Children's Emergency Fund |
| VTC | Voluntary testing and counseling |
| WB | World Bank |
| WG | Working group |
| WHO | World Health Organization |

PART 1. SITUATION ANALYSIS

THE URGENCY OF THE PROBLEM

Over the last 5 years, the incidence of HIV has been steadily growing in the Republic of Belarus - from 55.4 per 100,000 population in 2004 to 90.3 per 100,000 population by the end of 2009 (data as of December 1, 2009). The incidence of infection is still lower in Belarus than in other countries in the region. Belarus borders on the Russian Federation and Ukraine, where the prevalence of HIV is significantly higher, but the main transmission modes in these countries are the same. In Belarus, heterosexual transmission has been the main mode of HIV transmission since 2003. In 2009 it accounted for 76.85% of all the cases (based on the data collected over 11 months of 2009). In 2009, women accounted for 47.2% of the registered HIV cases, and their share increased among newly registered HIV cases. According to the 2006 Sentinel Surveillance, the incidence of HIV among injecting drug users was at a level of 16%, and their share in the total number of registered HIV cases is 53.1%. Therefore, the reduction of harm done by the use of injection drugs, prevention among the key risk groups, and the expansion of prevention programs among women are the main tasks for the activities aimed at HIV prevention.

The government of the Republic of Belarus is aware of the problems associated with the HIV epidemic, and has been steadily increasing the amounts of state funding allocated for prevention and treatment activities. For example, in 2006 the amount of allocated funds came up to an equivalent of 9 million US dollars, and in 2008 – to an equivalent of 27 million US dollars. The National HIV/AIDS Program for 2006 – 2010 has been partially funded by the grant of the Global Fund to Fight AIDS, Tuberculosis and Malaria allocated in Round 3 (the share of international funds was 40% in 2004, and 13% in 2008).

Within the first grant of the Global Fund to Fight AIDS, Tuberculosis and Malaria, a good groundwork for prevention activities among the key risk groups was laid. Among other things, good coverage of IDUs (57%), MSMs (23.4%), FSWs (43.2%) and prison inmates (82.5%) was achieved, antiretroviral treatment was provided to more than 75% of the people who needed it, and methadone substitution therapy was administered to 167 patients (data as of the end of November 2009). The grant was implemented well, and it received an “A” rating from the Global Fund for 36 months starting with 2006.

PART 2. PROJECT STRATEGY

PROJECT GOAL AND OBJECTIVES

The overall goal of this project is to prevent the spread of HIV among the most vulnerable groups of population – IDUs, MSMs, FSWs, prison inmates, and to provide adequate treatment, care and support to people living with HIV.

This goal will be accomplished by means of working towards the achievement of 8 objectives:

Objective 1. Change the behavior of the groups most vulnerable to HIV (injecting drug users (IDU), men who have sex with men (MSM), female sex workers (FSW), prison inmates, women, and youth) to less risky behavior.

The situation around increased drug use in society and parenteral HIV transmission is progressively deteriorating in Belarus. 11,500 drug users were registered with the Drug Rehabilitation Service of the Ministry of Healthcare of the Republic of Belarus as of November 1, 2008, which represented an increase of 6.1% on the previous year. In the overall pattern, intravenous transmission of HIV continues to dominate and accounted for 5,370 cases (57.5% of all cases) as of October 1, 2008. 25% of newly diagnosed patients were infected with HIV through injections over 9 months of 2008.

1.1. Starting with September 2007, a program of methadone substitution therapy has been underway in the country. Within the Round 8 grant, it is planned to open several new centers that will cover more than 700 patients. In order to provide methodological support to the methadone substitution therapy program in Belarus, **it has been proposed to support the operation of an MST Resource Center within the framework of this project on the premises of a medical institution subordinate to the Ministry of Healthcare of the Republic of Belarus. To ensure that patients from various geographic regions have access to MST, it is also planned to open 2 additional methadone substitution therapy centers within the framework of this project.**

1.2. According to an opinion survey conducted by the Gomel narcological dispensary, 80% of the patients enrolled in the substitution therapy program are unemployed, and 60% have not had any professional training. To ensure further rehabilitation and to retain unemployed patients in the program, one has to refer them to vocational training courses. So within the framework of this proposal, **it is suggested that vocational training be given to up to 62 patients per annum.** To provide vocational training to patients, narcological dispensaries will refer them to employment centers and commercially available courses.

1.3. Within the Round 3 grant, active prevention work was conducted among FSWs. The distribution of information materials, condoms, lubricants and prevention aids will continue into the Round 8 grant. According to poll results, about half the FSW respondents (49.2%) do not have an official source of income; 19.9% of them are blue-collar workers, 13.8% are white-collar workers, 6.4% are university and school students. So one of the factors contributing to prostitution is a low social status and unemployment. Within the current grant, 13 young women have been referred to vocational training at employment centers and commercially available vocational training courses. Other women from this particular target group have demonstrated interest as well. **Within the framework of this proposal, 372 FSWs will be referred to professional retraining over a period of 6 years.**

1.4. 40,000 – 50,000 inmates are in prisons in Belarus at every given time. 1,127 HIV-positive people are inmates in Belarusian prisons (i.e. 11.7% of the total number of HIV-positive people in Belarus). In 2008, newly arriving inmates became a key target group in the course of expanding the primary coverage of inmates with HIV prevention. The use of theatrical plays dedicated to the issue of HIV can be a new method of prevention among inmates. One-off actions for a large number of target group members are cost efficient. At this time, the stock of plays of the Belarusian National Drama Theatre includes the play “A White Angel with Black Wings” dedicated to the topic of HIV, that was successfully shown to the inmates of the Correctional Colony No. 1 on the occasion of World AIDS Day. That play is suggested for use with a view to enhance prevention activities among prison inmates.

A total of 22 correctional institutions, including 2 colonies for underage inmates, are planned to be covered by these activities. **In the first phase of this proposal, it is planned to show that play to approximately 29,000 inmates at all the 22 institutions.**

1.5. It is planned to step up the activities aimed at several target groups that are not covered in the Round 8 proposal and are partially covered in the Round 3 proposal, namely, children at orphanages and social shelters, high-school, college, vocational school and university students, military servicemen enlisted by the Ministry of Defense, border protection service, internal troops, and rural youth. It is planned to equip **214 comprehensive schools** with equipment and announcement boards for HIV prevention work, **to place 250 condom vending machines in dormitories and nightclubs nationwide, as well as in public toilets at train stations in Minsk and regional capitals.** Prevention activities will be organized through a network of volunteers in the country's dormitories, as well as in orphanages. It is expected to cover **50,000 vocational school students** with prevention activities at their dormitories. These activities will be conducted by the Ministry of Education, the

Association of Belarusian Guides, and the Belarusian Association of UNESCO Clubs, with assistance from the NGO “The Real World” (based in the town of Svetlogorsk), the Borisov Women’s Association “Province”, NGO “Amrita” (based in the city of Minsk). In the rural areas of the Svetlogorsk District activities will be conducted by the community organization “Alternativa”.

Within the framework of the project, it is planned that the NGO “Mothers Against Drugs” and local executive committees will take efforts to hold **a large-scale campaign for the primary prevention of drug abuse in the 11 towns of the country** where this problem is most acute.

1.6. Prevention activities in the armed forces and other power departments will manage to cover about **50,000 conscripts and officers** over 6 years thanks to equipping 6 training centers and 10 HIV prevention offices in military units, border protection units and emergency response units, and 3 mobile teams that will conduct prevention activities in those departments. These activities will be conducted jointly with the Ministry of Defense, the State Border Committee, and the Ministry of Emergencies.

1.7. The system of testing and counseling vulnerable groups for HIV requires improvement. Within the framework of this project, the system of VCT for injecting drug users will be improved, and the latter will be given motivation sets after taking a test (e.g., a small food ration or bandaging material). **A total of 15,000 IDUs are planned to be covered by HIV testing with motivational elements over 6 years.** To make testing more accessible, it is also planned to purchase and equip 6 mobile VCT centers, to provide support to ACCs, narcological dispensaries and the sanitary-epidemiological service, to provide training to healthcare professionals and ACC staff in the skills of conducting HIV/AIDS-related motivational interviews with injecting drug users. The program of motivating IDUs for HIV testing will be implemented by the organization “Positive Movement” jointly with the services of the Ministry of Healthcare. Within the framework of the project, the NGO “Positive Movement” will also provide support to ACCs, drawing on the resources of the Belarusian National Youth Union, the NGO “Mothers Against Drugs” and the NGO “Parents for Children's Future”, as well as on the premises of “Positive Movement” in the town of Pinsk.

Under the current Round 3 grant, 6,298 FSW have already been covered with prevention programs. Since 2007, FSWs have been referred to HIV testing and counseling. Within the framework of this project, it is proposed to reinforce the system of testing FSWs for HIV by providing social support, as well as by training the staff of the medical service on the methodology of motivating female sex workers to take tests. **A total of 4,000 FSWs are planned to be covered by testing with social support over the 6 years of the program.** The testing will be conducted by healthcare institutions following a referral by the NGO “BeLAU”. Within the framework of the project, the NGO “BeLAU” will also provide support to counseling centers for FSWs, using the assistance of the Belarusian Red Cross Society, the NGO “Mothers Against Drugs”, the NGO “Mogilev Women’s Center for Support and Self-Education”, the Vitebsk City Women’s Association “Uliana”, and the NGO “Business Women’s Club”.

Within the framework of the upcoming Round 8 grant, it is planned to continue working with MSMs, but the activities of Round 8 do not include the provision of social support conducive to testing, or the provision of training to the staff of the healthcare system in the methodologies of providing motivational counseling to MSMs. It is suggested that these activities be implemented within the framework of this proposal. Over 6 years, **a total of 5,000 MSMs are planned to be covered by voluntary testing and counseling for HIV along with the provision of social support.** Testing will be performed by healthcare institutions following a referral by the MSM community organization “Vstrecha”.

1.8. Despite the efforts taken by the state and international organizations in Belarus, there is still a need for improving the system of preventing mother-to-child transmission of HIV. The share of women in the total number of HIV-positive people is growing steadily, and amounts to 36.2% (i.e. 3,484 women). The overwhelming majority of HIV-positive women (up to 89%) are women of reproductive age who were infected during sexual intercourse.

Within the framework of the project: 1) an evaluation of the quality of PMCT service delivery will be made using the methodologies developed with the assistance of UNICEF; 2) the capacity of Belarusian treatment and prevention institutions will be built up, and the quality of pretest counseling of pregnant women and couples for HIV will be improved (1,500 doctors will be trained in VTC; 1,000 copies of VTC-related information materials for pregnant women will be published and distributed), 3) and the system of PCR express-testing of newborn babies for HIV will be improved with a modern method of drawing blood called the dried blood spot method. The proposed activities will be conducted by UNDP in cooperation with the United Nations Children's Fund (UNICEF).

Objective 2. Ensure equal access of PLHIV to continuous treatment, care and support by means of strengthening the healthcare system and ARV therapy commitment programs

2.1. Thanks to the GFATM Round 3 grant, Belarus has made significant progress in terms of providing antiretroviral treatment to HIV-positive people. In 2004, 6 people were on therapy, whereas in late 2008 their number came up to 1,249 people, including 85 children. The following measures are planned to improve the system of ARVT and to cover 4,000 people with treatment: 1) setting up a system of clinical mentoring on ARVT based on the WHO methodology; 2) equipping 4 wards for HIV-positive patients at Minsk City Hospital and Gomel City Clinical Hospital, as well as at Minsk Children's Infectious Disease Clinical Hospital and Svetlogorsk Children's Infectious Disease Clinical Hospital; 3) purchasing 2 laser cytoflow meters for Vitebsk Regional Infectious Disease Clinical Hospital and Grodno Regional Infectious Disease Clinical Hospital. It is expected that over 6 years these interventions will result in the **training of 100 professionals in the WHO methodologies of clinical mentoring on ARVT**, the publication of a bulletin on ARVT containing a description of medical cases once every 2 years. These activities will be implemented by the institutions of the Ministry of Healthcare and institutions of higher medical education, together with the World Health Organization.

