ANNUAL REPORT ON THE HIV/AIDS ROUND 6 GRANT

Principal Recipient: Romanian Angel Appeal Foundation

30th September 2008
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Abbreviations:
ADV   Close to You Foundation
ARAS  Romanian Association Against-AIDS
GFATM Global Fund to Fight AIDS, Tuberculosis and Malaria
FSW   Female Sex Workers
IDUs  Injecting Drug Users
JSI   John Snow Research and Training Institute Inc.
M&E   Monitoring and Evaluation
MEF   Ministry of Economy and Finance
PLWHA / YPLWHA People Living with HIV/AIDS / Young People Living with HIV/AIDS
MOH   Ministry of Public Health
PR    Principal Recipient
PSI   Project Support International
RAA   Romanian Angel Appeal Foundation
RCA   Romanian Children’s Appeal
RHRN  Romanian Harm-Reduction Network
SECS  Society for Contraceptive and Sexual Education
SR / SRs Sub-recipient / Sub-recipients
SW    Sex Workers
TNT   Youth for Youth Foundation
UNAIDS Joint United Nations Programme on HIV/AIDS
UNDP  United Nations Development Programme
UNFPA United Nations Fund for Population Activities
UNODC United Nations Office on Drugs and Crime
UNOPA National Federation of Organizations of People Affected by HIV/AIDS
VAT   Value-Added Tax
1. Background and Summary

The overall goal of the HIV/AIDS Round 6 Program is to maintain the incidence of HIV/AIDS in Romania at the low level of 2005 by targeting vulnerable populations and young people living with HIV/AIDS (YPLWHA) with effective interventions. The objectives of the Program are to increase the access of vulnerable and poor populations to prevention and treatment services, and to ensure the adequate combination of services and support for YPLWHA to avoid a second wave of the epidemic in Romania. The Program will also focus on efficient and effective implementation of the planned activities.

Increased access to prevention, treatment, care and support services for the vulnerable and underserved populations will be pursued through strengthening and expanding the scale, scope and coverage of existing efforts beyond the achievements of the earlier Global Fund’s Round 2 HIV/AIDS grant.

Providing support to YPLWHA is a unique and urgent challenge for Romania. More than 7,000 adolescents living with HIV/AIDS are now in the age group 16-19. In addition, they need support for continuing education, job and vocational training and, in some cases, housing.

Program activities will also focus on regular collection of behavioral and surveillance data for vulnerable populations such as injecting drug users (IDUs), commercial sex workers (CSWs) and men who have sex with men (MSM). This Grant will be used to build the monitoring and evaluation capacities, capturing relevant data twice during the three years of implementation. The information will be used to support the design and evaluate the impact of prevention interventions and services in the country.

This Program is building on the partnership established between government and non-government organizations and between service providers and service beneficiaries. It also focuses on continuation of building capacity at the local level for implementing and sustaining long-term effective interventions with the participation of all stakeholders. The Program is based on the commitment of the government of Romania to continue funding prevention efforts among young people and the treatment and care of people infected and affected with HIV, as well as to begin as soon as possible to gradually take over the costs of prevention intervention efforts targeting vulnerable populations.

Goal:
The overall goal of the Program is to maintain the incidence of HIV in Romania at the low levels of 2005 by targeting vulnerable groups and YPLWHA with effective interventions. The achievement of the Program goal will be pursued through three objectives:
The first objective is concentrated on further expanding the prevention interventions targeting vulnerable groups and enhancing services that may reduce their vulnerability to HIV/AIDS. Importantly, the planned activities relate to the efforts to adapt and better implement the national HIV/AIDS policies and strategies at the local level in the most affected areas.

The second objective is focused on YPLWHA and aims to diversify the range of services to be provided to them. These will focus on the positive prevention concept including programs to provide life skills education, access to jobs, education and vocational training, housing, as well as family planning and reproductive health and prevention of mother-to-child transmission services.

The third objective focuses on the efficient and effective implementation of the grant. The related activities envisage provision of technical assistance to sub-recipients, coordination of monitoring and evaluation efforts to avoid gaps or duplication of activities, development and implementation of a communication strategy to increase the visibility of program activities, and coordination of the national advocacy efforts to ensure government funding for continuing the services following the Program end.

Target Group/Beneficiaries:
- Injecting drug users
- Commercial sex workers
- Men who have sex with men
- Roma
- Prisoners
- Street children and youth
- Young people living with HIV/AIDS

Strategies:
The program activities were developed based on the analysis of the national context done during the mid-term review of the National HIV/AIDS Strategy (March 2006) and other related processes (Universal Access Initiative, UNGASS reporting). The reviews undertaken showed that community outreach to vulnerable groups (IDUs, CSWs, MSM, Roma population, prisoners, and street children and youth) and YPLWHA, combined with provision of access to services and reduction of stigma and discrimination, represent the best strategy to face the challenges of HIV/AIDS in Romania not covered by other programs.
Planned Activities:

- Community outreach and behavior change activities for injecting drug users, commercial sex workers, men who have sex with men, prisoners, Roma, street children. Prevention services will be tailored to the specific target groups, and depending on the target group, will include distribution of condoms, clean injecting equipment, information, education and communication (IEC) materials, peer education, psycho-social counseling, referral to voluntary counseling and testing services, and medical and social services;

- Voluntary testing and counseling services for vulnerable groups;

- IEC sessions for vulnerable populations temporarily in police arrests to ensure increased access to HIV prevention services;

- Monitoring the implementation of harm reduction and treatment standards on drug use in treatment and other assistance centers for drug users at the national level;

- Advocacy activities at the national level related to HIV/AIDS and drug use in order to increase the quality and coverage of services, improve policies, and diversify services, as well as improve the legal and health policies related to HIV/AIDS;

- Support for continuing education, social and professional integration for YPLWHA including life education and independent life skills, family planning counseling, vocational trainings, academic scholarships and housing;

- Training of service providers to provide multi-disciplinary support to YPLWHA;

- Strengthening activities for PLWHA groups; and

- Behavioral and sentinel surveillance activities for IDUs, CSWs, and MSM.

The Grant Agreement for the HIV/AIDS Round 6 Program was signed on 15 May 2007. The Phase I of the program is implemented between 1st July 2007 and 30th June 2009.
2. Sub-recipients

The sub-recipients of the HIV/AIDS grant have been selected according to the Country Coordination Mechanism’s Selection Methodology, within three rounds of selection organized by RAA as follows:

- Selection – Round 1
  Call opened on 14th February 2007; Closed on 27th April 2007

- Selection – Round 2
  Call opened on 15th October 2007; Closed on 30th November 2007

- Selection – Round 3
  Call opened on 29th January 2008; Closed on 17th March 2008

The total number of Sub-recipients sub-contracted by RAA Foundation is 28 legal entities, out of which (see full list of SR on the next page):

- Non-Governmental Organizations: 25
- Governmental Institutions: 3

Of the selected SRs, 13 have been also sub-recipients of the Round 2 GFATM, while 3 are organizations of PLWHA.

No. of sub-contracted projects under the grant: 77 (see full list of SRs and number of projects sub-contracted in Table 1 next page).

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1 This Round of SR’s selection was organized for the prevention and services for YPLWHA activities under Objective 2 that remained not-subcontracted after the first Round of Selection of SRs

2 Due to National Administration of Penitentiaries’ withdrawal in December 2007, RAA had to organize a new round of selection for SRs to undertake the HIV/AIDS prevention activities in penitentiaries
### Table 1:
**List of HIV/AIDS Grant Sub-Recipients, Number of Projects Sub-contracted and Date of signing the sub-grant-agreement**

<table>
<thead>
<tr>
<th>No.</th>
<th>Sub-recipient</th>
<th>Number of projects sub-contracted</th>
<th>Date of signing the sub-grant agreement</th>
<th>Date of signing Addendum to Sub-grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>NON-GOVERNMENTAL ORGANISATIONS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>ACCEPT Foundation</td>
<td>2</td>
<td>24.08.2007</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Alaturi de Voi (ADV) / Close to You Foundation</td>
<td>3</td>
<td>22.08.2007</td>
<td>26.02.2008</td>
</tr>
<tr>
<td>3</td>
<td>AIDROM (Association of Churches)</td>
<td>1</td>
<td>25.09.2007</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>ALIAT</td>
<td>2</td>
<td>24.08.2007</td>
<td>27.05.2008</td>
</tr>
<tr>
<td>5</td>
<td>Asociatia Romana Anti-SIDA (ARAS) / Romanian Anti-AIDS Association</td>
<td>12</td>
<td>24.08.2007</td>
<td>12.03.2008</td>
</tr>
<tr>
<td>6</td>
<td>Fundatia Baylor Constanta / Baylor Foundation</td>
<td>3</td>
<td>13.09.2007</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Fundatia Dezvoltarea Popoarelor (FDP) / The Foundation for People’s Development</td>
<td>5</td>
<td>13.09.2007</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Health Aid Romania (HAR)</td>
<td>3</td>
<td>31.08.2007</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>I NOSTRI BAMBINI Foundation</td>
<td>3</td>
<td>14.09.2007</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Fundatia INIMA DE COPIL Galati / Child’s Hart Foundation</td>
<td>4</td>
<td>12.09.2007</td>
<td>25.06.2008</td>
</tr>
<tr>
<td>11</td>
<td>INTEGRATION Association</td>
<td>3</td>
<td>23.08.2007</td>
<td>25.06.2008</td>
</tr>
<tr>
<td>13</td>
<td>Asociatia Anti-SIDA NOUA SPERANTA Petrola / Anti-AIDS New Hope Association in Petrola</td>
<td>4</td>
<td>10.09.2007</td>
<td>27.03.2008</td>
</tr>
<tr>
<td>14</td>
<td>PSI ROMANIA</td>
<td>2</td>
<td>24.08.2007</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>RED RIBBON Falticeni Association</td>
<td>3</td>
<td>25.09.2007</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Sub-recipient</td>
<td>Number of projects subcontracted</td>
<td>Date of signing the sub-grant agreement</td>
<td>Date of signing Addendum to Sub-grant Agreement</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------------------------------</td>
<td>----------------------------------</td>
<td>----------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>16</td>
<td>ROMANIAN CHILDRENS APPEAL (RCA)</td>
<td>2</td>
<td>14.09.2007</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Fundatia SALVATI COPII / Save the Children Foundation</td>
<td>1</td>
<td>23.08.2007</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>SOCIETATEA PENTRU COPII SI PARINTI (SCOP) Timisoara / The Society for Children and Parents (SCOP) in Timisoara</td>
<td>3</td>
<td>13.09.2007</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>SOCIETATEA DE EDUCATIE CONTRACEPTIVA SI SEXUALA (SECS) / Society for Contraceptive and Sexual Education</td>
<td>2</td>
<td>07.09.2007</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Speranta Association in Constanta</td>
<td>2</td>
<td>12.09.2007</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Asociatia Tineri pentru Tineri (TNT) / Youth for Youth Foundation</td>
<td>1</td>
<td>12.09.2007</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>UNOPA / National Federation of People Living with HIV/AIDS Organisations</td>
<td>6</td>
<td>28.08.2007</td>
<td>12.03.08</td>
</tr>
<tr>
<td>23</td>
<td>CENTRAS</td>
<td>1</td>
<td>12.03.2008</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>RHRN / Romanian Harm-Reduction Network</td>
<td>1</td>
<td>26.05.2008</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Children’s Smile Association in Galati</td>
<td>1</td>
<td>22.08.2007</td>
<td></td>
</tr>
</tbody>
</table>

