Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

TRANSITIONAL FUNDING MECHANISM (TFM)

SINGLE COUNTRY APPLICANT: SECTIONS 1-2

Deadline for submission: 31 March 2012, 12 Noon CET

Resources and funding under the Transitional Funding Mechanism

Funding under the Transitional Funding Mechanism (TFM) will be dependent on the resources available at the time the Board will approve TRP recommended TFM applications.

Available resources depend on several factors over which the Global Fund has no direct control, in particular the receipt of funding anticipated from donors. The timing of receipt of donor funding will also influence the ability of the Global Fund to commit resources in a timely manner to minimize the disruption of essential services. At this time, the Global Fund cannot guarantee the amount of resources or the timing commitments.

Given this, in accordance with its recent decision, the Board will approve applications on a rolling basis and stagger the timing of commitments (and if necessary vary the duration of commitments)

SECTION 1: APPLICANT INFORMATION AND FUNDING SUMMARY

Complete this section only once per applicant

1.1 Applicant Name and Country Information		
Applicant Name	Non-Profit Partnership to Support Social Prevention Programmes in Public Health "ESVERO" (Non-Profit Partnership "ESVERO")	
Country	Russian Federation	
Do you have essential prevention, treatment and/or care programs currently financed by the Global Fund that will face disruption between 1 January 2012 and 31 March 2014?	☒ Yes	☐ No (if No do not submit a TFM request)
Please indicate from which date the disruption occurs (day, month, year) and the grant number(s) of affected grant(s)	The disruption occurred on 1 September 2011 when Grant RUS-506-G05-H ended. Though this grant finished its activities prior to 1 January 2012 it was made eligible for the TFM request by the Global Fund Board's decision point B25/EDP/12 endorsed on 8 March 2012.	

Please indicate the start date of the TFM request	01 January 2013

1.2 Component/s and Choice of Funding Pool		
Component	**Funding Pool**	
HIV	☐ General	☒ Targeted
Tuberculosis	☐ General	☐ Targeted
Malaria	☐ General	☐ Targeted

1.3 Information on Continuity of Services (CoS)[1] Request		
In this TFM request, are there interventions that will fall within the Continuity of Services policy?	☐ Yes	☒ No
If yes, indicate the grant number(s) of the grants requiring CoS.		
If yes, provide a narrative summary of the elements of this request that relate to CoS and include the date used to determine the number of patients on treatment.		
N/A		
Provide in the space below information on the number of people on treatment at the time of this application or expect to be on treatment at time of disruption. ▫ *Complete a separate row for each SDA and type of treatment (e.g. ART, MDR-TB…).*		

		Number of people on treatment			
SDA	Type of treatment	Male	Female	Male Child	Female Child
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Cost per patient on treatment if available (should be in same currency as 1.4)		**N/A**	**N/A**	**N/A**	**N/A**

[1] The Global Fund's Continuity of Services policy provides up to two years of funding to continue courses of treatment (whether the treatment is for a limited duration or is lifelong) when a grant comes to an end. Additional guidance is provided in the TFM Guidelines.

Clarified Section 1.4

1.4 TFM Funding Summary		
Currency	☐ USD	☑ EURO
Component	**Transitional Funding Mechanism Funding Request** ** Enter the yearly amounts of the incremental (additional) funding requested. It should be identical to the yearly totals in the incremental request table (Section 7.6) for each component for which funding is requested.* *** Applications to the Targeted Funding Pool are subject to the maximum upper ceiling incremental funding request of US$ 5 million for up to two years of proposal term.*	

		Year 1	Year 2	Total
HIV	CoS[1]	0	0	0
	TFM other	1,912,587	1,840,146	3,752,734
	Total Incremental Funding Request	0	0	0

		Year 1	Year 2	Total
Tuberculosis	CoS[1]			
	TFM other			
	Total Incremental Funding Request	N/A	N/A	N/A

		Year 1	Year 2	Total
Malaria	Total Incremental Funding Request	N/A	N/A	N/A

1.5 Contact Details		
	Primary contact	**Secondary contact**
Name	Mr. Pavel Aksenov	Ms. Natalia Khodakevich
Title	Executive Director	Chair of Board

Organization	Non-Profit Partnership "ESVERO"	Non-Profit Partnership "ESVERO"
Mailing address	24/2 Malaya Dmitrovka Street, 127006 Moscow, Russia	24/2 Malaya Dmitrovka Street, 127006 Moscow, Russia
Telephone	+7 985 765 8379	+7 963 630 9351
Fax	+7 495 640 5351, ext.103	+7 495 640 5351, ext.103
E-mail addresses	pavel@esvero.ru	natalia.khodakevich@gmail.com

1.6 List of Abbreviations and Acronyms used by the Applicant	
Acronym/ Abbreviation	**Definition**
AIDS	Acquired immune deficiency syndrome
APMG	AIDS Project Management Group
ART	Antiretroviral therapy
ARV	Antiretroviral
BCC	Behavioral change communication
BD	Becton Dickenson
BSS	Behavioral Surveillance Survey
CCM	Country Coordinating Mechanism
CRIOIH	Federal State Institution "Central Research Institute of Organisation and Informatization of Health"
DBF4	Clients and Services Database F4
ESVERO	Non-Profit Partnership to Support Social Prevention Programmes in Public Health "ESVERO" or the Non-Profit Partnership "ESVERO"
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
IDA	International Development Association
IDU	Injecting drug user
LFA	Local Fund Agent

M&E	Monitoring and Evaluation
MoH	Ministry of Health
MIS "SVetlana"	"SVetlana" Programme Management Information System
MoHSD	Ministry of Health and Social Development of the Russian Federation
MSF	Medicines Sans Frontiers
MSM	Men who have sex with men
NGO	Non-governmental organization
NSP	Needle-syringe programme
OI	Opportunistic infection
OST	Opioid Substitution Therapy
PLWH	People living with HIV
PO	Purchase Order
PR	Principal Recipient
PSM	Procurement Supply Management
SR	Sub-recipient
SW	Sex worker
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntaru Counseling and Testing
WHO	World Health Organization

CCM applicants	Sub-CCM applicants	Non-CCM applicants
→ *Complete sections 2.1 to 2.7* → *Delete sections 2.8 to 2.15*	→ *Complete sections 2.1 to 2.10* → *Delete sections 2.11 to 2.15*	→ *Complete sections 2.11 to 2.15* → *Delete sections 2.1 to 2.10*

SECTION 2: REQUIREMENTS FOR ELIGIBILITY

Non-CCM applicants

2.11 Sector of work ▫ *check one box only*	
☐	Academic/educational sector
☐	Government
☒	Non-government organization (NGO)/community-based organizations
☐	People living with the diseases
☐	People representing key populations
☐	Private sector
☐	Faith-based organizations
☐	Other: ▫ *specify*

2.12 Justification for Non-CCM TFM request (a) Identify the main justification for submitting a Non-CCM TFM request▫ *check one box only*:	
(i) Countries without a legitimate government	☐ Yes ▫ *go to section 2.13*
(ii) Countries in conflict, facing natural disasters, or in complex emergency situations (identified by the Global Fund through reference to international declarations such as those of the United Nations Office for the Coordination of Humanitarian Affairs)	☐ Yes ▫ *go to section 2.13*
(iii) Countries that suppress or have not established partnerships with civil society and non-governmental organizations. These circumstances include a CCM's failure or refusal to consider a civil society or non-governmental organization proposal, particularly those targeting highly marginalized and/or criminalized groups, for inclusion into the national composite CCM proposal	• Yes ▫ *complete 2.12(b) then 2.12(c)*

(b) If (iii) applies:
Describe, chronologically, all attempts by the Non-CCM to communicate with the CCM on the inclusion of the Non-CCM proposed activities in the larger CCM application.

According to the Global Fund income categories, which are based on the World Bank (Atlas Method) Income Classifications, Russian Federation belongs to the Upper Middle Income tier. At the same time, the HIV epidemic burden in Russia is classified as a "High" by WHO and UNAIDS. Still, the country was not eligible to the HIV grants of the Global Fund in 2006-2011 because of its income status.

According to the Eligibility, Counterpart Financing and Prioritization (ECFP) policy, approved by the Global Fund in May 2011, including the Global Fund eligibility list for 2012 funding channels, Russia became eligible for funding to address the spread of HIV only through the Targeted Funding Pool and through the NGO rule.

In this regard, the country is not eligible to apply for HIV funding through a CCM-based application. Thus, this is a non-CCM, non governmental organization (NGO) HIV application for the Transitional Funding Mechanism (TFM).

It is worth noting, that in addition to Global Fund restrictions on CCM application eligibility, the current TFM proposal concerns a group, still highly marginalized in Russian Federation – injecting drug users (IDUs) and that the authorities, at present, have refused to provide financial support to evidence-based harm reduction interventions in the country. Thus, this NGO application for TFM support is also a request for emergency funding for a highly affected and underserved population.

(c) Describe how the Non-CCM will be able to implement the TFM request and achieve the outputs/outcomes when the CCM has not supported their request.

To ensure protection for project implementers and sustainability of their work in the future, the programme described in this non-CCM request (the Programme) will maintain a working relationship with the government CCM through regular Programme updates and by presenting interim and final results. The Programme will be able to achieve its outputs/outcomes through continuing collaboration with the wide network of partners established in the collaborative activities of RUS-506-G05-H (which was a non-CCM Grant as well) and non-Global Fund programmes and projects, in particular:

1. Work with Federal and Regional government bodies.

The key purpose of targeting federal and regional level government bodies will be in continuing the persistent advocacy of evidence-based approaches to HIV prevention among IDUs and presenting the Programme interim and final results and achievements. The Programme will generate specific reports demonstrating epidemiological impacts of Programme implementation and attempt to create favorable political and legal conditions for further use of harm reduction approaches. This partnership will also be essential for acquiring government financial support for harm reduction activities. The advocacy will be conducted on two levels – federal and regional, by the Applicant acting as a Programme Principal Recipient (PR) and Programme Sub-recipients (SRs) respectively.

Target stakeholders for this work will be the Ministry of Health and Social Development and its regional Departments; HIV Surveillance Division of the Federal Service on the Surveillance in Customers' Rights Protection and Human Well-Being and its regional units; Government Commission on the Prevention of the Disease Caused by the Human Deficiency Virus; State Anti-Drug Committee and Anti-Drug Comities in the regions.

The main means of communication will be official letters, participation in the regular planned and ad

hoc meetings of the above-mentioned Government bodies, direct meetings with key officials.

2. Work with Federal and regional specialized health care and social protection institutions.

The main target stakeholders will be the Federal Science and Methodology Centre on AIDS and Regional (Republican, *Kray*, *Oblast)* Centres for the Prevention of AIDS and Infectious Diseases; National Research Centre on Addictions and Regional (Republic, *Kray*, *Oblast*, City) Drug Treatment/Narcological Dispensaries; Central Research Institute for Organization and Informatization of Health Care (CRIOIH); city-level agencies for social protection; and others.

This work will be crucial for provision of quality HIV prevention services for IDUs and utilizing the comprehensive package of services described in this application. The Programme SRs will be maintaining close contacts with the above-mentioned institutions at the regional level in providing referrals and other services for clients. The PR will be collaborating with the Federal-level institutions in performing routine monitoring and planned evaluation studies for the Programme.

3. Partnerships with the civil society organizations and networks.

The main partners will be national and regional NGOs working in the field of HIV prevention and care, local NGOs providing services for IDUs and other most-at-risk populations, and working in the field of protection of patient rights and rights of other vulnerable groups.

The partnerships will comprise exchange of information and best practice, building coalitions and advocacy strategies to bring the key issues of the Programme sustainability to the attention of the Federal government and other partners. The Programme SRs will collaborate closely with local NGOs in providing daily services and referrals to the clients.

4. Partnerships with international and regional technical assistance organizations and civil society actors.

The main partners will be the United Nations agencies (UNAIDS, WHO, UNODC), European Commission, including the Civil Society Forum on HIV/AIDS and its Delegation in Russia, United States Agency for International Development (USAID) and other bilateral donors, Eurasian Harm Reduction Network (EHRN), AIDS Action Europe (AAE), International Treatment Preparedness Coalition (ITPC), International Network of People Using Drugs (INPUD), and others.