2.2. Annual growth in the number of HIV-positive children is observed in the country. 1,279 babies were born to HIV-positive mothers from 1987 until 2009 (in 2008 - 171 children, in 2007 - 154 children). As of January 1, 2009, 138 children had a confirmed HIV diagnosis, 8 of those children had died.

The following measures are planned within the framework of this project: 1) **setting up offices for the provision of comprehensive assistance to HIV/AIDS-affected families** on the premises of the counseling and dispensing office at Minsk Children's Clinical Infectious Disease Hospital and Svetlogorsk Children's Out-Patient Clinic (for the provision of psychosocial support, sessions with a psychologist and peer educator, giving training sessions and seminars to PLHIV, a room for the temporary stay of HIV-positive children and parents, a playroom); 2) **organizing joint leisure activities for HIV-positive children** and children from HIV-affected families (going to the movie-theater, theater, parties, thematic events). Thus, every year 720 HIV-positive children and HIV-affected families will be covered by joint leisure activities, more than 1,200 HIV-positive children, PLHIV and children from HIV-affected families will receive psychosocial support. This work will be conducted on the premises of a healthcare institution with support from the NGO "Positive Movement"; 3) **supporting the activities conducted by social support centers for PLHIV** on the

premises of the Vitebsk branch of “Positive Movement” and the Svetlogorsk-based NGO “Alternativa”.

Objective 3. Create favorable conditions at the national and local levels for wide access to the prevention of HIV, the treatment and care of PLHIV.

3.1. According to research data, 17 rehabilitation centers for drug users operate in Belarus. Those centers are either privately-owned or owned by NGOs, religious organizations and medical institutions. At the same time, there is no legal framework for the activities of such centers in the country, and the efficiency of rehabilitation programs is not evaluated, which results in the lack of a stable system for the rehabilitation of people suffering from drug addiction. Within the framework of this project, an international evaluation of the existing **IDU rehabilitation** system will be made, and **prerequisites will be created for changing the regulatory and legal framework for rehabilitating drug addicts**. It is planned to study the experience of other countries with the application of rehabilitation as an alternative to imprisonment and to provide **support to the activities conducted by rehabilitation centers**. This component will be implemented by the narcological service of the Ministry of Healthcare together with the Ministry of Interior and the organization "Mothers Against Drugs".

3.2. According to a survey conducted in 2007 among business managers, continued growth of negative attitude to hiring HIV-infected job applicants is observed. Thus, in 2006 54% of the managers said they wouldn't hire an HIV-positive person, and in 2007 67% of the respondents answered that question in the affirmative. Considerable stigma is observed around HIV-positive co-workers. To reduce the stigma and the active non-acceptance of HIV-positive co-workers, it is planned to announce a nationwide tender among television stations for the production of a documentary series starring an HIV-positive person, and to show that documentary on national television.

3.3. Within the framework of this project it is proposed to do the following: 1) study the professional experience of interagency councils in the countries of the region; 2) train around 1,000 representatives of interagency councils in Belarus in the contemporary methodologies of HIV prevention; 3) hold joint sessions of the CCM and interagency councils in the regions; 4) print a bulletin of interagency councils. The principal sub-recipient and implementer with regard to these activities will be the Department of HIV/AIDS Prevention of the NCHEPH.

An association that consolidated the NGOs involved in HIV/AIDS prevention - "BelNetwork Anti-AIDS" was registered in 2007. It consists of 12 organizations, 6 of which are sub-recipients of the GFATM HIV/AIDS grant. The key objectives of the association are as follows: 1) improve the coordination of NGOs involved in HIV/AIDS prevention; 2) build up the capacity of those NGOs; 3) represent NGOs at the national and international levels; 4) strengthen partnerships between the government and NGOs. In line with the policies of the Global Fund and the Program of Building the Capacity of NGOs, the activities conducted by the association "BelNetwork Anti-AIDS" will be supported with a view to step up interaction between NGOs, strengthen partnerships with government entities, and teach NGOs how to raise awareness of their activities.

Within the framework of the project it is also planned to hold public church events in order to engage religious organizations and their branches in HIV-prevention activities, in the provision of support and care to PLHIV. This objective will be accomplished, among other things, by means of strengthening the awareness-raising and organizational capacity of religious organizations in the field of HIV.

3.4. Over the period 2004 – 2008, Belarus made significant progress in terms of strengthening the system of monitoring and evaluation – it introduced the national M&E system (45 indicators), established the National Council on M&E, and now it regularly presents reports on compliance with

the UNGASS Declaration; several electronic databases were developed and introduced: "ARVT", "Children and HIV", and a database of HIV-positive people. Plans for the future include a transition to NASA-based planning, the complete incorporation of the international CRIS system, national opinion surveys (6 – 7 surveys per year) to evaluate the performance of the national HIV M&E system, as well as of the GFATM grant and other interventions.

To ensure efficient work, one needs to strengthen human resources in the area of monitoring and evaluation, create a single M&E database, and raise the quality of cooperation on collecting and summarizing data at the regional level. The following activities are planned in this project:

- 1) Conducting an analysis of the regulatory and legal framework and optimizing it in line with the WHO/UNAIDS methodologies (international expert reviews, training, exchange of experience, publications);
- 2) Creating and supporting the national team on M&E, as well as 7 regional teams on M&E;
- 3) Providing regular training to national, regional, and district specialists in the new methodologies of monitoring and evaluating the situation around HIV/AIDS;
- 4) Supporting the system of HIV/AIDS-related financial monitoring (UNGASS, NASA, RNM).

SUSTAINABILITY

This project will be conducive to improved service delivery in the field of HIV/AIDS, and to accomplishing good results as far as building the capacity of organizations involved in the planning and direct provision of services is concerned, by means of conducting the following key activities/interventions:

1. Provision of methadone substitution therapy, as well as the opening of new methadone distribution centers at narcological dispensaries will start to be funded from the state budget. It is expected that an MST Resource Center on the premises of the National Clinical Psychiatric Hospital will continue to operate even after the completion of the grant.
2. The system of IDU rehabilitation will be analyzed, and ways of improving the regulatory and legal framework in that area will be proposed.
3. Programs of motivating IDUs, MSMs and FSWs to take HIV tests will be conducive to determining the HIV-status of a greater number of representatives of those groups, and will provide an opportunity to take timely and necessary measures to prevent the spread of HIV both in the vulnerable groups and beyond.
4. Accessibility of ARVT and the quality of ARV services will be improved by way of equipping 3 infectious disease hospitals with modern equipment, as well as by way of introducing clinical mentoring conducted by the leading national and international experts on ARVT.
5. The system of mother-to-child HIV transmission prevention will be improved by way of making an evaluation of that system and thanks to the provision of training to health workers in the UNICEF methodologies. It is planned to introduce a modern method of drawing blood from newborn babies called the dried blood spot method.
6. 214 school classrooms equipped for HIV prevention will continue to operate even after the completion of the grant – they will be equipped with video equipment, and stocked with the required visual aids. School teachers will be trained in the methodologies of conducting extracurricular HIV prevention activities.
7. 200 condom vending machines will be placed within the framework of the grant in dormitories and night clubs, as well as at train stations, and they will remain in service even after the completion of the grant, because the private companies interested in selling condoms are expected to continue stocking the machines. That will ensure a

- sustainable result and easy access to HIV prevention aids.
8. The training of representatives of interagency councils on HIV/AIDS will aim to improve the management of HIV prevention activities, support them at the regional level, and thereby it will ensure the quality of prevention programs.

IMPLEMENTERS AND RECIPIENTS OF THE PROJECT

The National Implementing Agency

The Ministry of Healthcare of the Republic of Belarus will coordinate project activities with the relevant state programs and plans in order to avoid duplication of efforts, as well as to facilitate constructive interaction between the healthcare institutions involved in the project.

Various subdivisions of the Ministry of Healthcare of the Republic of Belarus will participate in project implementation: narcological dispensaries will conduct activities related to methadone substitution therapy (MST); epidemiologic services will be involved in activities on voluntary testing and counseling (VTC); gynecological and dermatovenerologic departments of medical institutions will be used to conduct HIV prevention activities among vulnerable groups and diagnose and treat STDs; the obstetric-gynecologic service will be involved with implementing the component on the prevention of mother-to-child HIV transmission; the infectious disease service will participate in the provision of access to treatment, care and support to people living with HIV. Consultants and national experts who work in the Belarusian healthcare system will be used in the implementation of activities.

Recipients of international technical assistance:

1. **The National Center for Hygiene, Epidemiology and Public Health.** Within the framework of the project, it plans to elevate the level of prevention programs implemented by interagency councils in all the regions of Belarus by means of training representatives of interagency councils and publishing a bulletin. One of the key activity areas under the grant will also be the strengthening of the national system of monitoring and evaluation by means of creating the national and regional teams on monitoring and evaluation, analyzing the regulatory and legal framework and improving it using the WHO/UNAIDS methodologies, training professionals and publishing materials.
2. **The Ministry of Education of the Republic of Belarus.** By the end of the project, it is planned to open 214 HIV prevention classrooms at high schools in the country. Via the Ministry of Education, such classrooms will be equipped with the office equipment, visual aids and guidance materials needed to organize prevention activities at high schools.
3. **The Ministry of Defense, the State Border Committee, and the Ministry of Emergencies.** To the end of strengthening the capacity to organize HIV prevention in military units, border protection units and emergency response units, it is planned to equip 6 training centers and 10 classrooms, and set up 3 mobile centers for HIV prevention at the subdivisions of defense and power departments in the Republic of Belarus.
4. **The Ministry of Interior** plans to be involved in the development of legal frameworks and standards for the creation of a drug-addict rehabilitation system, including for the creation of an alternative to imprisonment.
5. **The Belarusian NGO “Positive Movement”** will be involved in HIV prevention among IDUs by way of rendering support to the national system of voluntary testing for HIV, hepatitis, syphilis, and providing social support in the form of motivation for taking tests. In addition, support will be provided to people living with HIV, especially to children living with HIV, by way of supporting the activities conducted by the offices at 2 Minsk- and Svetlogorsk-based out-patient clinics, training, and a system of leisure for HIV-affected families. The NGO “Positive Movement”. Within the framework of the project, social

support centers will be opened on the premises of “Positive Movement” branches in the city of Vitebsk (for PLHIV) and in the town of Pinsk (for IDUs/PLHIV). In addition, support will be provided to the activities of the ACC located on the premises of the Pinsk branch of “Positive Movement”.

