



USAID | UKRAINE

FROM THE AMERICAN PEOPLE

Issuance Date: November 16, 2011
Deadline for Questions: December 2, 2011, 08:00 AM Kyiv, Ukraine local time
Closing Date and Time: January 11, 2012, 08:00 AM Kyiv, Ukraine local time

Subject: Request for Applications RFA 121-11-000003
Title: Improved HIV/AIDS Services among Most-at-Risk Populations (MARPs) in Ukraine

The United States Agency for International Development (USAID), is seeking applications (applications for funding) from U.S. or non-U.S. non-profit or for-profit nongovernmental organizations (NGOs), and other qualified non-USG organizations to implement the Improved HIV/AIDS Services among Most-at-Risk Populations (MARPs) in Ukraine. Please refer to the Program Description (RFA section C) for a complete statement of goals and expected results. The authority for this RFA is found in the Foreign Assistance Act of 1961, as amended.

Subject to the availability of funds, USAID plans to provide a maximum of \$22,000,000 to be allocated over a five-year period. USAID intends to award a single cooperative agreement as a result of this solicitation.

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the program and are in accordance with applicable cost standards (22 CFR 226, plus OMB Circular A-122 for non-profit organizations, OMB Circular A-21 for universities, and the Federal Acquisition Regulation Part 31 for for-profit organizations), may be paid under the award. USAID/Ukraine reserves the right to fund any or none of the applications submitted.

For the purposes of this program, this RFA is being issued and consists of this cover letter and the following:

1. Section A - Application Format;
2. Section B - Selection Criteria;
3. Section C - Program Description;
4. Section D - Certifications, Assurances, and Other Statements of Applicant/Recipient; and
5. Section E - Annexes

To be eligible for award, the applicant must provide all required information in its application, including the requirements found in any attachments to this www.grants.gov opportunity. Any future amendments to this RFA can be downloaded from www.grants.gov. It is the responsibility of the recipient of the application document to ensure that it has been received from www.grants.gov in its entirety.

If you decide to submit an application, it must be received by the closing date and time indicated at the top of this cover letter at the place designated for receipt of applications. See RFA Section A.I. b regarding late applications. Applicants should take account of the expected delivery time required by the application transmission methods, and are responsible to ensure that applications are received at USAID in Kyiv by the due date and time specified above.

Applicants shall confirm with the undersigned that their submissions were successfully received by the required due date and time. Applicants are requested to submit the technical and cost portions of their applications in separate volumes so that they may be reviewed separately. Applicants should retain for their records one copy of all enclosures which accompany their application.

Award will be made to that responsible applicant(s) whose application(s) best meets the requirements of this RFA and the selection criteria contained herein. Issuance of this RFA does not constitute an award commitment on the part of USAID, nor does it commit USAID to pay for costs incurred in the preparation and submission of an application. Further, USAID reserves the right to reject any or all applications received. In addition, final award of any resultant cooperative agreement cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant, and all preparation and submission costs are at the applicant's expense.

In the event of any inconsistency between the sections comprising this RFA, it shall be resolved by the following order of precedence:

- (a) Section B - Selection Criteria;
- (b) Section A - Application Format;
- (c) Section C - The Program Description; and
- (d) This Cover Letter.

Applicants shall upload applications to www.grants.gov and shall also submit hard copies.

1. Hard copy submission: Applications and modifications thereof shall be submitted in envelopes with the name and address of the applicant and the RFA number (referenced above) inscribed thereon, to:

U.S. Agency for International Development
Svitlana Shkulova, Sr. Acquisition and Assistance Specialist
19 Nizhny Val Street
04071 Kyiv
Ukraine

Complete Application packages must be received no later than the closing date and time, January 11, 2012, 8:00 AM Kyiv, Ukraine local time.

2. Electronic submission through www.grants.gov: Complete Application packages shall be submitted electronically through grants.gov, and must be received no later than the closing date and time, January 11, 2012, 8:00 AM Kyiv, Ukraine local time.

Applications shall be submitted in two separate parts: (a) technical and (b) cost or business application. Both the technical and cost portions of the application shall have a cover page which includes the point of contact for the organization, including name, title, address, phone and fax numbers and e-mail address. Applications (hard copy and electronic copy) must be in **MS Word** format in Times New Roman Font size 11 with 1" margins on top, bottom, left and right. Budget spreadsheets **must** be in **Excel** format, signed pages in Word or PDF format.

NOTE: Faxed applications are not acceptable.

Any questions concerning this RFA should be submitted in writing via e-mail at RFPKyiv@usaid.gov and to the Acquisition and Assistance Specialists Marina Orlova, via email at morlova@usaid.gov. The deadline for submitting questions is December 2, 2011, 08:00AM Kyiv, Ukraine local time.

Thank you for your interest in USAID programs.

Sincerely,



Karin Kolstrom
Regional Agreement Officer
USAID Regional Mission for Ukraine,
Moldova and Belarus

TABLE OF CONTENTS	Page
SECTION A – APPLICATION INSTRUCTIONS.....	5
I. PREPARATION AND SUBMISSION GUIDELINES	5
II. TECHNICAL APPLICATION FORMAT	6
III. COST APPLICATION FORMAT	12
IV. COOPERATIVE AGREEMENT AWARD.....	14
V. AUTHORITY TO OBLIGATE THE GOVERNMENT	15
VI. ADDITIONAL CONSIDERATIONS.....	15
VII. BRANDING STRATEGY AND MARKING.....	16
VIII. ENVIRONMENTAL COMPLIANCE.....	16
IX. APPLICABLE REGULATIONS & REFERENCES	17
SECTION B – SELECTION CRITERIA	19
SECTION C – PROGRAM DESCRIPTION	22
SECTION D – CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF APPLICANT/RECIPIENT	52
PART I - CERTIFICATIONS AND ASSURANCES.....	52
PART II - OTHER STATEMENTS OF RECIPIENT.....	57
SECTION E - ANNEXES.....	60
ANNEX A –LIST OF PRINCIPAL RECIPIENTS OF GLOBAL FUND.....	60
ANNEX B – LIST OF SUB-AWARDS TO COMMUNITY-BASED LOCAL ORGANIZATIONS UNDER USAID’S HIV/AIDS PROJECTS AND THEIR FUNDING LEVELS IN UAH DURING 2004 – 2011.....	61
ANNEX C - LIST OF ANALYTICAL RESOURCES	64
ANNEX D - ENVIRONMENTAL COMPLIANCE FACESHEET (ATTACHED).....	65

SECTION A - APPLICATION INSTRUCTIONS

I. PREPARATION AND SUBMISSION GUIDELINES

- a. All applications (both hard and electronic copy) received by the deadline (January 11, 2012, 8:00 PM Kyiv, Ukraine local time) will be reviewed for responsiveness and programmatic merit in accordance with the guidelines herein. Section B addresses the evaluation procedures for the applications. Applications shall be submitted in two separate parts: (a) technical, and (b) cost or business application. In addition to electronic submission via www.grants.gov, an original and four (4) hard copies of the technical application and an original and two (2) hard copies of the cost application shall be submitted as described in the cover letter of this RFA. Both the technical and cost portions of the application shall have a cover page which includes the point of contact for the organization, including name, title, address, phone and fax numbers and e-mail address.
- b. Applications which are received late or are incomplete run the risk of not being considered in the review process. Such late or incomplete applications will be considered in USAID's sole discretion depending on the status of USAID's application review process as of the time of receipt and/or the quality of other applications received.
- c. Applications should be prepared according to the structural format set forth below. Technical applications should be specific, complete and presented concisely. A lengthy application does not in and of itself constitute a well thought out application. Applications shall demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Applications should take into account the evaluation criteria found in Section B.
- d. To facilitate the competitive review of the applications, applications should conform to the format prescribed below.
- e. Preparation of Applications
 1. Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the applicant's risk. Applications (hard copy and electronic copy) must be in MS Word format in Times New Roman Font size 11 with 1" margins on top, bottom, left and right. 8-point type is acceptable for graphics and tables provided. Information submitted over the stated page limitation will not be evaluated. Non-conforming applications will be converted to a document meeting the above requirements and pages above the limit, if any, will not be evaluated. Any page in the technical application that contains a table, chart, graph, etc., not otherwise excluded below, is subject to the page limitation. Budget spreadsheets must be in Excel format; budget narrative must be in Word format; all signed pages in Word or PDF format.
 2. Each applicant shall furnish the information required by this RFA. On the hard copies of applications, the applicant shall sign the application and certifications and print or type its name on the cover page of the technical and cost applications. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

3. Applicants which include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes should:

- (i) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in pages____."; and

- (ii) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

f. Applicants shall acknowledge receipt of any amendment to this RFA by signing and returning the amendment. The Government must receive the acknowledgement by the time specified for receipt of applications.

g. Explanation to Prospective Applicants

Any prospective applicant desiring an explanation or interpretation of this RFA must request it in writing not later than December 2, 2011, 08:00 AM Kyiv, Ukraine local time to allow a reply to reach all prospective applicants before the submission of their applications. Oral explanations or instructions given before award of an Agreement will not be binding. Any information given to a prospective applicant concerning this RFA will be furnished promptly to all other prospective applicants as an amendment of this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicants.

II. TECHNICAL APPLICATION FORMAT

The technical application will be the most important item of consideration in selection for award of the proposed cooperative agreement. Therefore, it should be specific, complete and concise. The technical application will consist of eight (8) sections as presented below and separated by tabs.

Applications must be in MS Word format in Times New Roman Font size 11 with single line spacing and one inch margins on top, bottom, left and right. The aggregate length of technical application should not exceed 70 pages. There is a 30 page limit for the Technical Approach, Implementation Plan, Staffing Plan, Performance and Monitoring and Evaluation Plan, and

Institutional Capability. Additionally, there is a 22 page limit for the sample curriculum and supporting explanation. No page limit for Past Performance References.

- a. Technical Approach
- b. Implementation Plan
- c. Staffing Plan
- d. Performance Monitoring and Evaluation Plan (PMEP)
- e. Institutional Capability
- f. Sample Curriculum and Supporting Explanation
- g. Past Performance References
- h. Annex

Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

- a. Technical Approach

The technical approach must set forth in detail the conceptual approach, methodology and techniques for the implementation and evaluation of program activities and the accomplishment of the stated objectives, taking into account the special considerations stated in this RFA. The technical approach must clearly demonstrate the application of innovative approaches, models, and tools. It must also clearly demonstrate plans to build Ukrainian capacity, i.e. local Ukrainian organizations and their capacities to implement the proposed activities. The applicant will provide a description of a preliminary transition plan of how strategies and methodologies will be transitioned to Ukrainian institutions throughout and after the project performance period. Applicants are expected to show how they will collaborate with all relevant stakeholders to implement a coordinated project.

In developing a technical response, the applicant should focus the following cadres of MARPs, and the applicant should present clear gender-sensitive strategies, tactics, and results for each:

- Male and female injecting drug users
- Sex workers
- Men who have sex with men
- Most at risk adolescents (MARA) with a focus on street children
- Men and women in pre-, in-, and post- detention settings
- Causal and regular sexual partners of MARPs

Depending on the availability of funding and discussions with USAID/Ukraine, future efforts under this project might target additional audiences. This might include, but are not limited to other at-risk populations or segments within the general population.

Within the technical application, applicants shall articulate how their proposed response is evidence-based and theory-informed. Proposed activities should be specific and supported by brief descriptions of how their approaches utilize international or regional best practices. When possible, these descriptions should include information on whether the proposed approach has been evaluated and what were the results. USAID/Ukraine welcomes opportunities for the project to contribute to innovative and promising best practices in HIV/AIDS services within

concentrated epidemics and capacity building, and applicants should indicate approaches that do so.

In the technical application, the applicant should include a case study to detail how the project would approach the design, implementation, assessment, and results measurement of a cascaded capacity building approach to deliver facility- and NGO- level performance improvement for integrated HIV/AIDS prevention, care, and treatment services in an Oblast capital city with high HIV prevalence. The case study should outline the use of evidence-based methodologies.

Applicants should note that the Global Fund, the GOU, and other institutions and organizations will provide supplies and commodities for HIV/AIDS services. This includes ARVs and methadone. However, depending on future project needs, it is possible that the Recipient will procure supplies and commodities for use under this project as required. USAID will work closely with the Recipient to determine any subsequent needs for the procurement of supplies and commodities.

It is important to note that USAID is committed to gender equality. The application should outline the most significant gender issues related to this media project in Ukraine by reflecting on the following questions: (a) how will gender relations affect the achievement of sustainable results? (b) How will proposed results affect the relative status of men and women? The applicant shall place considerable focus on the integration of gender considerations throughout the entire project implementation, ensuring that men and women are equally supported through USAID-funded activities and that gender awareness and gender dynamics are taken into consideration in all project activities. The program shall ensure that 1) women and men have the same opportunities and are treated identically and without discrimination; 2) resources are fairly distributed, taking into account the different needs of women and men; 3) the wide-ranging societal, political and economic effects of differences in gender roles are taken into account. The applicant shall determine an appropriate percentage for participation of women and men at all project levels. The applicant should demonstrate its gender expertise and capacity through proposing meaningful approaches to address gender issues identified in the Program Description.

Applicants are expected to:

- fully subscribe to USAID's gender policy, which requires that all policies, programs, implementation, monitoring plans, and budgets analyze and address the element of gender in pursuit of HIV/AIDS prevention;
- address underlying gender issues that might affect participation and access to HIV/AIDS services and activities by men and women;
- determine an appropriate minimum percentage for participation of men and women in project activities, counselling and training events;
- present clear gender-sensitive strategies, tactics, and results for each target audience:
 - Male and female injecting drug users
 - Sex workers
 - Men who have sex with men
 - Most at risk adolescents (MARA) with a focus on street children
 - Men and women in pre-, in-, and post- detention settings
 - Causal and regular sexual partners of MARPs

- suggest performance indicators for the Monitoring and Evaluation plan that would acknowledge the impact of gender-sensitive approaches on project results;
- disaggregate performance indicators data by sex as appropriate and feasible;
- suggest other innovative ways of tackling gender issues as they may arise during the project implementation.

b. Implementation Plan

Applicants shall submit a draft implementation plan for the entire period of performance which should clearly outline links between the proposed results, conceptual approach, performance milestones, and a realistic timeline for achieving the semi-annual, annual, and end-of-program results. The implementation plan serves several purposes including a guide to program implementation, a demonstration of links between activities, strategic objectives and intended results, a basis for budget estimates and the foundation for the monitoring and evaluation plan.

The implementation plan, at a minimum, shall include:

- Brief situation analysis in the context of what other donors and implementing partners and host-country governments are contributing;
- Life-of-program results;
- Milestones (or benchmarks) toward achieving those results over the duration of the program;
- Partner involvement and contributions to achieving the results;
- Timeline.

c. Staffing Plan

Applicants must submit a detailed Staffing Plan for USAID's review. Staffing Plans must, as a minimum, address the following:

- Placement of the program team within the larger organization(s); Program organizational charts with linkages to the key staff's parent organization are recommended. Identification of key personnel and long-term staff positions, including their technical and managerial roles and responsibilities and qualifications and abilities of proposed key personnel relevant to successful implementation of the proposed technical approach. Note: The following positions will be designated as Key Personnel under the resulting award:
 - Chief of Party (COP)
 - Deputy Chief of Party (DCOP)
 - Technical Advisor, HIV/AIDS Services
 - Technical Advisor, Capacity Building
 - Monitoring and Evaluation Specialist

Offerors are not required to name Ukrainian long-term staff, other than key personnel, or provide CVs thereto, but should include in the staffing plan the desired complement of local personnel, including position titles, desired qualifications, and how their inclusion would best achieve the results of this project.

- A clear chain of authority on the project/program team, including subawardee staff, if applicable (subawardee/subcontractor excludes local civil society organizations (CSOs) receiving support under this project)
- A clear line of communication and reporting which allows for early identification and proposed resolution of problems by the prime awardee and provision of related information to USAID.
- A clear, regular, and concrete means of communication between program staff in the field and their backstop officers in the headquarters office that functions without creating unnecessary overlap.
- A clear, regular, and concrete means of communication between the prime recipient and its subawardees (including Ukrainian CSOs) which ensures a cohesive working relationship and achievement of results;
- A use of both international and Ukrainian expertise, with attention to gender balance, and the development of indigenous Ukrainian capacity.
- A regular means of informal communication with the Agreement Officer's Technical Representative (AOTR), in addition to the required programmatic and financial reporting.
- If the Applicant plans to collaborate with other organizations for the implementation of this project, the services to be provided by each organization shall be described. [note: indigenous organizations receiving subawards or technical assistance from the project would be considered recipients, and therefore should not be included in the proposal]

d. Performance Monitoring and Evaluation Plan (PMEP)

The application shall contain an illustrative Performance Monitoring and Evaluation Plan (PMEP) for the indicators proposed in Section C, IV, C. Expected Results, Illustrative Indicators and Activities of the Program Description (several indicators are listed). Applicants are encouraged to propose other indicators which will assist in managing project performance. The PMEP shall contain project objectives and results, performance indicators, data sources and collection methods, baseline information or a timeline for collecting it and targets.

Performance indicators should comply with the following criteria: direct, objective, practical, adequate, and useful in managing for results. PMEP data should be based on fiscal year calendar.

The PMEP will have the following suggested structure:

- List of key project objectives, expected results and project outputs (output is a count of services delivered or items produced) as well as brief description of the linkages between the project outputs and its expected results.
- Definition and detailed description of the performance indicators to be tracked including: unit of measure and disaggregation by gender, as appropriate and feasible; justification/management utility; annual baselines/targets; schedule for data collection; individual responsibility for data collection and availability of data at USAID; and, detailed plans for data analysis, review and reporting.

e. Institutional Capability

Applicants must provide evidence of their technical and managerial resources and expertise (or their ability to obtain such) in program management, grants management and training, as well as their experience in managing similar programs in the past. Information in this section should include (but is not limited to) the following:

- Brief description of organizational history/expertise;
- Past experience and examples of accomplishments in developing and implementing similar programs, including:
 - Activities in structural, behavioral and biomedical prevention interventions;
 - Collaborations with donors and host country governments;
 - Partnering with NGOs to strengthen health and HIV/AIDS systems; and
 - Working with NGOs to improve the quality and use of data for decision making and to advance organizational capacity building.
- Relevant experience with proposed approaches;
- Institutional strength as represented by breadth and depth of corporate experience in project relevant disciplines/areas;
- Major sub-awardee or subcontractor capabilities [defined as receiving more than 15% of the project budget] and expertise (excluding local partners receiving support under this project).

f. Sample Curriculum

Applicants should provide a sample curriculum for building capacity with national or community-based local organizations in the application of up-to-date theories and models in the development of a behavioral intervention addressing the sexual transmission of HIV among the sexual partners of MARPs. Applicants may use examples of working with MARPs from generalized and concentrated epidemics. The Applicant should also include a sample curriculum for building the capacity of national or community-based local organizations in quality assurance in clinical service delivery through the provision of technical assistance. These samples can be from the applicant's work in other global projects. The applicant should include a short and concise description of how these curricula are based on current social and behavioral theories and models. If desired, the Applicant can include a brief description of how the organization will adapt these samples to the project's needs. It is not USAID's intention for the applicant to develop curricula to include in the application submission. In addition, please describe the applicant's role in developing and using the specific curricula (for example, did that organization develop the curriculum in-house, or was it developed by another organization through a sub-award? Have these curricula been evaluated and if so, what were the results?)