The Programme service delivery and other activities will follow shortly the technical papers and guidelines of the key UN agencies (UNAIDS, WHO, UNODC). Additional technical support and funding for monitoring and evaluation activities, and advocacy events will also be raised within ongoing collaboration. The Applicant will be using its membership in EHRN, AAE and ITPC to utilize the existing information and technical support resources for the benefit of Programme outcomes.

The Applicant will cooperate with the programme under the TFM request for continuation of the RUS-304-G01-H, which will be going simultaneously. The Applicant will ensure due coordination of the activities to exclude any duplication and overlapping in service coverage.

2.13 Name the Principal Recipient(s) nominated for your proposal(s)		
Name	Component	Sector
Non-Profit Partnership to Support Social Prevention Programmes in Public Health "ESVERO"	HIV	Non-government organization (NGO)/community-based organizations

2.14 Non-implementation of dual track financing
Dual track financing means that at least one government sector and one non-government sector Principal Recipient have been nominated for each component. If relevant, provide an explanation below as to why dual track financing has not been applied for any of the components in this application.
No dual-track funding will be applicable to this component according to the ECFP policy to the Russian Federation and under the NGO rule for applications.

2.15 Signature by authorized representative of Non-CCM applicant		
Position	**Printed Full Name**	**Signature**
Executive Director, Non-Profit Partnership "ESVERO"	Pavel Aksenov	

ELIGIBILITY CHECKLIST		
Section	**Description**	**List annex name and number**
CCM and Sub-CCM applicants		
2.1	Process used to engage a broad range of stakeholders, including key population groups, in the solicitation and review of activities for integration into the TFM request	**N/A**
2.1	Attach a signed and dated version of the minutes of the meeting(s) at which the CCM (or Sub-CCM) members decided what to include in each component and finalized and endorsed the application	**N/A**
2.2	Process and criteria used to nominate new or continuing Principal Recipient(s) Attach signed and dated minutes of the meeting(s) at which the CCM (or Sub-CCM) members nominated the PR(s). CCM (or Sub-	**N/A**

	CCM) meeting minutes must demonstrate how potential conflict of interest was managed	
2.4	Attach an oversight plan for all financing approved by the Global Fund	**N/A**
2.5	Process used to select CCM (or Sub-CCM) members representing non-government constituencies by their own constituencies Attach copies of advertisements or correspondence inviting representatives from the non-government constituency to take part in a member selection process. Attach the minutes of the meeting(s) where member selection took place	**N/A**
2.6	Attach the Conflict of Interest policy and highlight the specific sections that respond to the stipulations set out in Requirement 6	**N/A**
2.7	Endorsement of the TFM request by all CCM (or Sub-CCM) members	**Membership Details Form, N/A**
Sub-CCM applicants		
2.9	Process used to show that the CCM reviewed and endorsed the TFM request	**N/A**
2.10	Documented evidence justifying the Sub-CCM's right to operate without guidance from the CCM	**N/A**
Non-CCM applicants		
2.11	Documentation describing the organization, and the key governance arrangements, and a summary of the main sources and amounts of funding	ANNEX I. Charter of the Non-Profit Partnership "ESVERO" (copy of the original in Russian) ANNEX II. Charter of the Non-Profit Partnership "ESVERO" (English translation) ANNEX III. Certificates of Registration ANNEX IV. Procurement and Supply Management Plan approved in 2008. ANNEX V. Summary of the Main Sources and Amounts of Funding
2.12(a)	Documentation justifying the exceptional	ANNEX VI. Letter of the

	circumstance for submitting a Non-CCM TFM request	MoHSD to the Civic Chamber of the Russian Federation of 9 June 2011 regarding the Resolution of the Public Hearings of 24 March "HIV Prevention in Russia: Problems and Perspectives" ANNEX VII. "HIV Infection in the Russian Federation in 2011". ANNEX VIII. Decision of the Global Fund Board B25/EDP/12 "Transitional Funding Mechanism Arrangements for RUS-506-G05-H grant ("Grant")" ANNEX IX. "Principles of the Evidence-Based Medicine and the Use of Harm Reduction Programmes for HIV Prevention Among Vulnerable Groups", Moscow, 2010.
2.12(b)	Documentation of communication to the CCM for consideration of the TFM request	ANNEX X. Communication with CCM on the Concept of the TFM request.
Other documents relevant to sections 1 and 2 attached by applicant: ▫ *Add extra rows to this section of the table as required to ensure that documents directly relevant are attached*		

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TRANSITIONAL FUNDING MECHANISM (TFM)

HIV: SECTIONS 3-8

SECTION 3: COUNTRY CONTEXT

3.1 Essential Services within the Disease Program

Provide a description of the current disease program in the country and the progress being made as well as the challenges to be met in providing essential prevention, treatment and/or care programs within this context.

According to the latest UNAIDS Report on the Global AIDS Epidemic (2010) the region of Eastern Europe and Central Asia (EECA) is the only region in the world, which produced a two-fold HIV prevalence increase over the last eight years - from 0.4 in 2001 to 0.8 in 2009. High rates of HIV transmission in EECA continue to occur in networks of people who inject drugs and their sexual partners. Russia, together with Ukraine, account for 90% of all new infections in the region. While the pace of the epidemic's growth in Russian Federation has receded since the 90's, the country is still experiencing a steady rise in infections.

The Russian Federal Science and Methodology Centre on HIV/AIDS (Federal AIDS Centre) – the source of official HIV statistics in the country – reports that there were 58,663 new HIV cases reported in 2010, and the latest cumulative statistics (November 1, 2011) report the total number of registered HIV infections as 636,979, including 5,632 children under 15 years old. With UNAIDS estimated adult prevalence of 1%, officially registered people living with HIV (PLWH) comprise 0.4% of the country's population for an official 0.7% adult prevalence.

For the last two decades, injecting drug use has been the main driver of the HIV epidemic in the Russian Federation. Studies indicate that over 1.5% of the country's population could be injecting drugs and that Russia, at over 1.8 million, has the third largest (after the U.S. and China) injecting drug user (IDU) population in the world. According to the latest official statistics, 39% of all cumulative registered HIV cases were identified among IDUs, and in 2010, 59.2% of all new HIV cases with the known route of transmission were identified among IDUs. Infections due to heterosexual transmission are on the rise, and evidence suggests that lack of condom use among IDUs and their sexual partners could be contributing to this phenomenon. Despite several years of prevention efforts, HIV prevalence is still exceptionally high among this group. According to the estimations of the National Research Centre on Addictions, 12% of drug users enrolling in state drug treatment programmes are HIV positive (2010), while various studies indicate that the actual HIV prevalence among IDUs can vary drastically from 37.5% to 74% in different urban areas (UNGASS Report, 2010).

Over the last decade HIV/AIDS received acknowledgement from Russia's leaders. Both the President and the Prime Minister called for an adequate response able to stop the epidemic in its concentrated phase. The commitment of he country's leaders was further expressed in the growing State allocations to counteract the HIV epidemic. The period of 2004-2008 was critical in scaling-up the national HIV response. In those four years, government funding increased more than 20 times from

$33.43 million in 2004 to $787.24 million in 2008. The proportion of the HIV response funding in the Government Health Care budget also grew from 0.2% in 2004 to 1.3% in 2008.

The major portion of the state HIV funds in 2008 was dedicated to the increased coverage of HIV treatment and care (57.8% among all State expenditures on HIV response). This was the period when antiretroviral therapy (ART) became widely accessible and was included into the State guarantees of the free-of-charge medical care. New HIV treatment protocols were adopted by the Ministry of Health and Social Development, and cost of ART per patient per year was significantly reduced. The Global Fund played a crucial role in the process of scaling-up access to ART in the country having invested USD $210 million to the development of HIV treatment and care systems. The State expenditures for HIV prevention constituted 23.4% among the overall State allocations on the disease.

The state prioritized voluntary counselling and testing, prevention of mother-to-child transmission, blood safety, universal prevention methods and post-exposure prophylaxis, educational activities for youth, and HIV prevention programmes for PLWH. However, specific HIV prevention interventions among most-at-risk populations, namely IDUs, sex workers (SWs), received only 2% and 5.4% respectively from all the HIV prevention allocations, while international funding for HIV prevention among these groups constituted 97.5% and 94.2% respectively.

In 2009-2010 HIV prevention among most-at-risk populations was further undermined. Drug control and law enforcement authorities encouraged a passing of the new State Drug Control Policy. Released in 2010, the Policy and its Plan of Action promoted zero tolerance strategies, carried a firm message on prohibiting opioid substitution therapy (OST), and named syringe exchange programmes among possible threats to strategy implementation and as and intervention that has potential to cover up “drug use propaganda.” These statements and the reiterated prohibition of OST put at risk the implementation of internationally recommended comprehensive package of HIV prevention services among IDUs and set back years of OST advocacy efforts.

Furthermore, the Ministry of Health and Social Development of Russia (MoHSD) stated that the national HIV prevention strategy should be grounded on the provisions of the State Drug Control Policy, and that harm reduction programmes might produce an indirect influence on promotion of illicit drug trafficking and the increase of the social tension in general (for example, the letter of the MoHSD to the Civic Chamber of the Russian Federation of 9 June 2011 regarding the Resolution of the Public Hearings of 24 March “HIV Prevention in Russia: Problems and Perspectives”, please refer to the Annex VI). Despite significant efforts of many NGOs, civil society activists and expert communities to counteract this political campaign, the State funding for harm reduction and other HIV prevention interventions among most-at-risk populations was denied. This also coincided with the pull out of bilateral donors.

These events resulted into a 3.5 time reduction of essential HIV prevention services for DUs and other most-at-risk populations. The number of the relevant projects decreased from 70 in 2007 to 53 in 2010 and further to a mere 20 by the end of 2011. The Global Fund is currently the only source of support for harm reduction programmes in the country. The very latest statistics on HIV bring a number of concerns regarding the further escalation of HIV epidemic in Russia, which may be an early manifestation of the counteractive HIV prevention policy of the last two years. Federal AIDS Centre yearly reports worsening of the epidemiological situation and calls for scaling up prevention efforts among “women, youth, and vulnerable groups of population” (please refer to the Annex VII). The Centre also reports a significant decrease in the number of IDUs accessed HIV testing (down by 7.9% in 2011 as compared to 2010) and an 1.7% increase in HIV infections determined among those IDUs who tested. These statistics indicate a steady spread of the epidemic among Russia's increasingly most vulnerable and soon potentially criminalized population.

The current HIV response in the country is supported by l financial allocations, covering the needs for HIV treatment and care. Official statistics show that up to 90% of PLWH in need of treatment are receiving ART, and the allocated State resources answer the current needs in antiretrovirals. However, the The Concept of HIV Prevention in the Russian Federation is still in the process of

development, and not yet adopted, despite the significant efforts taken by NGO and HIV experts to pass this document in 2011. Thus priorities in HIV prevention sphere do not answer the characteristics of the HIV epidemic, namely the continuing HIV crisis among IDUs. A key component – comprehensive and evidence-based HIV prevention services for IDUs – remains a gap, and the epidemiological situation in Russia, as seen from the data above, will not tolerate the disruption of essential harm reduction services. This TFM request proposes a Programme based on the Global Fund Round 5 Programme "Scaling up access to HIV prevention and treatment by strengthening HIV services for injecting drug users in the Russian Federation" (Global Fund grant reference number RUS-506-G05-H further referred to as Round 5 Programme), which constituted the largest network of harm reduction programmes in the country. According to the latest estimations, the Round 5 Programme was able to prevent over 11,000 new infections in its years of operation, so it will be instrumental in filling the existing gap in the national HIV response efforts making them more focused, cost effective and answering the needs of key affected populations. TFM support is essential for Russia's NGOs eager to continue battling the epidemic in the face of local challenges and willing to generate further evidence of harm reduction programes effectiveness.