6. **The Belarusian Association of UNESCO Clubs** plans to conduct HIV/AIDS prevention activities among FSWs by means of motivating them to take HIV tests at state institutions. In addition, it is planned to conduct HIV prevention activities in dormitories and among vocational school and college students in close cooperation with the Ministry of Education.
7. **The national youth NGO “Vstrecha”** plans to organize HIV/STD prevention activities among MSMs by means of motivating them to take HIV tests. To improve the accessibility and quality of HIV testing among MSMs, the NGO “Vstrecha” will also organize the training of health workers in the methodologies of motivational counseling with due regard of the specificities of working with MSMs, and will organize study tours abroad for health workers to exchange experience in the area of motivational counseling.
8. **The NGO “Mothers Against Drugs”** will implement social adaptation programs for the patients enrolled in the substitution therapy program by way of referring them to vocational training courses at city employment centers or to commercially available courses, and it will render assistance to support groups for the patients enrolled in the substitution therapy program. Another activity area will include the implementation of first-time drug use prevention program in 11 towns of the country jointly with local executive committees. Support will be provided to several rehabilitation centers, the system of drug-addict rehabilitation will be evaluated by international experts, and experience exchange tours abroad will be organized for representatives of state organizations and rehabilitation centers. It is planned to open a counseling center for education activities among FSWs on the premises of the Pinsk branch of the NGO “Mothers Against Drugs”, and a social support center and an ACC on the premises of its Minsk branch.
9. **The NGO “The Association of Belarusian Guides” (ABG)** is a new sub-recipient of the GFATM grants. This organization has operated in Belarus since 1993, and its objective is to facilitate the spiritual, intellectual and physical development, character improvement, and social adaptation of girls and young women in a constantly changing world. ABG will provide training on the issues of HIV/STD prevention and healthy lifestyles (HLS) to the teenagers who are brought up at orphanages. Booklets/brochures on HLS will be developed for the children at orphanages and social shelters.
10. **The NGO “Alternativa”** is a new sub-recipient of the GFATM grants. However, in the past this organization has been a receiver of funds from the NGO “Positive Movement” and used those funds to create a support group for HIV-positive people in the town of Svetlogorsk. Under this project, “Alternativa” will implement awareness-raising programs for rural youth and rural residents in the Svetlogorsk District with a view to raise their awareness of HIV transmission channels by way of delivering seminars, holding round tables and disseminating information materials. In addition, a social support center for PLHIV will operate on the premises of the NGO “Alternativa” in the town of Svetlogorsk.
11. **The association “BelNetwork Anti-AIDS”** is a new sub-recipient of the GFATM grants. The association was established in 2007 to consolidate the efforts of the non-profit organizations in the Republic of Belarus that implemented projects and programs in the area of combating the spread of HIV/AIDS. Under this project, “BelNetwork Anti-AIDS” will improve interaction and partnerships between the NGOs that are its members by means of holding annual round tables and participating in seminars. “BelNetwork Anti-AIDS” will also conduct education activities in the field of HIV prevention and will provide information and methodological support to non-profit organizations that provide HIV-related services.

12. **The NGO “Mogilev Women’s Center for Support and Self-Education”, the Vitebsk City Women’s Association “Uliana”, and the Brest-based NGO “Business Women’s Club”** – within the framework of this project, counseling centers are expected to operate and conduct education activities for FSWs on the premises of these organizations in the towns of Mogilev, Vitebsk, and Brest, respectively.
13. **The NGO “Belarusian National Youth Union”** – within the framework of this project, it is planned to open an anonymous counseling center for IDUs on the premises of the Baranovich branch of BNYU.
14. **The Belarusian Red Cross Society** will be involved in organizing education activities for FSWs in Grodno and Gomel. Counseling centers for FSWs will be opened on the premises of the BRCS in these cities.
15. **The Svetlogorsk-based NGO “The Real World”, the Borisov Women’s Association “Province”, and the Minsk-based NGO “Amrita”** – within the framework of this project, in close cooperation with the Ministry of Education they will conduct HIV prevention activities in dormitories and among vocational school and college students in Svetlogorsk, Borisov, and Minsk, respectively. These activities will include prevention in dormitories and vocational schools via a network of volunteer clubs, the provision of training to teachers and dormitory managers, training youth leaders in the issues of HIV prevention, holding competitions of local initiatives on the prevention of HIV, STDs and drug abuse among vocational school students, arranging anonymous testing for HIV/STDs in dormitories.
16. **The National Belarusian Drama Theater** – to the end of raising the interest and awareness of HIV-related problems among inmates and employees at the institutions of the PED of the MI, the play “A White Angel with Black Wings” dedicated to the topic of HIV/AIDS will be shown at 22 correctional institutions within the framework of the project.
17. **The NGO “Parents for Children’s Future”** – within the framework of this project, a social support center for IDUs and an ACC will be opened on the premises of this organization in the town of Svetlogorsk.
18. **The interdenominational mission “Christian Social Service”, structural subdivisions of the national religious association “The Belarusian Christian Orthodox Church”, structural subdivisions of the national religious association “The Minsk-Mogilev Archdiocese of the Roman Catholic Church in the Republic of Belarus”, and structural subdivisions of the national religious association “The Union of Evangelical Baptist Christians in the Republic of Belarus”** will conduct activities on primary and secondary HIV prevention, build the capacity of religious organizations in this field, train their employees in the skills of working with representatives of vulnerable groups, conduct prevention activities in the regions.
19. **The World Health Organization.** Within the framework, it will provide expert support to the creation of a system of clinical mentoring on ARVT based on a WHO methodology.
20. **The United Nations Children’s Fund (UNICEF)** will provide expert support to the programs of preventing vertical transmission of HIV from the mother to the child.

Other organizations involved in project implementation and their functions:

RUE “BelMedTehnika” is a state-owned unitary enterprise that provides services in the field of importing medical equipment and other medical-purpose goods that are subsequently handed over to state-owned institutions (this includes procurement, importation, storage, claiming exemptions from customs duties, and delivery to end users). The decision on including RUE “BelMedTehnika” in the project will have to be endorsed by the relevant order of the Ministry of Healthcare of Belarus

at the beginning of the project.

RUE “BelFarmatsiya” is a national unitary enterprise that provides services in the field of legal circulation of pharmaceuticals (this includes procurement, importation, storage, claiming exemptions from customs duties, distribution and delivery to end users). The decision on including RUE “BelFarmatsiya” in the project will have to be approved by the relevant order of the Ministry of Healthcare of Belarus at the beginning of the project.

Target groups for the project:

- a. *Injecting drug users*
- b. *Men who have sex with men*
- c. *Female sex workers*
- d. *Prison inmates*
- e. *People living with HIV/AIDS*
- f. *Young people living in dormitories*
- g. *Vocational school and college students*
- h. *Teenagers at orphanages*
- i. *Health workers*
- j. *Managers, secretaries and members of interagency councils*
- k. *Comprehensive school students*
- l. *Women of reproductive age*
- m. *Non-governmental organizations involved in HIV prevention*
- n. *Representatives of executive committees and other local authorities*
- o. *Power structures*
- p. *HIV-affected children*
- q. *Rural population*
- r. *General public*

Part 3. Results and resources framework

RESULTS AND RESOURCES FRAMEWORK

| <p>Thematic area: HIV/AIDS</p> <p>Partners: government agencies, international and non-governmental organizations, religious denominations</p> <p>Project name and number: rolling continuation channel – “Prevention and Treatment of HIV/AIDS in the Republic of Belarus – 2”</p> <p>The overall goal of the project: to retain the HIV epidemic in the concentrated phase and reduce the rate of AIDS mortality in the Republic of Belarus</p> <p>↑Interim goal 1: Change the behavior of the groups most vulnerable to HIV (injecting drug users (IDU), men who have sex with men (MSM), female sex workers (FSW), prison inmates, women, and youth) to less risky behavior.</p> | | | | | |
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| <p>↑Objective 1.1. Methodological support to the substitution therapy program for IDUs →</p> | | | | | |
| <p>↑Expected outputs</p> | <p>← Target indicators (for 2010-2015)</p> | <p>← Planned activities (for 2010-2015)</p> | <p>← Expenses</p> | <p>← Implementing parties</p> | <p>Budget in US dollars</p> |
| <ul style="list-style-type: none"> Information on the activities of the methadone substitution therapy program in the country has been systematized. A resource center provides methodological support to methadone distribution centers. | <ul style="list-style-type: none"> An MST Resource Center has been established and operates on the premises of the National Psychiatric Hospital. 2 additional centers for methadone substitution therapy have been established and are in operation. An MST classroom has been opened and operates on the premises of the National Psychiatric Hospital. | <ul style="list-style-type: none"> Establishing and supporting a methadone substitution therapy resource center on the premises of the National Clinical Psychiatric Hospital. Establishing and supporting an MST classroom on the premises of the National Psychiatric Hospital. Establishing and supporting 2 MST centers. | <ul style="list-style-type: none"> Purchasing office equipment for the MST Resource Center. Equipping and renovating the MST classroom. Purchasing equipment and renovating 2 MST centers. Remuneration to staff at 2 MST centers. Purchasing a vehicle for the MST centers. Overhead expenses as per Annex 3. | <p>UNDP, Ministry of Healthcare, narcological dispensaries.</p> | <p>199 150</p> |
| <p>↑Objective 1.2. Psychosocial rehabilitation of IDUs on substitution therapy →</p> | | | | | |
| <p>↑Expected outputs</p> | <p>← Target indicators (for 2010-2015)</p> | <p>← Planned activities (for 2010-2015)</p> | <p>← Expenses</p> | <p>← Implementing parties</p> | <p>Budget in US dollars</p> |
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| <ul style="list-style-type: none"> Thanks to the program of psychosocial rehabilitation, the commitment of IDUs to substitution therapy and their motivation for further rehabilitation have increased. The risk of IDUs' dangerous behavior and, consequently, the risk of HIV infection and transmission have been mitigated. | <ul style="list-style-type: none"> Every year, 62 patients enrolled in the substitution therapy program receive vocational training. 6 support groups for IDUs on substitution therapy are in operation. | <ul style="list-style-type: none"> Referring the patients enrolled in the methadone substitution therapy program to vocational training courses. Organizing and supporting support groups for IDUs on methadone substitution therapy. | <ul style="list-style-type: none"> Paying the fees of patients on MST for their vocational training at the courses. Remuneration to coordinators/psychologists in 6 support groups. Organizational expenses on holding round tables (food, accommodation, travel). Paying rent and renovating rooms for support groups. Purchasing office equipment for support groups. Overhead expenses as per Annex 3. | <p>NGO "Mothers Against Drugs", centers for the employment of population, the narcological service of the MoH.</p> | <p>529 860</p> |
| <p>↑Expected outputs</p> | | | | | |
| <p>↑Objective 1.3. Psychosocial adaptation of FSWs and their children→</p> | | | | | |
| <ul style="list-style-type: none"> Thanks to the psychosocial adaptation program FSWs have received an opportunity and the motivation to change their line of business. The risk of FSWs' dangerous behavior and, consequently, the risk of HIV infection and transmission have been mitigated. | <ul style="list-style-type: none"> By the end of the project, 372 FSWs in 7 towns will receive vocational training. | <ul style="list-style-type: none"> Referring FSWs to vocational training courses in 7 towns. | <ul style="list-style-type: none"> Purchasing 7 sets of furniture and equipment for the regional offices of BelAU. Paying the fees of FSWs for their training in a socially valuable occupation at the courses. Overhead expenses as per Annex 3. | <p>←Expenses</p> <p>←Implementing parties</p> <p>NGO "Belarusian Association of UNESCO Clubs", centers for the employment of population, commercially available vocational training courses.</p> | <p>Budget in US dollars</p> <p>203 800</p> |
| <p>↑Objective 1.4. HIV-related outreach activities among newly arriving inmates→</p> | | | | | |