USAID reserves the right to collect additional information in order to accurately assess institutional capability.

h. Past Performance References

Applicants must list all contracts, grants and cooperative agreements which the organization, both the primary applicant as well as any substantive sub-grantees (receiving more than 15% of

the total award), has implemented involving similar or related programs over the past three years. Please include the following: name and address of the organization for which the work was performed; current telephone number and e-mail address of responsible representative of the organization for which the work was performed; contract/grant name and number (if any), and beginning and ending dates; brief description of the project/assistance activity (not more than one small paragraph).

i. Annexes

In the annexes the applicant shall include resumes for all five key personnel candidates. Resumes may not exceed three pages in length and shall be in chronological order starting with most recent experience. Each resume shall be accompanied by a SIGNED letter of commitment from each candidate indicating his/her: (a) availability to serve in the stated position, in terms of days after award; (b) intention to serve for a stated term of the service; and (c) agreement to the compensation levels which correspond to the levels set forth in the cost application. As references may be checked for all proposed long-term personnel, a minimum of four references for each proposed long-term person is required. Applicants should provide current phone, fax and email address for each reference contact. Applicants shall also include signed letters of commitment for sub awardees and any partners that will have significant role in the implementation (receiving more than 15% of the total award) of the proposed project (excluding Ukrainian CSOs receiving assistance under this project).

III. COST APPLICATION FORMAT

The cost or business application is to be submitted under separate volume from the technical application. Certain documents are required to be submitted by an applicant in order for an Agreement Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources. While there is no page limit for this portion, applicants are encouraged to be as concise as possible while providing the necessary detail for USAID to make an informed decision. The following sections describe the documentation that applicants for assistance awards must submit to USAID prior to award.

a. Budget

The budget should include an accompanying budget narrative which provides in detail the total costs for implementation of the program your organization is proposing. The budget should be submitted using Standard Forms 424, 424A and 424B which can be downloaded from the USAID web site at: http://www.grants.gov/agencies/aapproved_standard_forms.jsp#1, and accompanied by a spreadsheet showing the components of each element of cost, and a narrative providing support for the proposed costs. Budget spreadsheets must be in Excel format and budget narrative must be in Word format.

Applicants shall set aside funds for subgrants to community-based local organization as follows.

Project year one: \$1.5 million for approximately twenty five (25) community-based local organizations currently funded under the *Scaling-Up the National Response to HIV/AIDS*

through Information and Service project (SUNRISE) and the HIV/AIDS Service Capacity Project. A list of the organizations to be funded is included as an attachment to this RFA [note: Applicants are encouraged to fund additional local organizations beyond those in the attached list. Upon award, the Recipient will work with USAID to determine the selection, scopes of work, and funding levels for the community-based local organizations receiving subawards.]

Year two: \$1.5 million to continue funding approximately 25 subawards.

Year three: \$750,000 for approximately 25 subawards (reduced level of funding, as administration and oversight will be transferred to Global Fund recipients);

Years four and five: no subawards shall be provided to local organizations in program, only technical assistance.

At a minimum the budget and supporting documentation should include:

- The detailed breakdown of all costs including each partner organization, if any (major sub-awardees receiving more than 15% of the total award, excluding local partners) throughout the life of the project.
- The costs associated with home office, expatriate, and local in-country labor, i.e. identification of positions, daily or hourly compensation, hours/days to be worked, fringe benefits, etc.
- A breakdown of all other direct costs to include cost elements (communications, office supplies, equipment, vehicles, office rent, subcontracting, etc.), unit of measure (monthly estimate, cost per unit), number of units, basis of the estimate and programmatic need for the expenditure. [Note: the authorized geographic code for procurement of goods and services under this award will be 000 and 110 – see Section A.VI. Title of property shall vest in the recipient.]
- Details of travel, per diem and other transportation expenses to include number of international trips, expected itineraries, cost of travel, number of per diem days and per diem rates.
- Indication of the amount of funds to be set aside for grants to Ukrainian organizations.
- Support for any indirect costs and fringe benefits charged by the prime and all sub partners.

b. Other Required Documents

In addition to the requirements for the budget described above, the business or cost application submission should also include the following:

- A current Negotiated Indirect Cost Rate Agreement (NICRA).
- Any required certifications and representations (as attached and as stated in the Section D).
- Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance.

Applicants who have never received a grant, cooperative agreement or contract from the U.S. Government shall also submit the following information:

- Copies of the applicant's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;
- A projected annual budget, annual cash flow projection and organizational chart;
- A copy of the organization's accounting manual.

Applicants should also submit any additional evidence of responsibility deemed necessary for the Agreement Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:

- Has adequate financial resources or the ability to obtain such resources as required during the performance of the award;
- Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, nongovernmental and governmental;
- Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance;
- Has a satisfactory record of integrity and business ethics; and
- Is otherwise qualified and eligible to receive a grant under applicable laws and regulations (e.g., EEO).

Applicants are reminded that per the Mandatory Standard provision entitled, “Applicability of 22 CFR part 226”, all subgrants to non-US entities must include applicable standard provisions (for non-US organizations), meaning those which state that they must be included in subgrants. Also, applicants are reminded of A&A notice 09-002, <http://ukraine.usaid.gov/sites/default/files/AA%20Notice%2009-002%20Salary%20Policies%20for%20Local%20NGOs.pdf> covering labor costs. Subawardee labor costs must be in compliance with this notice, ie fixed pay scale, payment in local currency (Hryvna) not tied to foreign currency, no salary inflation for USAID funded projects, etc.

IV. COOPERATIVE AGREEMENT AWARD

The Agreement Officer may conduct negotiations with one or more applicants but reserves the right to make an award without discussions. USAID’s objective is to award a cooperative agreement to the organization or consortium whose application is in USAID’s sole discretion the most likely to achieve USAID’s goals as described in the RFA. The awardee will be the applicant whose application is determined by the Agreement Officer to be the most advantageous to the United States Government.

Negotiations or discussions conducted after receipt of an application do not constitute a rejection or counteroffer by the Government. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting cooperative agreement unless explicitly stated otherwise in the agreement.

To be eligible for award of a cooperative agreement, in addition to other conditions of this RFA, organizations must have a politically neutral humanitarian mandate, a commitment to non-discrimination with respect to beneficiaries and adherence to equal opportunity employment practices. Non-discrimination includes equal treatment without regard to race, religion, ethnicity, gender, age, and political affiliation.

Applicants are reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/subawards issued under this contract/agreement.

V. AUTHORITY TO OBLIGATE THE GOVERNMENT

The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed agreement may be incurred before receipt of either a fully executed Agreement or a specific written authorization from the Agreement Officer.

VI. ADDITIONAL CONSIDERATIONS

In responding to this RFA, potential applicants should bear in mind the following considerations:

a. Authorized Geographic Code

The authorized Geographic Codes for procurement of goods and services under the proposed award are 000 (United States) and 110 (NIS) except for the following:

Origin of commodities procured in Ukraine:

Pursuant to a blanket waiver signed on November 24, 2010 by the Administrator, code 935 origin is authorized for up to \$5,000,000 worth of commodities procured in the cooperating country with the exception of restricted commodities set forth in 22 CFR 228 and ADS 312 (e.g., motor vehicles, pharmaceuticals, and agricultural commodities).

b. Third Country Participant Training

Third-country training must **not** take place in countries that are

- Considered unfriendly by the U.S. Department of State and to which travel by U.S. citizens is prohibited; or
- Identified as terrorist countries by the Department of State.

c. Procurement of Professional, Technical or Consultant Services Provided by Third Country National (TCN) Individuals

Pursuant to a waiver to 22 CFR 228 signed by the USAID Administrator, Geographic Code 935 is authorized for the procurement of professional, technical or consultant services provided by Third Country National (TCN) individuals.

d. Prohibition on Support to Organizations Associated With Terrorism

The Recipient is reminded that U.S. Executive Orders and U.S. law prohibit transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the Recipient to ensure compliance with these

Executive Orders and laws. This provision must be included in all subcontracts/subawards issued under this agreement.

The names of individuals and entities designated as being associated with terrorism can be found at the web site of the Office of Foreign Assets Control within the Department of Treasury at: <http://treasury.gov/ofac>.

VII. BRANDING STRATEGY AND MARKING PLAN

USAID's framework legislation, the Foreign Assistance Act of 1961, as amended, section 641, requires that all programs under the Foreign Assistance Act be identified appropriately overseas as "American Aid." 22 C.F.R. 226.91(f) requires that, after the evaluation of the applications, the USAID Agreement Officer will request the Apparently Successful Applicant to submit a Branding Strategy and Marking Plan. When requesting a Branding Strategy and Marking Plan, the Agreement Officer will establish a reasonable time frame for submittal, review, and negotiation. If the Apparently Successful Applicant(s) fail(s) to submit or negotiate an acceptable Branding Strategy within the time specified by the Agreement Officer, that/those Applicant(s) become(s) ineligible for award.

USAID will not competitively evaluate the proposed Branding Strategy and Marking Plan. The Agreement Officer will review the proposed Branding Strategy and Marking Plan for adequacy to ensure that it complies with the Agency branding and marking guidance that can be found at <http://www.usaid.gov/branding/> and at <http://www.usaid.gov/policy/ads/300/320.pdf>. During the review of the Apparently Successful Applicant(s)'s Branding Strategy and Marking Plan, the Agreement Officer will coordinate as necessary with the Activity Manager, the Technical Evaluation Panel and the communications specialist. Following completion of the review, the Agreement Officer will negotiate any required changes with the Apparently Successful Applicant(s), approve the Branding Strategy and Marking Plan, and include them as part of the assistance award. The Agreement Officer will ensure that any estimated costs associated with branding and marking are included in the Total Estimated Amount of the grant or cooperative agreement or other assistance award.

VIII. ENVIRONMENTAL COMPLIANCE

1) The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (<http://www.usaid.gov/policy/ADS/200/>), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Applicant's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFA.

2) In addition, the recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.

- 3) No activity funded under this award will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as “approved Regulation 216 environmental documentation.”)
- 4) In 2011 the award will be covered by the following IEE: **2011-UKR-020** (Attached, Section E, Annex D). USAID has determined that a **Negative Determination with conditions** applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The Recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this award. The implementer will provide USAID with evidence that the recipient organization(s) followed all applicable environmental laws.

In the subsequent years the award will be covered by a new IEE.

- 5) As part of its initial Implementation Plan, and all Annual Implementation Plans thereafter, the Recipient, in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this award to determine if they are within the scope of the approved Regulation 216 environmental documentation.
- 6) If the Recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.
- 7) Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

IX. APPLICABLE REGULATIONS & REFERENCES

Mandatory Standard Provisions for U.S., Nongovernmental Recipients

<http://www.usaid.gov/pubs/ads/300/303maa.pdf>

Mandatory Standard Provisions for Non-U.S., Nongovernmental Recipients

<http://www.usaid.gov/pubs/ads/300/303mab.pdf>

22 CFR 226

http://www.access.gpo.gov/nara/cfr/waisidx_02/22cfr226_02.html

AAPD 11-01

http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd11_01.pdf

OMB Circular A-122

http://www.whitehouse.gov/omb/circulars_a122_2004

OMB Circular A-21

http://www.whitehouse.gov/omb/circulars_a021_2004

Federal Grants and Cooperative Agreement Act, 31 U.S.C. 6306

<http://uscode.house.gov/download/pls/31C63.txt>

ADS Series 300 Acquisition and Assistance

<http://www.usaid.gov/pubs/ads/>

Federal Acquisition Regulations (FAR)

<https://www.acquisition.gov/far>

SECTION B - SELECTION CRITERIA

The criteria presented below have been tailored to the requirements of this RFA. The Applicant should note that these criteria serve to identify the significant issues that Applicants should address in their applications, and to set standards against which all applications will be evaluated.

Applications will be evaluated in accordance with the evaluation criteria set forth below:

- Technical merits of the applications; and
- Cost effectiveness and cost realism of the application;

I. TECHNICAL EVALUATION CRITERIA

The criteria listed below are presented by major category, so that Applicants will know how Technical Evaluation Committee (TEC) will evaluate the technical proposal. Applicants should note that these criteria serve as the standard against which all technical information will be evaluated, and serve to identify the significant matters which will determine whether the Applicants have addressed the RFA. Within each category, sub-criteria are weighted according to the points indicated.

A. Technical Approach

60 points

The technical approach will be evaluated on the overall merit (creativity, clarity, analytical depth, state-of-the-art technical knowledge and responsiveness) and feasibility of the program approach and strategies proposed to achieve the program's objective and results. The technical approach will be evaluated according to the following criteria:

- The extent to which the technical approach demonstrates innovative, state-of-the-art, and evidence-based strategies and tactics to strengthen the quality of comprehensive HIV/AIDS services targeted to MARPs and their sexual partners. The proposed approaches are feasible, efficient, and have potential to be scaled-up. The proposed approaches build on promising global, regional, and national best practices for comprehensive HIV/AIDS services targeted to MARPs and their sexual partners, and can be taken to scale. Program objectives can realistically be achieved within the required time period of performance. **(20 points)**.
- The extent to which the technical approach establishes a creditable approach to strengthen the capacity of Ukrainian organizations to deliver quality HIV/AIDS programs, reflecting global evidence-based strategies and tactics and best practices. Also, the extent to which the application describes an approach builds on partnerships with the government, other donors, NGOs, other USAID implementing partners, and other stakeholders working in the in the area of HIV/AIDS services and institutional capacity building. **(20 points)**.
- The extent to which the sample case study and sample curriculum are evidence-based, state of the art, and reflect up to date theories, models, and approaches in behavioral interventions and capacity building **(10 points)**.
- The extent to which the technical approach provides for sustained programmatic results and strengthened institutional capacity beyond the life of the project **(5 points)**.
- The extent to which the application demonstrates that all relevant gender issues are identified and addressed. Evaluation under this sub-factor will also focus on the strength of the analysis

of gender issues presented in the technical application and the extent to which issues regarding disadvantaged gender groups are addressed (**5 points**).

B. Management & Staffing

20 points

Evaluation under this factor will focus on the quality of the proposed management and staffing plan and its ability to operate independently and timely to deliver the results of the program. The following considerations relate to the evaluation of this sub-factor:

- Extent to which the proposed Key Personnel convincingly demonstrate the qualifications to successfully implement the proposed program (**15 points**).
- Appropriateness of the composition and organizational structure of the in-country and home-office project team, international and local positions to implement each project component to reach the indicated objectives, and a clear, sound and effective staffing pattern with roles and responsibilities among different positions adequately delineated including use of local capacity as an integral part of the offeror's workforce (**5 points**).

C. Institutional Capacity and Experience

10 points

Evaluation under this factor focuses on the existing capabilities of the applicant and its proposed partners/sub-contractors/sub-recipients and their actual experience in providing similar services to those required under the program description. The following considerations relate to the evaluation of this sub-factor. Within each category, sub-criteria are weighted according to the points indicated:

- Demonstrated organizational capacity of the applicant and proposed partners in managing similar projects, including experience in the provision of technical assistance to expand the quality of HIV/AIDS services targeted to MARPs and their sexual partners (**5 points**).
- Level of experience in building the capacity and sustaining the ability of national and community-based local organizations to implement innovative, state-of-the-art HIV/AIDS programs beyond program end. (**5 points**).

D. Past Performance

10 points

The applicant's past performance will be evaluated in accordance with ADS 303.3.6.3(a)(1) with particular emphasis on applicant's demonstrated ability to achieve results in similar projects.

USAID reserves the right to obtain past performance information from other sources beyond those named in the application.

Total (Technical Evaluation Criteria)

100 Points

II. COST EVALUATION

Cost has not been assigned a score but will be evaluated for cost reasonableness, allocability, allowability, cost effectiveness and realism, adequacy of budget detail and financial feasibility and cost sharing. Cost sharing is not required for this award.

The technical merit of applications under this RFA is substantially more important than costs. However, cost effectiveness may become a determining factor in the final award(s) decision, especially between closely ranked applicants. The percentage of funds spent on programming versus administrative costs will be taken into consideration, i.e. the cost of staff salaries, equipment, and facilities vs. costs of field activities and interventions that directly impact the target beneficiaries.

An analysis of the proposed cost will be conducted to determine the validity and the extent to which it reflects performance addressed in the technical application. An assessment will be made of the applicant's capability to accomplish the objectives within the estimated cost proposed. The cost application will be used as an aid to determine the applicant's understanding of the technical requirements.

SECTION C – PROGRAM DESCRIPTION**ACRONYMS**

AOTR	Agreement Officer’s Technical Representative
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
CDC	Centers for Disease Control and Prevention/LIFE-GAP
CSO	Civil Society Organization
FSW	Female Sex Worker
GHI	Global Health Initiative
GOU	Government of Ukraine
HCT	HIV Counseling and Testing
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency
IDU	Injection Drug User
M&E	Monitoring and Evaluation
MARA	Most-at-Risk-Adolescents
MARP	Most-at-Risk-Populations
MAT	Medication Assisted Therapy
MOH	Ministry of Health
MSM	Men who have Sex with Men
MSP	Mission Strategic Plan
NIDA	National Institute for Drug Abuse
NSP	Needle and Syringe Programs
OGAC	Office of the Global AIDS Coordinator
PEPFAR	President’s Emergency Plan for AIDS Relief
PLHIV	People Living with HIV/AIDS
PPP	Public-Private Partnership
RFA	Request for Application
SI	Strategic Information
SOW	Scope of Work
SPS	Strengthening Pharmaceutical Systems
STI	Sexually Transmitted Infection
SUNRISE	Scaling-Up the National Response to HIV/AIDS through Information and Services
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
UNODC	United Nations Office of Drugs and Crime
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

1. PROJECT OVERVIEW

USAID/Ukraine is supporting the *Improved HIV/AIDS Services among Most-at-Risk Populations* project to reduce HIV transmission among most-at-risk populations (MARPs) through state of the art HIV/AIDS services delivered by Ukrainian organizations. These services include a range of behavioral, biomedical, and structural HIV/AIDS activities, community- and facility-based services, and communications. The project will provide technical assistance to national and local Ukrainian organizations to improve MARP's access to and use of HIV/AIDS services, with a focus on HIV prevention. At the end of the program's five years, Ukrainian organizations will have measurably increased capacity to deliver comprehensive, data-driven HIV/AIDS services with the ability to adjust these programs to changing epidemic patterns. Post-project, Ukrainian organizations will be able to access state of the art technical and capacity building resources offered through strengthened in-country organizations.

The *Improved HIV/AIDS Services among Most-at-Risk Populations* project will work with national stakeholders and other donors to ensure cohesiveness with Partnership Framework goals. This program complements and adds value to existing and forthcoming HIV/AIDS initiatives, including those supported by the Global Fund and the United States Government (USG). The program builds upon achievements and lessons learned from current HIV/AIDS interventions.

2. PROBLEM STATEMENT

Ukraine is experiencing the most severe HIV/AIDS epidemic in the European region and the Commonwealth of Independent States, and requires a long-term, sustained national response. HIV infections are likely to cause significant damage to public health in Ukraine, and may continue to expand in the absence of well-designed and executed HIV/AIDS services targeted to most-at-risk populations (MARPs).

At end of 2009, the estimated HIV prevalence among the adult (15-49 year old) age group was 1.29%. UNAIDS estimates that there are 350,000 people living with HIV (PLHIV). The reported cumulative number of clients registered with the national AIDS Centers by the end of 2009 was 161,119. The annual number of newly reported cases of HIV infection has been constantly increasing, with the number of new cases reported to be 19,840 in 2009, compared to 12,491 in 2005 and 6,212 in 2000.

The HIV epidemic in Ukraine continues to be driven by unsafe drug injection and sexual practices, and remains concentrated among MARPs, including injecting drug users (IDUs), prisoners, female sex workers (FSWs), men who have sex with men (MSM), and the sexual partners of these populations.