**GOVERNMENTAL INSTITUTIONS**

<table>
<thead>
<tr>
<th>No.</th>
<th>Sub-recipient</th>
<th>Number of projects subcontracted</th>
<th>Date of signing the sub-grant agreement</th>
<th>Date of signing Addendum to Sub-grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>The National Anti-Drug Agency (ANA)</td>
<td>2</td>
<td>31.01.2008</td>
<td>16.05.2008</td>
</tr>
<tr>
<td>27</td>
<td>DGASPC Hunedoara / General Directorate for Social Assistance and Child’s Protection in Hunedoara</td>
<td>1</td>
<td>21.01.2008</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>The Ministry of Interior and Administrative Reform (MIRA)</td>
<td>1</td>
<td>05.10.2007</td>
<td></td>
</tr>
</tbody>
</table>

3 RAA Foundation has terminated the sub-grant agreement with Children’s Smile Association in March 2008, on the basis of institutional and financial misconduct. The project formerly run by this SR - Emergency Centre for YPLWHA - has been taken over, based on RAA proposal sustained by CCM decision, by Inima de Copil Foundation.
2.1 Evaluation of Sub-recipient organizations, Capacity Building and Technical Assistance

Prior to sub-contracting the selected SR, RAA conducted an in-depth evaluation process aimed on revealing the selected SRs capacity to implement the projects, their strengths and weaknesses and the need of capacity-building and technical support.

The evaluation was structured on three major areas:

- Institutional and Programmatic capacity;
- Financial and Procurement capacity and
- Monitoring and Evaluation.

Specific evaluation methodology including evaluation instruments have been developed by RAA Foundation.

The GFATM M&E Systems Strengthening Tool served as basis for RAA Foundation in designing the evaluation methodology for the SRs. RAA focused on the assessment of the data-collection and reporting systems per SR including their ability to report accurate, valid and quality data related to implementation.

On the financial and procurement assessment side, the evaluation included the assessment of accounting procedures, the capacity of SR to absorb the new activities, the manner in which all supporting documents are kept; the experience of SR to implement procurement procedures, management of inventory and stocks, stocking capacity of each SRs, the experience in developing financial reports according with funders requirements, the proof of previous audit reports, evaluation of the budgets proposed, etc.

The information gathered during the evaluation process has served as a basis for establishing the agenda of the capacity-building M&E workshops as well as for the training on financial management provided by RAA to the sub-recipient organizations (see Table 2).

Besides capacity building events such as trainings and workshops, technical assistance was provided by RAA Foundation to all SRs in the form of desk analysis followed by written feedback, ad-hoc or solicited meetings followed in most occasions by project technical assistance visits.
Table 2: Summary of Capacity Building and Technical Assistance Activities Provided to SRs during the first 12 programmatic months

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Number of sessions / activities</th>
<th>Number of beneficiaries (SRs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M&amp;E seminar</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topics:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Principles in Monitoring and Evaluation of HIV/AIDS Program</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>• Programmatic reporting of the HIV/AIDS Projects, Online Technical Reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Financial &amp; procurement seminar</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topics:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Financial reporting principles</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>• Introducing the web-based financial and procurement reporting system</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication and public relations workshop</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topics:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Principles of institutional communication; tips for an effective communication with governmental partners</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>• Challenges in public relations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Technical Assistance events</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>provided by PR at SRs request or resulted from PR’s assessment of SR’s capacity</td>
<td>84</td>
<td>28</td>
</tr>
</tbody>
</table>

SRs working groups during the Financial and Procurement Workshop, 22nd November 2007

Fidelie Kalambayi, M&E Officer teaching at the M&E Capacity Building Workshop, 29th November 2007

During the first six months of grant implementation, RAA Foundation developed a tailored online system for collecting and reporting the programmatic and financial data provided by SRs.

The web-based reporting system was structured in three major chapters:

- Financial reporting
- Procurement reporting
- M&E reporting

The system can be accessed by every SR (using a password and a username), and reflects the main programmatic and financial data for all the SR’s projects. The reports can be aggregated quarterly and annually, by indicator, by project or SR. At any point in time, the reports show what has been achieved, against what target and what is left to be achieved during the next quarters.
Access to the reporting system is restricted to SR, in order to respect confidentiality of information. Each user has the possibility to work on and visualize only the information related to his/her organization. The members of the PR team have the possibility to visualize all the information uploaded by the SRs.

Each individual SR can create a data base with relevant information about contracts signed with their service providers: name of the provider, type of contract, duration, starting date and finish date, amount of the contract, installments. This way all the contracts can be followed up in a rapid manner.

The disbursements to SRs are made based on the financial and procurement reports, as well as on the M&E report.

The financial report is structured as follows:

- Income received in the reporting quarter (disbursement received from PR), including balance account and exchange rate.
• Expenditure made during the reporting quarter, structured on budgetary lines: human resources (consultancy and personnel); non-health goods and equipment; infrastructure; trainings; commodities and products (medical products and medical equipment); drugs; M&E visits; other meetings, visits, conferences; IEC materials; administrative costs; audit; incentives; protocol; bank charges; other costs

• Personnel costs are automatically completed by the system, this report allowed to have representative pictures of salary levels, including taxes.

• VAT report, automatically completed by the system, structured on VAT categories: services, utilities, non-health products, medical equipment, health products, drugs

• M&E financial reports, automatically completed by the system, show the percentage of expenditure, from the total expenditure, allocated for M&E activities

• Cumulative reports permit to compare level of expenditure with budget and funds received from the PR. This report show figures from the reporting period and cumulative up to date.

• Explicative reports, show differences between budget and expenditure for the reporting period and also cumulative and explain deviation from the budget

• Interest reported, show the bank interest received
• Closing balance, show deviation, if any, between real balance account (cash and bank) and balance account calculated by the reporting system

• Disbursement represents the installment request. The amount for next installment to be received by SR is calculated with the following formula:

\[
[\text{Outstanding obligation} + \text{planned expenditure}] - [\text{Initial balance account} + \text{installment received} + \text{interest (cumulative)} - \text{expenditure}]
\]

The procurement report is also automatically filled in by the system. The procurement report is structured as follows:

• Buildings
• Medical products
• Medical equipment
• Non-health goods
• Services
• Drugs
• Consultancy
The M&E web-based report reflects the quarterly situation of the indicators mentioned in every SR’s M&E plan (key and additional indicators), as well as the quarterly status of the activities mentioned in the SR’s work plan (e.g. activity totally achieved, partially achieved, achieved in advance etc.).

The reporting web-based system is accessible on the web-page created by RAA for the HIV/AIDS and TB Programs funded under the Round 6 (www.globalfund.ro).
4. Ensuring the quality of program interventions

Due to ISO 9001:2001 certification on quality management, one of the characteristics of RAA’s management of the Round 6 program is the preoccupation not only for the achievement of the key indicators, but also for the quality of interventions.

For the grant implementation RAA developed a Manual of Operations that mentions the quality principles to which RAA is committed and describes the implementation procedures and instruments related to all the major implementation areas: monitoring and evaluation, financial and procurement and communication. In line with the Manual of Operations, the PR is engaged in the following types of activities, to ensure the quality of interventions:

- **Perform monitoring visits** at the sites of the projects contracted by the SRs. During the first 12 months of the program, the PR team monitored the programmatic performance of 53 projects, during 48 field visits all over the country; the financial and procurement progress was monitored for 44 projects during 19 field visits.

- **Issue specific recommendations for the SRs following all the monitoring visits**; most of the recommendations were related to the need of improving or adjusting to the requirements from the Manual of Operations the data collection and reporting system, the methods for delivering the services, manner in which cash accounting is kept and recommendations related to financial and procurement report.

- **Analyze the quarterly narrative reports of the SRs** and provide feedback and recommendations on the quality of the report, as well as on the quality of activities described.

- **Supervise the changes recommended to the SRs following the monitoring visits and the report analysis.** Since every recommendation is followed by a plan and a deadline, the PR has the chance of checking if and when the recommendation is respected by the SR.