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| | <p>9 towns of Belarus have been trained in HIV prevention.</p> <ul style="list-style-type: none"> • 240 young women from the risk group have been trained in socially valuable occupations. • 2,000 guidance manuals on primary drug abuse prevention have been printed. • Around 50,000 copies of information and education materials on drug abuse prevention have been printed. • 12,000 schoolchildren have been covered by drug abuse prevention activities. • 150 drug abuse prevention trainers have been trained. • Following approvals from the Ministry of Education, Belarusian Railways, the Ministry of Transportation, and regional executive committees, 250 condom vending machines have been placed. • By the end of the project, 214 high schools have been equipped | <p>school students.</p> <ul style="list-style-type: none"> • Designing and printing information and education materials. • Administering anonymous testing for HIV/STDs in 80 dormitories. • Training youth leaders using the innovative forum-theater methodology. • Designing and printing a manual on primary drug abuse prevention. • Conducting educational activities for schoolchildren on drug abuse prevention. • Training a group of trainers in drug abuse prevention. • Holding a large-scale campaign for drug abuse prevention in 11 towns afflicted with drug abuse. • Placing condom vending machines in dormitories and night clubs, as well as in public toilets at the train stations in Minsk and regional capitals. • Equipping high schools with office equipment and visual aids with a view to organize HIV prevention activities. | <p>educational events in dormitories and vocational schools.</p> <ul style="list-style-type: none"> • Designing and printing a manual on primary drug abuse prevention for students and parents. • Designing and printing information materials. • Remuneration to staff and rent of office space. • Delivering training seminars on primary drug abuse prevention. • Overhead expenses as per Annex 3. • Purchasing condom vending machines, installation-related expenses. • Purchasing equipment for HIV prevention classrooms at 214 schools. • Printing information materials on HIV prevention for schools. | <p style="text-align: right;">378 795</p> <p style="text-align: right;">NGO "Mothers Against Drugs"</p> <p style="text-align: right;">UNDP Ministry of</p> |
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| | with office equipment and visual aids. | | | Education, Belarusian Railways, night clubs, local executive committees. | 1 930 150 | |
| ↑Objective 1.6. HIV prevention in the armed forces, border protection agencies and emergency response agencies and units→ | | | | | | |
| ↑Expected outputs | <ul style="list-style-type: none"> • The technical capacity to organize HIV prevention has been improved in the armed forces, border protection agencies, emergency response agencies and units. • The awareness of rank and file staff and officers about methods of HIV prevention has been raised. | <ul style="list-style-type: none"> • 6 training centers have been equipped for the Ministry of Defense, the State Border Committee, the Ministry of Emergencies, 10 HIV prevention offices have been equipped in military units, border protection units, and emergency response units. • 3 mobile teams on HIV prevention have been equipped and are operational. • By the end of the project, 50,000 rank and file staff and officers in the armed forces, border protection agencies and emergency response agencies and units have been covered with prevention activities. | <ul style="list-style-type: none"> • Equipping training centers for the Ministry of Defense, the State Border Committee, and the Ministry of Emergencies. • Conducting outreach activities among rank and file staff and officers in the armed forces, border protection agencies and emergency response agencies and units covered with prevention activities. | <ul style="list-style-type: none"> • Purchasing office equipment for the training centers, offices and resource centers. • Purchasing 3 vehicles for the mobile teams on HIV prevention. • Designing and printing information materials. • Purchasing condoms. | <ul style="list-style-type: none"> ←Implementing parties UNDP, Ministry of Defense, Ministry of Emergencies, State Border Committee. | Budget in US dollars 317 800 |
| ↑Expected outputs | <ul style="list-style-type: none"> • The system of voluntary testing and counseling has been improved. • An increase in the number of IDUs, | <ul style="list-style-type: none"> • By the end of the project, 15,000 IDUs will go through voluntary testing for HIV and get their test results. | <ul style="list-style-type: none"> • Providing social support to IDUs who are about to take VTC with a view to improve the system of voluntary testing and counseling and post-test | <ul style="list-style-type: none"> • Designing and printing information materials on VTC for IDUs; | <ul style="list-style-type: none"> ←Implementing parties NGO "Positive Movement" (including its Pinsk branch), BNYU, | Budget in US dollars 1 030 060 |
| ↑Objective 1.7. Provision of counseling and support to IDUs, FSWs and MSMs after voluntary testing→ | | | | | | |
| ↑Expected outputs | | <ul style="list-style-type: none"> ←Target indicators (for 2010-2015) | <ul style="list-style-type: none"> ←Planned activities (for 2010-2015) | <ul style="list-style-type: none"> ←Expenses | <ul style="list-style-type: none"> ←Implementing parties | Budget in US dollars |

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| <p>MSMs and FSWs who have taken an HIV test and know their results. Knowing one's test result is a prerequisite for responsible behavior and timely treatment.</p> <ul style="list-style-type: none"> • The professional level of health workers has been raised. | <ul style="list-style-type: none"> • 42,000 copies of information materials on VCT for IDUs have been printed and distributed. • 35,000 express-tests for HIV, hepatitis B and C, and syphilis have been procured. • 6 mobile centers for voluntary testing and counseling are in operation. • Standards and procedures for VTC have been elaborated and approved. • A VCT manual has been published. • The national team of VCT experts has been put together. • Every year, 120 employees of social welfare offices are trained in the methods of conducting motivational interviews. • 150 peer counselors have been trained in motivating IDUs to adopt less risky behavior and practice HIV prevention. | <ul style="list-style-type: none"> • counseling. • Designing and printing information materials for IDUs. • Administering tests for HIV, hepatitis B and C, and syphilis. • 6 mobile centers administer voluntary tests and counseling among IDUs. • Publishing a VTC manual. • Training health workers in the methods of conducting motivational interviews. | <ul style="list-style-type: none"> • Purchasing motivation kits for IDUs; • Remuneration to staff; • Expenses on operating 6 mobile centers for VTC; • Remuneration to experts on developing a VTC manual; • Remuneration to experts for training health workers and staff at social support centers and ACCs; • Expenses on organizing seminars for health workers; • Holding seminars that teach how to motivate for VTC; • Overhead expenses as per Annex 3; | <p>NGO "Mothers Against Drugs", NGO "Parents for Children's Future", the narcological and sanitary-epidemiological services of the MoU;</p> | <p>491 550</p> |
| <p>Establishing and equipping 6 mobile centers for voluntary testing and counseling.</p> | <ul style="list-style-type: none"> • Purchasing 6 vehicles for mobile centers and 2 vehicles for mobile ACCs; • Purchasing express-tests for HIV, hepatitis B and C, and syphilis; | <p>UNDP;</p> | <p>491 550</p> | | |

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| | <ul style="list-style-type: none"> • By the end of the project, 5,000 MSMs will go through voluntary testing for HIV and get their test results. • 60 health workers have been trained in the methods of motivational counseling. • 22 health workers have been familiarized with the foreign experience of motivational counseling. | <ul style="list-style-type: none"> • Providing social support to MSMs who are about to take VTC. • Providing training to healthcare professionals in the methods of motivational counseling. • Organizing study tours abroad for health workers with a view to exchange experience in the field of motivational counseling. | <ul style="list-style-type: none"> • Paying for the training of the national teams of experts in VTC methods abroad; • Remuneration to experts on the training of peer educators; • Purchasing social aid for MSMs; • Delivering training on the methods of motivational counseling; • 2 study tours abroad for health workers; • Overhead expenses as per Annex 3; • Purchasing social aid for FSWs; • Remuneration to staff; • Organizing educational events; • Designing and printing information materials; • Expenses as per Annex 3. | <p>NGO "Vstrecha";</p> | <p>72 300</p> |
| <ul style="list-style-type: none"> • By the end of the project, 4,000 FSWs will go through voluntary testing for HIV and get their test results. • Counseling centers conducting educational activities among FSWs successfully operate in Mogilev, Vitebsk, Brest, and Pinsk. | <ul style="list-style-type: none"> • Providing social support to FSWs who are about to take VTC. • Conducting education and prevention activities among FSWs on the premises of counseling centers in Mogilev, Vitebsk, Brest and Pinsk. | <ul style="list-style-type: none"> • Purchasing social aid for FSWs; • Remuneration to staff; • Organizing educational events; • Designing and printing information materials; • Expenses as per Annex 3. | <p>NGO "Belarusian Association of UNESCO Clubs", BRCS, NGO "Mothers Against Drugs", NGO "Mogilev Women's Center for Support and Self-Education";</p> | <p>295 000</p> | |

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| | <p>NGO "Uliana", NGO "Business Women's Club", the sanitary-epidemiological services of the MoH.</p> | | |
| ↑Objective 1.8. Prevention of mother-to-child transmission of HIV→ | | | |
| ↑Expected outputs | ←Target indicators (for 2010-2015) | ←Planned activities (for 2010-2015) | ←Expenses |
| <ul style="list-style-type: none"> Increased efficiency of counseling women of reproductive age with due regard of their personality traits. The motivation of reproductive age women to take tests has increased, which produces a favorable effect on pregnancy planning and prevention of mother-to-child transmission of HIV. The professional level of health workers has been raised. The system of diagnosing HIV in newborn babies and providing timely assistance has improved. | <ul style="list-style-type: none"> 1,500 health workers have been trained in providing pre-test counseling to pregnant women and their family members. 1,440 health workers have been trained in diagnosing HIV in children in laboratory settings, including with the dried blood spot method. 1,000 copies of booklets on counseling have been printed and distributed. Over the course of grant implementation, 764,000 pregnant women will be tested for HIV and will receive their test results. | <ul style="list-style-type: none"> Making an evaluation of the quality of PMCT services using the methodologies developed with the assistance of UNICEF. Conducting a review of the legal framework and guidelines on PMCT and laboratory-based diagnostics of HIV in children. Training health workers at medical and prevention institutions in PMCT prevention. Introducing a modern method of drawing blood – the dried blood spot method (DBS) – to administer HIV express-tests to newborn babies. Training health workers in diagnosing HIV in children, including with the dried blood spot method. Introducing a modern method of drawing blood – the dried blood spot method (DBS) – to administer HIV express-tests to newborn babies. | <ul style="list-style-type: none"> Remuneration to international experts for making an evaluation of the quality of PMCT services and legal framework. Remuneration to international and national experts on improving VTC for pregnant women. Publishing the results of the evaluation of the quality of PMCT services. Printing information materials on PMCT. An information and advertising campaign for VTC. Purchasing PCR test systems and dried blood spot test kits. Participation of |
| | | | Budget in US dollars |
| | | | 934 500 |

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|--|--|--|--|--|
| | | | <ul style="list-style-type: none"> national specialists in international conferences and training abroad. Remuneration to international experts on dried blood spot diagnostics. Providing training to health workers. | |
| The total for Goal 1: | | | | |
| ↑Interim Goal 2: Ensure equal access of PLHIV to continuous treatment, care and support by means of strengthening the healthcare system and ARV therapy | | | | |
| ↑Objective 2.1. Enhance the effectiveness of antiretroviral therapy → | | | | |
| <ul style="list-style-type: none"> Expected outputs The professional level of health workers has been raised as far as ARV therapy is concerned. Medical institutions are better stocked with modern medical equipment, ARV drugs and pharmaceuticals for hepatitis C. The access of PLHIV to quality ARV therapy has been expanded. | <ul style="list-style-type: none"> Target indicators (for 2010-2015) By the end of the project, 100 doctors in 5 regions of the country will be trained on WHO methodologies during a program of clinical mentoring on ARV therapy. A system of clinical mentoring on ARV therapy has been established. | <ul style="list-style-type: none"> Planned activities (for 2010-2015) Establishing a system of clinical mentoring on ARV therapy based on the WHO methodology. Designing teaching materials and manuals on the system of clinical mentoring. Preparing and publishing an annual bulletin on ARV therapy with a description of medical cases. | <ul style="list-style-type: none"> Expenses Remuneration to WHO experts for the provision of technical support. Training clinical mentors. Designing and publishing a manual and teaching materials on the system of clinical mentoring. Paying for the study visits of clinical mentors. Mobile phone charges. Renovating and equipping wards for HIV-positive patients. Purchasing and | <ul style="list-style-type: none"> Implementing parties Ministry of Healthcare, WHO Budget in US dollars 218 450 UNDP |