Since 2007, the reported primary mode of HIV transmission seems to be shifting from injecting drug use to sexual transmission through the partners of MARPs, showing a changing epidemic pattern and the necessity to focus future prevention efforts increasingly on changing sexual behaviors of MARPs while continuing to scale up harm reduction activities for male and female IDUs. Epidemiological data do not reveal a significant proportion of new HIV infections within the general population that would be independent of sexual and IDU transmission linked to MARPs. The shift in the epidemic might be linked to nearly universal screening of pregnant

women. Additionally, it is important to further investigate the effect of overlapping risk behaviors in HIV transmission since currently this is not captured by Ukraine's surveillance system, such as FSW and street children who inject drugs.

The proportion of young people aged 15-24 years among the newly reported cases of HIV has decreased in the recent years from 16% in 2006 to 12% in 2009. Almost two-thirds (64%) of the registered HIV cases are in the age group 25-49 years. The gender distribution shows a proportion of 55% men to 45% women of new HIV cases in 2009, with the proportion of women infected increasing over time, whether due to near universal testing of antenatal attendees, the natural progression of the epidemic, or increased risk is hard to determine. The epidemic continues to affect mostly urban areas, with only 21% of new cases in 2009 registered in rural areas.

Table 1 presents an overview of the epidemiology of HIV in Ukraine by each cadre of MARP, with supporting behaviors.

Table 1: At a Glance: The Epidemiology of Ukraine among Most-at-Risk Populations

MARPs	Estimated Size ¹	HIV Prevalence	HIV Prevention Program Coverage ²	HIV Program Coverage (in %)	HIV Knowledge Indicator	Self-Reported Drug Use	% Engaged in Casual Sex	% Condom Use, Last Sex, Casual/Regular Partner
IDUs ³	285,000-390,000	21.6%	165,000	58.50%	58%	85.4%*	37%	53%/28%
Prisoners ⁴	130,000-140,000	15.0%	29,000	20.00%	41%	56%	N/A	N/A/15%
FSWs ⁵	65,000-90,000	12.9%	25,000	36.50%	52%	24%	N/A	N/A/58%
Clients of FSWs ⁶	830,000	7.4%	N/A	N/A	57%	23%	100%**	92%**/47%
MSM ⁷	95,000-230,000	8.6%	18,000	15.70%	71%	11%	61%	82%/60%

¹Berleva G.O., K. Dumchev, Y. Kobyscha and V. Paniotto. Analytical Report based on sociological study results. Estimation of the Size of Populations Most-at-Risk for HIV Infection in Ukraine in 2009. Kyiv 2010. (Draft)

²International HIV/AIDS Alliance in Ukraine. "HIV prevention among most at risk populations." Presentation prepared for the in-country meeting, Kyiv, January 12, 2011

³Pohorila N., Y. Taran, I. Kolodiy and T. Diyeva. Analytical report based on results of linked survey. Behavior monitoring and HIV infection prevalence among injection drug users. Kyiv 2010. (Draft)

⁴Demchenko Iryna, Kostyuchok M. and Byelonosova N. Analytical report on results of the linked research. Monitoring of awareness, behavior and HIV prevalence among prisoners as part of second generation HIV surveillance. Kyiv 2010. (Draft)

⁵International HIV/AIDS Alliance in Ukraine. Analytical report based on results of 2009 survey among FSWs. Behavioral monitoring and HIV infection prevalence among FSW as a component of second generation surveillance. Kyiv 2010. (Draft)

⁶Grushetsky Aleksandr. Analytical report based on results of 2009 survey among commercial clients of FSWs. Behavioral monitoring and HIV infection prevalence among commercial clients of FSW as a component of second generation surveillance. Kyiv 2010. (Draft)

⁷International HIV/AIDS Alliance in Ukraine. Analytical report based on results of 2009 survey among men having sex with men as a component of second generation surveillance, 2009. Kyiv 2010. (Draft)

Street children ⁸	40,000-300,000 ⁹	18.4%	37,000	N/A	N/A	N/A	N/A	N/A
------------------------------	-----------------------------	-------	--------	-----	-----	-----	-----	-----

* consistent sterile syringe use in the last 30 days

** commercial sex

3. BACKGROUND

a. The USG Response to Date in HIV/AIDS Services

Since 2001, the United States Government (USG) has worked with the Government of Ukraine (GOU), other donors, multilateral and international agencies, non-governmental organizations and the private sector to prevent transmission of HIV and contain the spread of HIV among most-at-risk populations. The current program of assistance supports GOU efforts to: strengthen the HIV/AIDS policy and legislative environment; expand prevention, care, and treatment communications and services to vulnerable populations, including access to medication assisted treatment (MAT) for IDUs; reduce the stigma and discrimination associated with HIV/AIDS; and build governmental and civil society capacity to plan, implement, manage and monitor Ukraine's National AIDS Program.

USAID implements the USG's flagship HIV/AIDS programs in Ukraine. One such program is the *Scaling-Up the National Response to HIV/AIDS through Information and Services* (SUNRISE) project. The goal of SUNRISE is to substantially decrease HIV transmission within vulnerable and affected communities. This is by significantly increasing access to and use of high-quality prevention, care, and treatment communications and services among these populations in selected regions of Ukraine. The International HIV/AIDS Alliance is the prime recipient, and the Ukrainian partner organization is the International HIV/AIDS Alliance in Ukraine. The \$12.96 million SUNRISE Project was awarded in August 19, 2004 and is scheduled to end January 31, 2012.

Another flagship HIV prevention project, funded through USAID, is the *HIV/AIDS Service Capacity Project*, which provides technical assistance in legislation, regulatory policy, and advocacy to increase access to and use of HIV/AIDS services and resources. The prime recipient is Futures Group International, and partnering organizations are the Coalition of the HIV Service Organizations, the All Ukrainian Network for People Living with HIV/AIDS, and Project Hope. The \$12 million HIV/AIDS Service Capacity Project was awarded in September 26, 2007 and is scheduled to end September 30, 2012.

Other USG HIV/AIDS programs in Ukraine include an agreement with the World Health Organization (WHO) to work with the GOU to review the cost effectiveness of MAT models and the quality of integrated MAT packages. The *Strengthening Pharmaceutical Systems (SPS) project* provides technical assistance to the GOU in procurement and supply chain management for HIV/AIDS and TB. The Centers for Disease Control and Prevention (CDC) provides technical assistance to the Ministry of Health (MOH) in the use of strategic information,

⁸ Teltschik A. Children and Young People Living or Working on the Streets: The Missing Face of the HIV Epidemic in Ukraine. Kyiv: United Nations Children's Fund, AIDS Foundations East-West, 2006

⁹ Teltschik A. Children and Young People Living or Working on the Streets: The Missing Face of the HIV Epidemic in Ukraine. Kyiv: United Nations Children's Fund, AIDS Foundations East-West, 2006

laboratory systems, and blood safety. The United States Department of Defense collaborates with the Ukrainian Ministry of Defense to increase HIV prevention activities, including HIV counseling and testing (HCT), to uniformed services. The United States Peace Corps utilizes its volunteer network to work in HIV prevention and stigma reduction at the grassroots level within communities.

b. Transitions in USAID's Approach to HIV/AIDS Services

USAID's investment in HIV/AIDS services, with a focus on HIV prevention, has contributed to several notable achievements in Ukraine. These include the initial scale up of comprehensive HIV/AIDS services to MARPs throughout the country, reaching IDUs, FSWs, MSM, and most recently, street children. Through support and capacity building, civil society organizations (CSOs) have evolved as key HIV/AIDS service providers, complementing and linking to public sector HIV/AIDS services. USAID supported the pilot and evaluation of MAT in Ukraine, and has provided several tranches of condoms for distribution through the public sector.

A number of recent developments have underscored USAID's need to update its overall approach and delivery of development assistance to the national AIDS program in Ukraine. First, with the 2008 reauthorization of the President's Emergency Plan for AIDS Relief (PEPFAR) and the launch of the Obama Administration's Global Health Initiative, the US has placed renewed emphasis on deepening US-host country partnerships and strengthening country capacity to support a more sustainable, resourced response to combat HIV/AIDS. Through the Partnership Framework, which was signed February 15, 2011, the US intends to build upon its bilateral investments to date, enhance alignment of Partnership programs with those of key stakeholders such as UNAIDS, UNODC, the Global Fund, the Clinton Foundation, the International Renaissance Foundation, and WHO and other UN agencies, and make optimal use of civil society and the private sector to expand program reach and scope.

Second, the total amount of funding available for the national HIV/AIDS program in Ukraine from the Global Fund has more than doubled during the past year. In December 2010, Ukraine was notified of the Global Fund Round 10 award in the amount of US\$ 305 million. This represents a 232% increase in funding levels since the receipt of the Round 6 award of \$131,537,035. The GOU's financial commitment to HIV prevention, care, and treatment also increased, with the government's agreement to finance 80% of costs for treatment from the 2009 – 2013 National AIDS Program budget. However, only 13% of the budget is allocated to HIV prevention, which covers only 20% of the estimated costs for service delivery to MARPs.

The Global Fund Round 10 program is expected to start in January 2012 with three Principal Recipients: the International HIV/AIDS Alliance in Ukraine, the All-Ukrainian Network of People Living with HIV/AIDS and the Ukrainian AIDS Center. This is the first time that a GOU institution is a Principal Recipient. The focus of the Round 10 award is on IDUs, FSWs, MSM, the sexual partners of MARPs, PLHIV (especially women), vulnerable children, youth and adolescents, and prisoners.

With the advent of scaled up HIV/AIDS services and communications under the Global Fund Round 10 award and the GOU's currently underfunded HIV prevention response, USG assistance must directly contribute to sustained improvements in HIV/AIDS through country-led programs and partnerships. USAID must balance its investment in technical assistance, health systems strengthening, and service delivery. USAID-funded HIV/AIDS projects must add to and

complement GOU and Global Fund programming, and create the strategies required to achieve the most effective and economical results in reducing HIV transmission.

c. Relation of the Activity to Key USG Strategies and Partnerships

The *Improved HIV/AIDS Services among Most-at-Risk Populations* project is rooted in a number of USG frameworks and policy documents, and will contribute to the goals expressed in each:

USAID/Ukraine's Strategic Plan for Health: the FY 2012 Mission Strategic Plan (MSP) notes that a healthy population is vital to Ukraine's growth and competitiveness, and continued USG investments in health are essential to the furthering the country's economic goals. An MSP goal is that Ukraine will have improved capacity to provide services that protect public health and improve economic potential and productivity. As part of its commitment to investing in people, USAID supports Ukraine's efforts to improve availability and effectiveness of health services and increase GOU's capacity to provide quality health services. Ukraine's growing burden of HIV/AIDS undermines productivity and create an unsustainable burden on the public health system. By investing in HIV/AIDS services and communications in Ukraine, through internationally accepted proven standards, USAID will further contribute to higher foreign policy objectives and protect the public health and improve health outcomes.

The USG/Ukraine Partnership Framework: The Partnership Framework, signed in February 2011, will deepen GOU/USG cooperation, strengthen coordination, and enhance collaboration in joint programming of technical and financial resources to strengthen the national response to HIV/AIDS. The Partnership Framework goals are to:

1. Reduce the level of HIV transmission IDUs and other MARPs
2. Improve the quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs, particularly IDUs and their sexual partners
3. Strengthen national and local leadership, capacity, institutions, systems, policies, and resources to support the achievement of national AIDS program objectives

The USG/Ukraine's Global Health Initiative Strategy: The Global Health Initiative (GHI) is a comprehensive, whole-of-government approach to global health that seeks to achieve significant health improvements and foster sustainable effective, efficient and country-led public health programs that deliver essential health care. To achieve maximum impact, GHI has a special focus on improving the health of women, newborns and children by combating infectious disease, delivering clean water, and focusing on nutrition and maternal, newborn, and child health. USG/Ukraine is in the process of developing its GHI Country Strategy. The *Improved HIV/AIDS Services among MARPs* project is expected to reflect its goals and objectives, and contribute to the achievement of its targets. GHI's global goals and targets include:

- ***HIV/AIDS:*** Through the President's Emergency Plan for AIDS Relief (PEPFAR), support the prevention of more than 12 million new HIV infections; provide direct support for more than 4 million people on treatment; and support care for more than 12 million people, including 5 million orphans and vulnerable children.
- ***Tuberculosis (TB):*** Contribute to the treatment of a minimum of 2.6 million new sputum smear positive TB cases and 57,200 multi-drug resistant cases of TB, and contribute to a 50 percent reduction in TB deaths and disease burden relative to the 1990 baseline.

- ***Family Planning and Reproductive Health:*** Prevent 54 million unintended pregnancies. This will be accomplished by reaching a modern contraceptive prevalence rate of 35 percent across assisted countries and reducing from 24 to 20 percent the proportion of women aged 18-24 who have their first birth before age 18.

During the life of the project, the *Improved HIV/AIDS Services among Most-at-Risk Populations* project is expected to work in partnership with key GOU and Partnership Framework entities.

These key partnerships include:

The Ministry of Health: The MOH is responsible for the provision of health services that are of good quality, equitable, accessible, affordable, and sustainable, meeting the needs of Ukrainian communities. Responsibilities include the formulation of health related policies, and the provision and oversight of hospital and preventive services. The **Ukrainian AIDS Center** is under the Ministry of Health, and these centers provide HIV/AIDS prevention, care, and treatment service delivery, commodities distribution, and counseling services.

The Ministry of Interior: this Ministry oversees law enforcement in Ukraine, including police and pre-detention services and the protection of people and public security. The Ministry is also responsible for drug control, and they investigate economic and drug related crimes.

The Global Fund: As described above, the Global Fund Round 10 award is expected to start in January 2012 with three Principal Recipients. The vision for the Round 10 Program is to foster a long-term sustainable public health care system for the scale-up and intensification of comprehensive HIV/AIDS prevention, treatment, care, and support services that are better integrated, institutionalized, and provide better quality, gender sensitive and equitable access to services for target populations in Ukraine. Five strategic priorities under the new award are: 1) expansion of prevention services and scale-up treatment, care and support services; 2) prominent stewardship role of the government; 3) effective decentralization of integrated social and medical services; 4) equity and strong community voice; and 5) adequate quality assurance and monitoring and evaluation (M&E) mechanisms. By the end of Year Five, the expected coverage by Global Fund programs in HIV prevention is: 191,000 IDUs; 12,500 sexual partners of IDUs; 33,056 sex workers; 37,000 MSM; and 25,000 most-at-risk adolescents (MARA). In addition, 75,000 prisoners will undergo HCT.

UNODC: under a three year regional award working with eight countries in Central Asia and Eastern Europe, UNODC is implementing the *Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups in Central Asia and Eastern Europe* program. The program aims to harmonize human rights- and evidence-based drug control and HIV prevention and care strategies within law enforcement and criminal justice. Other activities include strengthening professional education around comprehensive HIV services for people who use drugs and prisoners, expanding HIV/AIDS services in prisons, and constructing related M&E systems.

Other USG-funded HIV/AIDS programs in Ukraine: the *Improved HIV/AIDS Services among MARPs* project is expected to coordinate and liaise with these programs in a substantive manner. These include the *HIV/AIDS Service Capacity Project*, WHO and its work with MAT, *Strengthening Pharmaceutical Systems*, the Peace Corps, and DOD.

The project is also expected to coordinate closely with CDC-funded research and strategic information projects. The CDC is starting to implement its strategic information and technical

assistance project through three implementers, Macro International, Westat Inc., and Columbia University. This project will work closely with the GOU to strengthen capacity in the M&E of health program and systems, health economics and finance, surveillance and epidemiologic investigations, health information systems, and support services. In 2012, the CDC will initiate a non-governmental organization strategic information project that will fill gaps in strategic information through surveillance, qualitative and quantitative assessments, and other focused data collection activities. The project will also provide technical assistance to the National M&E Unit of the MOH to strengthen capacity to direct, analyze, and use these types of data collection activities.

d. MARPs in Ukraine: Achievements, Programs, and Issues

The *Improved HIV/AIDS Services among Most-at-Risk Populations* project will build on and expand achievements, best practices, and lessons learned in HIV/AIDS service programs, especially in HIV prevention, with MARPs in Ukraine.

The following is an overview of program, achievements, and issues for each cadre of MARP:

Male and female injecting drug users: USAID-supported prevention among IDUs focused on NSP and MAT. To date, NSP coverage is strong and in some areas coverage approximates international standards of 60% or more needed for the effective prevention of HIV transmission. There are some promising best practice models implemented in Ukraine, including the pharmacy-based NSP approach. Issues that impede NSP usage and services include variations within cost-effective and comprehensive service delivery and the need to reach new and harder-to-reach clients with an overall stronger focus on safer sexual practices among IDUs and their partners. Other issues include variation among Oblasts in the collection and disposal of used needles and syringes exacerbated by outdated regulation.

USAID has played a key role in the piloting and scale up of MAT programs. Currently, there are 127 sites in Ukraine delivering MAT within a range of delivery points, including narcology and TB clinics and AIDS Centers, complemented by strong community-based support in some cities. The integrated HIV/TB/MAT center in Odessa is an international promising best practice. Nationally, MAT coverage is low and is not yet at levels necessary to impact HIV incidence at population levels. Issues that hinder MAT usage and services include differences among government stakeholders and providers concerning MAT, and certain policies impede high quality service delivery. The complete package of services does not always include wraparound services, and there are no MAT services for IDUs in pretrial, prison, or detention settings, which can lead to interrupted services. There is a sizeable attribution rate of MAT clients in programs.

Sex workers: To date, the SUNRISE project has reached approximately 37% of FSWs with HIV prevention services, mostly through CSOs. These partners implement a range of outreach approaches and a mix of services for FSWs. Many of the CSOs use a peer-driven approach, utilizing the expertise and entrée that current and former sex workers offer. There is a strong referral system in place from these services to public sector facilities for STI follow up diagnosis and treatment. Issues include the delivery of a standard package of service to all FSWs that do not always meet the needs of various segments, and the package itself does not always conform to international standards. The nature and extent of referrals and supporting follow up to Positive Prevention, NSP, and MAT services is unclear. It is also unclear to what extent implementing

partners target advocacy efforts to local authorities and the owners and managers engaged in commercial sex work.

Men who have sex with men: HIV prevention interventions targeted to MSM are provided primarily by CSOs and programs reach MSM through outreach to venues where MSM congregate, such as bars, and through support groups held at community centers. To date, the SUNRISE project has reached approximately 16% of MSM have been reached with HIV prevention services. There are some promising best practices in HIV prevention among MSM in Ukraine that have the potential to be replicated throughout the country. Issues include the overall low coverage of MSM, particularly among non-gay identified MSM, “hidden” MSM, and MSM with overlapping risk behaviors (e.g. injecting drug use). There are gaps in delivering interventions outside of familiar venues to underserved or most-at-risk MSMs (e.g. male sex workers) and consistent service provision in cruising areas. There are few MSM-friendly health providers which decreases access to specialized services.

Most at risk adolescents (MARA): USAID recently started to support CSO-driven HIV prevention initiatives among MARA, specifically street children. Services include information and education, psychosocial support, shelter, HCT, and condom distribution. Programs reach street children through outreach to venues where street children live and congregate, and at community centers. There is a promising best practice in reaching street children with HIV prevention services in Odessa using a peer driven approach. CSOs use a loophole in current legislation that restricts service eligibility to minors without parental consent to provide rapid HIV testing to street children. Aside from the need to scale up services at a national level, other issues include understanding if MARA are providing a disproportionate percentage of new HIV cases within youth, and to what extent are HIV sero-conversions the result of overlapping risk behaviors (e.g. IDU; sex work).