3.2 Epidemiological Profile of Target Populations

a) Population Groups in Country

→ *Specify the breakdown of the target population into relevant sub-populations (e.g., Females 0-4, Males 5-9, etc.) in the left-hand column. Add extra rows as necessary.*

Population Groups	Estimated Number	Year of Estimate	Source of Data
Total estimated target population (all ages and genders) - IDU	1,800,000	2010	Global report: UNAIDS report on the global AIDS epidemic 2010 UNAIDS/10.11E / JC1958E, november 2010: Mathers BM et al. Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. Lancet, 2008, 372:1733–1745.
Estimated number of HIV positive IDUs (all ages and genders)	665,000	2010	Global report: UNAIDS report on the global AIDS epidemic 2010 UNAIDS/10.11E / JC1958E, November 2010.
Total reported target population (all ages and genders) - IDU	393,534	2011	"Main Performance Data of the Narcological Service of the Russian Federation in 2009-2010", Ministry of Health and Social Development of Russia, National Research Centre on Addictions. Moscow, 2011

Number of reported HIV positive IDUs (all ages and genders)	54,486	2011	"Main Performance Data of the Narcological Service of the Russian Federation in 2009-2010", Ministry of Health and Social Development of Russia, National Research Centre on Addictions. Moscow, 2011
Number of IDUs (all ages and genders) in the 33 cites of Russia to be covered by this TFM request, including:	416,931	2010	RUS-506-G05-H MIS "SVetlana"
Number of IDUs adults (all genders), 15+	416,494	2010	RUS-506-G05-H MIS "SVetlana"
Number of IDUs male, 15+	287,840	2010	RUS-506-G05-H MIS "SVetlana"
Number of IDUs female, 15+	128,654	2010	RUS-506-G05-H MIS "SVetlana"
Number of IDUs young people (all genders), 15-24	103,400	2010	RUS-506-G05-H MIS "SVetlana"
Number of IDUs young people male, 15-24	65,425	2010	RUS-506-G05-H MIS "SVetlana"
Number of IDUs young people female, 15-24	37,975	2010	RUS-506-G05-H MIS "SVetlana"

b) HIV epidemiology of population(s) targeted in existing Global Fund grants				
Population Groups	Estimated Number	Estimated prevalence	Source of Data	Year of Estimate
Number of people living with HIV (HIV Adults + Children)	980,000	---	UNAIDS	2009
Number of adults living with HIV, 15+	960,000	1.0	UNAIDS	2009
Number of adults living with HIV, 15-49	---	0.67	Federal AIDS Centre	2010
Number of female adults living with HIV, 15+	480,000	---	UNAIDS	2009

b) HIV epidemiology of population(s) targeted in existing Global Fund grants				
Population Groups	Estimated Number	Estimated prevalence	Source of Data	Year of Estimate
Number of young people living with HIV, 15-24 years old	56,876	0.2/0.3	Federal AIDS Centre/UNAIDS	2010/2009
Number of young people living with HIV, 15-24 years old, female	24,610	0.3	Federal AIDS Centre/UNAIDS	2010/2009
Number of children living with HIV, 0-14 years old	5,294	---	Federal AIDS Centre	2010
Number of pregnant women living with HIV	9,825	---	UNAIDS (AIDS Info Database)	2009

SECTION 4: TFM REQUEST SUMMARY

Clarified Section 4.1

4.1 Narrative Description of TFM Request

In this section:

1) Describe the essential prevention, treatment and/or care programs currently financed by the Global Fund in the country that are expected to be interrupted, which form your TFM request. In your response, please make reference to the goals and objectives as you present them in the performance framework.

2) Identify the risk of program interruption including a) an estimate of the size of these disruptions in terms of numbers denied essential services and b) a description of the potential impact of these disruptions on new HIV infections, quality of life and death.

3) If applicable, describe what reprogramming is being proposed in order to prevent disruption of essential services.

4) Outline which of the proposed TFM interventions would fall under the definition of Continuity of Services[1]

Prevention services for IDUs in the Russian Federation were funded by the Global Fund through Rounds 3, 4 and 5. This TFM application seeks to continue services interrupted by the termination of the Round 5 Programme "Scaling up access to HIV prevention and treatment by strengthening HIV services for injecting drug users in the Russian Federation" (RUS-506-G05-H). The Round 5 interventions were funded by a EUR 10,104,000 Global Fund grant and officially began on September 1, 2006, and finished on August, 31, 2011.

[1] The Global Fund's Continuity of Services policy provides up to two years of funding to continue courses of treatment (whether the treatment is for a limited duration or is lifelong) when a grant comes to an ed. Additional guidance is provided in the TFM guidelines

The Round 5 Programme was focused solely on the development and scale-up of comprehensive HIV prevention services for IDUs in Russian Federation, including needle and syringe exchange, access to VCT, education, psycho-social support, referrals to HIV treatment, drug treatment, TB services, various institutions of medical and social support, legal help. The Programme operated **in 33 cities** of 23 regions of the country. During the 5-year grant period **almost 150,000 IDUs** received access to comprehensive services. Significant Programme resources were also invested into advocacy campaigns and mobilization of communities affected by the epidemic to gain political, legislative and financial support for sustainable functioning of harm reduction programmes in Russia. To ensure this sustainability the Programme also provided extensive technical support to Programme sub-recipients – a total of **48 NGOs** received assistance in institutional development and guidance and expert support in service delivery.

Significant local efforts went into advocacy to obtain national funding for continuation of Round 5 Programme interventions, but political decisions, described earlier in this proposal, left the Programme without support in August of 2011. Over 50,000 IDU clients, served by over 30 organizations in 33 locales in the year 5 of the Round 5 Programme were left without essential, life-saving services, which constitute 20% of all estimated IDU populations in the country. At the same time, as a World Bank Upper Middle Income country, Russia was excluded from Global Fund grant eligibility until the new Eligibility, Counterpart Financing and Prioritization (ECFP) policy came out in 2011, making Russia eligible to apply through an NGO channel for a Targeted Funding Pool. Additionally, the TFM made it possible for interventions ending in January of 2012 to apply for continuous funding. Still, Round 5 Programmes were excluded from TFM eligibility. The status, strategic implications of programme interruptions and benefits of sustainability of Round 5 interventions were further assessed by the Global Fund Secretariat. As a result, the Board's decision point B25/EDP/12 *"Transitional Funding Mechanism Arrangements for RUS-506-G05"* was adopted on 8 March 2012 permitting the Round 5 Programme to apply for the TFM (please refer to the Annex VIII).

The Global Fund Board reiterated the considerations of Russia having the largest population of IDUs in the EECA region and a highly concentrated epidemic among this population. The increasing hostility of the Government towards IDUs and the subsequent denial of funding to harm reduction programmes have put years of Global Fund and other bilateral investment and local harm reduction activist work in peril. The combined Global Fund and local efforts, quantified by Round 5 Programme outputs, demonstrated unprecedented impact on the course of the HIV epidemic among Russia's most-at-risk population. The Round 5 Programme was independently assessed by the Inter-Parliamentary Expert Working Group of the State Duma of Russia and the Russian Federal Science and Methodology Centre on AIDS. The key findings of the assessments reflected that HIV transmission growth rate in 6 cities of the Round 5 interventions went down from 13.3 new cases per 100 existing infections in 2006 to 10.4 per 100 in 2009, while the average rate for the country increased from 12.8 per 100 in 2006 to 14.3 in 2009. A tendency of decrease in the percentage of IDUs among newly registered HIV cases in these cities was also observed (Annex IX "Principles of the Evidence-Based Medicine and the Use of Harm Reduction Programmes for HIV Prevention Among Vulnerable Groups" Moscow, 2010). The Round 5 Programme helped in preventing 1,153 new HIV cases in the six cities covered by the study for a possible total of 11,932 new infections prevented in all of the cities where the Programme operated. The assessments also displayed high economic effectiveness of harm reduction interventions in Russia, as one unit of national currency invested in prevention allowed for saving 164 units that would be spent for the life-time of HIV treatment. It is obvious from these findings that the interruption of services will have (and probably has already had) certain disastrous repercussions on the course of the HIV epidemic in Russia.

The Round 5 Programme functioned in areas of the country, most affected by the HIV epidemic: notably, Saint Petersburg, Irkutsk, Kemerovo, Samara, Yekaterinburg and some other cities, which have the highest indicators of HIV prevalence among IDUs in Russia. Interruption of supportive services in these and other locales along with denial of access to clean injection equipment and condoms will inevitably lead to an uncontrolled spread of HIV and reverse the positive impact of prior interventions. Additionally, contacts established with local IDU communities, and trust

developed between non-governmental service providers, IDU clients and government institutions providing social and medical services will be lost, suspending the success of all future activities.

To avoid these undesirable outcomes, the Non-profit Partnership "ESVERO" (ESVERO) is applying for TFM funding as a sole channel of support of harm reduction services in Russia. This TFM proposal is based on Round 5 interventions and describes the following Programme:

Programme Title: Sustaining access to HIV prevention and treatment services for injecting drug users in the Russian Federation.

Programme Goal: To limit the spread of HIV among IDUs by maintaining the quality and reach of Round 5 interventions for IDUs in 33 cities of the Russian Federation

Programme Objectives:

1. Provide access to essential HIV prevention services for IDUs in 33 cities of the Russian Federation;
2. Ensure quality of on-going HIV prevention services for IDUs in 33 cities of the Russian Federation through trainings and technical support;
3. Advocate for long-term sustainability of HIV prevention services for IDUs in the Russian Federation.

The Programme will function along such SDA's as: Key Populations; Testing and Counselling; TB/HIV; Monitoring and Evaluation, Evidence Building; Advocacy Communications and Social Mobilization; Management, accountability and leadership.

The Programme will seek to maintain the same level of essential HIV prevention services, for IDUs as previous Round 5 interventions. It will operate in the same 33 cities and through sub contracting the 33 NGOs and other implementers carefully selected through work on Round 5 service provision. Given specific limitations of the TFM funding for the Targeted Pool, as well as prioritization of service delivery activities, the Programme will have limited support for advocacy and community mobilization activities. However, considering the urgency and the importance of these activities for ensuring survival and sustainability of the Programme, the Applicant will use co-funding opportunities, firstly the resources of the three-year Project *"HIV Prevention Among Vulnerable Groups: From Quality Enhancement To Better Advocacy And Integration"*, started in January 2012 and funded by the Grant of the European Commission (for further details, please refer to point 4.4). The Applicant will continue to focus on ensuring the sustainability of the Programme through highlighting programmatic achievements and wide distribution of monitoring and evaluation results, advocacy work and promoting the role of communities affected by the HIV epidemic in prevention activities to improve political and legal context for harm reduction in Russia, as well as obtaining domestic resources for the Programme's further development and scale-up.

The Programme will operate through the following Objectives and their underlying activities:

Objective 1: Provide access to essential HIV prevention services for IDUs in 33 cities of the Russian Federation;

SDA 1.1: Key Populations

The Programme will continue to offer the comprehensive package of services to IDUs, maintained for the duration of Round 5 programme interventions. This package is based on the recommendations set in the *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users* (2009). Limited funding and restrictions on OST will put certain restrictions on the number of services delivered, but the Programme will adhere to the Technical Guide recommendations as closely as possible.

Activity 1.1.1: Syringe provision and exchange

With an established network of 33 NGOs and AIDS Centres, closely linked to local IDU communities, the Programme will reach up to 53,000 IDUs yearly with Needle and Syringe Exchange Programme (NSP) services. These essential services will be delivered through outreach work based on 30 stationary and 11 mobile points in 33 cities where the Programme will operate. The services will be

delivered by experienced outreach and social workers, capable of maintaining contact with IDU clients and motivating IDU clients to engage in other prevention activities. NSPs will play their crucial role as a gateway for other essential services and referral.

It is important to notice, that the Programme will take significant effort to advocate for the protection of harm reduction activities, in particular, NSP, in view of difficult political climate towards this intervention described in this Application. While remaining legal in the country, delivery of these services needs to be negotiated with local health care and drug control agencies. SRs will reiterate such consensuses that were reached under the Round 5 Programme, utilizing their own experience gained at the Round 5 and supportive positions of health care authorities. Besides that, the Applicant and Technical Advisors will be regularly providing SRs with necessary fact sheets and other data to be used for local advocacy. Finally, the Applicant, with the support of invited lawyers, will be undertaking ongoing monitoring of the local NSP environments and will be taking immediate actions on legal support and advice in case of any legal or political factors occur that may hamper effective service delivery.