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| | <ul style="list-style-type: none"> • 4 wards for HIV-positive patients have been equipped on the premises of the Minsk and Gomel infectious disease hospitals, and the Minsk and Svetlogorsk children's infectious disease hospitals. • Equipping the Vitebsk and Grodno regional infectious disease hospitals with laser cytoflow meters. • Treating HIV-positive patients for hepatitis C. | <p>patients on the premises of the Minsk and Gomel infectious disease hospitals, and the Minsk and Svetlogorsk children's infectious disease hospitals.</p> <ul style="list-style-type: none"> • Equipping the Vitebsk and Grodno regional infectious disease hospitals with laser cytoflow meters. • Treating HIV-positive patients for hepatitis C. | <p>transporting medical equipment and supplies to the wards where HIV-positive patients are treated.</p> <ul style="list-style-type: none"> • Purchasing 2 laser cytoflow meters and supplies for microbiological/expedited testing. • Purchasing pegylated interferons. • Purchasing a laptop for a department of the Minsk Children's Infectious Disease Hospital. | <p>892 208</p> |
| <p>↑ Objective 2.2. Psychosocial support for orphans and vulnerable children →</p> | | | | |
| <p>↑ Expected outputs</p> | <p>← Target indicators (for 2010-2015)</p> | <p>← Planned activities (for 2010-2015)</p> | <p>← Expenses</p> | <p>← Implementing parties</p> |
| <ul style="list-style-type: none"> • The quality of life of HIV-affected families has improved. • The commitment of children and parents living with HIV to ARV therapy has been strengthened. | <ul style="list-style-type: none"> • Every year, 720 HIV-positive children and HIV-affected families will be covered with joint leisure activities. • Every year, educational events dedicated to living with HIV will be organized for 100 HIV-positive children and HIV-affected families. • Over the course of grant implementation, 1,200 HIV-positive children, PLHIV and children from HIV-affected families will receive psychosocial support. • 2 comprehensive service centers provide services to HIV-affected | <ul style="list-style-type: none"> • Opening offices for the provision of comprehensive services to HIV-affected families (e.g. counseling by a psychologist and peer educator, seminars for PLHIV, etc.) on the premises of the counseling and dispensary office at the Minsk Children's Infectious Disease Hospital, and the Svetlogorsk Children's Out-Patient Clinic. • Organizing joint leisure activities for HIV-positive children and children from HIV-affected families (going to the movie-theater, theater, thematic events). | <ul style="list-style-type: none"> • Purchasing office equipment and furniture for the service provision offices. • Rent and utilities. • Connectivity charges. • Remuneration to counselors and specialists who work at the service provision offices. • Expenses on organizing the leisure of HIV-positive children and parents. | <p>NGO "Positive Movement"</p> <p>Budget in US dollars 657 095</p> |

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| <p>families.</p> | <ul style="list-style-type: none"> ● Providing training to children and parents living with HIV. ● Purchasing vitamins, condoms and pregnancy tests. ● Designing and printing information materials. ● Overhead expenses as per Annex 3. ● Purchasing condoms for all high risk groups for the 6 year duration of the grant. | <p>UNDP</p> | <p>567 000</p> |
| <p>The total for Goal 2:</p> | | | |
| <p>↑ Interim Goal 3. Create favorable conditions at the national and local levels for wide access to the prevention of HIV, the treatment and care of PLHIV.</p> | | | |
| <p>↑ Objective 3.1. Elaborate a legal framework for the development of the drug addict rehabilitation system →</p> | | | |
| <p>↑ Expected outputs</p> | <p>← Target indicators (for 2010-2015)</p> | <p>← Planned activities (for 2010-2015)</p> | <p>← Expenses</p> |
| <ul style="list-style-type: none"> ● Conditions have been created for the development of quality rehabilitation services for drug addicts on the premises of state-owned medical institutions, non-governmental and Christian organizations. ● The access of drug addicts to rehabilitation services and, consequently, to the prevention and treatment of associated diseases, including HIV, has been expanded. ● Conditions have been created for administering compulsory treatment | <ul style="list-style-type: none"> ● A legal framework and standards have been developed and adopted for creating a rehabilitation system for drug addicts, including an alternative to imprisonment. ● 20 representatives of government agencies, rehabilitation centers and NGOs have received training abroad. ● 1,000 copies of materials on advocating for the rehabilitation system have been printed. ● Support to rehabilitation centers and an opportunity to have | <ul style="list-style-type: none"> ● Studying the experience of the countries that use rehabilitation as an alternative to imprisonment. Regional experience exchange visits for representatives of the key government agencies and non-governmental organizations. ● Making an international evaluation of the existing system of IDU rehabilitation, including opportunities for HIV prevention, treatment and care. ● Developing a legal framework and standards, including quality standards, for rehabilitating drug addicts with an | <ul style="list-style-type: none"> ● Expenses associated with arranging regional visits. ● Holding a round table on the issues of the rehabilitation system on the national level. ● Remuneration to international experts and national consultants. ● Expenses associated with study tours |
| | | | <p>← Implementing parties</p> <p>NGO "Mothers Against Drugs", Ministry of Interior, the narcological service of the MoH.</p> |
| | | | <p>Budget in US dollars</p> <p>215 855</p> |

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| and rehabilitation as an alternative to imprisonment for legal offences associated with the possession of insignificant amounts of drugs. | rehabilitation as an alternative to imprisonment. | emphasis on HIV prevention and treatment. | abroad. <ul style="list-style-type: none"> • Designing and printing information materials. • Expenses on supporting rehabilitation centers for treating drug addiction. • Overhead expenses as per Annex 3. | |
| ↑Objective 3.2. Hold an information and education campaign to reduce social prejudice against PLHIV → | | | | |
| ↑Expected outputs | ←Target indicators (for 2010-2015) | ←Planned activities (for 2010-2015) | ←Expenses | ←Implementing parties |
| <ul style="list-style-type: none"> • Social prejudice against PLHIV has been reduced. | <ul style="list-style-type: none"> • 2 million Belarusians (1/5 of the entire population) will watch a motion picture. | <ul style="list-style-type: none"> • Purchasing/producing a documentary series starring an HIV-positive actor/actress, and showing the motion pictures on national television. | <ul style="list-style-type: none"> • Remuneration to the contractor for making the motion picture. | <ul style="list-style-type: none"> • UNDP |
| ↑Objective 3.3. Strengthen human resources and institutions for the efficient implementation of HIV treatment and prevention programs → | | | | |
| ↑Expected outputs | ←Target indicators (for 2010-2015) | ←Planned activities (for 2010-2015) | ←Expenses | ←Implementing parties |
| <ul style="list-style-type: none"> • The efficiency of HIV prevention programs implemented by interagency councils has been improved. • Cooperation has been established between governmental agencies and non-governmental organizations in the area of HIV prevention. • Interaction and partnership have been improved between the non-governmental organizations that are | <ul style="list-style-type: none"> • Around 1,000 representatives of interagency councils will be trained in the contemporary methods of preventing HIV and working with population. • An information bulletin of interagency councils comes out twice a year. | <ul style="list-style-type: none"> • Studying the experience of interagency councils or similar entities in the countries of the region with HIV/AIDS prevention. • Training representatives of interagency councils in the contemporary methods of preventing HIV and working with population. • Holding joint sessions of the CCM and interagency councils in the regions. • Preparing and publishing an information bulletin of interagency | <ul style="list-style-type: none"> • Expenses on organizing seminars for interagency councils, and joint sessions with the CCM. • Designing and printing the bulletin. • Designing and printing information and education materials. • Connectivity charges. | <ul style="list-style-type: none"> • The National Center for Hygiene, Epidemiology and Public Health, |
| | | | | Budget in US dollars |
| | | | | 376 460 |

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| <p>part of BelNetwork Anti-AIDS.</p> <ul style="list-style-type: none"> ▪ The capacity of religious organizations in the area of HIV has been built up. ▪ The principles that religious organizations apply in their work with vulnerable target groups have been improved. ▪ The exchange of expertise, experience and specialists between churches has been enhanced. • New joint initiatives emerge between religious organizations and governmental agencies and non-governmental organizations (i.e. intersectoral interaction). | <ul style="list-style-type: none"> • By the end of the 3rd year of grant implementation, 20 non-governmental organizations have joined in the activities of BelNetwork Anti-AIDS. | <p>councils with a view to exchange advanced experience.</p> <ul style="list-style-type: none"> • Supporting the activities of BelNetwork Anti-AIDS with a view to improve interaction between the members of the organization, strengthen national partnerships and propagate its activities. | <ul style="list-style-type: none"> • Supporting the operation of the website of the National Interagency Council. • Providing training to representatives of interagency councils. • Remuneration to trainers on the contemporary methods of HIV prevention and work with population. • Remuneration to the staff of BelNetwork Anti-AIDS. • Rent and utility bills of BelNetwork Anti-AIDS. • Holding annual round tables for the association “BelNetwork Anti-AIDS”. • Participation of representatives of the association in national/international conferences on HIV/AIDS. • Overhead expenses as per Annex 3. | <p>the association “BelNetwork Anti-AIDS”</p> <p style="text-align: right;">139 810</p> | |
| | | <ul style="list-style-type: none"> • Designing and | <ul style="list-style-type: none"> • Holding public church events dedicated | | <p style="text-align: right;">the</p> |

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| | <ul style="list-style-type: none"> • By the end of 2011, 12 HIV-related initiatives of religious organizations will be implemented. • Prevention activities conducted by religious organizations cover 650 representatives of vulnerable groups. | <p>to HIV prevention.</p> <ul style="list-style-type: none"> • Expanding the access of religious organizations involved in HIV prevention to information. • Designing and printing information and education materials. • Holding education events for the representatives of religious organizations involved in HIV prevention. | <p>printing information and education materials.</p> <ul style="list-style-type: none"> • Expenses on arranging education events. • Overhead expenses as per Annex 3. • Remuneration to staff. • Purchasing furniture and equipment. <p>• UNDP's administrative expenses on project management, and expenses on storing equipment and pharmaceuticals, customs duties, an annual audit of sub-recipients, staff training, etc.</p> <ul style="list-style-type: none"> • Rent of office space for the grant management team. | <p>interdenominational mission "Christian Social Service", the Belarusian Christian Orthodox Church, the Minsk-Mogilev Archdiocese of the Roman Catholic Church in the Republic of Belarus. The Union of Evangelical Baptist Christians in the Republic of Belarus, structural subdivisions of these organizations.</p> <p>UNDP</p> | <p>80 000</p> <p>1 603 535</p> |
| <p>↑Objective 3.4. Strengthen the national system of monitoring and evaluation→</p> | | | | | |
| <p>↑Expected outputs</p> | <p>←Target indicators (for 2010-2015)</p> <ul style="list-style-type: none"> • A single database of monitoring | <p>←Planned activities (for 2010-2015)</p> <ul style="list-style-type: none"> • Analyzing the regulatory and legal | <p>←Expenses</p> <ul style="list-style-type: none"> • Remuneration to | <p>←Implementing parties</p> <p>The National</p> | <p>Budget in US dollars</p> <p>726 250</p> |