- **Promote among SRs providing similar services the need to use standardized methods and instruments** when delivering services to the same category of beneficiaries. After 12 months of implementations, the SRs providing, for example, education for life for YPLWHA approach a common range of subjects, using most of the times, group information sessions.
• **Check and approve all the informative materials produced by the SRs** under the grant. The PR gives feedback regarding the content and the format of the materials, in line with the Manual of Operations.

• **Revision of the SRs implementation plans.** After the first 12 months of implementation, the program results (collected through the narrative reports and the monitoring visits) were analyzed by the M&E and financial teams. In order to overcome the problems or delays identified, the PR proposed the SRs a revised implementation plans. Each plan revises either programmatic issues (e.g. redistribution of targets, improvements in the method of service delivery, reporting practices) or/a financial and procurement issues.

Based on the above-described actions the PR manages:

• To get timely information of the main issues with which the SRs are confronted in the field;

• To discuss with the SRs and identify solutions to the problems

• To monitor the problem solving process and intervene, whenever necessary.
5. Financial & Procurement Considerations

5.1. Summary of received and disbursed funds:

Total budget contracted with GFATM for the first year of the program implementation (1 July 2007 – 30 June 2008) is 3,629,879 Euro, structured as follows:

- 2,120,818 Euro for OBJECTIVE 1 “Increase the access of vulnerable groups to prevention and support services”
- 1,242,976 Euro for OBJECTIVE 2 “Ensure the adequate combination of services and support for YPLWHA to avoid a second wave of epidemic in Romania”
- 266,085 Euro for OBJECTIVE 3 “Program Management”

From the total budget contracted with GFATM, RAA received an amount of 4,421,805 Euro (including the 791,926 Euro buffer) and disbursed to SR the amount of 3,057,380 Euro (including one month buffer), out of which the SR’s and PR expenditure was 2,438,309 Euro.
**OBJECTIVE** | Budget contracted with the GFATM for the first year of the Program (1 July 2007 - 30 June 2008) | Amount disbursed by GFATM: 4,421,805 Euro (including one quarter buffer) | Amount disbursed to SRs (including 1 month buffer) | Expenditure
---|---|---|---|---
Objective 1 | 2,120,818 € | 2,631,845 € | 1,836,437 € | 1,403,940 €
Objective 2 | 1,242,976 € | 1,468,147 € | 1,029,919 € | 842,829 €
Objective 3 | 266,085 € | 321,813 € | 191,540 € | 191,540 €
**TOTAL** | 3,629,879 € | 4,421,805 € | 3,057,896 € | 2,438,309 €

GFATM disbursed to PR 4,421,805 Euro (including the amount of 791,926 Euro, representing one quarter buffer) in two installments:
- First installment received on July 19th, 2007 in amount of 2,880,491 Euro
- Second installment received after the On-Going Progress Update and Disbursement Request on April 9th, 2007 in amount of 1,541,314 Euro

Distribution by objectives of amount disbursed by GFATM for the first year of program implementation (including one quarter buffer) is:
- 2,631,845 Euro for OBJECTIVE 1 “Increase the access of vulnerable groups to prevention and support services”
- 1,468,147 Euro for OBJECTIVE 2 “Ensure the adequate combination of services and support for YPLWHA to avoid a second wave of epidemic in Romania”
- 321,813 Euro for OBJECTIVE 3 “Program Management”
From the total amount received from GFAT, PR disbursed to SR 69% funds, representing 3,057,896 Euro (including one month buffer):

- 1,836,437 Euro for OBJECTIVE 1 “Increase the access of vulnerable groups to prevention and support services”
- 1,029,919 Euro for OBJECTIVE 2 “Ensure the adequate combination of services and support for YPLWHA to avoid a second wave of epidemic in Romania”
- 191,540 Euro for OBJECTIVE 3 “Program Management”
5.2. Summary of Expended Funds

From the total amount received from GFATM for the first year of implementation (the amount of 3,629,879 Euro – buffer not included), 67% were spent by SR and PR. Expenditure distribution by objectives is:

- 1,403,940 Euro for OBJECTIVE 1 “Increase the access of vulnerable groups to prevention and support services”
- 842,829 Euro for OBJECTIVE 2 “Ensure the adequate combination of services and support for YPLWHAs to avoid a second wave of epidemic in Romania”
- 191,540 Euro for OBJECTIVE 3 “Program Management”

During the first year of implementation PR disbursed to SR 84% from the total contracted budget, out of which expenditures represent 80%. Program expenditure represents 67% from the total budget contracted with GFATM. All variances between budget and expenditure are explained in the Annex 1 - Enhanced Financial Report.
5.3. AUDIT

On April 2nd, 2008, RAA launched the tender procedure for selecting an independent Auditor in order to perform verifications and to issue professional opinions on the financial and accounting statements within the HIV/AIDS Program funded by The Global Fund to Fight AIDS, Tuberculosis and Malaria under the 6th Round.

The tender was announced on the web side www.globalfund.ro, mass media and a short list of candidates were directly contacted through email or fax. The selected company (S.C. MID CONSULTING S.R.L.) has performed the audit corresponding to the period 1 July 2007 – 31 December 2007. A number of 24 legal entities (SRs and PR) totalizing 62 projects have been audited.

Quote from the audit report: “In our opinion the financial reports give a true and fair view of the financial position of the Project as of December 31, 2007 and of the resources and expenditures for the period July 1-th, 2006 – December 31, 2007, in accordance with the accounting base presented in Note 3 to the financial reports.”, Auditor MID Consulting SRL, June 2008.
5.4. PROCUREMENT

During the pre-contracting phase RAA was visited by Dr. Gabor Szalay, Pharmacist Independent Specialist/Consultant, Health Procurement & Supply Chain Management who performed the assessment of the PR's capacity in Procurement and Supply Management. Following the consultant’s recommendations Romanian Angel Appeal Foundation decided to proceed to centralized procurement for medical consumables having in mind the reception of offers with competitive prices and the Global Fund’s principles procurement of quality assured products at the lowest price and in a transparent fashion.

In order to succeed in realizing this goal the PR signed a Cost-Sharing Agreement with UNDP in early August 2007, the advantages being the following:

- UNDP can apply for VAT recovery (the VAT applied in Romania is 19%), something which is no longer possible for a Romanian NGO since modification of the Fiscal Code in January 2007;
- UNDP fee is 7%;
- Assured quality of products.

The procurement through UNDP system for the first year of the program was done in three stages: the first and second stage consisted in procurement of insulin syringes of 1ml; the third stage of procurement included the remaining quantity of insulin syringes for the first year of implementation and distilled glass water vials, alcohol tampons, post-injecting plasters, sharp-needle collecting recipients (all for the outreach programs for IDUs). The third stage of procurement required UNDP Bratislava office approval as the budget exceeded 100,000$ and this lead to a delay of more than two months than it was initially scheduled. After Bratislava’s office approval the entire quantity of insulin syringes needed for the first year and a plus of 84,300 syringes have been procured; but the situation was not the same for the glass distilled water vials, as the unit cost has increased significantly from the date of Country Application submission.

In the same third procurement stage were included initially HIV and HVC rapid tests and heparin ointment, but for this kind of medical consumables the offers received were not in line with the technical specifications requested. Therefore the PR conducted the procurement itself and the entire quantity for both HIV, HVC rapid tests and heparin ointment necessary for Sub-Recipients ARAS and ALIAT was procured in quarter 4.
Having the experience on procurement rapid HIV tests for the PMTCT – Round 2 GFATM funded program, RAA has continued to directly conduct the procurement for HIV, HVC and HVB rapid tests necessary for the penitentiary system. The call for proposals was launched in June 2008, as the negotiations and the Sub-Agreement signing with NAP have lasted more than initially expected.

In regards to condoms procurement the PR requested UNFPA’s assistance for the same reasons it had in the procurement through UNDP system: UNFPA can apply for VAT exemption, they have access to the lowest prices on international market and the products’ quality is assured. The negotiations with UNFPA delayed the procurement with a quarter as VAT issues and custom taxes needed supplementary clarifications. Without using UNFPA system the PR could not procure the goods within the budget quotations (in parallel RAA made inquiries on Romanian market and the best price offer was at least 4 times higher than the budgeted unit cost). The Cost-Sharing Agreement was signed and the condoms have been ordered.

All procurement activities conducted by PR during the first year of program implementation are summarized in Table 3.

Table 3:
Summary of health products procured

<table>
<thead>
<tr>
<th>Health products</th>
<th>Quantity procured</th>
<th>Measurement unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin syringes</td>
<td>1,147,300</td>
<td>pieces</td>
</tr>
<tr>
<td>Distilled glass water vials</td>
<td>53,025</td>
<td>pieces</td>
</tr>
<tr>
<td>Alcohol tampons</td>
<td>1,265,300</td>
<td>pieces</td>
</tr>
<tr>
<td>Post-injecting plasters</td>
<td>21,300</td>
<td>pieces</td>
</tr>
<tr>
<td>Sharp needle collecting recipients</td>
<td>2,000</td>
<td>pieces</td>
</tr>
<tr>
<td>HIV rapid tests</td>
<td>3,800</td>
<td>pieces</td>
</tr>
<tr>
<td>HVC rapid tests</td>
<td>800</td>
<td>pieces</td>
</tr>
<tr>
<td>Heparin ointment</td>
<td>1,000</td>
<td>pieces</td>
</tr>
<tr>
<td>Hand and surface disinfectant</td>
<td>10</td>
<td>liters</td>
</tr>
</tbody>
</table>

The graphic below displays the situation of the budget contracted with the Global Fund in respect to health products for the first year of the program, the actual expenditures incurred and the difference between these two. The variance is due to savings in condoms’ procurement (not actually paid in year 1), discounts provided by suppliers (insulin syringes), negotiations and
obtaining of lower unit costs than estimated originally for other medical consumables. The exception is made by distilled water vials where it was procured a quantity in accordance to the available budget, but the savings done with the other medical consumables will be used with the Global Fund permission to procure the actual necessary quantity of distilled water vials.