Activity 1.1.2: Condom distribution

Considering the increasing growth of the share of heterosexual infection among all new infections, this activity will be prioritized. Condoms will be distributed to IDUs through outreach activities, stationary and mobile points in 33 Programme sites, as well as through points of referral (government-run treatment and social support institutions). Counselling on safe sex for IDUs and their partners will be provided by the Programme implementers. While targeted work with sexual partners of IDUs and women IDUs can not be performed because of the financial limitations of this request, special attention will be dedicated to engaging these sub-groups in prevention activities.

Activity 1.1.3: Distribution of education materials to vulnerable groups

Access to upright and easy-to-percept information on HIV, virus hepatitis and TB, safe behaviour practices, referral data and other important issues is among key components of comprehensive harm reduction services. The Applicant and the Programme SRs will produce enough volume of brochures, booklets and other information sources for IDUs to be distributed through outreach work, stationary and mobile units. The stock of information materials, their range and demand will be regularly monitored by the Technical Advisors and the Applicant's Programme staff during the field visits.

Activity 1.1.4: Trainings of community representatives in treatment preparedness

IDUs have a notoriously low access to ART treatment. The local data outlines three levels of the problem, including lack of adherence for regular viral load monitoring identify the ART start time; lack of adherence to start ART among IDUs in need of treatment; and relatively low ART retention rate, as compared to other groups of PLWH. Treatment preparedness trainings will be organized both by the Applicant for the health care providers dealing with IDUs, and by SRs for IDU communities and Programme clients to address the above-mentioned barriers. The trainings will provide references to the local networks of PLWH, support groups and multi-specialist teams providing treatment preparedness services.

Activity 1.1.5: Trainings of health staff in effective response to HIV prevention among IDUs & treatment preparedness

The core of this activity is to ensure maximum compliance of the training topics to the actual needs of IDU populations. The topics of the trainings will be specifically defined through interviews and focus groups with IDUs. There will be centralized trainings organized by the Applicant for health staff of the 33 locales of the Programme. After that the trained health workers will provide local trainings for their colleagues working for the partner organizations involved in service delivery under the Programme. Such approach proved to be effective in enhancing the quality of service delivery, as well as in improving trust and level of collaboration between the partner organizations within the Programme.

SDA 1.2: Testing and Counselling

Activity 1.2.1: Promoting access to Volunteer Counselling and Testing (VCT) for IDUs

There is unequivocal evidence of decrease in levels of HIV testing among IDUs nationally. To scale up testing, referrals to free VCT services will be provided at stationary and mobile NSP service provision points and at the Programme implementer's stationary headquarters. Close links with local AIDS Centres will be maintained to ensure follow up on testing and enrolment in treatment for those who need it.

SDA 1.3 : TB/HIV

Activity 1.3.1: Referral to Tuberculosis diagnosis, treatment, and care for HIV-positive IDUs

TB is among the main causes of death among PLWH. In-country research also shows that the majority (up to 79%) of co-infected individuals in Russia are also drug-dependent. To address the problem of co-infection among IDUs, Programme implementers will collaborate with local TB services and ensure routine (every 6 months) testing for HIV-positive IDUs. In some locales, sputum samples will be collected by NGO service providers, in others, referral and follow up will be made. Those clients in need of TB treatment will be assisted with access to ART while in TB treatment and supported in maintenance of both treatment courses. Prophylaxis will be made available for HIV-positive IDU clients with inactive TB.

Activity 1.3.2: Trainings of health staff in effective response to HIV/TB among IDUs

In collaboration with the Activity 1.1.4 trainings for local health staff will be provided with the main purposes of raising awareness of health staff on specific needs of IDU populations in receiving services, and improving their commitment to provide quality interventions. Particular attention will be paid to the issues of stigma and discrimination as the factors reducing the quality of services and hampering the access of IDUs to them.

Objective 2: Ensure quality of on-going HIV prevention services for IDUs in 33 cities of the Russian Federation through trainings and technical support

SDA 2.1: Monitoring and Evaluation, Evidence Building

A specific monitoring and evaluation approach, previously used for Round 5 programme monitoring (detailed description to follow in parts 5.2(a) and 5.2(b) below) will be utilized for monitoring TFM Programme performance. Given the funding limitations under this TFM request, the Programme will be using minimal necessary funding to support routine monitoring activities and to maintain the Programme's Management Information System "SVetlana" supported by an external agency – Central Research Institute for Organization and Informatization of Health Care (CRIOIH). The Programme evaluation will be done using other sources of funding, namely UNAIDS support (described in point 4.4. below).

Activity 2.1.1: Programme Monitoring and Technical Assistance to Program Implementers

During the work on Round 5 programme implementation a Pool of Technical Advisors (TA's) consisting of up to 20 experts in different aspects of HIV prevention and harm reduction programming was established. These experts are medical and social care professionals, as well as IDU and PLWH community representatives. The main role of the TA's was in:

- Providing ongoing technical support for SRs/service providers, including trainings and technical advice;
- Identification of gaps in quality of service delivery and technical risks in achieving performance indicators, providing timely reporting to the PR;
- Monitoring of implementation of recommendations on service delivery improvement;
- Performing analytical tasks for the PR and SRs related to Programme achievements and risks.

Continuing their engagement with the Applicant and implementing organizations, will undertake regular visits to Programme sites in accordance with the workplans and terms of references devised

by the Applicant. They will work with SRs to maintain the quality of services at the highest level. Where needed, TA's will deliver individual assistance to programme implementers and staff and conduct trainings to ensure capacity building and growth for implementing organizations.

Objective 3: Advocate for long-term sustainability of HIV prevention services for IDUs in the Russian Federation.

SDA 3.1: Advocacy, Communication and Social Mobilization

Activity 3.1.1: Advocacy of Harm Reduction Services Sustainability

While extensive advocacy efforts of Russia's HIV and harm reduction activist community for the support of HIV prevention services for IDUs were met with a refusal from the authorities, the Applicant firmly believes in continuing these efforts. To achieve the long-term sustainability of HIV prevention services among IDUs in Russia domestic funding for these services, both at Federal and regional levels, needs to be secured. This is impossible without a more favourable political and legal environment and inclusion of these services into the national HIV prevention strategies and programmes. Given the funding limitations, the Programme will support only four advocacy trainings and four advocacy meetings, publication of key information materials, and participation of community activists and experts in key national and international events. The larger portion of funding to implement Objective 3 will be obtained from non-Global Fund resources, namely from the European Commission Project *"HIV Prevention Among Vulnerable Groups: From Quality Enhancement To Better Advocacy And Integration"* (please refer to the point 4.4 below).

SDA 4: Management, accountability and leadership

Activities under this SDA will be attributable to all three Objectives of the Programme and will imply engagement of qualified staff of PR supported by the relevant equipment and supplies to ensure necessary conditions for successful performance and leadership of the Programme.

If supported, the TFM Programme will prevent the further escalation of HIV epidemic among IDUs in the Russian Federation. Taking into account the reach and effect of the Round 5 interventions, the Programme will continue provision of essential harm reduction services for not less than 53,000 IDUs annually. The programme clients will continue receiving access to clean syringes (up to 8.8 million units per year), condoms (1.1 million units per year) and referrals to key health care and social support services. Based on the estimated impact of the Round 5 at the epidemiological situation and economic savings described above, it is expected that the Programme will continue contributing to the limitation and decrease of HIV transmission and prevalence rates among IDUs.

4.2 TFM Request in the Context of a Consolidated Application

Skip if there are no existing grants that will be ongoing as of the start date of the TFM funding

a) Logframe for TFM request

Prepare a logframe in Microsoft Excel form in the template provided [Attachment D].

The logframe should provide an overview of the goal(s), objectives, service delivery areas (SDAs) and key activities in this TFM request, including the key indicators. Indicate the SDAs and key activities of existing grants to be included in this TFM request and note if they will be continued without change or decreased in scale. Wherever applicable provide the number of people supported by the current grant and the number of people who will continue to be supported through TFM. Also describe all SDAs and key activities. SDAs and key activities from existing grants that will be discontinued will be captured in table 4.2(b).

Develop a numbering system for organizing the goal(s) and linking the objectives, SDAs, and activities. Each goal, objective, SDA and activity should have a unique identifying number. This

numbering system should be carried throughout the rest of the TFM request and should match the narrative description and the detailed budget and work plan.

This logframe should be used to present how you have reprogramed existing funds to cover gaps in essential prevention, treatment and/or care programs.

b) Discontinued Activities

In the table below, list the SDAs and key activities of existing Global Fund grants which would be discontinued with approval of this consolidated TFM request in order to cover the most essential prevention treatment and care services. This table is *only* for SDAs and activities that have been *dropped*. Those which have been *modified* should go in the logframe.

→ *For this question only: applicants are requested to use the same numbering of SDAs and activities as in the previously approved grant(s).*

Discontinued SDAs and activities	Existing grants	Reason for Discontinuation
1. *[insert SDA]*	*[insert Grant #]*	
1.1 *[insert Activity]*	*[insert Grant #]*	
1.2 *[insert Activity]*	*[insert Grant #]*	
2. *[insert SDA]*	*[insert Grant #]*	

4.3 Ability to finance through reprogramming of existing Global Fund grants

Justify why the planned interventions described in 4.1 and 4.2 cannot be fully or partly addressed through reprogramming of existing Global Fund grants.

This TFM request is not a part of any Consolidated Application. It is based on the previous Grant - RUS-506-G05-H, which came to end on August, 31, 2011. No full-scale Global Fund HIV Grants will be operating in the country along with the Program described in this TFM request. In this regard, no reprogramming is applicable to the proposed activities.

4.4 Other Sources of Funding

Describe efforts made to find other funding sources to meet the potential gap in essential prevention, treatment and/or care programs currently financed by the Global Fund in the country. These sources may be from a) domestic resources or b) other donors.

Despite the political challenges posed by the new Drug Control Policy described in part 3.1. above, the Applicant undertook significant efforts to find other sources of funding to cover the potential gap in provision of essential HIV prevention services for IDUs, including (but not limited to):

1. In November 2011: Application for the Federal budget subsidy under the tender of the Russian Ministry of Economic Development for NGOs working in the area of social services provision. ESVERO's application was denied.
2. In March - August 2011: Negotiations with the Ministry of Health and Social Development of Russian Federation on the inclusion of the activities implemented under the Global Fund Round 5 Grant into the National Project “Health”. Government funding was denied to harm reduction as the Ministry cited provisions of the newly adopted Drug Policy.
3. September 2010 - September 2011: A three-country (Russia, Georgia and the Netherlands)

application to the European Commission *"Capacity building for non-state actors in relation to HIV/AIDS prevention, treatment and care for the European Neighbourhood and Partnership countries"* (Ref. EuropeAid/130355/C/ACT/Multi); A 3-year Project *"HIV Prevention Among Vulnerable Groups: From Quality Enhancement To Better Advocacy And Integration"* was approved.
4. November 2009: application to USAID five-year Grant *"HIV Prevention for At-Risk Populations in Russia"* (RFA No. USAID-Russia-OH-09-004-RFA, anticipated funding $9 mln); Application was denied due to the USAID policy in Russia not to fund NSP.

The Applicant's collaboration with other regional partners led to approved European Commission (EC) funding for a three-year regional Project mentioned in the item 3 above. The Project will be implemented by a Consortium of three NGOs: Non-Profit Partnership "ESVERO" (Principal Recipient), NGO "New Vector" (Tbilisi, Georgia), and AIDS Foundation East-West (The Netherlands) and will function in three countries. The Project duration is 10 January 2012 – 10 January 2015, and its overall budget is EUR 909,101, including the portion of EUR 739,740 for specific activities in Russia.

Specific Objectives of the Project are as follows:

1. Strengthening the advocacy skills of Non-State Actors to lobby effectively for improved access to HIV/AIDS prevention, treatment, care and support services for people living with HIV, adolescents and vulnerable groups such as women, prisoners, migrant workers, men having sex with men (MSM), sex workers and injecting drug users (estimated total budget for Russia: EUR 366,040).
2. Actions enhancing the quality of services provided by NSA and public sector and the integration of prevention, treatment and care services (estimated total budget for Russia: EUR 170,140).
3. HIV prevention with a special emphasis on adolescent and key populations at most risk such as injecting drug users, migrant workers, men having sex with men (MSM), sex workers, women, prisoners and actions providing support, treatment and care to people living with HIV/AIDS (PLWHA) (estimated total budget for Russia: EUR 203,560).