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| <p>and evaluation has been created.</p> <ul style="list-style-type: none"> Improved quality of collecting and summarizing data at the regional level. | <p>the new methods of monitoring and evaluating the situation around HIV/AIDS.</p> <ul style="list-style-type: none"> The national and 6 regional teams on monitoring and evaluation are active. A situation analysis has been carried out for the 5th National Program of HIV Prevention. An annual bulletin on HIV/AIDS is published. | <p>framework and improving it in line with the WHO/UNAIDS methodologies.</p> <ul style="list-style-type: none"> Creating and supporting the national and regional teams on monitoring and evaluation. Training national, regional and district specialists in the new methods of monitoring and evaluating the situation around HIV/AIDS. Improving the system of financial monitoring (of the cost-efficiency of expenditures on HIV treatment and prevention). Making regular monitoring visits with a view to evaluate progress in grant implementation. | <p>national and international experts.</p> <ul style="list-style-type: none"> Arranging seminars, experience exchange visits. Printing UNGASS materials, M&E guidelines, and the HIV bulletin. Publishing materials on the international experience of HIV M&E. Connectivity charges. Paying for monitoring visits. Purchasing and maintaining 2 vehicles. | <p>Center for Hygiene, Epidemiology and Public Health,</p> <p>UNDP</p> <p>130 390</p> |
| <p>The total for Goal 3: GRAND-TOTAL FOR THE PROJECT:</p> <p>USD 3,722,300 USD 14,082,258</p> | | | | |

PART 4. PROJECT BUDGET

| GFATM Cost Category | Amount, USD | 1 st year | 2 nd year | 3 rd year | 4 th year | 5 th year | 6 th year |
|--|-------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Communication materials | 1,460,184 | 181,466 | 728,767 | 167,010 | 133,047 | 132,947 | 116,947 |
| Health products and health equipment | 1,902,034 | 354,908 | 731,226 | 133,900 | 221,000 | 239,500 | 221,500 |
| Human resources | 3,409,897 | 395,000 | 563,360 | 668,867 | 594,935 | 593,546 | 594,189 |
| Infrastructure and other equipment | 2,525,700 | 1,000,390 | 248,660 | 275,110 | 332,180 | 337,180 | 332,180 |
| Living support to clients/target populations | 572,953 | 65,200 | 133,301 | 93,652 | 93,600 | 93,600 | 93,600 |
| Monitoring and evaluation | 204,605 | 28,690 | 27,920 | 16,235 | 32,670 | 11,170 | 87,920 |
| Overheads | 1,210,724 | 218,725 | 242,170 | 182,098 | 186,545 | 191,937 | 189,249 |
| Planning and administration | 356,540 | 59,240 | 66,640 | 58,340 | 57,440 | 57,440 | 57,440 |
| Procurement and supply management costs | 36,206 | 5,325 | 24,186 | 6,695 | | | |
| Technical and management assistance | 434,540 | 99,730 | 47,990 | 66,320 | 57,040 | 103,980 | 59,480 |
| Training | 1,968,875 | 437,090 | 305,465 | 372,330 | 275,710 | 305,290 | 272,990 |
| TOTAL, USD | 14,082,258 | 2,845,764 | 3,119,685 | 2,040,557 | 1,984,167 | 2,066,590 | 2,025,495 |

PART 5. PROJECT MANAGEMENT

1. Direct implementation

UNDP has been active in Belarus since 1992 on the basis of an agreement with the government of the Republic of Belarus. The UNDP Country Office in Belarus is a member of the Country Coordinating Mechanism that was instituted in 2002 to interact with the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Programme has extensive experience of cooperation with government agencies and non-governmental organizations. More than half the staff of the UNDP Office in Belarus is directly involved with the administration of the GFATM projects.

Since 2004, UNDP has been the Principal Recipient of the Round 3 HIV/AIDS grant, and since 2007 UNDP has also been the Principal Recipient of the tuberculosis grant from the GFATM Round 6. The Round 3 HIV/AIDS grant received an "A" rating – the highest rating – from March 2006 until July 2009. Over the period 2004 - 2009, within the frameworks of the two grants of the Global Fund, UNDP provided the Republic of Belarus with technical assistance in fighting HIV/AIDS and tuberculosis for a total of 22 million US dollars. Since 2004, the UNDP Country Office in Belarus has proven its ability to address complex tasks associated with the procurement of pharmaceuticals and ARV drugs and the coordination of activities conducted by more than 100 organizations that are involved with the grants.

At its session on February 26, 2009, the CCM appointed the United Nations Development Programme the Principal Recipient of the rolling continuation channel HIV/AIDS grant. UNDP will be the Principal Recipient in Phase 1 until 2012. It is expected that starting with Phase 2 UNDP will be able to transfer its PR functions to the National Center for Hygiene, Epidemiology and Public Health.

The process of the PR functions transfer will begin with a gap and needs assessment that will be performed by the Global Funds and its partnering audit company and that is necessary for building up the capacity of the organization that will be expected to take over the PR functions. On the basis of the needs assessment, a detailed plan of capacity building will be drawn up. The future transfer of the PR functions will be made in line with the plan approved by the Global Fund. This process will be coordinated and implemented in close cooperation with the Global Fund and under the guidance of the CCM.

Provided the capacity assessment is successful and is approved by the Secretariat of the Global Fund, UNDP will be expected to transfer its PR functions to the National Center for Hygiene, Epidemiology and Public Health at the beginning of Phase 2.

In accordance with the UNDP procedures, auditing rules and the Implementation Manual for Global Fund Grants, this project will be implemented in the direct implementation modality. To ensure the efficient and timely implementation of all Global Fund grants in the Republic of Belarus, a decision was made to consolidate all grant management teams in a single team. The grant management team leader will report to the UNDP Programme Officer and collaborate closely with the National Coordinator appointed by the Ministry of Healthcare of the Republic of Belarus.

At the outset of the project, the Ministry of Healthcare will appoint the National Coordinator for the project, who will be responsible for the issues of HIV/AIDS prevention and treatment in the Republic of Belarus.

A work plan and project budget for the first year of implementation will be developed and signed by the Ministry of Healthcare and UNDP in the first month of project implementation, after which it will be approved by the Country Coordinating Mechanism (CCM).

2. Functions and responsibilities of the CCM

Overall coordination of project activities will be performed by the Country Coordinating Mechanism (CCM), whose main functions include monitoring project implementation progress, approving annual work plans, procurement plans, and grant sub-recipients, redistributing funds within the budget and other documents drawn up by the Grant Management Team.

In between the CCM sessions, coordination of project activities will be performed by the CCM Working Group, whose sessions will be convened as necessary.

3. The main functions of the Ministry of Healthcare of the Republic of Belarus

The Ministry of Healthcare is the national implementing agency, whose main functions are as follows:

1. Overall coordination of individual project components, facilitating inputs from local stakeholders;
2. Holding sessions of the Country Coordinating Mechanism; discussing the issues related to project implementation progress and the assessment of its results during those sessions;
3. Interacting with the United Nations Development Programme and the Global Fund Project Management Team on all aspects of project activities implementation, in particular:
 - Procurement, delivery and distribution of drugs, diagnostic test systems, laboratory equipment and other medical goods, control over the proper use of such assets;
 - Expanding the list of participating organizations, evaluating their capacity and fitness to participate in project activities;
 - Drafting and approving terms of reference, evaluating tender bids, conducting expert reviews, etc. in accordance with the Procurement Plan;
 - Designing, reviewing and approving training courses for various categories of professionals on the prevention, diagnostics and treatment of HIV/AIDS;
 - Reviewing the materials prepared by NGOs and healthcare institutions within the framework of the project;
 - Assisting with the efficient delivery of training seminars for various categories of health workers;
 - Preparing project progress reports for submission to the Ministry of Economy;
 - Participating in the organization of project components implementation, in the monitoring and evaluation of their performance;
 - Coordinating interaction between healthcare institutions and non-governmental organizations with a view to organize activities with vulnerable groups (IDUs, FSWs, MSMs, prison inmates) and render psychosocial support to PLHIV.

4. Functions of the Principal Recipient – the United Nations Development Programme (UNDP)

- Administration of the project in line with the procedures and regulations of the UNDP and the Global Fund;
- Concluding contracts with funds sub-recipients within the project, and exercising control over compliance with the program and financial project indicators;
- Allocating funds to all project activities in a timely manner;

- Performing procurement activities within the framework of the project in line with the UNDP Procurement Guidelines and Project Procurement Plan, organizing the delivery of procured goods to consumers;
- Performing the recruitment of project staff in line with the procedures for and requirements to awarding UNDP contracts, as well as making payments for work and services at the rates established by UNDP for a particular type of work and services;
- Participating in the work of the CCM and the CCM Working Group, maintaining interaction with the CCM and the Ministry of Healthcare in order to achieve the goals and objectives of the project;
- Informing the CCM about project implementation progress and the activities conducted by UNDP in the capacity of the Principal Recipient of project funds;
- Harmonizing project activities with similar programs implemented in the Republic of Belarus.

5. The main functions of the National Coordinator for the project

- Coordinating project activities jointly with UNDP, maintaining close interaction with the Grant Management Team Leader and Senior Adviser on HIV/AIDS;
- Approving work plans, training programs, plans of distribution of medical supplies (the procurement of pharmaceuticals, test-systems, diagnostic equipment, etc.);
- Organizing sessions of the Country Coordinating Mechanism and the project's working groups;
- Informing the Council of Ministers of the Republic of Belarus, ministries, and other national bodies of state administration about project implementation progress;
- Representing the Ministry of Healthcare of the Republic of Belarus at international meetings on cooperation within the framework of this project;
- Exercising control over compliance with the commitments assumed by the government of the Republic of Belarus pertaining to technical cooperation with UNDP within the framework of the project;
- Monitoring activities of the implementers that participate in project implementation;
- Analyzing the efficiency of project implementation with a breakdown by its components;
- Elaborating proposals on improving project implementation.

6. The main functions of the Grant Management Team of the Global Fund

Day-to-day implementation of project activities will be the responsibility of the Grant Management Team Leader and Senior Adviser on HIV/AIDS. The Administrative Director of the Grant Management Team will perform the financial and administrative management of the project and procurement for all the Global Fund grants in accordance with approved work plans, budgets and procurement plans. The approximate structure of the Grant Management Team of the Global Fund in Belarus is shown in the chart below:

- Participating in CCM sessions and abiding by the decisions of the CCM;
- Preparing agreements with sub-recipients for signing by UNDP in line with the UNDP procedures;
- Preparing contracts for the performance of individual project activities in line with the requirements to and procedures for awarding UNDP contracts, and making payments for work and services at the rates established by UNDP for a particular type of work and services.