All calls for tenders announcements, documents and results are available on the Round 6 website www.globalfund.ro (see category Principal Recipient – Call for Tenders or http://www.fondulglobal.ro/en/principal-recipient/call-for-tenders/)
6. Challenges being faced

During the first 12 months of the grant, the implementation faces several challenges, some of them affected the whole management process, others related to particular areas of implementation:

- It was difficult to identify suitable research agencies that are interested and qualified to conduct studies among vulnerable groups for the budgets available. We decided to initiate calls for individual consultants in order to build the research teams for each BSS. However this process is time consuming. In this case, PR’s strategy was to turn to international consultancy (generously provided by the UNODC office) on developing BSS protocols and to reschedule the implementation of most BSS studies.

- Conducting HIV rapid tests among SWs and IDUs in locations where the outreach teams have no vans proved difficult. The teams are establishing partnerships with public and private medical practices that are willing to offer them the space for conducting HIV testing.

- Achieving the targets set for the indicator “Number of sex workers reached with HIV/AIDS prevention programs”. The PR requested ARAS (implementer of the prevention program among SWs) to submit by the end of April a letter explaining why the indicator is underachieved and what are the chances of catching up the set targets. The constant mapping activities of the outreach teams indicates that the number of FSWs on the streets diminished significantly (most of them moved indoors – apartments, hotels, massage parlours – or left the country to work in Spain, Italy and Germany), so they became even harder to reach than in the previous years. According to ARAS estimation, the number of FSWs reached by the end of the second year cannot exceed 2,050 SWs (compared to the 4,800 initially targeted).

- The organizations that implement projects for the professional integration of YPLWHA are facing two kinds of difficult situations:
  - the beneficiaries have a (very) low interest in attending occupational trainings or protected workshops;
  - the beneficiaries have unrealistic (too high) professional expectations compared to their educational background, therefore they generally refuse attending vocational trainings, when offered.
The implementers suggested that the professional integration strategy proposed by the Rd 6 program needs to be revised. In order to prepare an evidence based decision, the PR is currently preparing the methodology and the terms of reference for the study entitled “YPWLAHs and their professional integration” initially planned to be conducted by the end of year 1.

- Although some important steps have been achieved as a result of RAA interventions at the Ministry of Health, the VAT co-funding for GFATM Grants was not solved during the first year of program implementation.
7. Overall progress of the program

The first six months of the grant have been featured by a massive revision of the selected SRs’ annexes to the sub-grant agreements, by the evaluation of the SRs and all the preparatory work for grant implementation, such as: the delivery by the PR of technical assistance sessions for SRs, as well as numerous approaches of the national stakeholders for the co-funding with the VAT-value for the procurement of goods and services from the grant.

The quality of the SR’s applications / project documents was not always corresponding to the PRs / GFATM requirements, therefore in most of the cases the revision process took more time than planned (over three months). Besides, the six months negotiations with institutional SRs such as National Administration of Penitentiaries (deciding to withdraw late in December 2007), Ministry of Administration and Interior (agreement signed on 31st December 07), National Anti-Drug Agency (agreement signed on 31st January 2008) and The Child Protection Directorate of Hunedoara (agreement signed on 21st January 2008) have had an unwanted impact on the overall performance of the first semester of the R6 HIV/AIDS Grant.

Despite the late start of the activities impacting the achievement of indicators, by the end of the first semester of grant implementation 6 indicators (43%) have been overachieved, 5 indicators (36%) have been underachieved and other 3 (21%) are associated with activities that planned either to start or to end during the second semester.

The second semester was marked by: SRs efforts to reach the planned targets; numerous monitoring visits conducted by the M&E team and the financial team (all sub-contracted projects and SRs were covered); financial audit for 2007 was successfully finalized; PR’s efforts to select and contract new implementers for the program in prisons; PR’s efforts to identify and contract a new implementer able to continue the project "Emergency Centre for YPLWHA" in Galati.

The delays in program's implementation impacted the achievement of indicators: 7 indicators (50%) have been overachieved, 7 indicators (50%) have been underachieved. At the same time, 2 behavioral indicators have been measured and other 4 behavioral indicators are rescheduled to be measured during the second year, instead of the first one.

However, despite all the difficulties, we believe that the greatest achievements are:

- We managed to cover all the program areas and specific activities;
- All implementers (SRs) have been adequately monitored and evaluated;
• Small NGOs, including organizations of PLWHA involved in implementation have received major technical assistance from the PR to increase their capacity and this effort is reflected in the quality of interventions.

The existing monitoring and evaluation reports indicate (with minor exceptions) that the implementation is now on track and there are great chances that the key indicators will be recovered during the second year of the program.

7.1. **PREVENTION AMONG: IDUs, SWs, MSM, Roma, Street Children**

The prevention program addressed to vulnerable groups aims to improve the vulnerable groups’ state of health, to make them adopt safe sexual behavior and increase their access to adequate health and social services in order to decrease the risk of HIV spread.

The beneficiaries of the prevention programs are members of vulnerable groups – injecting drug users (IDUs), sex workers (SWs), Roma, street children, men having sex with men (MSM). These groups’ main characteristics are a poor state of health and a limited access to any kind of treatment, to social or medical services. Most of them drop-out from school, have a low level of education, have no identification papers and no health insurance.

7.1.1. **INJECTING DRUG USERS**

The project’s beneficiaries are injecting drug users (IDUs) from four locations (Bucharest, Ilfov, Dolj and Timis). The members of this group are aged mostly 16 to 28 years old, have a poor state of health, dropped-out from school, therefore they have a low level of educations, they are unemployed and experienced frequent incarcerations.

In this group, the high transmission rate of STDs and of hepatitis indicates a low rate of condom use and a worrying rate of injection equipment sharing.

Given this context, there IDUs constitute a group vulnerable to the infection with and spread of HIV.

To prevent these phenomena, within the Round 6 program an integrated set of activities and services have been implemented.
SERVICES AND ACTIVITIES:

- Needle exchange - the IDUs have access to clean injecting equipment (needle, distilled water, alcohol tampons, plasters) through outreach activities and also in the low threshold clinic;
- Psychosocial counseling available in the low threshold clinic (drop-in center) by the social workers and the psychologists. The clients are counseled on issues such as: reducing risk behavior, controlled drug use, increasing self esteem
- Training of peer educators selected among IDUs, to provide HIV prevention information to their peers and collect information on violations of drug users’ rights.
- Referral by the outreach personnel to medical and psychosocial services. IDUs are referred to social, medical or legal services according with their needs.
- Distribution of condoms during the out-reach sessions or in the low threshold clinic.
- Distribution of HIV/AIDS informative materials during the out-reach session
- HIV counseling and testing with rapid tests during the outreach sessions or in the low threshold clinic. Clients with positive results are referred for confirmation to specialized testing facilities (including the VCT network developed during the GFATM Round 2 program).
- HVB/HVC vaccinations during the outreach session or in the low threshold clinic
- Lobby and advocacy (through workshops, conferences, press releases) for increasing the IDUs’ access to prevention services: prevention of HIV/HVB/HVC transmission, access to sterile injecting equipment.

DIFFICULTIES & SOLUTIONS:

It was very difficult to identify and establish connections with the vulnerable population in some of the project locations, although there are reports that talk about local IDU phenomena.
For example, in Constanta and Cluj, by the date that this report was issued, no IDUs have been yet included in the program. However, the local teams are continuing the mapping activities to establish connections with the vulnerable groups.

Because of delays in the procurement of medical consumables, the outreach teams faced difficulties in distributing to IDUs sterile injecting equipment and condoms.

The PR made efforts to overcome these difficulties by arranging significant condom donations from John Snow Institute and Trojan Company for the program implementers. Some used the condoms that they had received as donation before or during the program directly from certain donors.

**MAIN RESULTS:**
- 3,124 *injecting drug users* reached with HIV/AIDS prevention programs
- 712,631 syringes distributed to IDUs
- Condom distribution (see the sub-chapter about the Condom Distribution

**GEOGRAPHIC AREA:**
Bucharest, Ilfov, Timisoara, Dolj

**IMPLEMENTERS:** Programs for IDUs: ARAS, ALIAT, Integration

### 7.1.2. PREVENTION AMONG FEMALE SEX WORKERS

Through this project ARAS responds to the needs of HIV prevention of the female sex workers (FSW) from 11 locations (Bucharest, Constanta, Dolj, Iasi, Neamt, Cluj, Bacau, Brasov, Arad, Timis, Ilfov).

FSW working in the street, targeted by ARAS, are usually persons without medical insurance, with a low living standard, who had traumatic experiences resulting in a low self-esteem. The intervention of ARAS organization aims to prevent the transmission of HIV and STIs among female sex workers in all the locations mentioned and to encourage their access to the social and medical services available or tailored for the people from vulnerable groups.
SERVICES AND ACTIVITIES:
- (Re) Training sessions for the teams of outreach workers, to improve their skills (communication with vulnerable groups, referral, data collection in the field, data reporting)
- IEC activities during the outreach sessions and at the low threshold clinic in Bucharest
- Distribution of condoms
- Needle exchange for FSW using injecting drugs
- HIV counseling and testing during the outreach sessions and at the low threshold clinic in Bucharest
- HVC/HVB vaccination during the outreach sessions and at the low threshold clinic in Bucharest
- Social and primary medical services provided in the mobile unit (medical check-ups, small surgery, applying medical treatments, prescription recipes') or at the low threshold clinic. In addition to these basic services, the clients are referred or accompanied for further help to specialized social and medical services, according to their needs (e.g. dermatologist, gynecologist, state social services, legal assistance etc.)
- Mapping is a distinct activity that helps identifying, in a systematic way, the spots/areas where the target group can be reached.
- Lobby and advocacy (through workshops, conferences, press releases) to increase the access of FSW to social and health services.