The EC Project's main resources are invested into the Specific Objective 1 related to advocacy. The man activities of this Objective comprise advocacy trainings, technical expertise, international conferences, study tours, publication of materials. ESVERO will use the resources and activities of this Project to complement the activities described in Objective 3 "Advocate for long-term sustainability of HIV prevention services for IDUs in Russian Federation". The TFM Programme requests limited support to advocacy activities at the Sub-recipients level, while the EC funding will be used for large-scale advocacy at the national level and also includes local decision makers.

The EC Project provides extremely limited resources to support services. No procurements of health products, including needles/syringes, condoms or other expendable and non-expendable prevention materials, are allowed under this Project. Only four community based organizations in Russia are supported, including one MSM-targeted project, one NGO, which is not among the prospective SRs of this TFM request, and two NGOs that are receiving limited support for best practices consolidation and advocacy activities. Thus no duplication or overlapping of the EC activities with the activities under the Objectives 1, 2 and 3 of this TFM request will occur.

The Applicant's long-term collaboration with UNAIDS will allow to utilize this agency's resources for activities related to an external evaluation of the Programme described in this TFM request. This is a part of the Applicant's ongoing collaboration with UNAIDS on strengthening the evidence base for harm reduction in Russia for better advocacy. UNAIDS supported the independent evaluation of the Round 5 Programme in 2011, and funding for further research was confirmed for 2012 (as of 31 March 2012). Application for funding to UNAIDS will be made in 2014 to undertake Programme evaluation against the baseline indicators from the 2011 and 2012 studies, as described in part 5.2(a) below.

SECTION 5: MONITORING AND EVALUATION

5.2 Performance Framework

All applicants must complete a performance framework (Attachment A) which reflects the targeted outcomes of all of the interventions proposed in section 4.1 and 4.2. Ensure that the indicators in the performance framework are linked to those developed in 4.1 and 4.2 b). For detailed guidance on how to complete the performance framework, refer to the guidelines and instructions in the attachment.

Clarified Section 5.2(a)

5.2 (a) Impact and Outcome Measurement

Describe all planned future surveys, surveillance activities and routine data collection in country that are being used (or will be used) to measure impact and outcome indicators relevant to this proposal. Add rows and change the "Years of Implementation" as needed. Given that the scope of activities funded under the TFM is limited, applicants are strongly encouraged to seek alternate sources of funding (domestic and non-Global Fund) for surveys, surveillance and other data collection that are not routine.

Impact/Outcome Indicators relevant to the proposal	Year of last data collection	Method of Data Collection/ Data Source	Funding	Years of Implementation	
				Year 1	Year 2
Percentage of most-at-risk population (injecting drug users) who are HIV infected	2011	Source 1 Behavioural Surveillance Survey (BSS), The Non-Profit Partnership "ESVERO"	Total cost, EUR *(expected from UNAIDS RST)*	0	17,160
			Secured funding amount and funding source, EUR *(expected from UNAIDS RST)*	0	17,160
			TFM funding request for routine data collection Source 1, EUR	0	0
Percentage of people who inject drugs who reported the use of a condom the last time they had sexual intercourse	2011	Source 1 Behavioural Surveillance Survey (BSS), The Non-Profit Partnership "ESVERO"	Total cost, EUR *(expected from UNAIDS RST)*	0	17,160
			Secured funding amount and funding source, EUR *(expected from UNAIDS RST)*	0	17,160
			TFM funding request for routine data collection Source 2, EUR	0	0
Percentage of people who inject drugs who reported using a sterile needle and syringe the last time they injected	2011	Source 1 Behavioural Surveillance Survey (BSS), The Non-Profit Partnership "ESVERO"	Total cost, EUR *(expected from UNAIDS RST)*	0	17,160
			Secured funding amount and funding source, EUR *(expected from UNAIDS RST)*	0	17,160
			TFM funding request for routine data collection Source 3, EUR	0	0
Routine tracking of Programme outcome and output indicators	2011	Source 2 MIS "SVetlana", CRIOIH	Total cost, EUR	32,000	32,000
			Secured funding amount and funding source, EUR	0	0
			TFM funding request for routine data collection Source 3, EUR	32,000	32,000

5.2 (b) Program Evaluations (preparing for the Global Fund Periodic Review)

Please describe the arrangements that will be put in place to conduct the program and impact evaluation, including whether an existing national review will be used or whether an ad hoc evaluation will be conducted. In your response, please describe:

(a) what methodology will be used;

(b) the roles and responsibilities of the key stakeholders who will be involved; and

(c) planned timelines for data collection.

In an effort to track long term impact, the Applicant has adhered closely to those indicators that were already used in the Round 5 proposal and those that had initial baseline data. Several important impact and outcome indicators were added - their collection and evaluation will allow for measuring and assessing the effectiveness of the Programme, contribute to the Applicant's and SR's advocacy efforts, and help generate data for promoting programmatic sustainability. All indicators were devised with the most recent Global Fund guidance in mind, in particular *Monitoring and Evaluation Toolkit for HIV/AIDS, Tuberculosis and Malaria and Health System Strengthening* (Interagency guidelines, Third Edition, February 2009). All indicators were developed in line with the Service Delivery Areas described in the proposal.

To track the impact that the Programme is making at the national and local level with regard to key affected populations, the Applicant will conduct a Behavioural Surveillance Survey (BSS) in 2014, upon completion of the first year of Programme implementation. Similar studies were conducted in 2007-2009 and 2011. The BSS will take place in the same cities – Moscow, Yekaterinburg, Omsk and Orel, which were selected and approved under the Round 5 against the set criteria (population, epidemiological data, cope of services to targeted populations) to assess the Programme's impact. As in previous years, a Respondent-Driven Sampling (RDS) methodology will be used for recruitment of participants into the BSS. This methodology has proven to be the most effective for investigating IDUs and sub groups of IDUs. The data obtained through the BSS will allow for evaluating the dynamics of the epidemic among IDUs in the cities of the study. The BSS will track the changes in the level of knowledge, risk behaviors and establish HIV and viral hepatitis prevalence in the tested population. The results of the study will allow adjusting potential future interventions for IDUs. The study will be spearheaded by the Applicant, in collaboration with four local SR NGOs and AIDS Centres (for conducting HIV and viral hepatitis testing). SRs, through the Programme, will have excellent access to the target group and their staff will be trained in the methodology of data collection. The BSS, with all preparatory work, trainings, actual surveying, and report finalization, will take place between May and October of 2014. 450 IDUs will be surveyed in Moscow and 350 will be surveyed in all other cities. Funding will be secured from UNAIDS.

The routine tracking of Programme outcome and output indicators related to services for key populations will occur through a well-established Programme Management Information System "SVetlana" (MIS "SVetlana"). A collaborative effort between the Federal Institution "Central Research

Institute of Organization and Informatization of Health" of the Ministry of Health and Social Development of the Russian Federation (CRIOIH), MIS "Svetlana" was used to track Round 5 interventions and will allow for tracking of new outcome and output indicators described in the Programme Logframe. While a limited number of indicators were tracked for Round 5 interventions, "SVetlana's" capacity allows for collection of more precise data that can highlight The Programme effectiveness. Data will be collected by the programme staff of the Applicant from SRs on a quarterly basis. As described in Programme Objective 2, if SR outputs signal a problem, a Technical Advisor, selected from the existing pool, assists the SR in question with resolving any issues through providing programmatic and organizational support. To track SR development, the Applicant has introduced a new indicator, which will allow monitoring the timeliness of submission of results into the MIS "SVetlana" by SRs. This will help the Applicant to direct organizational and data collection support to those SRs that demonstrate this need and to ensure that SRs develop to their full potential and become sustainable. Objective 3 advocacy indicators will be tracked on a yearly basis and will allow for signifying any progress made for ensuring programme sustainability. An external evaluation of programme activity will also be performed by CRIOIH. MIS "SVetlana" is technically based on the Applicant's server www.harmreduction.ru, but will be maintained and operated by CRIOIH under the service agreement with the Applicant.

SECTION 6: PHARMACEUTICAL AND OTHER HEALTH PRODUCTS

If this TFM request seeks funding for any pharmaceutical and/or health products please fill out sections 6.1-6.3

6.1 Management of Pharmaceutical and Health Product Activities

(a) Identify the organizations that will be responsible for the management of each of the following key functions in relation to this TFM request and describe their past management experience.

Function	Name of the organization(s) responsible for this function	Short description of management experience
Procurement policies, and systems	Non-Profit Partnership "ESVERO"	The Applicant has extensive experience in implementing the Procurement Supply Management Plan (PSM Plan), which was developed with the technical support of internationally recognized expert organization AIDS Project Management Group (APMG, Australia) and approved by the Global Fund within the Round 5 proposal. External Commercial and Legal Advisors help the Applicant ensure that all PSM activities are conducted efficiently and effectively. These advisors help the Applicant negotiate most favourable conditions with already established suppliers, approved by the Global Fund. Once the contracts with the suppliers are signed, the Applicant in close collaboration with SRs, prepares purchase orders, follows up on shipments, and documents transactions.
Procurement planning	Non-Profit Partnership "ESVERO"	The Applicant was planning procurement for the Round 5 interventions. The organization works closely with SRs and organizes procurement as soon as funding agreements with SRs are signed. The Round 5 experience demonstrated that the lead time for delivery to the project sites varies from one to 10 working days, depending on the geographical distance to the delivery site. In light of this fact, both suppliers always hold substantial stocks of fresh products, which has previously helped to avoid delays.
Forecasting	Non-Profit Partnership "ESVERO"/SRs	The Applicant and SRs have worked out a systematic approach to forecasting through previous collaboration. Because the drug use situation in every geographic region varies at least slightly (and can vary greatly across the expanse of Russian Federation), the forecasting process to determine the

		specific number of each size of syringe and gauge of needle to be purchased by the Applicant is determined with SR's directive. The SRs provide a total number of health products (such as condoms and syringes) needed for project operations in each half year in accordance with key targets for the number of clients to be reached and products to be distributed.
Product selection	Non-Profit Partnership "ESVERO"	As in forecasting, a system for product selection has been worked out between ESVERO and SRs over the years of Round 5 Programme implementation. This system is based on offering a range of syringes that accommodate the needs of IDU populations in various areas of the country. While SRs help with ensuring that that selection corresponds to the frequently changing needs of their clients through focus groups, ESVERO negotiates most optimal pricing with suppliers.
Coordination of the supply chain	Non-Profit Partnership "ESVERO"	Within the supply chain, a hard copy of each Purchase Order are submitted to the suppliers and from that moment on, all communication between the PR, SRs and the suppliers is conducted in hard-copies or by email. E.g., POs, shipment advisements, order confirmations, shipping documents and delivery note are all "legal" documents that must be archived in hard copies.
Management Information Systems	Non-Profit Partnership "ESVERO"	The Applicant expertise in MIS is reflected in the proprietary database MIS "SVetlana", in which requirements of SR are consolidated on quarterly basis. All purchase orders are based on these data both suppliers have had advanced MIS systems in place for numerous years. These systems are reliable and used extensively on a daily basis.
Inventory management (including storage arrangements)	Approved Supplier	Both suppliers have worked with ESVERO for five years. ZAO NPO "Garant" has over 10,000 sq.m of warehouse and OOO "Bolear Medica" over 2,000 sq.m. Both companies turn their stocks over within a matter of days or weeks, which ensures maximum shelf-lives and constant availability of products. Product shortages tend to occur on an exceptional basis only. The products do not require special conditions such as climate control or cold chain facilities. SRs will only receive the volume of products that they are able to

		store. However, in light of the limited available budget per sub-recipients, and due to the fact that shipments will be made twice a year, storage problems at the level of sub-recipients are not anticipated. In the exceptional event that a SR does have storage problems, the number of shipments will be increased to a monthly or even bi-weekly basis. This has no implications on distribution costs, except for one or two rather remotely located SRs. SRs will report on their storage capacity in their grant applications.
Distribution	Approved Supplier and SRs	Products will be shipped to all SRs. SRs are located all over the Russian Federation and are sometimes over 8,000 km away from Moscow. Great care has therefore been given to identifying suppliers with a highly developed distribution network. Both suppliers have shipments going all over Russia every working day. Even remotely located destinations can be reached relatively easily by using a parcel service. The estimated time between order placement and delivery to the project site is 1 to 10 working days, depending of accessibility of the project site.
Quality control	Non-Profit Partnership "ESVERO"	The Applicant's experience shows that quality of the needles and syringes is of paramount importance. The Russian market for syringes and needles is dominated by Becton Dickenson and a number of Russian suppliers. BD syringes are used as the company has a high reputation and is pre-qualified by numerous international procurement organizations such as IDA, Missionpharma, UNICEF and MSF. By procuring directly from this manufacturer, the Applicant and its SRs are assured of quality products covered by the relevant guarantee procedures, including the return and replacement of sub-quality or poor batch.
Ensuring rational use and patient safety	Non-Profit Partnership "ESVERO"	The rational use and patient safety in health products distribution activities will be ensured through the quality and well-trained outreach staff and volunteers. This will also be monitored through the annual client satisfaction surveys under the Programme.