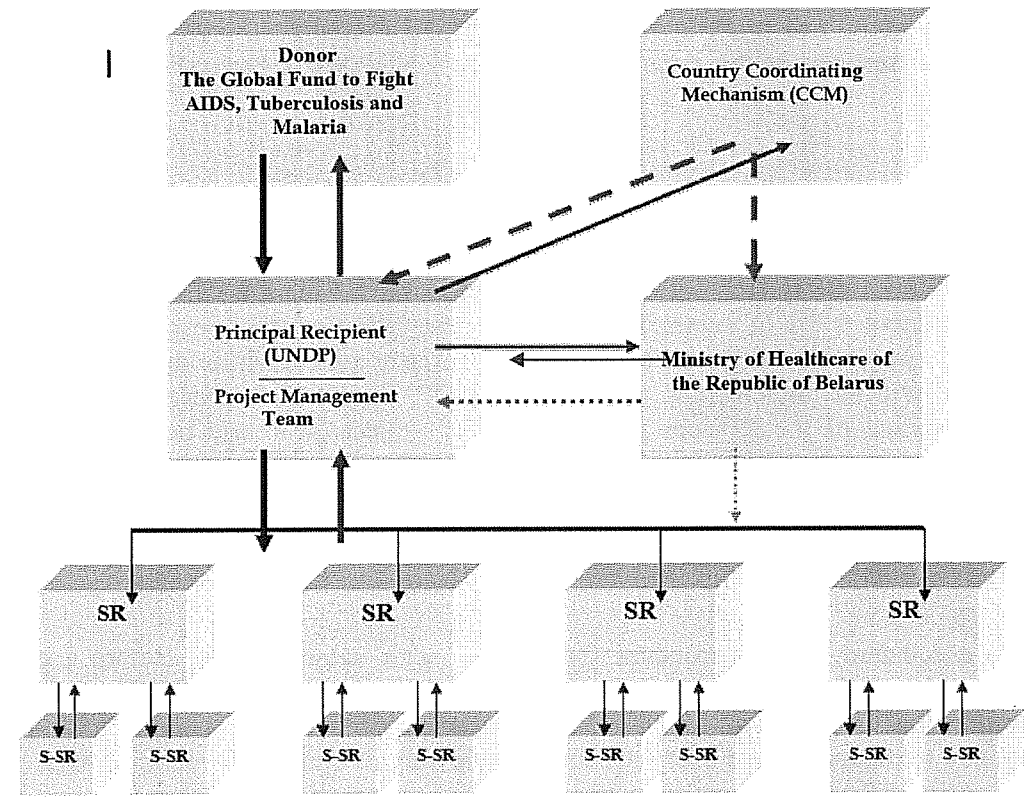
7. Sub-recipients

To meet specific project targets, UNDP will award contracts to the sub-recipient organizations identified at the preparatory stage of drawing up a proposal for the GFATM rolling continuation channel (for a detailed list of sub-recipients and a description of their respective roles, see the chapter “Implementers and Recipients of the Project”). The activities whose implementers have not been identified will be implemented directly by UNDP. Should it be necessary to expand the geographic coverage of the services provided by the project or to use new organizations for accomplishing the goal and objectives of the project, UNDP will make a proposal at a CCM session on using new organizations and provide its justification for such usage. The inclusion of additional sub-recipients in project implementation will be discussed at a CCM session and subsequently approved in line with the established procedure.

UNDP has a standard global procedure for working with sub-recipients. Before a contract is awarded to a sub-recipient, their capacity and potential risks are assessed. UNDP has developed a management manual in which all program and operations procedures are described. Sub-recipients receive money remittances once every six months and submit quarterly reports on their financial results and quarterly reports on program implementation progress. UNDP uses the same forms of monitoring and evaluation for all indicators and submits reports to the Global Fund in line with the established procedure.

A permanent or temporary transfer of property titles to sub-recipients is made on the basis of a Certificate of Transfer of Title to Property or a Certificate of Temporary Transfer of Title to Property signed by the UNDP Resident Representative and the head of a sub-recipient organization. At the consent of the Principal Recipient, sub-recipients may use the services of other organizations on a contractual basis to meet target indicators for the coverage of target groups by preventive and other interventions.

Interaction flowchart for the Global Fund grants



PART 6. MONITORING AND EVALUATION

Monitoring

The purpose of project monitoring and evaluation is to provide all stakeholders with updated information on project implementation progress, and on progress towards achieving the project goals and objectives. Project monitoring will be performed in line with standard procedures and will be underpinned by recurrent evaluations of progress towards the achievement of certain project results and project objectives. The developed indicators will help determine the extent to which expected project results are achieved by means of measuring what has actually occurred and comparing it to what was planned with due regard of such aspects as quality, quantity and time. A monitoring and evaluation plan is one of the fundamental documents that shapes the working relationship with the Global Fund.

At the outset of the project, Senior Adviser on HIV/AIDS together with other project staff and specialists from the Prevention Department of the NCHEPH will draft a Plan of Monitoring and Evaluation that will be subject to approval by the Global Fund.

The following tools will be used for project monitoring and evaluation:

- Semi-annual and annual program and financial project reports prepared by the Project Management Team in close collaboration with national partners;
- Field trips by the Monitoring and Evaluation Specialist, the Ministry of Healthcare specialists, the National Coordinator, the UNDP Programme Officer, and other project personnel that are intended to evaluate project implementation progress;
- Participation of a monitoring and evaluation specialist in regular meetings with thematic coordinators of individual project components;
- CCM sessions during which reports prepared by the Project Management Team are reviewed and actual results are checked against the expected ones;
- Using independent experts for project monitoring and evaluation as necessary;
- Regular missions and reports by the Local Agent of the Global Fund who represents the interests of the Fund in the country of grant implementation.

At the consent of the Global Fund, UNDP and the Ministry of Healthcare may revise the key target indicators of the project on the basis of progress reports if unspent financial resources are available or if there is a change of needs.

The UNDP Country Office will perform recurrent monitoring of project implementation by way of visiting sites, and inform the Country Coordinating Mechanism on project implementation progress. The sessions of the CCM will be held at least twice a year, or more frequently if necessary. That will allow stakeholders to rapidly identify and eliminate any project-related problems and to ensure uninterrupted implementation of project activities.

Project monitoring and evaluation will also comply with the Provision on the Procedure for Evaluating Implementation of International Technical Assistance Projects and Their Efficiency approved by the Resolution No. 1513 of the Council of Ministers of the Republic of Belarus dated November 26, 2004.

QUALITY MANAGEMENT

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| <p>Expected project outcome: The HIV epidemic is retained in the concentrated phase, AIDS-related mortality rates are reduced, the coverage of the key vulnerable groups is expanded, and prevention and treatment activities are gradually institutionalized, so that by the end of the grant the government in partnership with civil society is able to assume upon itself responsibility for the greater share of activities.</p> | | |
| <p>Objective 1. Change the behavior of the most vulnerable groups (injecting drug users (IDU), men who have sex with men (MSM), female sex workers (FSW), prison inmates, women, and youth) to less risky behavior in terms of HIV/AIDS transmission.</p> | | |
| <p>Objective 2. Ensure equal access of PLHIV to continuous treatment, care and support by means of strengthening the healthcare system and ARV therapy commitment programs.</p> | | |
| <p>Objective 3. Create favorable conditions at the national and local levels for wide access to the prevention of HIV, the treatment and care of PLHIV.</p> | | |
| <p>Description: see Part 3 of this document.</p> | | |
| <p>Verifiable indicators for measuring the quality of the outcome</p> | <p>Source of verification and monitoring activities</p> | <p>Evaluation date</p> |
| <p><i>An MST classroom is equipped and renovated</i></p> | <p><i>Technical documentation for the purchase of equipment and supplies;</i> <i>Contracts for renovating and equipping of the center;</i> <i>Random verification of the quality of workshops;</i> <i>Inventory records;</i> <i>Monitoring visits by project staff.</i></p> | |
| <p><i>2 MST centers are equipped and support is provided to their operation</i></p> | <p><i>Technical documentation for the purchase of equipment and supplies;</i> <i>Technical documentation for the purchase of pharmaceuticals;</i> <i>Logbooks of substitution therapy;</i> <i>Selective monitoring of medical institutions/patients (by checking records or polling patients).</i></p> | |
| <p><i>Support groups for MST patients operate in 6 towns</i></p> | <p><i>Reports by regional coordinators;</i> <i>Reports on group meetings, along with lists of participants;</i> <i>Selective monitoring by checking records or polling group members;</i> <i>Monitoring visits by project staff.</i></p> | |
| <p><i>62 patients enrolled in the MST program receive vocational training every year</i></p> | <p><i>Contracts with training centers for delivering training;</i> <i>Certificates of vocational training completion.</i></p> | |
| <p><i>372 FSWs have received vocational training at training centers</i></p> | <p><i>Reports by the NGO staff;</i> <i>Contracts with training centers;</i> <i>Certificates of training completion.</i></p> | |

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| <p>29,000 inmates in 22 correctional institutions, including 2 colonies for underage criminals, are covered by new forms of prevention</p> | <p>Reports on theatrical shows, along with lists of attendees; Selective monitoring by checking records or polling inmates; Monitoring visits by project staff.</p> | |
| <p>500 copies of guidance manuals on teaching healthy lifestyles and HIV prevention have been published;</p> <p>19,000 copies of information and education materials on HIV/AIDS prevention among teenagers have been printed and distributed;</p> <p>Every year, 120 young people are trained on working with children in the field of healthy lifestyles and HIV prevention;</p> <p>60 trainers have been trained on teaching HLS and HIV prevention to children;</p> <p>300 teachers have been trained on working with children in the field of healthy lifestyles and HIV prevention;</p> <p>Every year, 1,200 children from orphanages and social shelters receive training on healthy lifestyles.</p> | <p>Contracts for the production of printed materials, dummy layouts;</p> <p>Samples of produced materials;</p> <p>Reports on holding training events/seminars, along with event agendas and lists of trainees;</p> <p>Random inspections of the quality of seminars by a monitoring and evaluation specialist who randomly attends a seminar;</p> <p>Monitoring visits by the UNDP project staff.</p> | |
| <p>Every year, 160 specialists from rural cultural institutions and volunteers receive training on HIV prevention based on contemporary interactive methodologies; At least 50% of rural residents in the Svetlogorsk District participate in prevention activities; 50,000 copies of information materials on HIV prevention in rural areas have been printed; A study of raising the awareness of HIV among rural residents has been conducted.</p> | <p>Reports on holding training events/seminars, along with event agendas and lists of trainees; A report on the completed study; Reports on holding prevention activities with an indication of the program of activities and their results; Monitoring visits by project staff; Contracts for the production of printed materials, samples of printed products.</p> | |
| <p>Around 50,000 vocational school students and young people living in dormitories are covered with prevention activities;</p> <p>16 groups of peer educators have been trained.</p> <p>700 multiplier/trainers have been prepared to conduct prevention activities in dormitories and high schools;</p> | <p>Reports on holding training events/seminars, along with lists of trainees;</p> <p>Reports by regional component coordinators;</p> <p>Monitoring training events by means of checking records or conducting polls;</p> <p>Random inspections of the quality of seminars by a monitoring and evaluation specialist who randomly attends a</p> | |