DIFFICULTIES & SOLUTIONS:
The number of street - SWs has decreased during the last year, sex work being solicited more and more indoors (massage parlors, apartments, hotels, bars etc.). Outreach interventions, formerly regarded as the easiest way of reaching FSW, now appear to be not sufficient as an HIV prevention strategy among FSW. The research among SWs (qualitative & BSS) planned to start in August 2008, will clarify the extent and the causes of this phenomenon and will indicate ARAS the alternative ways of reaching more SWs through its prevention programs.

As ARAS reached significantly fewer SWs than planned (1,591 instead of 2,400), the number of condoms distributed in this group was much lower than the target (261,335 instead of 1,100,000). At the same time, the PR had difficulties finalizing the first procurement of condoms as planned.

Solutions: ARAS used the condoms obtained from donations.
Outreach session during the Night by Night Project implemented by ARAS

**MAIN RESULTS:**
- 1,591 sex workers reached with HIV/AIDS prevention programs
- Needle exchange
- Condoms distributions
- Peer educators
- Counseling and testing
- Vaccination

**GEOGRAPHIC AREA:**
Bucharest, Ilfov, Bacau, Brasov, Cluj, Constanta, Dolj, Iasi, Neamt, Timis, Arad.

**IMPLEMENTER:**
ARAS

**7.1.3. PREVENTION AMONG MEN HAVING SEX WITH MEN**

The intervention targeting MSM and male sex workers are aiming the achievement of the following objectives:

- increasing by 15% of condom use at last anal sexual contact and by 15% of MSM who get tested for HIV and are aware of the result, before the end of year 3
- reaching 14,000 MSM with prevention activities in 10 cities by end of year 3
SERVICES AND ACTIVITIES:

- Weekly field outreach and internet outreach (chat rooms, web site and newsletter).
- Recruiting and training of Public Opinion Leaders (POLs). POLs have been recruited and trained in 10 cities during the first year. The trainings aimed at improving the skills and motivation of the POLs in order for them to adopt safer behaviors and to endorse safer sex messages and adapt them to their social networks.
- HIV positive network – this activity provides peer-type information, emotional, psychological support and it aims at creating a sense of responsibility and involvement in positive prevention efforts for the MSM community. Until the end of the first year the network was not created because it was very difficult to find MSM willing to speak about their HIV status and about their problems, needs, ideas etc. The network is assisted by a professional counselor.
- Campaigns promoting safer sex. This year two info campaigns targeting MSM have been implemented (winter campaign and summer campaign). The outreach workers and the volunteers distributed condoms and informative materials, conducted interpersonal IEC sessions and managed to involve beneficiaries in interactive exercises aiming to promote safer sex and voluntary HIV testing.
- LGBT Helpline provides basic assistance to people having questions on sexual orientation, STI&HIV prevention, and existing psychological, medical and social services.
- Health counseling and psychological counseling is provided, free of charge, in Bucharest, at ACCEPT headquarters, for clients who are not registered in the national health care system or are reluctant to discuss health/psychological problems with available public specialists.
- Library (follow up support on LGBT&HIV issues) of ACCPEPT is the only existing centre of information and documentation available for specialists working with MSM. The library contains over 1,200 printed publications and also a number of materials available in electronic format. Through the online catalogue available on ACCEPT’s website, clients can search existing publications via internet. The clients can either consult the publication at ACCEPT’s library or borrow them for study at home. There is the possibility of photocopying and delivering by mail the selected materials, upon request.
- The HIV positive network. This activity provides peer-type information, emotional, psychological support and aims at creating a sense of responsibility and involvement in the positive prevention efforts for the MSM community. Until the end of the first year, the network was not created because it was very difficult to find some persons
available to speak about their HIV status and about their problems, needs, ideas etc. The network will be assisted by a professional counselor.

- Lobby – through activities developed by ACCEPT the Ministry of Health accepted MSM as blood donors and excluded from the questionnaire for blood donors all the questions regarding sexual orientation.

DIFFICULTIES & SOLUTIONS:
The MSM community is a closed one and it is difficult to collect relevant information on the program beneficiaries, information that could help identifying each of them as a unique client. As a result, starting July 2008, the implementing organizations (PSI & ACCEPT) with the support of the PR use a capture-recapture method to determine the number of MSM (as unique individuals) who receive, through face-to-face outreach interventions, the essential package of prevention services (condoms, IEC materials, interpersonal IEC and referral to services). Every MSM reached receives a badge from the outreach team, after he is asked if he received the same badge before. If he did, then he is excluded from the count of unique MSM.

MAIN RESULTS:
- 12417 men having sex with men reached with HIV/AIDS prevention programs

GEOGRAPHIC AREA: Bucharest, Cluj, Constanta, Dolj, Timis, Mures, Buzau, Brasov, Galati, Iasi and visitors of the online prevention resources

IMPLEMENTERS: PSI, ACCEPT
7.1.4. PREVENTION AMONG ROMA POPULATION

Programs for Roma population aim to reduce risk of HIV transmission within these communities by using outreach interventions, training of health workers and of Roma community leaders.

SERVICES AND ACTIVITIES:

- Training of the local Roma mediators, of local nurses, of Roma leaders and community volunteers with regards to the prevention of HIV and STIs in the community.
- Delivery of HIV/STI prevention information through group sessions and peer to peer education
- Condom distribution
- HIV counseling and testing with rapid tests.

DIFFICULTIES & SOLUTIONS:

The implementers had difficulties in training the planned number of Roma mediators, since their number decreased because of structural factors (external migration, institutional restructuring etc.). To supplement for the lack of Roma mediators, the implementers decided and trained more volunteers on these matters.

The SRs also reported a low interest of the community leaders in facilitating the implementation of prevention interventions in their community. To increase their interest and
participation, the organizations had to motivate the Roma leaders by distributing them incentives or organizing round tables for discussions.

MAIN RESULTS:
- **5609 Roma** reached with HIV/AIDS prevention programs

**GEOGRAPHIC AREA:**

**IMPLEMENTERS:**
ARAS, Save the children, DGASPC Hunedoara
7.1.5. PREVENTION AMONG STREET CHILDREN

The programs for street children aim to reduce the risk of HIV transmission through: counseling and education on HIV/AIDS and other STIs prevention, referral to medical services, distribution of informative materials and peer education training.

SERVICES AND ACTIVITIES:
The objective of the program is to increase the access of the vulnerable and poor group of population – street children - at prevention services – having as main activity: outreach interventions, distribution of condoms and peer education training.

DIFFICULTIES & SOLUTIONS:
The target of people reached by this intervention seems much underestimated in the light of the number reported by ARAS at the end of the first year. The outreach teams’ explanation for this situation is that the reported number includes - besides the children and youth living permanently (or almost permanently) in the streets - children and youth who choose to be with their peers in the streets, but who, in fact, have (sometimes dysfunctional) families, a place to stay occasionally or live in institutions. At the same time, the outreach teams identified and opened more project areas (railway stations, sewers system, abandoned buildings etc.) that they expected.

To explore the characteristics of this new category, ARAS will conduct a small study starting Q5. The overall number of person-contacts reached by ARAS is 1,485 and includes 1,159 (new unique individual codes) + 326 (old clients, duplication of codes between quarters is possible).
MAIN RESULTS:
- 1159 street children and youth reached with HIV/AIDS prevention programs

GEOGRAPHIC AREA:
Bacau, Neamt, Dolj, Constanta, Iasi, Brasov, Bucuresti, Ilfov, Cluj, Arad, Timis

IMPLEMENTER:
ARAS

7.2. POSITIVE PREVENTION AMONG YPLWHA

The services targets YPLWHA, who are going through the sensitive period of adolescence and the beginning of adulthood. Finding a life partner, begin their sexual life, the possibility of leading an independent life, are major preoccupations of young people. The education for life sessions aim to develop the skills of young people, so that they should be able to have adequate interpersonal and couple relationships, in order to prevent unwanted pregnancies, STIs, and HIV infection through sexual relations and also from mother to child. The program’s beneficiaries are YPLWHA from families and from institutions.

SERVICES AND ACTIVITIES:
- Education for life sessions for YPLWHA organized by professionals – social workers and psychologists
- Training of peer educator from YPLWHA who were involved in organizing and sustaining informative group sessions for other YPLWHA
- Youth clubs for young people were both PLWHA and other uninfected young people spend their free time, organize leisure activities, develop their abilities for independent life.

MAIN RESULTS:
- 1347 young people living with HIV/AIDS reached with information and education activities within the "Education for life" framework
DIFFICULTIES & SOLUTIONS:
According to the reports of the SRs, YPLWHA showed generally a moderate (too small) interest in attending the education for life sessions. In order to raise their interest, the SRs worked on changing/improving the methods of delivering the life education sessions (e.g. using games, exercises etc.)

Some of the small organizations of PLWHA have less experience in offering specialized services to their beneficiaries. Solution: The professionals participated to trainings a common methodology for education for life services was realized after consultation of all the organizations involved in this activity.

GEOGRAPHIC AREA:

IMPLEMENTERS:
UNOPA, Foundation for People Development, Inima de Copil, New Hope Against AIDS Association, Lizuca Association, Baylor Black Sea Foundation, Red Ribbon Association, SCOP, Close to You, Health Aid Romania, Romanian Children’s Appeal
7.3. CONDOM DISTRIBUTION TO VULNERABLE GROUPS (IDUs, SWs, ROMA, STREET CHILDREN AND PRISONERS) AND TO YPLWHA

During the first year of implementation, condoms have been distributed to the following vulnerable groups: IDUs, SWs, Roma, street children and YPLWHA.