Prisoners: Access to harm reduction programs for prisoners has improved, with about 28,000 prisoners receiving services in 2009. It is estimated that 12% of prisoners have taken an HIV test and received their results. However, general knowledge of how to prevent the sexual transmission of HIV is still very low among prisoners, at 41%. HIV infection among prisoners is largely driven by injecting drug use. The coverage of HIV prevention programs have increased in Ukraine, mainly through Global Fund and World Bank funding, but there are still considerable gaps in reach. By 2009, 15% of prisoners were reached with HIV prevention programs, up from 8% in 2007, but still the vast majority do not receive services.

Causal and regular sexual partners of MARPs: Overall, there is need to expand HIV prevention initiatives, focused on the reduction of sexual transmission, to reach the range of sexual partners for all cadres of MARPs. This includes FSW clients and regular partners, MSM short term, long term, and female partners, and the causal and regular partners of IDUs.

e. MARPs in Ukraine: Promising Best Practices

The *Improved HIV/AIDS Services among Most-at-Risk Populations* project will investigate opportunities to build on and expand achievements promising best practices in reaching MARPs with HIV prevention services. These promising best practices include the following:

Pharmacy-Based Needle and Syringe Program: Ukraine's pharmacy-based needle and syringe program is one of the most promising IDU models for scale up and is an innovation in engaging private pharmaceutical sector in the national HIV prevention response. Pharmacy-based NSP was first launched in 2007 in one of the round-the-clock pharmacies in Kiev and was soon scaled-up through USAID's SUNRISE project in three regions. Pharmacists were trained in basic principles of harm reduction and counseling skills. Currently, there are 123 pharmacies operating in 13 of Ukraine's 27 regions with support from The International HIV/AIDS Alliance in Ukraine. Since the start of the program, approximately 24,000 clients have made 346,000 visits to pharmacies. In 2009, 11,600 IDUs received services for the first time through pharmacy-based NSP.

Pharmacists provide customized packs of syringes and disinfectants for stimulant and opioid drug users, condoms, educational materials, and referrals to community- and institution-based services that are available to MARPs. Pharmacists also collect used syringes through containers placed in discrete corners of the pharmacy, and CSOs work with the program to remove full containers operating under established syringe waste management practices. Pharmacists provide NSP services to CSO-based clients who provide their client cards, and issue cards to the new IDU and FSW clients. Pharmacists keep client and product distribution records. They also provide packages for amphetamine-type stimulant users.

The advantage of this model is the proximity of syringe exchange within neighborhoods where most IDUs live, and the accessibility of 24 hour pharmacy service. The pharmacists establish on-going relationships with their clients and update them with new materials or information on new services available through community-based programs. The establishment of such outreach programs relies on the capacity of CSO leaders to establish a personal relationship with the network managers of private pharmacies, and the ability to persuade them of the public health benefits of NSP, since this is the main hindering factor in a national NSP program scale-up.

Provision of Integrated MAT/TB/HIV Services in Odessa: The TB Clinic in Odessa is one of the few locations in Ukraine that provides methadone to both inpatient and outpatient qualifying TB patients. On an annual basis, there are 500 TB/HIV co-infected patients, and each year approximately 350 of 2,000 TB patients who are tested for HIV are diagnosed with HIV. Eighty patients receive MAT on-site and these patients are either transitioned to the substance abuse clinic at the end of TB directly-observed therapy - short course (DOTS) treatment or choose to discontinue substitution therapy. There are currently 24 patients on substitution therapy.

In addition to TB staff, the multidisciplinary team includes an infectious disease specialist to monitor HIV-infected patients and write ART prescriptions, which patients then obtain from the AIDS Center. There is also a MAT substance abuse specialist, a psychologist, social workers, and nurses. The staff is well-trained and enthusiastic. The clinic premises include a refurbished room adjacent to the DOTS clinic where outpatient MAT patients receive their doses.

Despite the lack of a national standard for TB treatment due to disagreement about the efficacy of DOTS among stakeholders, the center follows many international best practices. Staff have identified and addressed some of the constraints of the vertical Soviet health system in providing integrated patient care for TB/HIV opioid users, and serves as a training center for other TB providers in the Oblast.

MSM Outreach Program in Odessa: in 2006, the CSO *Partner* started a peer-led MSM HIV prevention program in Odessa under the direction from the more established CSO, *Faith, Hope and Love*. *Partner* operates a drop-in center called *Babylon* and conducts peer outreach activities at the two gay bars in the city. The drop-in center is two years old and serves as an office, meeting place, and social refuge for many MSM. There are computers for clients use, with internet services for social networking outreach. Physicians from the City AIDS Center come to the center to conduct STI and HIV screening and treatment. The staff are well educated, middle-class, and by their own admission, well connected to their social peers. They are knowledgeable about lesbian, gay, bisexual, and transgender (LGBT) human rights issues and MSM HIV prevention activities in other parts of the world.

Partner staff implement MSM BCC interventions based on a mentoring peer-driven model for gay men designed in the United Kingdom. The outreach workers provide the bars with condoms, lubricants, and engage customers with educational materials and inform them about the organization. Given the relatively closed network of bar-going MSM in Odessa, outreach workers establish on-going relationships with patrons and can remind and refer them to periodic STI checks and HIV tests. The staff put an emphasis on providing quality services and targeting behavior change as opposed to simply reaching numbers.

By their own admission, *Partner* staff can only reach a portion of MSM through bar outreach or the internet. They have a less contact with poorer, less educated MSM, closeted MSM, and male sex workers. Age group segmentation is also an issue, since most of the clients are younger and older MSM do not share much in common with them. Despite harassment by police in the form of extortion among outreach workers, drop-in center vandalism by homophobes and skinheads, negative press by journalists, and lack of sufficient funding, the project is successfully providing HIV interventions to many high-risk MSM in Odessa.

f. Other HIV/AIDS Activities & Services in Ukraine: Achievements, Programs, and Issues

Behavioral Interventions to Reduce Sexual Transmission of HIV: behavioral interventions aim to reduce the sexual transmission of HIV by motivating behavior change in individuals, couples, peer groups, networks, institutions, and entire communities. Within programs targeted to MARPs in Ukraine, there are some promising behavioral approaches.

However, although elements of behavioral interventions exist in programs targeted to MARPs, there is an overall need for evidence-based, state of the art design and programming for effective HIV prevention. This includes the use of HIV epidemiology for program design and monitoring, effective targeting and segmentation of at-risk populations and the range of their sexual partners, and revamped interventions based on up to date theories and models. CSO that implement behavioral interventions to reduce the sexual transmission of HIV should integrate the robust application of theory-based approaches to interventions within combination prevention packages of services tailored to each of the target audiences. These core packages of services include the reduction of risky behaviors, substance abuse, HCT, STI screening and treatment, Positive Prevention, condom distribution, and programs addressing underlying structural issues, such as gender norms.

HIV Counseling and Testing: HCT appears to be acceptable within Ukraine generally. There is a wide range of infrastructure and venues for HCT targeted to MARPs, including facility- and

community- based and mobile services. Rapid HIV testing is available, and is supported under the HIV/AIDS Law. Several CSOs have developed good referral linkages between community-based HCT and confirmatory testing at AIDS Centers. Gaps in HCT include the lack of a rapid testing algorithm and need to do several confirmatory tests at a different venue (the AIDS Centers). This impedes and delays the receipt of results, increases loss to follow up, and hinders point of care entry. As a result, only every fourth persons screened positive at their first test actually receives confirmatory testing. Many infected individuals do not register at local AIDS Centers, which is the prerequisite for accessing the HIV continuum of care. There is no systematic approach to testing the sexual partners of infected MARPs, and support for partner notification is weak. Other issues include HCT test kits stock outs that lead loss of program focus for MARP service providers. Legislation regarding HCT, minors, & parental consent hinders MARA's access to HCT and a wider package of HIV prevention services.

Condoms: Condom use is an accepted method in Ukraine for HIV prevention and there appear to be no regulatory impediments to subsidized condom marketing & distribution. Most of the programs that provide behavioral interventions targeted to MARPs include condom distribution and some supporting BCC. Condoms seem to be widely acceptable among MARPs, as evidenced by condom availability in different venues such as health clinics, AIDS Centers, and bars. Some FSW outreach programs are introducing the female condom. Issues related to condoms include availability and long term sustainability, and the need to include condom procurement and distribution within annual health budgets. The cost of private sector condoms has gone up, outpricing many MARPs ability to pay.

Positive Prevention: Positive Prevention services should be a routine standard of care in HIV prevention, care, and treatment settings, and are critical for reducing the risk of ongoing HIV transmission. A Positive Prevention package of services includes behavioral counseling to reduce high-risk behaviors and increase adherence, condom distribution, STI screening and treatment, OI management, ARV, PMTCT, reproductive health and family planning services, and harm reduction/MAT.

Although HIV-infected Ukrainians are referred to and registered in AIDS Centers, there is a need to formalize evidence-based interventions within the health care system for Positive Prevention services; interventions currently focus on ARV, TB and STI treatment, and adherence, supported by some counseling. The basic infrastructure and referral system is in place for potentially expanded Positive Prevention services, supported by community-based social workers, psychologists, and PLHIV. Some CSOs offer legal services to HIV-infected clients that could be expanded. Gaps in Positive Prevention services include loss of follow up between initial HCT and referral to the AIDS Center, and delayed initiation of ARV treatment due to current underfunding and stock outs of ARV drugs. An inherited vertical health care system impedes service integration.

4. PROGRAM DESCRIPTION

Project Goal and Objectives

The overarching goal of the *Improved HIV/AIDS Services among MARPs* project is to assist the GOU and civil society to reduce levels of HIV transmission among MARPs and their sexual partners through sustainable country-led programs. The project will focus on improving the

continuum of HIV prevention, care, treatment, and other supporting services delivered by Ukrainian organizations. This will include a range of behavioral, biomedical, and structural HIV/AIDS activities, community- and facility-based services, and communications. At the end of the program's five years, Ukrainian organizations will have measurably increased capacity to deliver comprehensive, data-driven HIV/AIDS services with the ability to adjust these programs to changing epidemic patterns. Post-project, Ukrainian organizations will be able to access state of the art technical and capacity building resources offered through strengthened in-country organizations.

Project results will be achieved through the following program objectives:

Objective 1: Increase the quality of HIV/AIDS services targeted to MARPs and their sexual partners

1.1 Improve the design of HIV/AIDS services that are data-driven and respond to changing epidemic patterns

1.2 Improve the delivery of state of the art HIV/AIDS services

Objective 2: Strengthen the capacity of Ukrainian institutions to deliver quality HIV/AIDS programs

Please note that under this award, "HIV/AIDS services" is a term that encompasses a range of behavioral, biomedical, and structural HIV/AIDS prevention, care, treatment, and other supporting activities, services, and communications.

Guiding Principles

Strategies and approaches proposed by applicants must be guided by the following principles, and applicants' proposals must demonstrate how their proposed approaches contribute directly to each of these guiding principles:

Public Health and Human Rights Approach: HIV/AIDS service activities implemented under this award must reflected a public health and human rights approach. The project is expected to contribute substantially to strengthening capacity with Ukrainian institutions to design and implement HIV/AIDS initiatives that align to a contemporary paradigm of comprehensive, rights-based HIV prevention, care, and treatment.

Evidence-based, High Volume, High Quality, Sustainable, and Cost Effective: HIV/AIDS services activities should be aligned to the drivers, context, and evolution of the Ukrainian epidemic. The program should work with national and local Ukrainian organizations to tailor programs to context and target audience, and reflect new approaches to enhance impact in a quality, cost-effective manner. The project is expected to contribute substantially to the evidence base in Ukraine in regards to HIV/AIDS services targeted to MARPs and their sexual partners, with a focus on HIV prevention. For each type of activity, the right mix of stakeholders should be engaged with a shared goal and objectives (GOU, civil society, private sector, and multilaterals).

Emphasized Behavioral, Biomedical, and Structural Relevance: The project's primary focus is HIV prevention and should build on and expand programmatic strategies based on a combination prevention approach, or the appropriate mix of behavior, biomedical, and structural interventions as per each targeted audience. Behavioral interventions aim to motivate behavior change within individuals, families, communities, and entire populations. These address the reduction of sexual transmission, HCT, and substance abuse. Biomedical interventions intend to decrease infectiousness or prevent infection. Interventions include condoms, STIs, PMTCT, Positive Prevention, and reproductive health and family planning integration. Structural interventions change the context in which people live to reduce vulnerability or risk to HIV and include gender and stigma and discrimination. The operationalization of such is based upon the delivery of core packages of services tailored to the context and needs of each target audience, and if necessary, to specific segments within a target audience. These packages are underpinned by strong referral systems and, when possible, case management.

Optimization of Limited Resources: Throughout the life of the project, the Recipient must optimize USAID's investment in HIV/AIDS services to ensure the impact of limited resources by leveraging multilateral funding and coordinating activities with national and local stakeholders involved in HIV/AIDS programs in Ukraine. The *Improved HIV/AIDS Services among MARPs* project must synergize with, not duplicate, and add value to the Global Fund and other multilateral programs, including UNODC and WHO.

Civil Society Potential: Long term sustainability in HIV/AIDS and health initiatives requires genuine engagement of communities and civil society organizations to understand, participate in, and own initiatives that respond to their needs, perceptions, and world view. Sustained protective behaviors, access to services, and supporting social norms require approach that address the entire spectrum of influence and support around individuals who might be most-at-risk to HIV infection, including families, their communities, and leaders.

Gender: Gender inequalities and harmful norms that put both males and females at risk, and gender-based violence are major driving forces behind the HIV/AIDS epidemic. Ukraine is no exception: a widely patriarchal society and harmful gender norms exacerbate risky behaviors, impede service accessibility, and undermine empowering, healthy environments. The *Improved HIV/AIDS Services among MARPs* project must fully subscribe to USAID's gender policy, which requires that all policies, programs, implementation, monitoring plans, and budgets analyze and address the element of gender in pursuit of sustainable economic growth, job creation, household security, and poverty reduction. Special emphasis should be given to addressing underlying gender issues that might affect participation and access to HIV/AIDS services and activities by men and women.

Overall Project Approach

Under the *Improved HIV/AIDS Services among Most-at-Risk Populations* program, the Recipient will provide technical assistance and support to the three Round 10 Global Fund Principal Recipients and other Ukrainian and/or regional organizations to implement activities under project Objectives 1 and 2. This assistance will help these entities to become state-of-the-art organizations that can serve as resources after the end of the project. In collaboration with the Global Fund, the Recipient will ensure that technical assistance provided under this award supports all HIV/AIDS initiatives in the country, with a focus on HIV prevention, achieved through an approach whereby regional and Ukrainian organizations supported under this award

cascade technical assistance and standards-based models through facility and local organization networks. The Round 10 Principal Recipients are

1. All-Ukrainian Network of People Living with HIV/AIDS (NGO)
2. International HIV/AIDS Alliance (NGO)
3. Ukrainian AIDS Center (GOU)

Further information about the Principal Recipients can be found at the following website:

<http://portfolio.theglobalfund.org/en/Contacts/PrincipalRecipients/UKR>

In their proposals, applicants will describe their project architecture and/or implementation models for achieving project results. However, the Recipient will work closely with USAID to finalize project architecture, implementation models, and the selection, scopes of work, and funding levels of subawards during the development of the first year project implementation workplan. The funding levels and number of funded organizations might change over the life of the program, as well as the number and composition of small HIV/AIDS service delivery organizations which they support, due to changes in technical priorities and implementation performance.

Applicants will also describe the process for identifying, issuing, and overseeing sub-awards, and a clearly articulated relationship, including quality assurance and oversight, between the prime organization and organizations receiving subawards and/or technical assistance. Under this project, the prime partner is responsible for the guiding the quality and implementation of all technical activities. The prime partner is also responsible for ensuring fiscal and contractual compliance of subawards.

The project must use performance-based awards to Ukrainian organizations to implement activities under this RFA, integrated within a capacity building and mentoring model. Organizations that receive capacity building, technical support, and mentoring should demonstrate a serious intent to inculcate that capacity throughout their organizations, and be held to performance standards. Non-financial performance incentives and the creation of a performance-based capacity-building model should be utilized whereby strong national or community-based organizations mentor and support other local entities using blended learning approaches (such as classroom-based, on-the-job support, supportive supervision, or individual mentoring).

Applicants must note that government institutions are not eligible as direct recipients of USAID funds but may receive technical assistance. For example, the Ukrainian AIDS Center is a Government organization and is therefore ineligible for funding under this project.

The Recipient will coordinate this project with national and multilateral stakeholders that also implement HIV/AIDS initiatives in Ukraine to ensure optimal use and leverage of resources. These stakeholders include the GOU, the Global Fund, UNODC, other donors, other USG agencies, implementing agencies and partners, and CSOs. Applicants will describe the nature and process of engagement with these stakeholders during the design, implementation, monitoring, and oversight of project activities throughout the life of the project.

During project year 1 and 2, the program will provide funding for direct service delivery through sub-agreements to community-based local organizations who currently implement HIV/AIDS programs with USAID funding under the SUNRISE and HIV/AIDS Service Capacity projects.

Subject to the availability of funding, USAID anticipates the issue of approximately 25 sub-awards to community-based local organizations (a list of these organizations is provided in Annex B). USAID and the Recipient will finalize the selection, scope of work, and funding levels to community-based local organizations during the first year project workplan process. SUNRISE is currently supporting programs in the Oblasts of Kiev, Cherkasy, Dnepropetrovsk, Donetsk, Kherson, Mykolaiv, Odessa, and the Autonomous Republic of Crimea.

During subsequent project years, USAID/Ukraine will work closely with the Global Fund and the Recipient to facilitate the transition of its funding for direct service delivery to the Global Fund Round 10 award. During project year 3, in close collaboration with and as agreed to by the Global Fund, USAID/Ukraine and the Recipient will work on transferring all responsibility for community-based local organization sub-awards to the Principal Recipients. Funding provided under this project for community-based local organization sub-awards during this project year is approximately 50% of the previous year's level for sub-awards.

During project years 4 and 5, USAID will focus all of its activities under this project on technical assistance to HIV/AIDS civil society organizations. Pending the transfer of sub-awards to community-based local organizations, overall project funding levels during these years will decrease accordingly. Please refer to Section III Cost Applicant Format, Section a. Budget, for more information on funding levels per year.

Project Activities

Each of the program objectives include the activities crucial for the next stage of HIV/AIDS services and HIV prevention in Ukraine:

Objective 1: Increase the quality of HIV/AIDS services targeted to MARPs and their sexual partners

The Objective 1 overall programmatic approach is based on building the capacity of the three Global Fund Principal Recipients and other national/regional organizations that will in turn train, monitor, and support Ukrainian organizations to deliver quality HIV/AIDS services.

The *Improved HIV/AIDS Services among Most-at-Risk Populations* project will closely coordinate all activities under Objective 1 with the GOU, CDC, USAID, USAID-funded HIV/AIDS programs, and CDC-funded research and strategic information projects. It is expected that the Recipient will coordinate the development and execution of research and strategic information activities under sub-objectives 1.1 and 1.2 with these partners to ensure a cohesive national technical response. This is especially important as the USG's SI agenda evolves; the USG, the Recipient, and other partners working in SI must execute highly-coordinated SI activities to ensure optimal resource use and no duplication. The Recipient will participate actively in coordination fora, including the nascent national Technical Working Group for M&E.