(b) Describe how the TFM request uses country systems for pharmaceutical and health products management (PHPM) in compliance with national policies and regulations and the Global Fund policies on PHPM.

Identify any programmatic gaps with the existing supply chain and the proposed strategies to address these gaps.

During the Round 5 Programme implementation extensive consultations with partner organizations, international PSM experts with substantial implementation experience and a number of commercial entities in Russia were undertaken to identify the most suitable and cost effective mechanism to ensure quality procurement and supply of health products. It was concluded that ESVERO should not launch tenders in order to procure health products. The price-reduction that could theoretically be achieved from running a tender would easily be undone by the additional cost of developing tender documentation and procedures, contracting external PSM expertise and the overall management of the tender and its evaluation. In addition, launching a tender, called for substantial investments into developing a quality assurance system, without such a system ESVERO would significantly increase the probability that products of sub-optimal quality would be procured.

Instead the Applicant has opted for direct negotiations with the main suppliers of syringes and needles in Russia: Becton Dickenson's and SFM Hospital Products GmbH representative ZAO NPO "Garant" and OOO "Bolear Medica." Both companies are based in Moscow and the choice was made based on the prices offered by these suppliers. These suppliers will also handle the inventory management, shelf-life management, and shipping to the projects at a competitive price. As for condoms, the Applicant will procure directly from OOO "Bolear Medica", which will also be responsible for distribution to the projects. The prices of these condoms as well as cost of distribution services are competitive.

(c) Describe the systems to be used to ensure rational use and patient safety

The Applicant's Programmatic and Administrative/Financial Unit staff will be analysing health products (needles, syringes, condoms and other supporting materials) requests from SRs. The Applicant will be using a special tool for such analysis and procurement forecasting developed in 2010 with the technical support of AIDS Projects Management Group (APMG, Australia). The Applicant staff was well trained to use this tool, which uses a comprehensive analysis of key specific parameters, including previous needs stated by SRs and their distribution rates, HIV and drug situation in the targeted areas, client satisfaction and other, to produce forecasted needs for each SR. The detailed forecast for amounts and specifications of the health products to be procured will be developed for each SR using this tool.

During Programme implementation the Applicant's staff will be undertaking site visits which will include monitoring of health materials distribution, including interviews with targeted populations, outreach workers, SR staff and volunteers, and review of SR storage facilities. Specific needs in syringes specifications, needles gauge and condoms brands will be adjusted, further discussed and included into the next procurement cycle. All these actions will be documented in special reporting forms of monitoring visits, which the Applicant was using through implementation of Round 5 Programme interventions.

The Programme's clients' safety will be ensured through the suppliers' guarantees:

(a) Certificates of safety and expiry dates;
(b) Observing the transportation and shipment rules (temperature, humidity, other).

SRs will provide compliance to the storage conditions specified in the certificates of health products and will take full responsibility for that. The SRs' responsibility will be consolidated in the agreements with the Applicant acting in the capacity of the Programme Principal Recipient.

It is also worth noting, that in an independent assessment of procurement systems, conducted in

2008-2009 by Open Society Institute, some of the procurement practices used by the Applicant (then Russian Harm Reduction Network), including close collaboration with SRs and use of quality sole-source providers, was commended by the authors as exemplary for the region.

Clarified Section 6.2

6.2 Pharmaceutical and Health Products Required for continuation of essential prevention and treatment services

Complete the Pharmaceutical and Health Products List (Attachment B) and list all of the products that are requested to be funded through the TFM request.

As the Programme described in this TFM request will continue supporting harm reduction activities implemented by regional NGOs as SRs during the Round 5 Programme in all 33 selected cities, the services will include provision of syringes, needles, condoms and other support materials such as disinfectants, alcohol swabs and vein ointment through syringe exchange points and outreach workers. The Applicant will procure and distribute syringes, needles and condoms for 33 sub-recipients and will also disburse funds to them for procurement of other support materials specified above.

The types of materials to be procured are the following:

Three-component syringes:

- Syringes 1ml U-100 (needle 0,3*13)
- Syringes 1ml U-40 (needle 0,3*13)

Two-component syringes:

- Syringes 2 ml (needle 0,6*30)
- Syringes 5 ml (needle 0,7*40)
- Syringes 10 ml (needle 0,8*40)
- Syringes 20 ml (needle 0,8*40)

Needles:

- Needle 0,3*13

Estimated cost of health products (including shipment costs to 33 programme sites):
syringes - EUR 0.04
condoms – EUR 0.04
needles – EUR 0.03

Whilst the Applicant attempts to keep the number of selected products to a minimum in order to facilitate price-negotiations and to minimize transaction costs related to their supply, a certain level of flexibility must be built in to the PSM strategy. This means that the current list may alter slightly during the course of implementation.

The Applicant will be acting according to the Procurement and Supply Management Plan approved by The Global Fund during Round 5 Programme implementation, which includes estimated prices for health products within approved limits.

6.3 Multi-drug Resistant Tuberculosis

Is the provision of treatment of multi-drug resistant tuberculosis included in this TB or HIV/TB TFM request?	☐ Yes → *include USD 50,000 per year over the full TFM request term to contribute to the costs of Green Light Committee Secretariat support services*
	☒ No → *do not include the Green Light Committee costs*

SECTION 7: FUNDING REQUEST

7.1 Financial Gap Analysis and Counterpart Financing Calculation

Instructions for completion of the financial gap analysis and counterpart financing table

→ For guidance on how to complete the financial gap analysis and counterpart financing table refer to Section 7.1 of the guidelines and the detailed instructions included in the Excel template. The financial gap analysis and counterpart financing table is available as a separate tab in the Global Fund budget template (Attachment E). For those that do not use the Global Fund budget template, it is available in the separate Excel file along with the mandatory summary budget tables (Attachment F). Applicants only need to complete Attachment E or Attachment F, but not both.

CCM and Sub-CCM applicants must prepare and submit the financial gap analysis and counterpart financing table in Microsoft Excel format. They must also complete sections 7.2 to 7.4. **Non-CCM applicants and multi-country applicants** are not required to complete the financial gap analysis or the counterpart financing table nor Sections 7.2 to 7.4.

(a) Has the financial gap analysis and counterpart financing table been submitted in Microsoft Excel format?	☐ Yes	☐ No

(b) To better contextualize and assess financial data provided in the TFM request, applicants are required to:

1. Provide an overview of the composition of government contribution to the national program; Please specify the levels of government (central, regional, local) that incur spending on the disease programs and the major agencies through which government funds are spent. Elaborate on the availability of earmarked budget line-items to capture government disease spending and the extent to which these budget line-items capture total government spending on the disease program.
2. Indicate whether amounts forecast from each source for the years 2013 to 2014 are an estimation or commitment

N/A

7.2 Estimation of Current and Anticipated Domestic and External Funding

→ Corresponds to LINES B and C in the financial gap analysis and counterpart financing table.

Describe how contributions from various sources of funds were estimated, including reference to:

(a) methodology for estimating current and anticipated funding;

(b) Composition of reported government spending (part or all of government spending; programmatic costs alone or includes apportioned health system costs; recurrent costs alone or includes capital costs);

(c) Whether amounts contributed by each source for the current and previous years pertain to budget, disbursement, expenditure or an estimate of spending;

(d) Whether amounts forecast from each source for the future years pertain to estimation or commitment.

N/A

7.3 Compliance with the Counterpart Financing Requirements

Describe whether the counterpart financing requirements listed below have been met. If not, provide justifications which include actions planned during implementation to reach compliance.

(a) Minimum threshold for counterpart financing
→ Percentage in Line M of the financial gap analysis and counterpart financing table must be greater than or equal to the minimum threshold that applies to the applicant's income level (refer to the Global Fund Eligibility List for 2012 Funding Channels)

(b) Increasing government contribution to national disease program over the TFM request term
→ Figures in Line B of the financial gap analysis and counterpart financing table must increase over time

(c) Increasing government contribution to the overall health sector over the TFM request term
→ Figures in Line I of the financial gap analysis and counterpart financing table must increase over time

N/A

7.4 Financial Gap and Counterpart Financing Data Sources

(a) Describe the sources used to complete the financial gap analysis and counterpart financing table;

(b) Provide an assessment of the completeness and reliability of financial data reported; and highlight any assumptions and caveats associated with the figures.

(c) Provide details of how the country plans to improve data quality consistent with the guidelines for reporting of program financial data to technical partners; and

(d) If applicable, state if the TFM request includes a request for Global Fund support for an expenditure tracking study and/or measures to strengthen financial data collection and reporting data during the first reporting period

Applicants may request up to USD 50,000 for an expenditure tracking study in the first implementation period. This must be included in the detailed budget.

N/A

7.5 Detailed Budget and Work Plan

Instructions for completion of the detailed budget and work plan:
→ For guidance on the level of detail and required budget and work plan format (or for a template) refer to the Section 7.5 of the guidelines.

(a) Submit a detailed budget and work plan in Microsoft Excel format. Applicants are strongly encouraged to use the Global Fund budget template or the WHO budget tool. **However, note that TFM requests are only for up to two years of funding.** Applicants may use their own template; however the format in which the budget and work plan is presented must conform to those presented in the TFM request guidelines.

(b) Ensure that the detailed budget and work plan is consistent with the numbering system developed in the logframe and the performance framework.

(c) Do not include a request for CCM or Sub-CCM funding in this TFM request. Requests for funding are available through a separate application. The application is available at: http://www.theglobalfund.org/en/ccm/

(d) Funding duration is up to 2 years

7.6 Summary and Incremental Request Tables

Instructions for completion of the summary budgets:
→ For instructions on how to prepare the summary budgets (or for a template) refer to Section 7.6 of the guidelines.

As a tab in the Global Fund summary budget (Attachment E) or as Attachment F if not submitting the Global Fund summary budget:

(a) Prepare a summary table by objective and service delivery area.
(b) Prepare a summary table by cost category.
(c) Prepare a summary table by PR (where more than one PR is being proposed).
(d) Prepare a summary table which calculates the incremental (new) funding request. This is not necessary if there are no existing grants that will be ongoing as of the start date of the TFM funding

→ The totals of all of these tables should match exactly, and correspond with the totals in the detailed budget and work plan.

7.7 Compliance with Focus of TFM request Requirement

Describe whether the focus of TFM request requirements for the specific funding pool chosen have been met as listed below.

For the General Funding Pool:

a) LMICs must demonstrate that at least 50 percent of the TFM request incremental budget focuses on underserved and most-at-risk populations and/or highest-impact interventions within a defined epidemiological context; and

b) UMICs must demonstrate that 100 percent of the TFM request incremental budget focuses on t populations and/or interventions.

For the Targeted Funding Pool, and regardless of the country's income level, applicants must demonstrate that 100% of the TFM request focuses on underserved and most-at-risk populations and/or highest-impact interventions within a defined epidemiological context.

The current TFM request proposes a Programme based on the Global Fund Round 5 Programme "Scaling up access to HIV prevention and treatment by strengthening HIV services for injecting drug users in the Russian Federation", which was solely devoted to the development of a system of comprehensive harm reduction services in the country. Harm reduction forms specific intervention targeted to injecting drug users in reducing their risks of contracting HIV and other blood bourn infections (HBV, HCV, STIs, TB) and getting access to other essential HIV prevention, treatment, care and support services.