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| <p><i>More than 1,000 teachers and dormitory managers have been trained in prevention activities;</i></p> <p><i>840 managers of vocational schools and youth organizations in 9 towns of Belarus have been trained in HIV prevention;</i></p> <p><i>240 young women from the risk group have been trained in socially valuable occupations.</i></p> | <p><i>seminar;</i></p> <p><i>Monitoring visits by the UNDP project staff;</i></p> <p><i>Contracts for the production of printed materials, samples of printed products;</i></p> <p><i>Contracts with training centers for delivering training;</i></p> <p><i>Certificates of course completion.</i></p> | |
| <p><i>2,000 copies of a guidance manual on primary drug abuse prevention have been printed;</i></p> <p><i>Around 50,000 copies of information and education materials on drug abuse prevention have been printed;</i></p> <p><i>12,000 schoolchildren have been covered by drug abuse prevention activities;</i></p> <p><i>150 drug abuse prevention trainers have been trained.</i></p> | <p><i>Contracts for the production of printed materials, samples of printed products;</i></p> <p><i>Monitoring visits by project staff;</i></p> <p><i>Reports on holding prevention activities with an indication of the program of activities and their results;</i></p> <p><i>Reports on holding training events/seminars, along with event agendas and lists of trainees.</i></p> | |
| <p><i>250 condom vending machines have been placed by the end of the project;</i></p> <p><i>By the end of the project, 214 high schools have been equipped with office equipment and visual aids.</i></p> | <p><i>Technical documentation for the purchase of condom vending machines;</i></p> <p><i>Technical documentation for the purchase of office equipment and classroom equipment;</i></p> <p><i>Condom vending machines are available;</i></p> <p><i>School classrooms are equipped;</i></p> <p><i>Monitoring visits by project staff.</i></p> | |
| <p><i>6 training centers have been equipped for the Ministry of Defense, the State Border Committee, the Ministry of Emergencies;</i></p> <p><i>10 HIV prevention offices have been equipped in military units, border protection units, and emergency response units;</i></p> <p><i>3 mobile teams on HIV prevention have been equipped and are operational;</i></p> <p><i>By the end of the project, 50,000 rank and file staff and officers in the armed forces, border protection agencies and emergency response agencies and units have been covered with prevention activities.</i></p> | <p><i>Contracts for the purchase of equipment;</i></p> <p><i>Technical documentation for the purchase of classroom equipment;</i></p> <p><i>Regular monitoring visits;</i></p> <p><i>Reports on holding training events, along with event agendas and lists of trainees;</i></p> <p><i>Selective monitoring of activities.</i></p> | |
| <p><i>By the end of the project, 15,000 IDUs will go through voluntary testing for HIV and</i></p> | <p><i>Logbooks of healthcare institutions with an indication of the number of IDUs tested</i></p> | |

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| <p><i>get their test results;</i></p> <p><i>2 mobile anonymous counseling centers for IDUs are in operation;</i></p> <p><i>42,000 copies of information materials on VCT for IDUs have been printed and distributed;</i></p> <p><i>35,000 express-tests for HIV, hepatitis B and C, and syphilis have been procured;</i></p> <p><i>6 mobile centers for voluntary testing and counseling are in operation;</i></p> <p><i>Standards and procedures for VTC have been elaborated and approved;</i></p> <p><i>A VCT manual has been published;</i></p> <p><i>The national team of VCT experts has been put together;</i></p> <p><i>Every year, 120 employees of social welfare offices are trained in the methods of conducting motivational interviews;</i></p> <p><i>150 peer educators have been trained on motivating IDUs to adopt less risky behavior and practice HIV prevention.</i></p> | <p><i>after being referred by anonymous counseling centers;</i></p> <p><i>Logbooks of mobile ACCs with an indication of the amount of services provided and the IDUs' registration numbers;</i></p> <p><i>Samples of information materials;</i></p> <p><i>Technical documentation and contracts for the purchase of express-tests;</i></p> <p><i>Elaborated and approved VTC standards are available;</i></p> <p><i>Samples of the VCT manual;</i></p> <p><i>Reports on holding seminars, along with event agendas and lists of participants;</i></p> <p><i>Selective monitoring by a monitoring and evaluation specialist who makes inspections, and by checking records or polling trainees.</i></p> | |
| <p><i>By the end of the project, 5,000 MSMs will go through voluntary testing for HIV and get their test results;</i></p> <p><i>60 health workers have been trained in the methods of motivational counseling;</i></p> <p><i>22 health workers have been familiarized with the foreign experience of conducting motivational interviews.</i></p> | <p><i>Logbooks of healthcare and prevention institutions;</i></p> <p><i>Reports on holding seminars, along with lists of attendees;</i></p> <p><i>Selective monitoring by a monitoring and evaluation specialist who makes inspections, and by checking records or polling trainees.</i></p> | |
| <p><i>By the end of the project, 4,000 FSWs will go through voluntary testing for HIV and get their test results.</i></p> | <p><i>Logbooks of healthcare and prevention institutions.</i></p> | |
| <p><i>1,500 health workers have been trained on providing pre-test counseling to pregnant women and their family members;</i></p> <p><i>1,440 health workers have been trained on diagnosing HIV in children in laboratory settings, including with the dried blood spot method;</i></p> <p><i>1,000 copies of booklets on counseling have been printed and distributed;</i></p> <p><i>Over the course of grant implementation, 764,000 pregnant women will be tested for</i></p> | <p><i>Reports on holding seminars, along with lists of attendees;</i></p> <p><i>Selective monitoring by a monitoring and evaluation specialist who makes inspections, and by checking records or polling trainees;</i></p> <p><i>Samples of produced information materials;</i></p> <p><i>Logbooks of healthcare and prevention institutions.</i></p> | |

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| <p><i>HIV and will receive their test results.</i></p> | | |
| <p><i>By the end of the project, 100 doctors in 5 regions of the country will be trained in the WHO methodologies during a program of clinical mentoring on ARV therapy; A system of clinical mentoring on ARV therapy has been established; 4 wards for HIV-positive patients have been equipped on the premises of the Minsk and Gomel infectious disease hospitals, and the Minsk and Svetlogorsk children's infectious disease hospitals; Pharmaceuticals have been purchased to treat HIV-positive patients for hepatitis C; 2 laser cytoflow meters have been purchased for the Vitebsk and Grodno regional infectious disease hospitals; Expendable supplies have been purchased for microbiological/expressed testing; A bulletin on ARV therapy is published twice a year; 600 study packs on clinical mentoring have been produced.</i></p> | <p><i>Reports on holding seminars, along with lists of attendees;</i> <i>Selective monitoring by a monitoring and evaluation specialist who makes inspections, and by checking records and polling trainees;</i> <i>Regular monitoring visits;</i> <i>Mentors' reports on visits to the regions;</i></p> <p><i>Technical documentation for the purchase of equipment and supplies;</i> <i>Technical documentation for the purchase of pharmaceuticals;</i> <i>Contracts for the delivery of medical equipment and expendable supplies to hospital wards;</i></p> <p><i>Samples of the published bulletin on ARV therapy;</i> <i>Samples of the published materials on clinical mentoring.</i></p> | |
| <p><i>Every year, 720 HIV-positive children and HIV-affected families will be covered by joint leisure activities;</i> <i>Every year, educational events dedicated to living with HIV will be organized for 100 HIV-positive children and HIV-affected families;</i> <i>Every year, 1,440 orphans and vulnerable children will receive psychosocial support;</i> <i>2 comprehensive service centers provide services to HIV-affected families.</i></p> | <p><i>Reports on holding events, along with event agendas and lists of participants;</i> <i>Selective monitoring by a monitoring and evaluation specialist who makes inspections, and by checking records and polling trainees;</i> <i>Lists of orphans and vulnerable children who have received psychosocial support;</i> <i>Regular monitoring visits by project staff;</i> <i>Reports by the centers that provide services to HIV-affected families.</i></p> | |
| <p><i>A legal framework and standards have been developed and adopted for creating a rehabilitation system for drug addicts, including an alternative to imprisonment;</i></p> <p><i>20 representatives of government agencies, rehabilitation centers and NGOs have received training abroad;</i></p> <p><i>1,000 copies of materials on advocating for the rehabilitation system have been printed;</i></p> <p><i>A pilot project has been implemented at one of the rehabilitation centers and an opportunity has been provided to have</i></p> | <p><i>Legal documents;</i> <i>Reports on holding educational events, along with event agendas and lists of participants;</i> <i>Monitoring by means of polling former trainees;</i> <i>Samples of the produced printed materials;</i> <i>Reports on implementing a pilot project on drug addict rehabilitation.</i></p> | |

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| <i>rehabilitation as an alternative to imprisonment.</i> | | |
| <i>2 million Belarusians (1/5 of the entire population) will watch a motion picture.</i> | <i>A confirmation from the television station that showed the motion picture.</i> | |
| <i>Around 1,000 representatives of interagency councils will be trained in the contemporary methods of preventing HIV and working with population; An information bulletin of interagency councils comes out twice a year. By the end of the 3rd year of grant implementation, 20 non-governmental organizations have joined in the activities of BelNetwork Anti-AIDS.</i> | <i>Reports on holding educational events, along with event agendas and lists of participants; Selective monitoring by a monitoring and evaluation specialist who makes inspections, and by checking records and polling trainees; Samples of the produced bulletin; New member accession protocols.</i> | |
| <i>Regular public church events dedicated to HIV prevention are held; Information and education materials are designed and printed; Educational events are held for the representatives of religious organizations involved in HIV prevention; Prevention activities conducted by religious organizations cover 650 representatives of vulnerable groups.</i> | <i>Reports on holding educational events, along with event agendas and lists of participants; Reports on the provision of prevention services to representatives of vulnerable groups; Selective monitoring by a monitoring and evaluation specialist who makes inspections, and by checking records and polling trainees; Technical documentation for the purchase of equipment; Samples of the produced printed materials.</i> | |
| <i>730 specialists will be trained in the new methods of monitoring and evaluating the situation around HIV/AIDS; The national and 6 regional teams on monitoring and evaluation are active; A situation analysis has been carried out for the 5th National Program of HIV Prevention; An annual bulletin on HIV/AIDS is published.</i> | <i>Reports on holding educational events, along with event agendas and lists of participants; Selective monitoring by a monitoring and evaluation specialist who makes inspections, and by checking records; Reports by the regional monitoring and evaluation teams; A report on the situation analysis within the framework of the National Program; Samples of the published bulletin on HIV/AIDS.</i> | |

PART 7. LEGAL FRAMEWORK

This project document shall be the document referred to in Article 1 of the Standard Basic Assistance Agreement between the Government of Belarus and the United Nations Development Programme, signed on September 24, 1992.

According to Article 3 of the Standard Basic Assistance Agreement, responsibility for ensuring the safety and security of the implementing agency, including its personnel and property, and of UNDP's property in the implementing agency's custody, rests entirely with the implementing agency.

The implementing agency shall:

- Present an appropriate security plan, taking into account the security situation in the country where the project is implemented;
- Envisage all potential risks and impediments related to security, and ensure that the security plan is implemented.

UNDP reserves the right to verify whether such a plan is in place, and to make proposals on how to improve that plan if necessary. Failure to develop and implement the security plan indicated above shall result in the termination of this agreement.

The implementing agency shall agree to undertake all reasonable efforts to ensure that none of the UNDP funds used under this project are used to provide support to individuals or entities responsible for acts of terrorism and that none of the recipients of any assistance provided by UNDP is on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list is available on the website at <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all the contracts with sub-recipients or subcontractors to which this project document applies.

PART 8. ANNEXES

- Annex 1. Work plan for years 1 - 3
- Annex 2. M&E plan
- Annex 3. List of the sub-recipients' overhead expenses
- Annex 4. Terms of reference for the GFATM Grant Management Team Leader
- Annex 5. Provision on the Country Coordinating Mechanism
- Annex 6. Description of services provided by the UNDP Country Office in the Republic of Belarus
- Annex 7. List of sub-sub-recipient organizations within the framework of the project
- Annex 8. List of equipment purchased under the project "Prevention and Treatment of HIV/AIDS in the Republic of Belarus" that is transitioning into the project "Prevention and Treatment of HIV/AIDS in the Republic of Belarus - 2"