During each project year, the Recipient will build on the best practices, models, and tools developed under existing HIV/AIDS programs in Ukraine. These include, but are not limited to, the *Handbook for Positive People*, and a number of training modules and materials on HIV prevention targeted to MARPs, HCT and vulnerable populations, and professional counseling for

MARPs. Other technical resources include guidance on working with women and drugs and sex work and violence, and training on participatory site assessments and the *MetroSafe* methodology, which is a mentoring support approach to programs. They also include resources on non-governmental organizational management. During project year one, the Recipient will work with Ukrainian partners to create an inventory of such resources, with recommendations for replication and updating. It is the intent of this project to test and disseminate these and other state-of-the-art and cost-effective HIV/AIDS service models. Many of these best practices, models, and tools may be found on the following websites:

- International HIV/AIDS Alliance in Ukraine: <http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/en/library/our/index.htm>
- Alliance Ukraine hosted database of resources: <http://www.aidsfiles.net.ua/>
- All-Ukrainian Network of People Living with HIV/AIDS (this resource is in the Ukrainian language only): <http://www.network.org.ua/books/library-method/>
- International HIV/AIDS Alliance Secretariat, UK: <http://www.aidsalliance.org/Pagedetails.aspx?id=232>

1.1 Improve the design of HIV/AIDS services that are data-driven and respond to changing epidemic patterns

HIV/AIDS services, with a priority focus on HIV prevention, should be aligned to the drivers, context, and evolution of the Ukrainian HIV/AIDS epidemic. Currently, not all institutions and organizations working with HIV/AIDS services have access to this data, and skills to utilize data in program design, implementation, monitoring, and evaluation vary. The project is expected to contribute substantially to the evidence base in Ukraine in regards to HIV prevention among MARPs and their sexual partners. For each type of HIV/AIDS initiative, the Recipient should engage right mix of stakeholders to ensure optimal leveraged resources and coordination with existing HIV/AIDS programs (e.g. GOU; civil society; private sector; multilaterals).

Applicants will propose activities that will achieve sub-objective 1.1. The aim is to introduce internationally accepted approaches and best practices to strengthening the use of epidemiology and data for decision making during all stages of HIV/AIDS service delivery (design, implementation, monitoring, evaluation, reassessment, and redesign). Activities include, but are not limited to:

The conducting and use of rapid formative assessments to investigate dynamics and behaviors in HIV prevention. Priority research issues include:

- Behaviors and dynamics related to injecting drug use (e.g. types of syringes used; low dead space syringe use; overlapping IDU behaviors among cadres of MARPs; NSP adherence; behaviors and accessibility of harder-to-reach IDU including youth, shorter career IDU, females, stimulant/poly-drug users)
- HIV prevention context, behaviors, and needs within specific commercial sex work segments (e.g. injecting drug use; migration and seasonality patterns; economic stratification, client and manager attitudes and practices)
- HIV prevention context, behaviors, and needs within specific MSM segments (e.g. “hidden” MSM; IDU; sex work; age segmentation)
- HIV prevention context, behaviors, and needs within specific MARA segments (e.g. injecting drug use; migration and seasonality patterns)

- The causes behind and potential solutions to MAT dropout rates

The provision of technical assistance to increase data quality and the use of data for strategic and programmatic decision making. Technical assistance priorities include:

- Improved data quality data about MARPs populations (e.g. via higher-quality size estimation methods for MSM and sexual partners of MARPs by partner type; overlapping risk behaviors)
- Strengthened capacity of Principal Recipients and CSOs to oversee and supervise the application of strategic information and research by national and community-based local organizations

The piloting, evaluation, and dissemination of an innovative strategic information (SI) and M&E tool kit:

- The applicant should consider adapting the existing Global Fund M&E toolkit, with capacity building inputs focused on community-based local organizations during all stages of HIV prevention design, implementation, monitoring, and evaluation.

The development and execution of a national implementation science plan around for Ukraine and MARPs populations

- Within the plan incorporate linkages to other recommendations in strategic information, research, and the piloting and dissemination of best practices
- Actively link Ukrainian investigators to carry out this plan; use existing resources for training (e.g. NIDA/Humphrey Drug Abuse Research fellowships; Fogarty International Clinical Research Scholars)

1.2 Improve the delivery of state-of-the-art HIV/AIDS services

Under this program objective, the *Improved HIV/AIDS Services among Most-at-Risk Populations* program will work with the GOU and Principal Recipients to strengthen their technical capacity to deliver state of the art HIV/AIDS services, with a focus on HIV prevention. The program will support the Principal Recipients' cascade of technical service delivery to sub-recipients to ensure the scale up of USAID's investments. Applicants will propose activities that will achieve sub-objective 1.2, and activities include, but are not limited to:

The provision of technical assistance to the GOU, Principal Recipients, and national and community-based local organizations to strengthen programmatic technical quality and cost effectiveness. Technical priorities include:

Overall:

- Codify defined core packages of HIV prevention services, within a combination prevention approach, for each cadre of MARPs and their sub-segments

NSP programs:

- Increased provision of a comprehensive HIV prevention package of services to defined segments within injecting drug use, with more focus on overlapping risk behaviors, and stronger targeted behavior change communications (BCC), referrals to HCT and Positive Prevention services, and NSP in mobile clinics targeting sex workers

MAT programs:

- Increased provision of MAT services embedded within a comprehensive package for the prevention, treatment, and care of HIV among IDUs

- Increase retention to MAT programs

FSW programs:

- Stronger segmented and tailored approaches to specific commercial sex sub-populations, focused on higher risk FSWs (street-based, highway-based)
- Increased provision of a comprehensive HIV prevention package of services, with more focus on addressing overlapping risk behaviors, and stronger targeted BCC, referrals to IDU and Positive Prevention services, and NSP in mobile clinics and outreach

MSM programs:

- Increased provision of a comprehensive HIV prevention package of services, with more focus on overlapping risk behaviors, and stronger targeted BCC, legal support, and referrals to MSM-friendly clinical, IDU, and Positive Prevention services
- More HIV prevention interventions targeted to increased condom use with and HCT among female partners of MSM

HCT:

- Enhanced HCT among sexual partners of MARPs and PLHIV on partner notification
- Enhanced linkages between community-based HCT and the local AIDS Centers, including confirmatory testing to decrease loss to follow up, especially for IDUs

Stigma and discrimination:

- Institutionalize the UNAIDS' programmatic tools for reducing stigma and discrimination within programs implementing HIV prevention initiatives

MARA:

- Enhanced provision of comprehensive HIV/AIDS services with wraparound elements (e.g. documentation services and legal support, job training)

The provision of technical assistance to prepare, test, package, and disseminate state of the art and cost-effective HIV/AIDS service models to be taken to scale with GOU and Global Fund resources. Priorities include:

Overall:

- Referral system models and mechanisms that facilitate clientele's access to comprehensive package of services within an inherently vertical health care system
- Systematic quality assurance model, standards, and tools for each intervention targeted to MARPs; package and diffuse at the Oblast level along with corresponding national standards
- In partnership with the Global Fund Principal Recipients: performance-driven models that tie technical and organizational development capacity building to performance standards

NSP:

- The existing pharmacy-based NSP model
- NSP among harder-to-reach IDU
- Cost-effective CSO IDU service provision models

MAT:

- MAT services embedded within a comprehensive package for the prevention, treatment, and care of HIV among IDUs
- MAT services in pretrial and prison settings and linkages to MAT services post-prison release (the Recipient will support related activities conducted by UNODC)
- MAT service continuity across health care service points
- The existing wrap-around MAT model in AIDS Centers and TB clinics in Odessa

MSM:

- The existing MSM outreach program in Odessa

- Innovative HIV prevention interventions for reaching MSM, especially “hidden MSM” and the use of technology such as dating sites and Facebook

FSW:

- Increased engagement of gatekeepers, including sex work managers, to create a stronger enabling environment in support of HIV prevention among FSWs

MARA:

- Youth-friendly CSO/public sector HIV prevention models for street children with wraparound elements (e.g. documentation services and legal support, job training)

Behavioral interventions to reduce sexual transmission of HIV among MARPs:

- Theory-based prevention of sexual transmission among male and female IDU and their partners
- Theory-based prevention of sexual transmission tailored to different MSM segments and their partners
- Theory-based prevention of sexual transmission among FSWs and all types of partners

Positive Prevention:

- Community- and facility- based models, with a focus on MARPs-friendly services and decentralized delivery (Positive Prevention is integrated prevention, care, and treatment services targeted to PLHIV; includes HCT, sexually transmitted infections (STIs), opportunistic infections, and ART management, condom distribution, behavior change communications, and psychosocial services).

Objective 2: Strengthen the capacity of Ukrainian institutions to deliver quality HIV/AIDS programs

Under Global Fund Round 10, the Global Fund will implement a training plan with each of its Principal Recipients. This is a requirement under the initiative’s approach to competency-based contracting for both Principal Recipients and sub-recipient management. Training themes include financial management, procurement and supply chain management, and technical service delivery approaches. The latter includes STI diagnostics and treatment, HCT, MSM outreach, motivational counseling, motivational interviewing, and prevention of professional burnout. The Global Fund’s capacity building model is built into health system integration, with links to pre-service and in-service training, laboratory and medical facility accreditation, and performance-based compensation planning.

The Global Fund welcomes support from the *Improved HIV/AIDS Services among Most-at-Risk Populations* project to complement and augment competency-based capacity building with the Principal Recipients and their funded national and community-based local organizations. The Recipient will work closely with the Global Fund and the three Principal Recipients during Round 10 project year 1 to design and implement value-adding capacity building activities within civil society. The overall approach is based on cascading capacity building approaches and inputs through trained Principal Recipients, who will then have the ability to train, monitor, and support their sub-recipient community-based local organizations. The project will work with the Global Fund to develop strategies that moves capacity building beyond training only to a comprehensive support system that monitors performance and mentors recipients over time.

A priority area where USAID can add value to the Global Fund capacity building approach is through strengthening competency-based capacity within community-level civil society organizations; this sector is a key front-line HIV/AIDS service delivery link to MARPs. Other

areas include strengthening the organizational and financial sustainability of civil society Principal Recipients (The Alliance and the Network).

Technical capacity building priorities align to program objective 1: *increase the quality of HIV/AIDS services targeted to MARPs and their sexual partners*. This includes the delivery of codified core packages of HIV prevention services to each cadre of MARP and their sexual partners. The project will focus initial competency-based capacity building activities on MAT and street children programs, and pre-, in-, and post-prison services, working in close collaboration with UNODC. Other priorities are the delivery of comprehensive facility- and community-based Positive Prevention services, and the design and delivery of theory-based prevention of sexual transmission programs integrated into on-going harm reduction programs.

The project will also strengthen the capacity of regional and Ukrainian organizations to deliver quality HIV/AIDS programs. USAID and the Recipient will determine the selection of and nature of assistance to these organizations during the development of the first year project implementation workplan.

By the end of the program, capacity building approaches and tools must continue to be available to Ukrainian organizations and individuals. Applicants must propose methods to create sustainable access to these resources that maintain their quality as per international standards after the end of the program.

Applicants will propose activities that will achieve Objective 2, and activities include, but are not limited to:

- The design and roll out of models to deliver facility- and CSO- level performance improvement approaches with supportive supervision
- Strengthening quality assurance units within each Principal Recipient organization
- The strengthening of Ukrainian organizations' capacity to serve as long term sources of state of the art technical and organizational capacity building through a client/vendor service purchasing model, and the use of these services during the life of the project
- The use of data for decision making within the three Principal Recipient organizations and the CSOs they support
- Strengthening Ukrainian organizations' capacity to diversify their funding sources and source complement technical and organizational capacity building and guidance from outside of the USG
- Clinical service delivery updates for CSOs

5. Monitoring and Evaluation

The new Five Year PEPFAR Strategy places great emphasis on building the evidence base through program evaluation. PEPFAR-supported programs must contribute to the advancement of global HIV research, and programs must expand the tracking of quality, outcomes, cost-effectiveness, innovation and impact in both the short- and long- terms. Another priority is improving program delivery by providing clear answers about efficiency, effectiveness, and impact.

One of the *Improved HIV/AIDS Services among Most-at-Risk Populations* project's cornerstones is measurable results. The Recipient is expected to measure the results of each objective's activities in a manner that goes beyond the input or output levels. The project should establish strong monitoring and evaluation and data collection and analysis components to ensure that program interventions are effective and replicable. Applicants should: propose specific, detailed plans to monitor project performance; clearly state how proposed activities and indicators relate to the project objectives and results and how data will be collected, reported and used; develop a set of indicators for each objective; and propose strategies to undertake an outcome evaluation. Upon finalization of the award, the recipient will work in consultation with the program Agreement Officer's Technical Representative (AOTR) and other USAID/ Ukraine staff to develop and execute a final M&E Plan.

USAID HIV/AIDS funds are subject to PEPFAR requirements; therefore, the Recipient must, at a minimum, report on all relevant PEPFAR Indicators. Currently, the Office of Global AIDS Control (OGAC) is developing a set of indicators appropriate for technical-assistance-focused PEPFAR country programs and the Recipient will work with the mission to revise its M&E plan to include these indicators, as necessary. Illustrative indicators include, but are not limited to:

Objective 1: Increased quality of HIV/AIDS services targeted to MARPs and their sexual partners

Objective 1.1: Improved delivery of HIV/AIDS services that are data-driven and respond to changing epidemic patterns

- Number of formative assessments disseminated by Principal Recipients to their funded national and community-based local organizations that deliver HIV/AIDS services (by type of formative assessment/cadre of MARP targeted)
- Number of national and community-based local organizations that have received capacity building through their Principal Recipient in data quality and the use of data for strategic and programmatic decision making
- SI and M&E tool kit piloted evaluated, and disseminated through Principal Recipients
- National implementation plan developed

Objective 1.2: Improved delivery of state of the art HIV/AIDS services

- Number of national and community-based local organizations that have received technical assistance to strengthen programmatic technical quality and cost effectiveness via their Principal Recipient (by type of technical assistance received/ cadre of MARP targeted/ sex of target population)
- Number of HIV/AIDS service models tested, packaged, and disseminated by Principal Recipients (by type of model/ cadre of MARP targeted/ sex of target population)
- Number of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required
- Number of PLHIV reached with a minimum package of Positive Prevention interventions
- Number of IDUs on opioid substitution therapy

Objective 2: Increased capacity within Ukrainian institutions to deliver quality HIV/AIDS services

- Number of organizations that have received capacity building and perform to a defined standard (by type of organization, type of capacity building)
- Number of Ukrainian organizations that deliver capacity building services to a defined standard of quality (by type of organization, type of capacity building service)
- Number of Ukrainian organizations that have received capacity building that perform to a defined standard of quality (by type of organization, type of capacity building)

USAID/Ukraine anticipates a formal external mid-term review of the program to inform any follow-on activity. The application should include provisions to prepare for and participate in a program review on/around spring 2014. USAID/Ukraine will procure and fund independent consultant services to lead the review under a separate mechanism.

6. Mandatory Factors

- **Gender**

The *HIV Prevention in Ukraine* assessment identified a number of gaps and opportunities for strengthening the gender response within Ukraine's overall national HIV prevention approach. Gender is an important dynamic in Ukraine's epidemic. Women, particularly female IDUs and women with high risk sexual partners, are increasingly becoming infected with HIV, and women now account for 43.8% of new cases. A 2006 report by the World Bank and the International HIV/AIDS Alliance noted the disparity between female and male incidence rates, at 0.88 percent and 0.5 percent, respectively. Access to services is considerably restricted by societal norms and health care provider attitudes to females within many at-risk groups; for example, female IDUs are less likely to access services because the label of drug user holds greater stigma for women than for men in Ukraine.

USAID commitment to advance gender equity and pursue gender as a key development issues is fully reflected in the proposed project. The *Improved HIV/AIDS Services among Most-at-Risk Populations* project will integrate gender into its activities in a pragmatic, results-focused manner. Formative research planned under this program will investigate the dynamics and issues related to the access and use of HIV/AIDS services by male and female MARPs. USAID will provide technical assistance to the GOU and Global Fund Principal Recipients to strengthen the delivery of gender-sensitive HIV/AIDS services, including MAT and NSP, to female clientele. Other technical issues include sexual transmission prevention among male and female sexual partners of MARPs. USAID will also support the piloting of innovative gender-sensitive models for dissemination; the GOU and the Global Fund will roll out these models throughout the country. These include increasing NSP and MAT service usage by female IDUs.

Mandatory external project performance evaluation that will be planned by USAID shall assess the extent to which both sexes participate and benefit, the degree to which the project designed and contributed to reducing gender disparities in opportunities and improving the situation of disadvantaged women and men. Lessons learned with regard to gender will be highlighted. Evaluation Statement of Work will specifically require attention to gender and ensure that gender expertise is included on the evaluation team. Ability to address gender issues will be a selection criterion in selecting the evaluation team. The project evaluation will determine whether gender equity is promoted, eroded or unaffected by project activities.

- **Anti-Corruption**

Improvements in national HIV/AIDS service standards, guidelines, and program implementation, and improved capacity among Ukrainian institutions to delivery these programs may help reduce corruption, primarily with the use of medicines and supplies. Technical assistance in commodity and supply use and rationalization may increase transparency and fairness of drug distribution and usage processes.

- **Public-Private Partnerships**

The Recipient will explore opportunities to foster public-private partnerships (PPP) with companies to strengthen the impact of project objectives. Efforts will be made to develop a strategy of reaching out to wider audiences through a broad range of innovative approaches.

- **Sustainability**

The *Improved HIV/AIDS Services among MARPs in Ukraine* project is designed with the purpose of producing a long-term, sustainable impact. Upon its completion, it is expected to leave capacitated Ukrainian institutions and organizations that have the ability to design, deliver, and monitor state of the art HIV/AIDS services targeted to MARPs. The project offers a number of ways to secure the sustainability of its results. The overall approach is predicated upon a cascaded performance-based capacity building approach whereby Ukrainian organizations strengthen their own technical and organizational abilities, and act as resources to provide this type technical and organizational development assistance to national and community-based local organizations. In addition, the project will pilot and roll out capacity building through a client/vendor service purchasing model so that resources will be available in Ukraine after project closure. Recipients are encouraged to include indicators that measure the transition to program and technical sustainability in a substantial manner within their applications

V. PROGRAM REPORTING

The Recipient will provide the following reports to USAID Agreement Officer's Technical Representative (AOTR) and the Agreement Officer, as specified below, in accordance with 22 CFR 226.51 and 226.52 and Substantial Involvement Provisions.

a. Initial Implementation Plan

Within sixty days of the signing of Cooperative Agreement, the Recipient will present an annual implementation plan to the USAID/Kyiv AOTR for review and approval (two hard copies and an electronic copy). The AOTR must provide written comments on the draft plan within thirty days after receipt of the draft and when the plan is finalized, the AOTR will provide written approval.

The implementation plan should include a list of the tasks to be completed during the year, grouped under the objective that they seek to support. For each task, the awardee should 1) explain in brief its connection to the objective; 2) define the necessary steps to complete the tasks; 3) assign responsibilities for completing those steps; 4) provide any quantitative or

qualitative targets; and 5) a timeline for the implementation of the task. The plan should indicate the legal/regulatory issues that the awardee will target for that year.

The initial implementation plan must include the recipient's proposed Performance Monitoring and Evaluation Plan (PMEP), which must establish specific impact indicators, targets, progress benchmarks for the life of the award, and the date by which all baseline data will be established. All people-level indicators must be dis-aggregated by sex.