The Programme under this TFM request will prompt to sustain the services comprising nine interventions recommended by UNAIDS, WHO and UNODC for all countries with concentrated HIV epidemic as comprehensive package of services for IDUs (Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2009) in 33 cities of Russia, except of opioid substitution therapy, which is currently prohibited in Russia under the Federal Law provisions. The budgeted activities will be devoted to procurements of health products, namely needles, syringes, condoms, disinfectants, alcohol swaps and other health products, related to the prevention of risk of HIV transmission among IDUs. The Programme funds will also be used to the support of outreach work, referrals, education and counselling services for IDUs, including sex workers and PLWH, which constitute the main driving force of the concentrated HIV epidemic in Russia. According to the requirements on the focus of the proposal, limited

Programme resources will be used for advocacy events promoting rights and interests of IDU populations in the country for quality prevention, treatment and care.

The Programme will help in broader HIV response in Russia through its targets on the prevention of new HIV cases, increasing HIV testing coverage among IDUs, integration and better collaboration between HIV, drug, TB and STI prevention and treatment services in working with IDUs. The programme will further strengthen capacities of local service providers and communities affected by the epidemic for the benefit of sustainability of essential HIV prevention services for IDUs in Russia.

SECTION 8: MANAGEMENT STRATEGIES

8.1 Principal Recipient(s)

Describe the technical, managerial and financial capacities of each confirmed or nominated Principal Recipient (PR). All PRs that will be implementing the programs over the lifetime of this TFM request should be included here, whether or not this TFM request is requesting new funds for those PRs.

In the description for each PR: (a) indicate if there are any anticipated limitations to strong performance; (b) refer to any existing assessments of the PR(s); (c) if any existing PR(s) is being re-nominated, explain why; and (d) if a new PR is being nominated, explain why the new PR is a suitable choice e) How multiple PRs will coordinate with each other

→ Copy and paste tables below for each nominated Principal Recipient.

PR 1 Name	Non-Profit Partnership to Support Social Prevention Programmes in Public Health "ESVERO"	**Sector**	Non-government organization (NGO)/community-based organizations
Mailing address	24/2 Malaya Dmitrovka Street, 127006 Moscow, Russia		
Telephone	+7 495 640 5351		
Fax	+7 495 640 5351, ext.103		
E-mail address	info@esvero.ru		
Does this PR currently manage Global Fund grants in this disease area?	☐ Yes ● No		

ESVERO was founded in December 2003 (legally registered in February 2004) by representatives of harm reduction organizations in Russia. It's a grass-root national network which is governed and supported by local specialists and activists. Today it officially unites 20 organizations and 10 individuals working in the sphere of harm reduction in Russia and maintains informational and working links with over 50 organizations in Russia and abroad working in the area of HIV and drugs, including specialists, service providers, activists, affected communities etc. The main directions of ESVERO work – financial support, capacity building and technical assistance to of harm reduction services in Russia, information exchange and networking, community development, research and advocacy. ESVERO is a member of the Eurasian Harm Reduction Network (EHRN), AIDS Action Europe, Eropean AIDs Treatment Group, and represented in the Civil Society Forum on HIV/AIDS of the European Commission. Promotion of civil society and human rights, advocacy, and provision of technical support for harm reduction service providers are core aspects of ESVERO's work.

In the context of this TFM request ESVERO is represented by the Executive Director, who already has and will ensure necessary programmatic and administrative/finance staff to implement the Programme. ESVERO has suitable office premises and necessary equipment to produce high quality performance under the Programme. The Executive Director is governed and supervised by the ESVERO Board consisting of five elected members of the Partnership. He also reports to the ESVERO Inspection Commission consisting of the Partnership members elected by the supreme governing body and responsible for the ongoing supervision of financial and administrative operations of the Executive Director and his staff. The supreme governing body of ESVERO is the Members' Assembly having meetings not less than once a year.

ESVERO is subject to regular assessments pertaining to programmatic and administrative/finance activities both from donors and national authorities. ESVERO collaborates closely with the Global Fund Local Fund Agent (LFA) in implementing the Programmes, organizes annual audits and ad hoc assessments of separate activities. ESVERO was rated in A1 category during the Round 5 Programme implementation. In 2010 ESVERO has successfully passed the planned inspection of the Ministry of Justice of the Russian Federation on compliance of ESVERO's programmatic and financial performance to the Russian legislation.

8.2 Sub-recipients

List identified sub-recipients and describe:

- the number of sub-recipients identified;
- the work to be undertaken by each sub-recipient;
- past implementation experience of each sub-recipient;
- any challenges that could affect performance of each sub-recipient as well as a strategy to address these potential challenges; and
- how they will coordinate with PRs and each other

According to the TFM Guidelines, the Programme will continue functioning in 33 cities of the Russian Federation, where Round 5 Programme interventions were operational. Every sub-recipient will be working on a harm reduction project in the framework of the 3 main objectives outlined in this TFM request. The projects will engage IDUs in prevention programmes through service delivery, peer counselling, distribution of syringes, condoms and informational materials. Referral of IDU clients to HIV counselling and testing services and referral of HIV-positive IDUs to TB testing services will also be performed. Medical staff in project cities will be trained on aspects of HIV/TB co infection prevention among IDUs. The projects will continue work with IDU clients on community organizing and ensuring programme sustainability by conducting meetings with key stake holders and distributing programme materials, proving programme effectiveness, among them.

Through the work of Round 5, 33 organizations were identified that have had the most expertise in successfully working with IDUs. Round 5 Programme involved open tenders and competitions through which the SRs were improving and those under-performing were excluded. In the interest of utilizing TFM funding to achieve the best possible results, only those programmes that demonstrated success and achievement will be sub contracted for the next two years. The 33 remaining SRs are the most developed and have the greatest capacity and potential in terms of management, human and knowledge-base resources. All SR directors received trainings in staff and project management, procurement planning etc and all organizations have well-trained outreach workers and programme staff. All 33 organizations have also succeeded in establishing valuable links to the IDU community and have extensive access to this vulnerable population.

Among possible political and legal challenges to the Programme performance may be the Plan of Action on the Implementation of the State Anti-drug Strategy till 2020 adopted in 2010. Item 2.2.3 of the Plan calls on limiting the activities of organizations that apply "alternative" measures of drug treatment (including opioid substation therapy and harm reduction programmes). This challenge will be addressed through activities outlined under the Programme Objective 3

"Advocate for long-term sustainability of HIV services for IDUs in the Russian Federation". The activities will include creating an evidence base for epidemiological and economical effectiveness of harm reduction projects in Russia, producing materials, conducting press conferences and round tables, conferences and trainings with decision makers, with the main goal of integrating harm reduction interventions into the Federal Programme "Prevention of Socially Important Diseases."

The Programme activities will be coordinated by the Programme Unit of the Principal Recipient. Distribution of syringes and condoms will be prioritized when working with SRs, who will be regularly surveyed on difficulties they encounter in their work. Depending on the scale of the problems, either a group training for several organizations or individual work with Technical Advisors for particular organizations needing special assistance will be implemented. Coordination of efforts will also continue to be monitored by Programme Management Information System (MIS) "SVetlana" designed and established in the course of the Round 5 Programme operation. It contains information on all activities, distribution of materials and other performance according to the Programme indicators. The PR staff will continue to monitor programme performance through systematic visits to projects. During these monitoring visits, SR achievements and difficulties will be discussed and joint recommendations on solutions will be development by Applicant's programme managers and SR staff. Several trainings will also take place, where SRs will receive an opportunity for sharing experiences and expertise. Regular list-serve mailings and informational bulletins devised by the Applicant will also assist SRs in connecting and foster exchange of information.

The 33 SRs are listed below:

1. Khakas Republican Department of the Russian Public Organization "Russian Red Cross" (Abakan)
2. Saratov Regional Department of the Russian Charity Foundation "Say no to alcohol and drugs", (Balakovo, Saratov Region)
3. Siberian Interregional Association "Anti-AIDS-Siberia" (Barnaul, Altay Krai)
4. Private Agency in Support of Social Initiatives "Generations Welfare" (Bataysk, Rostov Region)
5. Altay Regional NGO "Vybor" (Biysk, Altay Krai)
6. Regional NGO "Maria" - Mothers Against Drugs (Volgograd, Volgograd Region)
7. Autonomous Non-profit Organization "Anti-AIDS Centre" (Voronezh, Voronezh Region)
8. ANO "School of High Communication" (Gur'evsk, Kaliningrad Region)
9. Sverdlovsk Regional Centre on prevention of AIDS and infection diseases (Yekaterinburg, Yekaterinburg Region)
10. NGO "The women's crisis centre" (Zima, Irkutsk Region)
11. Chelyabinsk Regional NGO "Nadezhda - Est'" (Zlatoust, Chelyabinsk Region)
12. Irkutsk Regional Department of the Russian Public Organization "Russian Red Cross" (Irkutsk, Irkutsk Region)
13. Kemerovo Regional Department of RPO "Russian Red Cross" (Kemerovo, Kemerovo Region)
14. Kemerovo Regional Department of RPO "Russian Red Cross" (Belovo, Kemerovo Region)
15. Kemerovo Regional Department of RPO "Russian Red Cross" (Novokuznetsk, Novokuznetsk Region)
16. Kursk Regional Centre for AIDS and Other Infection Diseases Prevention (Kursk, Kursk Region)
17. Lipetsk Regional Department of RPO "Russian Red Cross" (Lipetsk, Lipetsk Region)
18. RPO "Centre Plus" (City of Moscow)
19. Charitable Foundation of the Development of Education, Health Protection and HIV/AIDS Prevention (Timur Islamov Foundation) (Naberezhnye Chelny, Republic of Tatarstan)
20. Municipal Foundation "AIDS-STOP" (Novorossiysk, Novorossiysk Region)
21. Siberian Interregional Association "Anti-AIDS-Siberia" (Omsk, Omsk Region)
22. Orel regional NGO "Fenix Plus" (Orel, Orel Region)
23. Public Foundation of Health and Education Support of Penza City "Anti-AIDS" (Penza, Penza Region)
24. Rostov Regional NGO "Kovcheg-Anti-AIDS" (Rostov-on-Don, Rostov Region)
25. Rubtsovsk Centre for AIDS and Other Infection Diseases Prevention (Rubtsovsk, Altay Krai)
26. Regional Charitable Foundation to Fight Drug Abuse and AIDS (Samara, Samara Region)

27. Sverdlovsk Regional Centre for AIDS and Other Infection Diseases Prevention (Serov, Sverdlovsk Region)
28. St-Petersburg Charitable Public Foundation of Medical and Social Programmes "Humanitarian Action" (City of St. Petersburg)
29. Municipal NGO "Medical Association of Chapaevsk City" (Chapaevsk, Samara Region)
30. Republican Centre for AIDS and Other Infection Diseases Prevention (Elista, Republic of Kalmykia)
31. Saratov Regional NGO "Sotsium" (Engels, Saratov Region)
32. NGO "Baikal Anti-Aids" (Ulan-Ude, Republic of Buryatia)
33. NGO "Lutch" (Shelekhov, Irkutsk Region)

DOCUMENT CHECKLIST

Section Reference	Mandatory Attachments	File Name
4.3(a)	Logframe (Attachment D) (Not necessary if there are no existing grants for the disease in the country which will be ongoing by the start date of this request)	TFM_LogframeHTM_Attachment_e ESVERO.xls
5.1	Performance Framework (Attachment A)	TFM_Performance_Framework_ESVERO.xls
6.2	Pharmaceutical and Health Products List (Attachment B)	TFM_PharmaHTM_Attachment_en_ESVERO.xls
7.1	Financial Gap Analysis Table	**N/A**
7.5	Detailed Budget and Work Plan	TFM_BudgetAndFinGapDetailed_Template_en_ESVERO.xls
7.6(a)	Summary Budget by Service Delivery Area (SDA)	TFM_BudgetAndFinGapDetailed_Template_en_ESVERO.xls
7.6(b)	Summary Budget by Cost Category	TFM_BudgetAndFinGapMandatory_ESVERO.xls
7.6(c)	Summary Budget by Principal Recipient (PR)	TFM_BudgetAndFinGapMandatory_ESVERO.xls
7.6(d)	Calculation of incremental funding request (Not necessary if there are no existing grants for the disease in the country which will be ongoing by the start date of this request)	**N/A**

Performance Framework: Indicators, Targets and Periods Covered

Please carefully review the instructions work sheet before completing this template

A. Program details

Country / Applicant:	Non-CCM Russian Federation	**Principal Recipients**	**PR1**	Non-Profit Partnership to Support Social Prevention Programmes in Health Care "ESVERO"
Component:	HIV_AIDS	*(Please select from list or add a new one)*	**PR2**	
Start Year:	2013		**PR3**	
Start Month:	January		**PR4**	
SSF number:			**PR5**	

Reporting periods	**Period 1**	**Period 2**	**Period 3**	**Period 4**	**Period 5**	**Period 6**	**Year 4**	**Year 5**
Period Covered: from	1-Jan-13	1-Jul-13	1-Jan-14	1-Jul-14				
Period Covered: to	30-Jun-13	31-Dec-13	30-Jun-14	31-Dec-14				
Due date Progress Update	14-Aug-13	14-Feb-14	14-Aug-14	14-Feb-15				
Disbursement Request (Y,N)	-	-	-	-	-	-		

	Year 1	**Year 2**	**Year 3**
Audit report due dates			

Due date periodic review	

B. Program goals and impact indicators

Goals:

1	To limit the spread of HIV among IDUs by maintaining the quality and reach of Round 5 interventions for IDUs in 33 cities of Russian Federation.