MAIN RESULTS:

- 586,692 condoms distributed to vulnerable groups: IDUs, SWs, Roma, street children and YPLWHA

DIFFICULTIES & SOLUTIONS:

Condoms distributed during first year of the program are not from GF funding, they are from donations facilitated by PR (sources: John Snow Institute, Trojan distribution in Romania) or obtained by SRs directly from donors (e.g. PSI condoms). There are several reasons for this situation:

1) The PR had difficulties finalizing the first procurement of condoms as planned. It was delayed with more than a quarter (initially planned for Q3), because of the slow rhythm of negotiations and clarifications requested by UNFPA with respect to the tax exemptions such as VAT and customs. If these taxes would have been paid from the grant, the PR could not procure the planned quantity of condoms. The cost sharing agreement with UNFPA was signed in early July.

2) As ARAS reached a significantly lower than planned number of FSWs (1,591 instead of 2,400), the number of condoms distributed in this group was much lower than the target (261,335 instead of 1,100,000);

3) Condom distribution in prisons will start only in Q5 (the sub-grant agreements have been signed in Q4), following the work plans of the newly selected SRs - ARAS, INTEGRATION, ALIAT, Close to You - for the prevention program in the penitentiary system.
GEOGRAPHIC AREA:
Bucharest, Timis, Bacau, Neamt, Dolj, Constanta, Iasi, Brasov, Cluj, Constanta, Mures, Buzau, Galati, Suceava, Vrancea, Dambovita.

IMPLEMENTERS:
ARAS, ALIAT, ACCEPT, PSI, Save the Children, INTEGRATION, Close to You, Red Ribbon Falticeni, New Hope Against AIDS Association.

7.4. HIV COUNSELING AND TESTING FOR VULNERABLE GROUPS

HIV counseling and testing services were available for IDUs, SWs and Roma, through the mobile unit during the outreach interventions, as well as at the low threshold clinic in Bucharest. Counseling and testing services are offered by professionals: nurses, psychologists and social workers.

MAIN RESULTS:
- 35 persons from vulnerable groups (injecting drug users, commercial sex workers, and Roma) have received HIV pre-test counseling/information, were tested and received test results
- 102 persons from vulnerable groups have been vaccinated for HVB/HCV

DIFFICULTIES & SOLUTIONS:
During the first year of the program, HIV counseling and testing services for prisoners have not been available because of the delay in identifying new sub-recipients for the prevention
activities in prisons. Following their selection and the signing of the sub-grant agreement in Q4, we expect that the indicators for this activity will be achieved by the end of the second year.

The procurement of HIV rapid test kits condoms was delayed with almost one quarter (initially planned for Q3), because the MoH has postponed the decision issuing the legislation regarding the co-funding with VAT for the procurement from GFATM grant. Consequently the PR initiated centralized procurement using the UN system (UNDP), but no eligible offers have been received after the call for tender. As a result, the PR organized by itself the procurement; the process ended in mid Q4. Following this delay, the testing activities among the other vulnerable groups (IDUs, FSWs and Roma) did not achieve the planned results, but it is expected that the targets will be recovered during Q5 and Q6.

**GEOGRAPHIC AREA:**
Bucharest, Bacau, Neamt, Iasi.

**IMPLEMENTERS:**
ARAS, ALIAT

### 7.5. SOCIAL AND PROFESIONAL INTEGRATION OF PLWHA

Through these activities YPLWHA benefit from: professional integration counseling, vocational training courses and integration in protected workshops. Also employers will receive information about YPLWHA’ rights and responsibilities, in order to facilitate their integration on the labor market. These objectives will be reached through: individual and group counseling sessions where YPLWHA will receive information about professional qualification and job opportunities; flyers distribution to the beneficiaries and the Local Labor Agency; permanent informational exchange between the implementers and the agency and discussions with potential employers.

**SERVICES AND ACTIVITIES:**
- Vocational training course for YPLWHA: driving, carpentry, tailoring, painting, IT. The training courses were selected regarding the YPLWHA preferences and the training courses and jobs offer
- Professional and occupational integration counseling sustained by social workers and psychologists through individual counseling. The YPLWHA learned how to write a curriculum vitae, were helped to identify their preferences, their abilities for finding the most appropriate job
• Developing skills for an independent life through counseling and practical exercises: how to administrate the budget, how to make shopping, how to keep the house clean etc.
• Practice stages and apprenticeship stages for YPLWHA
• Protected workshops for YPLWHA (i.e. carpentry, tailoring, driving, greenhouse, IT etc.)
• Training courses for employers on HIV/AIDS issues (HIV/AIDS transmission, legal rights of PLWHA)

MAIN RESULTS:
• 370 PLWHA receiving professional and occupational integration counseling
• 162 YPLWHA registered for vocational training courses
• 82 YPLWHA finished the vocational training courses
• 218 YPLWHA integrated in protected workshops
• 20 protected workshops are operational.

DIFFICULTIES & SOLUTIONS:
According to the reports of the SRs, the number of YPLWHA interested to follow vocational training courses was overestimated. The YPLWHA generally are little motivated to participate to the training courses or to find a job. Most of YPLWHA reached by the program have a low level of education, fact that does not permit them, sometimes, to attend the training courses that they actually are interested in.
Moreover, some of the vocational trainings that mostly appeal to the young people are conflicting with their health status, according to the Romanian work safety regulations (e.g. manicurist, beautician etc.)
To overcome these situations, the SRs’ professionals put a great effort in identifying YPLWHA’ interests and preferences and the training courses that match their education level.

**GEOGRAPHIC AREA:** Bucharest, Iasi, Constanta, Arad, Dambovita, Galati, Timis, Targu Mures, Dolj, Falticeni, Bacau, Petrosani.

**IMPLEMENTERS:** Heart of a Child, Close to You, Baylor Black Sea Foundation, Foundation of People Development, Health Aid Romania, Romanian Children's Appeal, SCOP, Children's Smile, Red Ribbon, Lizuca Association, New Hope Against AIDS Association, Speranta Association, FDP.

### 7.6. DEVELOPMENT OF HUMAN RESOURCES AND ORGANIZATIONAL CAPACITY BUILDING

This component of the program has three directions:

- Increase the access of PLWHA to quality reproductive health services by enhancing the expertise of local health workers in providing family planning (FP) services.
- Increase the access of PLWHA to quality social and medical services in general, by promoting non-discriminatory attitudes at the level of service providers.
- Enhance the expertise of PLWHA organizations in providing professional support services to their members.
SERVICES AND ACTIVITIES:

- Training of services providers in family planning and professional integration for PLWHA
- Capacity building interventions for small organizations of PLWHA through hiring professionals, staff training and exchange of experience
- Training of medical and psychosocial service providers on HIV/AIDS issues, on reducing stigma and discrimination of MSM
- Training of ecumenical staff and social workers in faith-based organizations on reduction of HIV/AIDS-associated stigma.

MAIN RESULTS:

- 106 service providers trained in family planning and professional integration for PLWHA
- 5 training courses on family planning for PLWHA addressed to family planning doctors, general practitioners and gynecologists
- 20 organizations received support for capacity building
- 86 medical and psychosocial specialists trained on reducing stigma and discrimination of MSM

DIFFICULTIES & SOLUTIONS:

Except the planning problems that led to the rescheduling of some training courses, no major difficulties have been experienced in this area.

Conference organized by UNOPA:
"HIV and the workplace"
GEOGRAPHIC AREA:
Bucharest, Bihor, Vaslui, Cluj, Iasi, Dambovita, Hunedoara, Brasov, Constanta, Prahova, Neamt, Caras Severin, Bacau, Suceava, Botosani, Dolj, Arad, Sibiu, Galati, Olt, Mures.

IMPLEMENTERS: UNOPA, Romanian Children’s Appeal, FDP, SECS, ACCEPT, AIDROM.

8. Stories from the Field

8.1. The prevention programs for drugs users, from theory to practice

The HIV infection prevention programs within the vulnerable groups in Romania are due to the non-governmental organizations that continue to do this work for years most of the times not know and not heard by anyone, for everybody's benefit, contributing to the limitations of HIV epidemics in Romania. The "Integration" Association is one of the "youngest" sub-recipient organizations that develop activities designed for intravenous drug users (IDU). The experience of the team that coordinates these activities is remarkable, Integration being one of the few, if not the only foundation that has among its members former IDU. And then, who knows best which the specific needs of this group are? Which kind of interventions is the most appropriate, the most necessary?

The concept and programs of "Harm Reduction" represents a new issue throughout the past years in Romania, their development being in the beginning. Practically, it is based on supplying sterile equipment for injection (by this way reducing the risk of infection with HIV and B and C hepatitis), the distribution of informational and educational materials (materials regarding infections that can be transmitted by using in common injecting equipment: needles, syringes, filters; methods of sterile injecting, avoiding overdoses), psychological support and reference to medical services and specialized assistance services (counseling and substitution services, treatment of overdoses and infections with sexual transmission). Most of the activities run by Integration consisted of direct interventions, which are deployed in the places where the users of injecting drugs gather and can be approached.

During the first trimester of the project, Integration succeeded in making, in relatively short time, an identification of the intervention areas, but also other activities with major impact: the opening of new intervention areas; the re-opening of another 3, the direct approach of the beneficiaries, the distribution of sterile equipment for injection and the reference of the
beneficiaries to other care and support services. Not the last, they succeeded organize a
support group that encourages the rehabilitation and social reintegration of the drug users.
Because only a good knowledge of the specific problems of the beneficiaries may stand at the
base of choosing the most efficient intervention method, Integration applies to its beneficiaries
an examination paper that contains useful and orientating questions. Their answers pencil a
certain type of behavior and a certain category of needs, allowing later realization of some
behavior studies and some intervention and support methods well accepted by the
beneficiaries.

..."this service is very useful, we need it", Constantin, who also has a physical disability
tell us. "I would like to quit for good, but I would need more help from my family..." - this
is another reason for those from Integration to encourage the participation of the
beneficiaries to the support groups.