The recipient is required to have a monitoring and evaluation plan showing how:

- Outcomes will be measured
- Outcomes will contribute to results
- Baseline information will be collected
- Methods for mid-term and end of program evaluations
- Reports to provide activity managers with valid internal assessments of the recipient's activities and interventions

The performance monitoring plan must address the issues set forth above and is due 60 days after award of the cooperative agreement contemplated by this RFA. It must be approved in writing by the Agreement Officer's Technical Representative. Any modifications to the performance monitoring plan must be submitted in writing to the Agreement Officer's Technical Representative and approved in writing by the Agreement Officer's Technical Representative.

In order to facilitate the documentation of actual future improvements, baseline values of existing conditions need to be established. The recipient will work closely with USAID to develop an M&E plan that will include baseline surveys for future evaluations.

60 days after the award is made, the recipient will submit the Final PMEP to USAID together with the Annual Work Plan. The recipient and USAID will agree upon the final choice of performance indicators useful for timely management decisions and credibly reflecting the actual performance of the project. Recipient should explain how the PMEP will be implemented. PMEP data should meet reasonable quality criteria of validity, reliability, timeliness, precision and integrity, and disaggregated by sex whenever possible. In designing the PMEP, the recipient should also weigh human and financial resources necessary to implement it.

USAID reserves the right to propose the recipient to integrate into the PMEP a number of indicators to help USAID measure the immediate program results.

All information collected for the PMEP shall be compiled and submitted to USAID with the project annual and final reports. Annual reports shall be due by the end of the fiscal year – by September 30 of each year. Additionally, the progress in meeting the expected program results will be monitored through semi-annual reports and work plans.

b. Annual Implementation Plans

The recipient will submit annual implementation plans by country and region to the Agreement Officer's Technical Representative (AOTR). The recipient will provide an illustrative annual implementation plan for the first fiscal year of the Cooperative Agreement, which will be finalized in consultation with USAID during the first 90 days following the awarding of the

agreement. Subsequent 12-month implementation plans through the end of the agreement will be prepared on a 12-month fiscal year basis (October 1 – September 30) and submitted to the AOTR not later than 30 days before the close of each preceding fiscal year, e.g. August 31. USAID will have 30 days to provide comments. The annual implementation plan will not be considered complete until it has been accepted in writing by the AOTR.

1. Contents

The implementation plan will describe activities to be conducted at a greater level of detail than the agreement Program Description, but shall be cross-referenced with the applicable sections in the agreement Program Description. All implementation plan activities must be within the scope of the agreement. Implementation plan activities shall not alter the agreement Program Description or terms and conditions in any way; such changes may only be approved by the Agreement Officer, in advance and in writing. Thereafter, if there are inconsistencies between the implementation plan and the agreement Program Description or other terms and conditions of this agreement, the latter will take precedent over the implementation plan.

2. Distribution

The Recipient will distribute one copy of the final implementation plan to the AOTR.

3. Revisions

In the event that revisions to the annual implementation plans are necessary, the recipient shall submit a revised implementation plan or a modification to the implementation plan in writing. The modification or revision will not be effective until it has been approved by the AOTR in writing.

Annual implementation plans for subsequent years are due to the AOTR 60 days before the end of the preceding award year (two hard copies and an electronic copy). Annual implementation plans should include all the sections as the initial implementation plan discussed above. In addition, the subsequent annual work plans shall review the activities of the year that is ending, the activities that were implemented, the results achieved, and problems that existed and how they were resolved. These subsequent annual plans shall propose program adjustments to reflect any lessons learned. As with the first annual plan, the AOTR will review the plan and provide comments and recommendations for changes no later than 30 days after receipt of the draft. The recipient shall incorporate AOTR comments and recommendations into the final version of Implementation Plan and submit two hard copies and one diskette copy for AOTR written approval within 15 days. In addition, all substantial changes in work plan require prior written approval of the AOTR.

c. Quarterly Progress Reports

The recipient shall submit quarterly performance reports to USAID AOTR to reflect results and activities of each preceding quarter. Reports are to be submitted within 10 days of the end of each quarter that is, Dec 31, March 31, June 30, and September 30 as follows: one copy to the AOTR and one copy to the Agreement Officer. These reports will be used by USAID to fulfill

electronic reporting requirements to MOH, USAID/Washington and the Office of the Global AIDS Coordinator (OGAC); consequently, they need to conform to certain requirements.

The report shall describe progress made during the reporting period and assess overall progress to that date versus agreed upon indicators including the agreement-level outputs achieved, using the agreement-level performance indicators established in the annual implementation plan for that quarter. The reports shall also describe the accomplishments of the recipient and the progress made during the past quarter and shall include information on all activities, both ongoing and completed during that quarter. The quarterly reports shall highlight any issues or problems that are affecting the delivery or timing of services provided by the recipient. The reports will include financial information on the expense incurred, available funding for the remainder of the activity and any variances from planned expenditures.

d. Quarterly Financial Reports

Pursuant to 22 CFR 226.52, USAID intends to require quarterly financial reporting [unless the conditions described in 22 CFR 226.52(iv) exist]. The financial reporting forms to be used by the recipient will be specified in the award.

In addition, fifteen days prior to the end of each quarter, the Recipient shall submit accruals information to the AOTR, in accordance with 22 CFR 226.52(a)(1)(ii). Accruals information shall consist of current status of the expenditures and accrued amounts from the inception of the award through the end of the upcoming Quarter or the award end date and shall be submitted in the following format:

Name of Recipient: _____

Award Number: _____

Total Obligated Amount: _____

Total Estimated Cost of the Award: _____

A. Total Cumulative Amount Disbursed by USAID to date: _____

B. Total Estimated Expenses as of end of the Quarter: _____

e. **Annual/Semi-Annual Performance Reports (APR & S/APR)**

As per PEPFAR reporting requirements, twice annually, the recipient will be required to prepare and submit performance reports reflecting more detailed data on achievements and targets under the award. USAID will provide electronic formats in order to access data needed. Due dates for these reports are on or about May 1st and October 31st.

Pursuant to 22 CFR 226.51, the Recipient shall submit semi-annual performance reports (two hard copies and an electronic copy) to the AOTR. These reports must summarize the outcomes of the Recipient's activities during the particular reporting period, document any program accomplishments or progress towards results during the reporting period, compare those results to the planned tasks in the Implementation Plan and Performance Monitoring and Evaluation Plan, and discuss any potential constraints that might prevent the Recipient from meeting agreed upon targets and benchmarks. Reports should also contain, as an attachment, a list of all subgrants issued under the award during the reporting period. The list should contain the name

and contact information for each subgrantee, the title and duration of the project, the amount of the award, and a brief description of the project.

The second semi-annual report of each award year will provide USAID *annual* data on the agreed upon performance indicators as well as any additional qualitative results information the awardee would like to include to demonstrate the results achieved vis-à-vis the project's objectives during that particular reporting period. The second semi-annual reports shall be due by the end of the fiscal year – by September 30 of each year.

f. Final Report

The recipient shall prepare and submit three copies of a final/completion report to the AOTR which summarizes the accomplishments of this agreement by country, methods of work used, budget and disbursement activity, and recommendations regarding unfinished work and/or program continuation. The final/completion report shall also contain an index of all reports and information products produced under this agreement. The report shall be submitted no later than 90 days following the estimated completion date of the agreement.

Pursuant to 22 CFR 226.51(b), a final performance report (two hard copies and one electronic) will be required under this award. USAID will review and comment within 30 days of receipt. The final performance report will:

- Contain an overall description of the activities under the Program during the period of this Cooperative Agreement, and the significance of these activities;
- Describe the methods of assistance used and the pros and cons of these methods;
- Present life-of-project results towards achieving the project objectives and the performance indicators, as well as an analysis of how the indicators illustrate the project's impact on the development of civil society in Ukraine;
- Summarize the program's accomplishments related to the strengthening the development of civil society in Ukraine, as well as any unmet targets and the reasons for them;
- Elaborate the issues and problems that emerged during program implementation and the lessons learned in dealing with them; and
- Provide comments and recommendations regarding unfinished work and/or future needs and directions for further strengthen independent media in Ukraine as well as recommendations for what issues no longer require donor assistance.

g. Mid- and End- of- Term Program Evaluation

USAID anticipates a formal external mid-term review of the program to inform any follow-on activity. The successful applicant shall prepare for and participate in a program review on/around April/May 2014. USAID will procure and fund independent consultant services to lead the review under a separate mechanism.

VI. KEY PERSONNEL

Key personnel are those considered to be essential to the work being performed under this cooperative agreement. The key personnel are required to work in a full-time basis under this

cooperative agreement. Key personnel and changes to key personnel are subject to approval by the USAID AOTR prior to their employment under this award. USAID has determined that key personnel positions under this award will include:

1. Chief of Party (COP)
2. Deputy Chief of Party (DCOP)
3. Technical Advisor, HIV/AIDS Services
4. Technical Advisor, Capacity Building
5. Monitoring and Evaluation Specialist

Chief of Party (COP)

The proposed **Chief of Party (COP)** must have at a minimum 10 years of experience designing, implementing and managing national, multi-disease health projects in developing or middle income countries. S/he must have at a minimum a Masters Degree in health or social sciences, or a related advanced degree relevant to the field of public health. Additionally, the COP must have demonstrated leadership skills and demonstrated experience in managing a state of the art HIV/AIDS services and technical/institutional capacity building program primarily through a technical assistance approach. The COP must also have demonstrated experience interacting with host county governments and counterparts and international donor agencies. Professional proficiency in English is required. Knowledge of Russian or Ukrainian is preferred.

Deputy Chief of Party (DCOP)

The proposed **Deputy Chief of Party** must have at a minimum of seven years of experience in the design, implementation, and monitoring of public health projects within the capacity as mid-level or senior staff. S/he must have at a minimum a Masters degree in health or management and business administration, or a related advanced degree relevant to the field of public health. The DCOP should have demonstrated experience in program management and administration, financial management, and award contractual compliance. Experience in subaward management preferred. Professional proficiency in English is required. Knowledge of Russian or Ukrainian is preferred.

Technical Advisor, HIV/AIDS Services

The proposed **Technical Advisor, HIV/AIDS Services** must have at a minimum 10 years of experience in implementing national, multi-disease health projects in developing or middle income countries. S/he must have at a minimum a Masters Degree in health or social sciences, or a related advanced degree relevant to the field of public health. The Technical Advisor, HIV/AIDS Services, should have substantial demonstrated experience in HIV/AIDS services targeted to MARPs, including MAT, as well as quality improvement. The proposed candidate should have substantial experience in at least five of the following technical areas: HIV/AIDS services targeted to sex workers/ street children/ MSM/ prisoners; NSP; HCT; Positive Prevention; social and behavior change communications; gender; the use of epidemiology and data in program design, implementation, monitoring, and evaluation; qualitative research; policy and advocacy. Professional proficiency in English is required. Knowledge of Russian or Ukrainian is preferred.

Technical Advisor, Capacity Building

The proposed **Technical Advisor, Capacity Building**, must have at a minimum 5 years of experience in implementing technical and organizational capacity building programs in developing or middle income countries. S/he must have at a minimum a Masters Degree in health or social sciences, or a related advanced degree relevant to the field of public health or business or public administration. The candidate should have substantial demonstrated experience in building the capacity of host-country national and community level organizations through measurable competency-based approaches. Professional proficiency in English is required. Knowledge of Russian or Ukrainian is preferred.

Monitoring and Evaluation Specialist

The proposed **Monitoring and Evaluation (M&E) Specialist** must have an advanced degree in a relevant discipline, and at least seven years of experience designing and implementing monitoring and evaluating activities and special studies for complex programs in developing countries. S/he must have a firm command of the M&E issues with respect to improvements in HIV/AIDS service programs, and have supervised monitoring efforts of health programs. The M&E Specialist must have demonstrable analytical skills to measure the health impact of the project's activities. S/he must have strong writing and organizational skills for monitoring and reporting on program and study results. Professional proficiency in English is required. Knowledge of Russian or Ukrainian is preferred.

VII. SUBSTANTIAL INVOLVEMENT

USAID/Ukraine considers collaboration with the awardee crucial for the successful implementation of this program. Substantial involvement under the proposed award shall include the following:

- Review, approval, as well as extension on submission of the Recipient's Initial Implementation Plan, Annual Implementation Plans (Work Plans), including the Performance Monitoring and Evaluation Plan (PMEP). Any significant changes to the approved Implementation plan or the PMEP will require additional approval of the AOTR.
- Review and approval of key personnel and any changes by the AOTR; and
- Subawards: Approval of all sub grants including extensions prior to award and participation in preparation of solicitation documents including the topics, program descriptions, selection criteria and funding levels for applications by the AOTR.

SECTION D - CERTIFICATIONS, ASSURANCES OF APPLICANTS

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF APPLICANTS [1][2]

[To be submitted as part of an Applicant's cost application. To be signed by an authorized agent of the applicant at the end of this Section D.]

PART I - CERTIFICATIONS AND ASSURANCES**1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS**

(a) The recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the grant for which application is being made, it will comply with the requirements of:

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

(c) This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

2. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete

and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

3. KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

- 1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
- 2. I am not and have not been an illicit trafficker in any such drug or controlled substance.
- 3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

Date of Birth: _____

NOTICE:

- 1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.
- 2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

4. CERTIFICATION REGARDING TERRORIST FINANCING

By signing and submitting this application, the prospective recipient provides the certification set out below:

1. The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.

2. The following steps may enable the Recipient to comply with its obligations under paragraph 1:

a. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC) and is available online at OFAC's website: <http://www.treas.gov/offices/eotffc/ofac/sdn/t11sdn.pdf>, or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.

b. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Usama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee's website: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.

c. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.

d. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

3. For purposes of this Certification-

a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials."

b. "Terrorist act" means-

(i) an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site:

<http://untreaty.un.org/English/Terrorism.asp>); or

(ii) an act of premeditated, politically motivated violence perpetrated against noncombatant targets by subnational groups or clandestine agents; or

(iii) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.

c. "Entity" means a partnership, association, corporation, or other organization, group or subgroup.

d. References in this Certification to the provision of material support and resources shall not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

e. The Recipient's obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

Signed: _____

Name and Title: _____

Name of Organization: _____

Date: _____

5. SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

<http://www.usaid.gov/forms/surveyeo.doc> contains a survey on ensuring equal opportunity for applicants. The applicant's completion of the survey is voluntary. The absence of a completed survey in an application may not be a basis upon which the application is determined incomplete or non-responsive. Applicants who volunteer to complete and submit the survey under a competitive or non-competitive action are instructed within the text of the survey to submit it as part of the application process; applicants who chose to submit the survey shall include it in the technical application in the "annexes" section.

PART II - OTHER STATEMENTS OF RECIPIENT**1. AUTHORIZED INDIVIDUALS**

The recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the recipient in connection with this application or grant:

Name	Title	Telephone No.	Facsimile No.	Email Address
<hr/>				
<hr/>				
<hr/>				

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

If the recipient is a U.S. organization, or a foreign organization which has income effectively connected with the conduct of activities in the U.S. or has an office or a place of business or a fiscal paying agent in the U.S., please indicate the recipient's TIN:

TIN: _____

3. CONTRACTOR IDENTIFICATION NUMBER - DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

(a) In the space provided at the end of this provision, the recipient should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the number that identifies the recipient's name and address exactly as stated in the application.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the recipient does not have a DUNS number, the recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the recipient. The recipient should be prepared to provide the following information:

- (1) Recipient's name.
- (2) Recipient's address.
- (3) Recipient's telephone number.
- (4) Line of business.
- (5) Chief executive officer/key manager.
- (6) Date the organization was started.
- (7) Number of people employed by the recipient.
- (8) Company affiliation.

(c) Recipients located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at <http://www.dbisna.com/dbis/customer/custlist.htm>. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@dbisma.com. The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.

DUNS: _____

4. LETTER OF CREDIT (LOC) NUMBER

If the recipient has an existing Letter of Credit (LOC) with USAID or another US federal agency, please indicate the LOC number:

LOC: _____

5. PROCUREMENT INFORMATION

(a) Applicability. This applies to the procurement of goods and services planned by the recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the recipient in conducting the program supported by the grant, and not to assistance provided by the recipient (i.e., a subgrant or subagreement) to a subgrantee's sub Recipient or subrecipient in support of the subgrantee's sub Recipient's or subrecipient's program. Provision by the recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) Amount of Procurement. Please indicate the total estimated dollar amount of goods and services which the recipient plans to purchase under the grant

\$ _____

(c) Nonexpendable Property. If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. [Note that the authorized geographic code under the resulting award will be 000:]

Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

TYPE/DESCRIPTION(Generic)	QUANTITY	ESTIMATED UNIT COST
---------------------------	----------	---------------------

6. TYPE OF ORGANIZATION

The recipient, by checking the applicable box, represents that -

- (a) If the recipient is a U.S. entity, it operates as a corporation incorporated under the laws of the State of _____, an individual, a partnership, a nongovernmental nonprofit organization, a state or local governmental organization, a private college or university, a public college or university, an international organization, or a joint venture; or

- a. If the recipient is a non-U.S. entity, it operates as a corporation organized under the laws of _____ (country), an individual, a partnership, a nongovernmental nonprofit organization, a nongovernmental educational institution, a governmental organization, an international organization, or a joint venture.

7. **CERTIFICATION OF RECIPIENT**

The recipient certifies that it has reviewed and is familiar with the proposed cooperative agreement format (included in section E as attachment 2) and the regulations applicable thereto, and that it agrees to comply with all such regulations.

Solicitation (RFA) No. _____

Application/Application No. _____

Date of Application/Application _____

Name of Recipient _____

Typed Name and Title _____

Signature _____ Date _____

SECTION E – ANNEXES**ANNEX A****List of Principal Recipients of Global Fund**

- 1. All Ukrainian Network of PLHIV**
Volodymyr Kurpita, Executive Director
87 B, Mezhygirska St.,
Kyiv, Ukraine 04080
Tel.: +38 044 467 7567
+38 044 467 7569
Fax.: +38 044 467 7566

- 2. International HIV/AIDS Alliance in Ukraine**
Andriy Klepikov, Executive Director
International HIV/AIDS Alliance in Ukraine
5 Dymytrova St., Building 10A; 6th floor
Tel.: +83 044 490 5485
+83 044 490 5486
Fax: +83 044 490 5489

- 3. Ukrainian AIDS Center [note: this is a governmental entity]**
Natalia Nizova, Director
Ukrainian AIDS Center
5, Anri Barbyusa Street
03150 Kyiv, Ukraine
Tel: (044) 287 34 16
Fax: (044) 287 34 17

ANNEX B

List of Sub-awards to community-based local organizations under USAID's HIV/AIDS Projects and their funding levels in UAH during 2004 – 2011.