Linked to goal(s) #	Impact indicator	Baseline			Targets										Comments
		value	Year	Source	Year 1 2013	Report due date	Year 2 2014	Report due date	Year 3 2015	Report due date	Year 4 2016	Report due date	Year 5 2017	Report due date	
1	HIV prevalence among IDUs clients in 33 cities	14.8%	2010	Specific surveys and research (specify)	14.8%	14-Feb-14	14.8%	14-Feb-15							The baseline indicator was received in 2010 under the surveys undertaken by Round 5 SRs together with local AIDS Centres among the clients of the Programme. SRs further reported the data to PR ("ESVERO").

C. Program objectives and outcome indicators

Objectives:

1	Provide access to essential HIV prevention services for IDUs in 33 cities of the Russian Federation
2	Ensure quality of on-going HIV prevention services for IDUs in 33 cities of the Russian Federation through trainings and technical support
3	Advocacy for long-term sustainability of HIV prevention services for IDUs in Russian Federation

Linked to objective(s) #	Outcome indicator	Baseline			Targets										Comments
		value	Year	Source	Year 1 2013	Report due date	Year 2 2014	Report due date	Year 3 2015	Report due date	Year 4 2016	Report due date	Year 5 2017	Report due date	
1	Percentage of people who inject drugs who reported using a sterile needle and syringe the last time they injected	93.2%	2011	Specific surveys and research (specify)	93.2%	14-February-14	93.2%	14-February-15							The indicator is related to DUs clients in 33 cities only. Base line indicator was identified in 2011 during the SRs' annual routine surveys.
1	Percentage of people who inject drugs who reported the use of a condom the last time they had sexual intercourse	52.1%	2011	Specific surveys and research (specify)	52.1%	14-February-14	52.1%	14-February-15							The indicator is related to DUs clients in 33 cities only. Base line indicator was identified in 2011 during the SRs' annual routine surveys.
1	Percentage of IDUs who received HIV counseling and testing in the last 12 months and know the results	32.8%	2011	Specific surveys and research (specify)	32.8%	14-February-14	32.8%	14-February-15							The indicator is related to DUs clients in 33 cities only. Base line indicator was identified in 2011 during the SRs' annual routine surveys.
2	Percentage of IDUs reporting satisfaction with range and quality of services provided	92.0%	2011	Specific surveys and research (specify)	92.0%	14-February-14	92.0%	14-February-15							Baseline indicator was identified under the routine surveys undertaken annually during the 5-year period of the Round 5.
3	Number of locales from 33 involved in Program implementation that have adopted aspects of harm reduction programming into their HIV prevention programs							14-February-15							The baseline for this indicator is currently absent, however this indicator is important for tracking program success and sustainability and initial data will be collected in Year 1 while progress will be evaluated at the end of Year 2.

D. Service delivery areas and output/coverage indicators

Objective & Indicator Number	Service Delivery Area	Output/coverage indicator	Latest available baseline/result			Targets												Target cumulation	Tied to	Responsible Principal Recipient(s) (comma separated)	Top 10	Comments
						Period 1		Period 2		Period 3		Period 4		Period 5	Period 6	Year 4	Year 5					
			N #	Year	Source	1-Jan-13		1-Jul-13		1-Jan-14		1-Jul-14										
			D #			30-Jun-13		31-Dec-13		30-Jun-14		31-Dec-14										
1.1	Key populations	Number and percentage of IDUs ever reached by local prevention projects	52708	2009	Reports (specify)	26354	6.3%	52708	12.6%	26354	6.3%	52708	12.6%					Annually	Current grant	PR1	Top 10 equivalent	Source: SRs' surveys; MIS "SVetlana"
			395129			416931		416931		416931		416931										
1.2	Key populations	Number of syringes provided to IDUs	5922804	2011	Reports (specify)	2961402		5922804		2961402		5922804						Annually	Current grant	PR1	Not top 10	Source: SRs' surveys; MIS "SVetlana"
1.3	Key populations	Number of condoms distributed among IDUs	744881	2011	Reports (specify)	372441		744881		372441		744881						Annually	Current grant	PR1	Not top 10	Source: SRs' surveys; MIS "SVetlana"
1.4	Key populations	Number of education materials distributed to IDU clients	143608	2010	Reports (specify)	71804		143608		71804		143608						Annually	Current grant	PR1	Not top 10	Source: SRs' surveys; MIS "SVetlana"
1.5	Key populations	Number of community representatives trained in treatment preparedness	1,542	2010	Reports (specify)	771		1,542		771		1,542						Annually	Current grant	PR1	Not top 10	Source: SRs' surveys; MIS "SVetlana"
1.6	Key populations	Number of health staff trained in effective response to HIV prevention among IDUs & treatment preparedness	518	2010	Reports (specify)	259		518		259		518						Annually	Current grant	PR1	Not top 10	Source: SRs' surveys; MIS "SVetlana"
1.7	Testing and Counseling	Number of IDUs referred to Volunteer HIV Testing and Counseling (VCT)	24416	2011	Reports (specify)	12208		24416		12208		24416						Annually	Current grant	PR1	Not top 10	Source: SRs' surveys; MIS "SVetlana"
1.8	Testing and Counseling	Number of IDU clients who reached VCT out of those referred	8998	2011	Reports (specify)	4499		8998		4499		8998						Annually	Current grant	PR1	Not top 10	Source: SRs' surveys; MIS "SVetlana"
1.9	TB/HIV	Number of HIV-positive IDU clients referred to TB treatment services	4143	2010	Reports (specify)	2071		4143		2071		4143						Annually	Current grant	PR1	Top 10 equivalent	Source: SRs' surveys; MIS "SVetlana"
1.10.	TB/HIV	Number of HIV-positive IDU clients, who have reached TB treatment services, out of those referred	1887	2010	Reports (specify)	943		1887		943		1887						Annually	Current grant	PR1	Top 10 equivalent	Source: SRs' surveys; MIS "SVetlana"
1.11	TB/HIV	Number of health staff trained in effective response to HIV/TB prevention among IDUs	173	2010	Reports (specify)	86		173		86		173						Annually	Current grant	PR1	Not top 10	Source: SRs' surveys; MIS "SVetlana"
2.1	CSS: Monitoring and evaluation, evidence-building	Number and percentage of SRs submitting timely reports to PR	21	2011	Reports (specify)	24	72.7%	26	79.0%	30	90.0%	33	100.0%					Annually	Current grant	PR1	Not top 10	Source: SRs' surveys; MIS "SVetlana"
			33			33		33		33		33										
3.1	CSS: Advocacy, communication and social mobilization	Number of informational materials distributed to decision makers	1600	2010	Reports (specify)	800		1600		800		1600						Annually	Current grant	PR1	Not top 10	Source: SRs' surveys; MIS "SVetlana"
3.2	CSS: Advocacy, communication and social mobilization	Number of people participating in advocacy workshops	81	2010		66		81		66		81						Annually	Current grant	PR1	Not top 10	Source: SRs' surveys; MIS "SVetlana"

PLEASE PROVIDE TARGET ASSUMPTIONS FOR OUTPUT AND PROCESS INDICATORS HERE

It is not compulsory to provide target assumptions for the indicators included in the performance framework, however providing additional information on how targets were set may help to reach a common understanding and agreement between the Principal Recipient and the Global Fund Secretariat and speed up the negotiation process.

The logical calculator Target assumption Impact indicator HIV SRs clients in 33 cities

The baseline indicator was identified by the Round 5 SRs in 2010 within their routine surveys. Together with local AIDS Centres, SR's compared depersonalized but individual codes of clients. who were HIV tested in 2010. The baseline indicator was identified as average among SRs. Through providing a pacakge of services, we plan to keep the HIV prevalence among the Programme clients in 2013-2014 within 14.8%.

The logical calculator Target assumption Impact indicator HIV SRs clients in 33 cities

a) Percentage of people who inject drugs who reported using a sterile needle and syringe the last time they injected.
During the last two months of each year of the Round 5 Programme implementation, SR's were undertaking serveys among the Programme clients. The rate of sterile injecting equipment use of 93.2% was identified in July-August 2011, and the survey results were reported to PR ("ESVERO") through MIS "SVetlana". Through the provision of comprehensive services we plan to keep the same rate of sterile equipment use among the Programme clients in 2013-2014.
b) Percentage of people who inject drugs who reported the use of a condom the last time they had sexual intercourse.
The explanation is similar to the previous point. We expect that the Programme clients will continue using condoms in not less than 52.1% cases.
c) Percentage of IDUs who received HIV counseling and testing in the last 12 months and know the results.
During each year of the Programme implementation SRs will refer clients to HIV testing. The data on the Programme clients with HIV+ status will be available by the end of the year, so the percentage of HIV prevalence amobng all the Programme clients will have been devised (nominator: HIV+ Programme cleints; denominator: Programme clinets over the last 12 months).
d) Percentage of IDUs reporting satisfaction with range and quality of services provided.
Surveys to identify the client satisfaction rate will be contnued under the Programme based on the tools and schedules used under the Round 5.
e) Number of locales from 33 involved in Program implementation that have adopted aspects of harm reduction programming into their HIV prevention programs.
The baseline for this indicator is currently absent, however this indicator is important for tracking program success and sustainability and initial data will be collected in Year 1 while progress will be evaluated at the end of Year 2.

The Logical Calculator: Target Assumptions Associated with Objective 1
a) Percentage of people who inject drugs who reported the use of a condom the last time they had sexual intercourse
b) Percentage of people who inject drugs who reported using a sterile needle and syringe the last time they injected
c) Percentage of IDUs who received HIV counseling and testing in the last 12 months and know the results

The Logical Calculator: Target Assumptions for Output and Process Indicators:
All indicators that remained from Round 5 program implementation were calculated using MIS "SVetlana". The cumulative yearly indicators that were obtained in the last phase of Round 5 Program implementation (in years 2009-2011) were taken as a baseline. These were divided over 6 months and programmed for periods 1 through 4.
The table with annual indicators is cited below.

	2009	2010	2011
Number of IDUs reached by local prevention projects during reporting period	52,708	50,187	45,763
Number of syringes provided to IDUs	5,811,077	4,545,638	5,922,804
Number of condoms distributed among IDUs	723,655	726,387	744,881
Number of education materials distributed to vulnerable groups	132,303	143,608	99,667
Number of community representatives trained in treatment preparedness	1697	1,542	2,208
Number of health staff trained in effective response to HIV prevention among IDUs & treatment preparedness	473	518	482
Number of IDUs referred to Volunteer HIV Testing and Counseling (VCT)	232 84	22,587	24,416
Number of IDU clients who reached VCT out of those referred	7,384	8,236	8,998
Number of HIV infected IDUs referred to TB treatment services by local projects' staff	3,411	4,143	3,070
Number of HIV-positive IDU clients, who have reached TB treatment services, out of those referred	1,368	1,887	1,475
Number of health staff trained in effective response to HIV/TB among IDUs	128	173	142
Number and percentage of SRs submitting timely reports to PR	58	64	61
Number of information materials distributed to different stakeholders	1,430	1,600	1,504
Number of people participating in advocacy workshops	78	81	61