"A lot of them have problems with their families, friends, and colleagues. Their attitude
changes very much when they find out that the one next to them is a drug user..." Camil
Dumitriu - project coordinator tells us. "This is exactly why we encourage them to come
and to discuss about their problems", he continues. "It is very important that all of us,
the community, to know them, to understand them, to help them".

The community’s information and involvement represents an important step forward for the
continuation of this program. Thus is way Simona Popa - who coordinates the outreach team of
the Integration foundation, held the course "The discrimination in the press - the journalists'
way of approach, of the themes regarding the vulnerable groups, especially IDUs in Romania."
8.2. A new beginning for the young people living with HIV/AIDS in Romania

Romania had and still has, in comparison with other countries, a special situation regarding the evolution of HIV epidemics: we all remember the terrifying imagines, caught in orphanages and infants' homes, broadcasted day and night by the international TV stations in 1990. Hundreds of abandoned children were waiting hopelessly for their end caused by the most unmerciful disease: HIV/AIDS infection. Then the testing began and the truth, even more unmerciful, came out: not even the children from families, the ones with health problems and multiple hospitalizing were spared. Thus, Romania became the country with the most children infected with HIV in Europe. National and international resources fight with this unmerciful disease. The therapy and treatment regiments rapidly evolved, becoming more and more efficient, limiting the disease's evolution and extending the life expectancy beyond expectations.

And here we are in 2007: yesterday's children are today young adolescents or just passing into adolescence, and they are trying to find their road in life. What do they do? Where are they going to? Questions waiting for their answers, especially because the professional and social integration or HIV infected young people are still in its beginnings. The HIV infected person's problems, especially the HIV infected youngsters, totally changed in the last years: from the urgent need of psycho-social and medical assistance to the entitled need to fight for an independent, personal, social and professional life. Precisely this need of the young people living with HIV was the decisive reason of including in the HIV/AIDS Program financed by Global Fund, 6th Round, some activities and projects meant to provide real opportunities for integrating these young people in the society they live in.

"Alaturi de Voi" (Close to you) Foundation - ADV, with the headquarters in Iasi, is one of the first GF Sub-recipient organizations in Romania that effectively involved in assisting the HIV infected children and young people. Over the years, the activities developed by ADV targeted the improvement of life quality of these young people, their social and professional integration, the habit of independent life skills.

Thanks to the Global Fund HIV/AIDS – Round 6 Grant, ADV continued and developed previous projects, like the one dedicated to workshops through which they ensure a vocational therapy to the HIV infected young people. In the three cities where it deploys its activity, Iasi, Constanta and Targu Mures, ADV constantly promoted among the HIV infected young people this alternative of learning - therapy. In short time, the number of those who attend these workshops increased also because of the fact that the ADV team found an exciting and modern
way to encourage and stimulate them to get practical skills, to value their talents and to build a beautiful and fulfilled life. Thus, 11 young people that currently attend the artisan art workshop learned the secrets of modeling, decorative art, working with yarn, floral arrangements. The ones who come here are young people from the orphanages, as well as young people protected in the maternal assistance families but also HIV infected young people from families. 5 of them participated to a creation camp, scope of socializing and experience exchange.

At the bindery workshop we find 8 young people who are very involved in what they do: catalogue covers, correspondence maps, identification cards, diploma projects, photo frames, presents bags, agendas, note books, etc. What they do, they do with a lot of passion and they want to open a little store in the future to sell the results of their work. Another 11 young people answered to the challenge to learn the secrets of the most modern mean of communication: the computer, within the computers workshop. The most advanced have already learned working notions and techniques for Adobe Photoshop, Corel, computer graphics, thus making the design for cards, flyers, posters, etc. The beginners stopped for a moment to Word operating and make up, using the Internet and other practical applications.

The special artistic talent, the esthetic and proportions sense found as means of expression the creations in the painting workshop. Seven young talented people amaze through the quality and artistic value of the works they make. Through the attentive training by professional
trainers, the young people learn techniques specific to the domain and approach different types of work materials: paper, canvas, glass, calc, etc. Even the workshop’s walls are decorated with paintings of high quality.

“Each young man represents a life story; the involvement in the occupational therapy workshops' program completes a large range of services that are offered to these young people - from the psycho-social assistance program that helps them get over crisis situations up to the Young Men Club that helps them socialize and look at life in an optimistic manner, from information, education and communication campaigns up to juridical consultancy services” Veronica Valcu, ADV project coordinator tells us.

Besides the ones already existing, ADV intends to open a new protected workshop, equipped as a result of its co-financing by the Local Council - The Directorate of Community Assistance Iasi. This new workshop will start functioning as soon as possible. Even during the first semester of the project, a presentation and promotion catalogue for our products has been finished, for the promotion in the Popular Craftsmen Trade that took place in Iasi, between the 12th and the 14th of October. The success the creations of the HIV infected young people had are encouraging and represent a good start for a fulfilled and independent life.
The success of this type of interventions depends a lot on the involvement of the community, of the local authorities and even of the local business environment. The chance offered by the ADV Foundation thanks to GFATM financial support to the young people living with HIV in Iasi must not be an isolated example but a starting point for other similar programs.

An important step towards the professional integration of these youngsters was made by the meetings organized by ADV with the representatives of the business environment from Iasi, Mures and Constanta. The meetings brought up answers to some problems but in the same time identified some shortcomings, both legal issues and beneficiaries' issues. These discussions pointed out on the one hand the fact that the business environments from certain cities want to support the HIV-positive youngsters' professional integration and on the other hand they concomitantly expressed their abstractions regarding the confidentiality and employer's legal accountability, in case of rights' violation. In many cases, the potential employers prefer not to purchase products made within the protected workshops, considering that many of them are uncompetitive from an economic perspective.

Probably, a marketing survey, elaborated in the same time with the opening of a protected workshop would have a significant contribution to identify some activities that generate saleable and quality products. Another disadvantage pointed out by the employers is that the HIV-positive people frequently need medical leaves leading, in this way, to a decrease of the working days and implicitly their productivity.

In the same category of disadvantages can also be including the fact that in Romania, the Corporate Social Responsibility (CSR) is still doing the first steps, the companies' involvement in social projects is still insufficient. On the other hand, the companies cannot provide for employees, especially for entry level, salaries that can compete with the HIV-positive people's income from the government and therefore, they prefer to depend on this income. However, the reasons are a lot more: hyper protective families, the lack of skills to find a job, repeated failures in finding something motivating, the fear of discrimination and confidentiality violation, etc. Paradoxically, out of the people considered "with handicap", the HIV youngsters and adults are the most capable to be hired and to work, are frequently preferred to employ people with physical and medium mental handicap...Beyond these subjects, whose debate and constructive solution is absolutely necessary, these meetings represented an important step forward in establishing a real dialog within the community.

The "road" was opened and for sure with the ADV's experience will be extremely useful to other organizations. The consistency is necessary, especially under the conditions of this step
having behind the support of hundreds of HIV-positive youngsters who want a normal life and cannot accept the idea that they might be again excluded.

The protected workshops similar to the ADV's ones run by other Romanian organizations with the support of the Global Fund Round 6 HIV/AIDS Grant, indisputably represent an opportunity to adhere to the so called social economy.

At the same time, this intervention also represents a form to employ and train YPLWHA, who for the moment are not accepted anywhere, to find a job, to learn something constructive and to demonstrate themselves and others that they can be useful and live a normal life.

8.3. Testimonials from our beneficiaries

"I first remember the hospital of infectious diseases. We were living in a separate building, surrounded by a wire fence. They were taking us outside from time to time. That's how the girls from "Child's Heart" Foundation (CHF) found me. They helped me to be taken by a foster nice family...Above all these, CHF gave me something priceless: A FAMILY! I've then followed courses of Assistant Manager and I hope to learn accountancy courses, too. Without CHF I'd be dead by now. That is for sure. Who else to take care of me, to find someone to care of me? Here, at CHF I've learnt a lot of things: to communicate, to work in a team, to make future life plans."

Roxana, 18 years, HIV positive beneficiary of the programs implemented by "Inima de Copil" Foundation in Galati with Global Fund support

"I've also been abandoned in hospital by the family. I'm the second child took by "Child's Heart" Foundation (CHF) and I'm practically the brother of girls living here. CHF is my first and
my only home. Without them I'd be dead or living in the streets or town's channels...Here I learnt a lot of things: to paint, to communicate with the others. I like a lot to meet with other youngsters of my age, to get out with them, to walk, to see new places and new things. I've even been at a sportive dance course and I liked it a lot. I'd like to help other children and youngsters in need. For example I'd like to work like volunteer for UNICEF. And I'd like to teach other people how to dance, to be a choreographer... I’d like to transmit to the others that somewhere, someone loves us all and they must never allow to discriminate or to be discriminated, wherever they live in this country..."

Geo, 18 years, HIV positive beneficiary of the programs implemented by "Inima de Copil" Foundation in Galati with Global Fund support

"Due to HAR (Health Aid Romania) I've succeeded to go to school, to travel abroad and now I'm staying and living with another girl in an apartment, without any accompanying adult. Without the family houses and most of all without HAR probably I've already been dead or left alone in a hospital, I even don't want to think about it. And I've never should accomplish so many things, anyway...I'm more responsible, more attentive at what I'm speaking about, I'm trusting myself more and have less health problems..."

Andreea, 18 years, HIV positive beneficiary of the project run by Health Aid Romania (HAR) with Global Fund support

"...yes, now I can relate easier with someone, I can accept easier the bisexual persons, to have a better attitude, not because I've previously discriminated someone but because I didn't know. Now I can understand differently the concept of liberty, I can discuss easier with a person who belongs to the LGBT community. When I'll get back home I'll share with my colleagues and mates everything I learnt here, I will make a presentation for my pupils, to tell them everything I've found out (misconceptions, attitudes, counseling, needs...) because I consider that I've learnt a lot of things."