#	Region	NGO Name	2005 (UAH)	2006 (UAH)	2007 (UAH)	2008 (UAH)	2009 (UAH)	2010 (UAH)	2011 (UAH) (01.01.11- 30.09.11)	Total 2004-2011 (UAH)
1	Crimea	«New Social Technologies», Crimea	11 531	0	0	0	0	0	0	11 531
2	Crimea	CF «Lotos»	35 150	33 857	0	0	0	0	0	69 007
3	Crimea	Charitable foundation «Hope & Salvation»	47 312	74 358	60 324	18 084	18 337	0	0	218 414
4	Crimea	Sevastopol city charitable organization «Gavan Plus»	0	28 461	71 390	48 328	0	240 539	180 128	568 846
5	Crimea	Women public organization «Club of family creativity»	0	51 415	150 743	99 738	0	0	0	301 896
6	Crimea	Youth center of women's initiatives	109 731	119 148	72 406	18 465	20 071	0	0	339 822
7	Dnipropetrovsk oblast	Charitable foundation «Public Health», Kryviy Rih	77 375	92 804	80 352	37 036	0	0	0	287 566
8	Dnipropetrovsk oblast	Charitable foundation «Virtus»	20 581	20 773	0	0	0	0	0	41 354
9	Dnipropetrovsk oblast	Dnipropetrovsk region public organization «Open doors»	0	0	0	0	0	49 571	30 429	80 000
10	Dnipropetrovsk oblast	Kryvyi Rih city regional Branch of Charitable Organization «All- Ukrainian Network of PLHW»	26 792	0	0	0	0	0	0	26 792
11	Dnipropetrovsk oblast	Public organization «The Road of Life»	0	0	0	0	0	78 028	63 885	141 913
12	Dnipropetrovsk oblast	Regional public organization «Dniprovsky humanitarian initiatives»	0	0	6 755	21 977	29 889	0	0	58 621
13	Dnipropetrovsk oblast	Public organization «Impuls»	0	0	23 205	49 475	0	0	0	72 680
14	Dnipropetrovsk oblast	Public Organization Club "Victoria"	20 119	0	0	4	0	0	0	20 122
15	Donetsk oblast	Charitable foundation «Health of the Nation»	0	0	0	0	0	90 228	125 245	215 473
16	Donetsk oblast	Charitable Foundation Club Svitanok	0	8 455	25 834	20 621	0	0	0	54 909
17	Donetsk oblast	Public organisation «Liniya Zhyttia»	80 366	121 320	101 622	52 938	0	45 985	30 011	432 242
18	Donetsk oblast	Charitable foundation «Caritas Donetsk»	0	0	0	0	0	293 993	315 570	609 564
19	Donetsk oblast	Donetsk Society of assistance for the HIV- infected	140 159	86 835	45 331	22 767	0	0	0	295 092
20	Donetsk oblast	Public organization «Mariupil Youth Association»	96 723	118 789	67 447	0	0	0	0	282 958
21	Donetsk oblast	Donetsk regional charitable foundation «Oberih»	0	39 750	79 635	37 986	0	107 973	127 932	393 276
22	Donetsk oblast	PO «Society for support	11	47	0	0	0	0	0	59 138

		of HIV positive people» Kostiantynivka	829	309						
23	Donetsk oblast	Public organization «Amikus»	106 000	120 104	137 846	107 963	20 664	0	0	492 577
24	Donetsk oblast	Public organization «Istok»	0	0	0	0	0	50 807	34 193	85 000
25	Donetsk oblast	Slov'jansk City Public organization «Nasha Dopomoha»	11 177	91 941	77 479	0	0	110 996	126 933	418 525
26	Zaporizhzhya oblast	Zaporizhzhya regional Branch of Charitable Organization «All- Ukrainian Network of PLHW»	0	0	0	0	0	112 146	0	112 146
27	Kyiv city	All-Ukrainian Network of PLWH	264 924	0	0	0	0	0	0	264 924
28	Kyiv city	Charitable foundation «Drop In Center»	0	0	0	0	0	61 133	0	61 133
29	Kyiv city	Public organization «Gay Alliance»	0	0	0	0	0	0	57 920	57 920
30	Kyiv city	Public organization «Step by Step»	127 546	158 804	23 308	0	0	0	0	309 657
31	Kyiv city	NGO Ukrainian Institute of Public Health Policy Research	0	0	0	0	0	724 698	0	724 698
32	Kyiv city	ICF «Ukrainian Foundation of Public Health»	0	0	0	0	0	0	487 045	487 045
33	Kyiv city	International charitable foundation «Vertikal»	0	9 382	18 931	0	0	483 170	358 901	870 384
34	Kyiv city	Kyiv City Clinical Hospital #5	0	0	0	0	50 609	0	0	50 609
35	Kyiv city	City Social Services for Youth	0	0	0	0	0	417 026	517 759	934 784
36	Kyiv city	Kiyv City Branch of International Charitable organization «RC «Skhody»	0	0	0	67 647	0	0	0	67 647
37	Kyiv city	Public organization «Eney Club»	149 658	5 054	0	0	0	0	0	154 712
38	Kyiv city	NGO «Institut zalezhnosti»	0	0	0	0	79 656	0	0	79 656
39	Kyiv city	Public organization «Childhood without AIDS»	0	21 312	116 547	74 828	0	0	0	212 687
40	Mykolayiv oblast	CF «Blahodiynist»	83 583	0	0	0	0	0	0	83 583
41	Mykolayiv oblast	Mykolayiv city charitable foundation «Vyhid»	53 485	65 744	47 219	0	0	0	0	166 448
42	Mykolayiv oblast	Mykolayiv Association of Gays, Lesbians and Bisexuals «Liga»	6 769	40 274	50 904	41 071	0	0	0	139 017
43	Mykolayiv oblast	Mykolayiv association of HIV-infected «Chas Zyttya»	29 952	0	0	99 195	104 786	461 634	359 996	1 055 563
44	Mykolayiv oblast	Mykolayiv regional Branch of Charitable Organization «All- Ukrainian Network of PLHW»	11 471	11 145	0	0	0	0	0	22 617
45	Mykolayiv oblast	Mykolayiv city charitable foundation «Unitus»	48 438	154 949	114 891	61 673	0	105 381	120 114	605 445
46	Mykolayiv oblast	Mykolayiv regional charitable foundation «Vita-Light»	0	0	0	0	50 500	100 608	0	151 108
47	Mykolayiv oblast	Mykolayiv regional charitable foundation «Nove Storychhya»	0	67 715	41 603	44 002	0	345 565	375 225	874 110

48	Odesa oblast	Charitable foundation «The Way Home»	576 571	270 699	155 485	74 321	0	766 022	376 530	2 219 627
49	Odesa oblast	Charitable foundation «Veselka»	0	0	0	0	0	207 359	185 760	393 120
50	Odesa oblast	Charitable organization «Christian Rehabilitation Center «Blahodat», Odesa	0	0	99 724	0	0	105 323	108 448	313 495
51	Odesa oblast	International NGO "Rehabilitation Center STEPS"	0	0	0	75 750	44 882	0	0	120 632
52	Odesa oblast	Union of public organizations «Razom za zhyttia»	0	0	0	65 672	127 051	229 600	166 270	588 593
53	Odesa oblast	Public Movement «Faith, Hope, Love»	0	0	0	182 225	72 413	0	0	254 637
54	Odesa oblast	Public Organisation «Alternativa»	0	18 497	41 362	0	0	0	0	59 859
55	Odesa oblast	Public youth organization «Club of assistance «Life +»	33 874	45 738	6 060	0	0	0	0	85 673
56	Odesa oblast	Public organization «Youth Center for Development»	44 846	0	26 681	49 627	0	0	0	121 154
57	Odesa oblast	Youth public movement «Partner»	0	0	0	0	0	170 415	143 799	314 214
58	Kherson oblast	Kherson regional charitable foundation «Mangust»	54 976	218 545	141 100	97 789	122 186	412 615	197 710	1 244 920
59	Kherson oblast	Public organization «For equal rights»	0	0	0	0	0	96 324	82 557	178 881
60	Cherkasy oblast	CF «Probudjennya»	12 547	79 677	42 849	0	0	0	0	135 073
61	Cherkasy oblast	Charitable foundation «Insight»	10 618	75 714	62 520	36 394	24 826	0	0	210 073
62	Cherkasy oblast	Charitable foundation «Volia»	0	0	0	0	0	93 541	111 029	204 570
63	Cherkasy oblast	Charitable Foundation «From Heart to heart»	11 376	100 218	100 432	0	0	0	0	212 027
64	Cherkasy oblast	From Heart to Heart, Kaniv	0	28 182	86 455	58 035	0	0	0	172 672
65	Cherkasy oblast	Cherkasy CWPO «Povernennya»	0	3 152	0	0	0	0	0	3 152
66	Kyiv	The Coalition of HIV-Service Organizations								
Total			2 315 481	2 430 119	2 176 435	1 563 609	765 870	5 960 682	4 683 389	19 895 585

ANNEX C

LIST OF ANALYTICAL RESOURCES

The resource materials are available on the publications site of USAID/Ukraine:

<http://ukraine.usaid.gov/arc.shtml>

Links to the following documents are provided to prospective applicants as reference only. None of the information contained in these documents should be viewed as an official endorsement of a particular approach or strategy in responding to this RFA.

- The HIV/AIDS Partnership Framework for Ukraine 2011 – 2015
- HIV Policy Assessment Report, Ukraine, June 2011
http://www.healthpolicyproject.com/ns/docs/Ukraine_Policy_Assessment_FINAL_7_18_11_acc.pdf
- Data Quality Audit of Four USAID HIV Projects in Ukraine, July 2011
- Health System Assessment Report and Annexes, Ukraine, 2011
- Annual Report of All-Ukrainian Network of PLWH, 2010
<http://network.org.ua/assets/Uploads/UArichnuj-zvitLJV+obkl.pdf>
- Information bulletin on HIV-infection in Ukraine, Ukrainian AIDS Center, Ministry of Health of Ukraine, # 35, 2011
<http://network.org.ua/assets/Monitorung/LibraryME/BULL35.pdf>
- Information bulletin on HIV-infection in Ukraine, Ukrainian AIDS Center, Ministry of Health of Ukraine, # 36, 2011
- Alliance Ukraine Grant (UKR-607-G05-H) Performance Report for as of April 01, 2011 (GF Rd6 HIV Grant “Support for HIV/AIDS Prevention, Treatment and Care for the Most Vulnerable Populations in Ukraine”)
<http://portfolio.theglobalfund.org/en/Grant/Index/UKR-607-G05-H>
- All-Ukrainian Network of PLWHA Grant (UKR-607-G06-H) Performance Report for as of April 01, 2011 (GF Rd6 HIV Grant “Support for HIV/AIDS Prevention, Treatment and Care for the Most Vulnerable Populations in Ukraine”)
<http://portfolio.theglobalfund.org/en/Grant/Index/UKR-607-G06-H>
- Alliance Ukraine’s report of implementing GF Rd6 HIV Grant in 2nd half of 2010 – in EN
<http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/en/round6/index.htm>
- From Beyond Boutique to Epidemic Control: Evaluation Report of HIV prevention activities by International HIV/AIDS Alliance Ukraine funded by the Global Fund to Fight AIDS, TB and Malaria, October 2009 (by APMG/ Dave Burrows, Leo Beletsky, Aram Manukyan and Meaghan Thumath)
- Ukraine Global Fund to Fight AIDS, TB and Malaria Round 10 proposal “Building of comprehensive services on HIV prevention, treatment, care and support for MARPs and PLWH in Ukraine
- NATIONAL REPORT ON MONITORING PROGRESS TOWARDS THE UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS, Reporting period: January 2008–December 2009, Kyiv 2010
http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportsubmittedbycountries/ukraine_2010_country_progress_report_en.pdf

USAID/Ukraine commissioned an external assessment of its HIV prevention portfolio in January 2011. Due to the procurement sensitivity of this document, it is not included as a resource. Applicants should note that all relevant, non-procurement sensitive technical findings and recommendations are included in this RFA’s program description.

ANNEX D

ENVIRONMENTAL COMPLIANCE FACESHEET – (ATTACHED)



**U.S. Agency for International Development
INITIAL ENVIRONMENTAL EXAMINATION
Strengthening Ukraine's HIV/AIDS Program
USAID Ukraine**

A. PROGRAM AND ACTIVITY DATA

PROJECT NAME:	Strengthening Ukraine's HIV/AIDS Program
ASSISTANCE OBJECTIVE:	Investing in People
PROGRAM AREA:	Health
COUNTRY:	Ukraine
ORIGINATING OFFICE:	OHST
DATE:	06/07/2011
IEE AMENDMENT: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
DCN OF ORIGINAL IEE:	N/A
PURPOSE OF AMENDMENT:	N/A
IMPLEMENTATION START:	11/30/2011
IMPLEMENTATION END:	11/29/2016
LOP AMOUNT:	\$40,000,000
AMENDMENT FUNDING AMOUNT:	N/A
CONTRACT/AWARD # IF KNOWN:	N/A
<p>Environmental Media and/or Human Health Potentially Impacted (check all that apply): None <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Land <input type="checkbox"/> Biodiversity <input type="checkbox"/> Human health <input checked="" type="checkbox"/> Other <input type="checkbox"/></p> <p>Environmental Action Recommended:</p> Categorical Exclusion: <input checked="" type="checkbox"/> Positive Determination: <input type="checkbox"/> Negative Determination: <input type="checkbox"/> Deferral: <input type="checkbox"/> Negative Determination with Conditions: <input checked="" type="checkbox"/> Exemption: <input type="checkbox"/>	

B. BACKGROUND AND ACTIVITY/PROGRAM DESCRIPTION

USAID's assistance under the recently signed Partnership Framework must contribute directly to sustained improvements in reduced HIV transmission through country-led programs and partnerships. The Partnership Framework goals are to:

- Reduce the level of HIV transmission among injection drug users (IDUs) and other most-at-risk populations (MARPs),
- Improve the quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs, particularly IDUs and their sexual partners,

- Strengthen national and local leadership, capacity, institutions, systems, policies, and resources to support the achievement of national AIDS program objectives.

This initial environmental examination (IEE) covers two components of the Strengthening Ukraine's HIV/AIDS Program. The purpose of Component 1, the *Improved HIV/AIDS Services among MARPs project*, is to assist the Government of Ukraine (GOU) and civil society to reduce levels of HIV transmission among MARPs and their sexual partners through sustainable country-led programs. The purpose of Component 2, *Penitentiary, Law Enforcement, and Drug Sectors Government Efficiency in HIV Response (HIV PLEDGE)*, is to strengthen the capacity and knowledge of existing Ukrainian narcological service staff, prison health officials and other law enforcement officers on the benefits of combining HIV services including prevention education with substance abuse services.

Component 1 has two objectives: 1) to increase the quality of HIV/AIDS services targeted to MARPs and their sexual partners, and 2) to strengthen the capacity of Ukrainian institutions to deliver quality HIV/AIDS programs. The Component 1 activities will build on and expand programmatic strategies based on a combination prevention approach, or the appropriate mix of behavior, biomedical, and structural interventions as per each targeted audience.

Behavioral interventions aim to motivate behavior change within individuals, families and communities. They address the reduction of sexual transmission, HCT, and substance abuse. Biomedical interventions intend to decrease infectiousness or prevent infection. Interventions include condoms, STIs, PMTCT, Positive Prevention, and reproductive health and family planning integration. Structural interventions change the context in which people live to reduce vulnerability or risk to HIV and include gender and stigma and discrimination. The operationalization of such is based upon the delivery of core packages of services tailored to the context and needs of each target audience, and if necessary, to specific segments within a target audience. These packages are underpinned by strong referral systems and, when possible, case management.

The project is expected to substantially strengthen the capacity of Ukrainian institutions to design and implement HIV/AIDS initiatives that align to a contemporary paradigm of comprehensive, rights-based HIV prevention, care, and treatment, and to expand the evidence-based HIV/AIDS services targeted to MARPs and their sexual partners, with a focus on HIV prevention.

Component 2 has three objectives: 1) to create an environment supportive of evidence-informed and human rights-based HIV/AIDS and drug dependence treatment (DDT) programs among MARPs; 2) to strengthen capacities of the State Penitentiary Service, public health and social services and civil society organizations (CSOs) to provide evidence-informed and human-rights based comprehensive HIV prevention, treatment and care (PTC) services including DDT in prison settings; and 3) to improve capacity of substance use treatment system (narcological services) to provide evidence-informed and human-right based integrated HIV prevention and DDT services.

Throughout the life of the project, UNODC will provide technical assistance in the form of consultations, training sessions, workshops, seminars, round tables, and grants. USAID funds will be used to cover project labor and travel costs, office rent and maintenance costs, office equipment acquisition and maintenance costs, information production and distribution costs. Grants will be used to cover labor and travel costs, office rent and maintenance costs, office equipment acquisition and maintenance costs, and information production and distribution costs of selected local NGOs.

C. COUNTRY AND ENVIRONMENTAL INFORMATION (BASELINE INFORMATION)

a. Country Information

Ukraine is experiencing the most severe HIV/AIDS epidemic in the European region and the Commonwealth of Independent States, and requires a long-term, sustained national response. HIV infections are likely to cause significant damage to public health in Ukraine, and may continue to expand in the absence of well-designed and executed HIV/AIDS services targeted to MARPs.

At end of 2009, the estimated HIV prevalence among the adult (15-49 year old) age group was 1.29%. UNAIDS estimates that there are 350,000 people living with HIV (PLHIV). The reported cumulative number of clients registered with the national AIDS Centers by the end of 2009 was 161,119. The annual number of newly reported cases of HIV infection has been constantly increasing, with the number of new cases reported to be 19,840 in 2009, compared to 12,491 in 2005 and 6,212 in 2000.

The HIV epidemic in Ukraine continues to be driven by unsafe drug injection and sexual practices, and remains concentrated among MARPs, including IDUs, prisoners, female sex workers (FSWs), men who have sex with men (MSM), and the sexual partners of these populations.

Since 2007, the reported primary mode of HIV transmission seems to be shifting from injecting drug use to sexual transmission through the partners of MARPs, showing a changing epidemic pattern and the necessity to focus future prevention efforts increasingly on changing sexual behaviors of MARPs while continuing to scale up harm reduction activities for male and female IDUs.

Epidemiological data do not reveal a significant proportion of new HIV infections within the general population that would be independent of sexual and IDU transmission linked to MARPs. The shift in the epidemic might be linked to nearly universal screening of pregnant women. Additionally, it is important to further investigate the effect of overlapping risk behaviors in HIV transmission since currently this is not captured by Ukraine's surveillance system, such as FSW and street children who inject drugs.

The proportion of young people aged 15-24 years among the newly reported cases of HIV has decreased in the recent years from 16% in 2006 to 12% in 2009. Almost two-thirds (64%) of the registered HIV cases are in the age group 25-49 years. The gender distribution shows a proportion of 55% men to 45% women of new HIV cases in 2009, with the proportion of women infected increasing over time, whether due to near universal testing of antenatal attendees, the natural progression of the epidemic, or increased risk. The epidemic continues to affect mostly urban areas, with only 21% of new cases in 2009 registered in rural areas.

The health risks and economic and social costs of HIV/AIDS epidemic are high in Ukraine. The use of appropriate HIV/AIDS prevention practices would significantly reduce these risks.

b. Baseline Environmental Information

The unsafe disposal of medical waste (used syringes/needles, unused and/or expired medicines, etc.) poses serious health risks to people and environment in Ukraine. For example, Hauri et al. (2004) estimates that globally the re-use of non-sterile syringes causes 21 million hepatitis B infections (32% of new cases), 2 million hepatitis C infections (40% of new cases), and 260,000 HIV infections (5% of new cases) annually.

The Ukrainian legal framework for environmental and public health protection is quite extensive. The list of program relevant laws includes Natural Environment Protection Law (1991), HIV/AIDS Prevention Law (1992), Health Protection Fundamentals Law (1993), Public Sanitary & Epidemic Safety Law (1994), Ecological Expertise Law (1995), Water Code (1995), Medicines Law (1996), Waste Law (1998), Public Infection Protection Law (2000), Unsafe Product Disposal Law (2000), Land Code (2001), Drinking Water Law (2002), Land Protection Law (2003), Environmental Audit Law (2004), and Ecological Policy Fundamentals Law (2010).

According to Ukrainian legislation, environmental protection encompasses all actions intended to preserve a safe environment for every living and non-living thing, to protect human life and health from the negative effect of environmental pollution, to achieve a balance between people and nature, and to protect, use rationally, and reproduce natural resources. Protecting human health includes actions intended to preserve and develop personal physiological and psychological functions, as well as optimal working ability and social activity, within the longest biological lifetime. Ukrainian environmental and health protection legislation makes practically no distinction among the sectors of the national economy and usually has general requirements for environmental protection.

Due to incomplete legislation on safe disposal of medical waste and low common compliance with the law in Ukraine, there is a risk that the HIV/AIDS prevention activities will increase the amount of medical waste which is not properly disposed and thus poses health risks to people and the environment.

D. EVALUATION OF ACTIVITY WITH RESPECT TO ENVIRONMENTAL IMPACT POTENTIAL AND IDENTIFICATION OF MITIGATION MEASURES

Component 1 Objective 1 – Increase the quality of HIV/AIDS services targeted to MARPs and their sexual partners.

Table 1. C1O1 - Illustrative activities, Potential Environmental Impacts and Recommended Environmental Determination		
Illustrative Activities	Potential Impacts	22 CFR 216 Environmental Determination
1.1.1 The conduct and use of rapid formative assessments to investigate MARP dynamics and behaviors in HIV prevention	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers
1.1.2 The provision of technical assistance to increase MARP data quality and the use of data for strategic and programmatic decision making	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers
1.1.3 The piloting, evaluation, and dissemination of an innovative MARP strategic information and monitoring and evaluation tool kit	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers
1.1.4 The development and execution of a national implementation science plan for Ukraine’s MARPs	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning
1.1.5 Participation in the coordination activities	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(iii) – analyses & meetings and 216.2(c)(2)(v) - document and information transfers
1.1.6 The provision of technical assistance to the governmental and non-governmental organizations to strengthen their programmatic technical quality and cost effectiveness	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning
1.1.7 The provision of technical assistance to prepare, test, package, and disseminate state of the art and cost-effective HIV/AIDS service models	Potential impact on human health	Negative Determination with conditions recommended per 216.3(a)(2)(iii)

Component 1 Objective 2 – Strengthen the capacity of Ukrainian institutions to deliver quality HIV/AIDS programs

Table 2. C1O2 - Illustrative activities, Potential Environmental Impacts and Recommended Environmental Determination		
Illustrative Activities	Potential Impacts	22 CFR 216 Environmental Determination
1.2.1 Help the Global Fund prepare its Principal Grant Recipients to train, monitor, and support their sub-recipient local organizations	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
1.2.2 Help the Global Fund’s Principal Grant Recipients to strengthen their organizational and financial sustainability	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
1.2.3 Help the Global Fund and its Principal Grant Recipients to design and implement additional competency-based capacity building activities within Ukrainian civil society	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.

Component 2 Objective 1 – Create an environment supportive of evidence-informed and human-rights based HIV/AIDS and drug dependence treatment (DDT) programs among MARPs.

Table 3. C2O1 - Illustrative activities, Potential Environmental Impacts and Recommended Environmental Determination		
Illustrative Activities	Potential Impacts	22 CFR 216 Environmental Determination
2.1.1 Conduct awareness raising and advocacy seminars for relevant GOU officials at the national and local levels	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.1.2 Support the participation of Ukrainian stakeholders in international conferences on DDT and HIV prevention services	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.1.3 Support study visits to the best practice countries/facilities and centres of excellence	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.1.4 Sponsor focused research initiatives to support the development of advocacy materials	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.

Table 3. C2O1 - Illustrative activities, Potential Environmental Impacts and Recommended Environmental Determination		
Illustrative Activities	Potential Impacts	22 CFR 216 Environmental Determination
2.1.5 Develop, publish and disseminate advocacy materials	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(iii) – analyses & meetings and 216.2(c)(2)(v) - document and information transfers.
2.1.6 Help the GOU conduct training sessions on HIV strategic programming, result-based and human rights focused planning	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.1.7 Help the GOU develop sectoral HIV policy frameworks, strategic and operational plans	Potential impact on human health	Negative Determination with conditions recommended per 216.3(a)(2)(iii)
2.1.8 Help the GOU develop, publish and disseminate relevant guidelines, instructions, and recommendations for police officers	Potential impact on human health	Negative Determination with conditions recommended per 216.3(a)(2)(iii)
2.1.9 Help the GOU conduct training sessions for law enforcement and drug control officers in target regions/localities on the national response to the HIV epidemic	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, and 216.2(c)(2)(v) - document and information transfers.
2.1.10 Conduct training for NGOs on building and maintaining effective partnerships with law enforcement agencies in the implementation of the community-based HIV PTC programs among the people using drugs	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.1.11 Facilitate setting up and functioning of technical working groups at a sub-national level to promote the collaboration between CSOs and GOU law enforcement, drug control, and public health organizations	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.1.12 Assess HIV/AIDS PTC and DDT service curriculum and training materials used at the police training institutions	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.1.13 Help the police training institutions update curriculum and relevant training modules	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.1.14 Help the selected police training institutions train the trainers	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.

Component 2 Objective 2 – Strengthen capacities of the State Penitentiary Service, public health and social services and CSOs to provide evidence-informed and human-rights based comprehensive HIV PTC services including DDT in prison settings.

Table 4. C2O2 - Illustrative activities, Potential Environmental Impacts and Recommended Environmental Determination		
Illustrative Activities	Potential Impacts	22 CFR 216 Environmental Determination
2.2.1 Conduct national advocacy and awareness raising seminar for GOU policy makers and other officials responsible for the prison management	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.2.2 Support the participation of Ukrainian stakeholders in international conferences on prison reform, HIV prevention and health services	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.2.3 Support study visits to the best international practice countries/facilities and centers of excellence	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.2.4 Sponsor focused research initiatives to support the development of advocacy materials	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.2.5 Develop, publish, and disseminate advocacy materials	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.2.6 Assess Ukrainian policies, laws, and regulations on health, HIV PTC, and DDT services available at a pre-detention stage, in and after the prison	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.2.7 Assess the HIV PTC and DDT service provision guidelines and protocols for prisons	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.2.8 Assess the prison staff service training needs	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers.
2.2.9 Conduct training sessions for relevant Ukrainian stakeholders on HIV strategic programming, result-based & human rights focused planning	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries

Table 4. C2O2 - Illustrative activities, Potential Environmental Impacts and Recommended Environmental Determination		
Illustrative Activities	Potential Impacts	22 CFR 216 Environmental Determination
		to engage in development planning.
2.2.10 Help Ukrainian stakeholders develop, publish, and disseminate HIV policy frameworks, strategic and operational plans, specific guidelines, protocols, instructions, and recommendations for the prison staff	Potential impact on human health	Negative Determination with conditions recommended per 216.3(a)(2)(iii)
2.2.11 Help the GOU assess the needs and capacity of the selected pre-trial detention centres and prisons	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.2.12 Help the GOU conduct training sessions for representatives of NGOs and community social services and relevant prison staff	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.2.13 Help the GOU develop and implement a pilot comprehensive HIV/TB and DDT program for the selected facilities with the involvement of the prison administration and health staff and public health and social support services (including CSOs) at the community level	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.2.14 Help the GOU establish a network of services providers with functional referral and case management mechanisms to ensure the continuity of care for vulnerable people during pre- and post-release stages	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.2.15 Help the GOU perform appropriate monitoring, evaluating, and documenting of the experience, results and lessons learned from the model service program implementation	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.2.16 Help the GOU promote the model to other facilities through publications, meetings, presentations, and a conference	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.2.17 Assess the curriculum and training materials of the prison staff training institutions	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and

Table 4. C2O2 - Illustrative activities, Potential Environmental Impacts and Recommended Environmental Determination		
Illustrative Activities	Potential Impacts	22 CFR 216 Environmental Determination
		216.2(c)(2)(v) - document and information transfers.
2.2.18 Help the prison staff training institutions to update training materials and train the trainers	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.2.19 Help the GOU establish twinning partnerships with internationally recognised centers of excellence and facilitate academic exchanges and study visits between Ukrainian prison faculties and international centers of excellence	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(iii) – analyses & meetings and 216.2(c)(2)(v) - document and information transfers.

Component 2 Objective 3 – Improve capacity of substance use treatment system (narcological services) to provide evidence-informed and human-right based integrated HIV prevention and DDT services.

Table 5. C2O3 - Illustrative activities, Potential Environmental Impacts and Recommended Environmental Determination		
Illustrative Activities	Potential Impacts	22 CFR 216 Environmental Determination
2.3.1 Conduct awareness raising and advocacy events with the GOU policy makers on integration of HIV-related interventions in the DDT services	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning.
2.3.2 Assess the GOU policies, legal framework, and capacity of narcological services system regarding the integration of HIV PTC programs	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.3.3 Help the GOU develop guidelines and operational standards for integrated drug use and HIV prevention services	Potential impact on human health	Negative Determination with conditions recommended per 216.3(a)(2)(iii)
2.3.4 Provide small grants to Ukrainian researchers to support local multi-year studies on the implementation of integrated HIV/AIDS and narcological, MAT and harm reduction services	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(iii) for analyses, studies, academic or research workshops and meetings
2.3.5 Undertake the assessment of the needs and capacity of the selected DDT facilities	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings and 216.2(c)(2)(v) - document and information transfers.
2.3.6 Help regional partners to discuss	No	Categorical Exclusion is recommended per

Table 5. C2O3 - Illustrative activities, Potential Environmental Impacts and Recommended Environmental Determination		
Illustrative Activities	Potential Impacts	22 CFR 216 Environmental Determination
issues related to the integration of HIV prevention and care programmes into the narcological services system	adverse impacts are likely	216.2(c)(2)(iii) – analyses & meetings and 216.2(c)(2)(v) - document and information transfers
2.3.7 Help the GOU develop a comprehensive integrated service provision system at the local level with effective referral and case management mechanisms to ensure the continuum of care for people who use drugs	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings and 216.2(c)(2)(v) - document and information transfers.
2.3.8 Help the GOU conduct thematic training sessions for the staff of narcological service providers	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.3.9 Help the selected GOU institutions pilot various models of integrated services	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.3.10 Help the assisted GOU institutions perform appropriate monitoring, evaluating, and documenting of the experience, results and lessons learned from the model service implementation	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.3.11 Help the GOU promote the model to other facilities through publications, meetings, presentations, and a conference	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.3.12 Help the GOU assess the narcological service training curricula, materials, and programs	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers,
2.3.13 Help the GOU reflect the best international practices including MAT and effective HIV/AIDS PCT programs in the revised narcological services training curricula and materials	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.3.14 Support master classes and training-of-trainers sessions on contemporary DDT and effective HIV PTC services for Ukrainian medical universities	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, and 216.2(c)(2)(v) - document and information transfers.
2.3.15 Help the selected GOU institutions establish twinning partnerships with internationally recognised centres of excellence and facilitate academic exchanges and study visits	No adverse impacts are likely	Categorical Exclusion is recommended per 216.2(c)(2)(iii) – analyses & meetings and 216.2(c)(2)(v) - document and information transfers.

E. RECOMMENDED ENVIRONMENTAL ACTIONS

1. Recommended Environmental Threshold Determinations:

Categorical Exclusions:

A categorical exclusion is recommended for the following activities:

- A Categorical Exclusion pursuant to 22 CFR 216.2(c)(2)(i) for education, technical assistance, or training programs (except to the extent such programs include activities directly affecting the environment such as the construction of facilities, etc.) is recommended for activities 1.1.1 – 1.1.4, 1.1.6, 1.2.1- 1.2.3, 2.1.1, 2.1.4, 2.1.6, 2.1.9-2.1.14, 2.2.1, 2.2.4-2.2.9, 2.2.11-2.2.18, 2.3. 2, 2.3.5, and 2.3.7-2.3.14 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(iii) for analyses, studies, academic or research workshops and meetings is recommended for activities 1.1.1 – 1.1.6, 1.2.1- 1.2.3, 2.1.2-2.1.6, 2.1.12-2.1.14, 2.2.2-2.2.9, 2.2.11-2.2.19, 2.3.1, 2.3.2, and 2.3.4-2.3.15 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(v) for document and information transfers is recommended for activities 1.1.1 – 1.1.6, 1.2.1- 1.2.3, 2.1.1-2.1.6, 2.1.9-2.1.14, 2.2.1-2.2.9, 2.2.11-2.2.19, 2.3.1, 2.3.2, and 2.3.5-2.3.15 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(xiv) for studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.) is recommended for activities 1.1.4, 1.1.6, 1.2.3, 2.1.1-2.1.3, 2.1.10, 2.1.11, 2.2.1-2.2.3, 2.2.9, and 2.2.12 from the Section D tables.

Per 22 CFR 216.2(c)(1), neither an IEE nor an EA is required for activities which are determined to fall within one or more of the classes of activities listed in 22 CFR 216.2(c)(2).

Negative Determination with Conditions:

A Negative Determination with Conditions is recommended for activities 1.1.7, 2.1.7, 2.1.8, 2.2.10, and 2.3.3 from the Section D tables.

2. Conditions and Mitigation Measures

1. Implementer will include recommendations on safe disposal of used syringes/needles and other medical waste in the relevant HIV/AIDS service model materials.
2. Implementer will advise the assisted GOU organizations to include, when relevant, recommendations on safe disposal of medical waste in the HIV policy documents.
3. Implementer will advise the assisted GOU organizations to include, when relevant, recommendations on safe disposal of medical waste in the guides and instructions for police officers.
4. Implementer will advise the assisted GOU organizations to include, when relevant, recommendations on safe disposal of medical waste in the HIV policy documents, guidelines, protocols, and instructions for the prison staff.
5. Implementer will advise the assisted GOU organizations to include, when relevant, provisions on safe disposal of medical waste in the national guidelines and operational standards for integrated drug use and HIV prevention services.
6. Assistance Officer Technical Representatives (AOTRs) shall actively monitor ongoing activities for compliance with approved IEE conditions and mitigation measures, notify about any non-compliance the Mission Environmental Officer (MEO) and schedule corrective actions.

F. MANDATORY INCLUSION OF ENVIRONMENTAL COMPLIANCE REQUIREMENTS IN SOLICITATIONS, AWARDS, BUDGETS AND WORKPLANS

- Appropriate environmental compliance language shall be included in relevant solicitations and awards with an appropriate level of funding and staffing to satisfy the environmental compliance requirements set forth in this IEE.
- This IEE shall be attached to solicitations and awards.
- Adherence to the conditions set forth in this IEE shall be included as project's PMP indicator(s). At least one indicator for environmental compliance will be selected in consultation with the MEO and included in the project's PMP.
- Implementer will incorporate conditions set forth in this IEE into the work plans.

G. LIMITATIONS OF THE IEE:

This IEE does not cover activities involving:

1. Classes of actions normally having a significant effect on the environment pursuant to 22 CFR 216.2(d)(1):
 - i. Programs of river basin development;
 - ii. Irrigation and water management;
 - iii. Agricultural land leveling;
 - iv. Drainage projects;
 - v. Large scale agricultural mechanization;
 - vi. Resettlement Projects;
 - vii. New land development;
 - viii. Penetration road building and road improvement;
 - ix. Power plants;
 - x. Industrial plants; and
 - xi. Potable water and sewerage projects;
2. Activities affecting endangered species, introducing exotic species;
3. Activities resulting in wetland or biodiversity degradation or loss;
4. Support to extractive industries (e.g. mining and quarrying);
5. Support for activities that promote timber harvesting;
6. Construction, reconstruction, rehabilitation, or renovation work;
7. Activities involving support for regulatory permitting;
8. Activities involving privatization of industrial or infrastructure facilities;
9. Activities supporting project preparation, project feasibility studies, and promotion of infrastructure investments;
10. Assistance for the procurement (including payment in kind, donations, guarantees of credit) or use (including handling, transport, fuel for transport, storage, mixing, loading, application, cleanup of spray equipment, and disposal) of pesticides or activities involving the procurement, transport, use, storage, or disposal of toxic materials. "Pesticides" cover all insecticides, fungicides, rodenticides, etc. covered under the Federal Insecticide, Fungicide, and Rodenticide Act;
11. Procurement or use of genetically modified organisms; and
12. Development Credit Authority or Global Development Alliance programs.

Any of the above actions would require an amendment to the IEE approved by the E&E Bureau Environmental Officer (EE/BEO).

H. REVISIONS:

Pursuant to 22 CFR 216.3(a)(9), if new information becomes available that indicates that activities covered by the IEE might be considered "major" and their effect "significant," or if additional activities are proposed that might be considered "major" and their effect "significant," this recommendation for Categorical Exclusion and Negative Determination with Conditions

will be reviewed and, if necessary, revised by the Mission with concurrence by the EE/BEO. It is the responsibility of the USAID AOTRs to keep the MEO and EE/BEO informed of any new information or changes in the activity that might require revision of the IEE.

I. RECOMMENDED ENVIRONMENTAL THRESHOLD DECISION

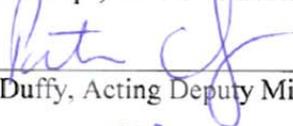
A Categorical Exclusion is recommended for the following activities:

- A Categorical Exclusion pursuant to 22 CFR 216.2(c)(2)(i) for education, technical assistance, or training programs (except to the extent such programs include activities directly affecting the environment such as the construction of facilities, etc.) is recommended for activities 1.1.1 – 1.1.4, 1.1.6, 1.2.1- 1.2.3, 2.1.1, 2.1.4, 2.1.6, 2.1.9-2.1.14, 2.2.1, 2.2.4-2.2.9, 2.2.11-2.2.18, 2.3. 2, 2.3.5, and 2.3.7-2.3.14 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(iii) for analyses, studies, academic or research workshops and meetings is recommended for activities 1.1.1 – 1.1.6, 1.2.1- 1.2.3, 2.1.2-2.1.6, 2.1.12-2.1.14, 2.2.2-2.2.9, 2.2.11-2.2.19, 2.3.1, 2.3.2, and 2.3.4-2.3.15 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(v) for document and information transfers is recommended for activities 1.1.1 – 1.1.6, 1.2.1- 1.2.3, 2.1.1-2.1.6, 2.1.9-2.1.14, 2.2.1-2.2.9, 2.2.11-2.2.19, 2.3.1, 2.3.2, and 2.3.5-2.3.15 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(xiv) for studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.) is recommended for activities 1.1.4, 1.1.6, 1.2.3, 2.1.1-2.1.3, 2.1.10, 2.1.11, 2.2.1-2.2.3, 2.2.9, and 2.2.12 from the Section D tables.

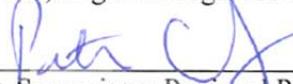
A Negative Determination with Conditions is recommended for activities 1.1.7, 2.1.7, 2.1.8, 2.2.10, and 2.3.3 from the Section D tables.

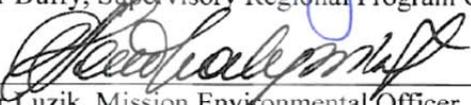
USAID Approval of Recommended Environmental Threshold Decision:

Approval: 
Robin Phillips, Mission Director 26 Jul 11
Date

Clearance: 
Peter Duffy, Acting Deputy Mission Director 7/26/11
Date

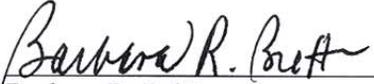
Clearance: MP
Milan Pavlovic, Regional Legal Advisor 7/26/11
Date

Clearance: 
Peter Duffy, Supervisory Regional Program Officer 7/25/11
Date

Clearance: 
Peter Luzik, Mission Environmental Officer 07/25/11
Date

Clearance: by e-mail
Bradley Cronk, OHST Director July 20, 2011
Date

By E-mail 
Peter Luzik, Originator 25 Jul 11 11:35 a.m.
Date

Concurrence: 
Barbara R. Britton 7/28/2011
E&E Bureau Environmental Officer Date

Distribution:
IEE File
Mission Environmental Officer
OHST File