Doina, psychologist, participant at the training organized by ACCEPT Association with Global Fund support

"...I liked the training organized by ACCEPT for the modality of presenting the information, interactivity of the sessions, relaxed atmosphere, the professional attitude of the trainers and the manner of approaching LGBT problems. I'll better understand my friends and I will bring forward the message of non-discrimination for sexual reasons, to understand some aspects, to better orient the relationship with my clients, to have more strong arguments in discussions held with homophobic persons, to have an informed speech about LGBT community".
Mariana, social worker, participant at one of the trainings organized by ACCEPT Association with Global Fund support

“My parents came first to this Foundation and after that they brought me too. My best friend is here. Here I found out many things about this disease. I am attending informatics classes here now. I am happy with the conditions here and with what we are taught. We learn here more than in school or elsewhere. When I was very young and very ill, my parents decided to withdraw me from school. They were afraid that I would die so they decided that I should get better first then we'll see. I would like to graduate at least eight grades. I have graduated only the first four grades and I am not sure I will be allowed to go back to school when they'll find out that we are HIV positive. I would like to tell everyone that they need to read to inform themselves about this disease, then to judge us..."

Mara, 16 years old, HIV positive, beneficiary of Red Ribbon Foundation in Falticeni by the Global Fund grant

"I got here most help I need. I would like to quit drugs. I would need more support from my family".

Constantin, 24 years old, injecting drug user, beneficiary of the harm-reduction program of Integration Association funded by the Global Fund
9. Advocacy for Sustainability

One of PRs role under the third objective of the HIV/AIDS Program is to develop and implement a communication strategy aimed on improving the visibility of program’s activities and results with the purpose of raising awareness among national stakeholders and ensuring the program’s sustainability from domestic funds.

Advocacy Strategy

In order to design a realistic advocacy strategy and plan, two main consultation meetings were initiated and facilitated by RAA: one meeting for SR implementing activities of prevention, care and support for the vulnerable groups and another meeting designated to SRs implementing projects for the social and professional integration of YPLWHA. Another step initiated by RAA was to establish a so called “Group of Initiative”, consisted by representatives of several implementing organizations (SRs), able to initiate and sustain advocacy activities at national and/or local level.

At a first meeting held the 14th of December 2007 took part 8 representatives of NGOs (SRs) implementing activities and projects designated to vulnerable groups: CSWs, IDUs, MSM, street children and youngsters, Roma population, etc. The meeting was prepared and facilitated with the support of RAA consultant Mr. Codru Vrabie. Previous to the meeting, all the SRs were asked by PR to evaluate and to identify a number of difficulties estimated to occur in insuring the sustainability of the projects at the end of the GFATM Grant. Using this evaluation as a start point, the participants have been supported to design a problem-tree. This problem-tree established certain priorities of intervention and also generated an objective-tree, according to each identified problem. A similar meeting was held on the 24th of January, with the representatives of NGOs implementing programs for the social and professional integration of YPLWHA falling under Objective 2 of the Grant.

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4 Romania has already started an administrative reform that brings financial and decisional power to the local authorities and their representatives. Therefore the continuation of programs focused on the access of vulnerable population at prevention, care and support services can be considered as an issue to be raised by the community of NGOs implementing these programs (including PLWHA organizations), to the local authority. In respect of this idea local authorities were included among the main stakeholders and many of Round 6’s advocacy initiatives put in their centre of interest a local authority. Since the local budget is estimated and administrated by local authorities, HIV/AIDS prevention and support activities can be taken over gradually.

5 Mr. Codru Vrabie, specialist in public policies and dialogue, expert in advocacy for civil society.
The two “objective trees” resulted from the two meetings have finally took the form of a draft strategy. This draft elaborated by the PR included all the ideas, estimated difficulties, solutions, priority interventions, milestones, responsibilities, deadlines, targeted groups and authorities, advocacy instruments and partnerships as resulted during the discussions and meetings held with SRs. A final note was brought to the Strategy of Ensuring Program’s Sustainability at a general meeting of the group of intervention, at RAA headquarters, on 26th of June, when each area of intervention from HIV/AIDS Grant was presented, discussed and planned as an objective of advocacy and sustainability plan (the Strategy of Sustainability includes an operational plan).

Strategy’s main objective is to increase the coverage of services, to improve both the quality and the diversity of services, to support local and national strategies, as well as the legal and health policies related to HIV/AIDS.

According to its role defined in the operational plan of the Strategy, RAA already initiated several meetings with key stakeholders as Ministry of Public Health, The Public Health Authority, National Agency of Health Programs, Secretary of State; also a meeting was requested to the newly appointed General Mayor of Bucharest, Mr. Sorin Oprescu. PR’s initiatives regarding the sustainability are completing and supporting similar interventions initiated by SRs. A representative from PR took part to a significant number of advocacy meetings or other kind of discussions with stakeholders, with the purpose of ensuring funding for continuing the activities after the GFATM funding ends, at the same quality standards.

**Increasing the Program’s visibility**

RAA Foundation is committed to continue its efforts to increase the visibility of the program and to underline the strategic importance of GFATM funded programs, with the purpose on ensuring national commitment for continuing funding.

A public Romanian-English web-site [www.globalfund.ro](http://www.globalfund.ro) was developed in this respect and a bi-annual electronic newsletter is edited and submitted through the web-site. The web-site contains a large section dedicated to SRs, with updates, news and success stories from the field, resources, testimonials and photos illustrating the national effort in the fight against HIV/AIDS supported by the GFATM Grant. Although pretty new (launched in November 2007) the Round

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6 Additionally, once the Parliamentary holiday is ended, the PR will present the HIV/AIDS programs funded by the Global Fund to the members of the Health Commission of the Chamber of Deputies from the Romanian Parliament.
6 web-site managed to gain in short time a significant number of visitors from Romania and abroad (2,500 – 3,000 unique visitors / month).

The first number of the Newsletter – available in Romanian language only – highlighted the objectives and activities of the HIV/AIDS Round 6 Grant, brought some prevention interventions for vulnerable groups into the public interest and also brought a tough highlight on the pending of governmental co-funding for VAT issue.

10. **Securing the co-funding from the State budget for VAT**

At the time of Round 6 country proposal writing (summer 2006), the procurement of goods and services purchased from external funds such as the Global Fund, were exempted of VAT and also the NGOs could recover the VAT value at the end of the fiscal year. As soon as Romania joined EU, on January 1\(^{st}\) 2008, a new Fiscal Code was adopted and the old facilities for NGOs as the VAT recovery or exemption were excluded.

At the beginning of April 2007, RAA Foundation requested an meeting\(^7\) at the Ministry of Economy and Finance (MEF) in order to evaluate the possibility of re-covering the VAT value for the Round 6 programs. This meeting was attended by Mrs. Maria Kirova, GFATM Portfolio Manager, MOH – Round 2 PR and RAA’s representatives. The meeting was moderated by Mr. Catalin Doica, Secretary of State in MEF. As a result of this meeting, the recommendation made by Mr. Doica\(^8\) was that as long as the GFATM grants are focused on public health issued, the MOH should be the one to establish the legal framework for obtaining the necessary funds from the State budget in order to co-fund the VAT for the procurements made by RAA Foundation as Principal Recipient\(^9\).

Based on the principle of transparency and common efforts, in June 2007 RAA, backed up by CCM members as well as institutions and NGOs involved in implementing programs in HIV/AIDS and TB field, has submitted a Memorandum\(^10\), asking for an effective solution for the VAT co-funding for the Round 6 GFATM grants.

\(^7\) Official letter no 991/23th of March, 2007, sent by RAA to MEF  
\(^8\) Official letter no 51109 / 26\(^{th}\) of April, 2008 from MEF to RAA Foundation  
\(^9\) A similar legislative initiative was adopted for the Ministry of Health – as Principal Recipient of the Round 2 GFATM HIV/AIDS and TB Grants.  
\(^10\) Memorandum, reg no 1968 I / 28\(^{th}\) of June, 2007 from RAA and partners, sent to MOH and MEF
This Memorandum was sent both to MOH and MEF and copies of the document reached the Romanian President Secretariat and the Cabinet of Prime Minister, highlighting the main reasons about the necessity of governmental commitment in implementing and sustaining prevention and supportive interventions in health priority areas. After a month two official answers were received: one form MEF\(^{11}\) specifying that the clarification of this issue is MOH’s responsibility and one from MOH\(^{12}\). The last one mentioned that since this situation (the PR is an NGO and not a Governmental structure) it is necessary an adjustment of the existing legal framework. MOH’s solution for the VAT problem was the co-funding with VAT value from the State budget through MOH, for GF programs financed within Round 6. The framework of this co-financing should be based on the Governmental Ordinance that can establish the conditions of co-financing.

In order to elaborate this document, RAA Foundation and MOH had to work together and to support each other following the legal procedure, so that, the MOH’s answer was followed by several meetings between RAA and representatives from several Ministerial Departments: Budgets and External Financing, Integration and European Integration, Legal Assistance, etc. Putting altogether all the recommendations and suggestions, RAA elaborated a draft of Governmental Ordinance. The result, including all the documentation (project of Gov. Ordinance, Note of Foundation) was sent simultaneously to MOH and MEF\(^{13}\), for comments. Also, a draft of Memorandum of Understanding to be signed between MoH and RAA was sent by RAA for comments and approval of the Ministry of health. MOH operated several adjustments within the documents and thanks to the support of Mr. Vlad Iliescu, Secretary of State at MOH and at that time Chair of CCM, the document obtained by December 2007 approval from all interested departments of the MOH and has been proposed to be sent for approval by the Government by an emergency procedure.

Unfortunately the beginning of 2008 brought some changes in MOH structure, accordingly to the national sanitary reform. One of these changes was the replacement of the CCM Chair, so that Mr. Mircea Manuc, Secretary of State, was appointed as coordinator for GF programs in Romania and CCM Chair. The new Secretary of State considered that the legal basis regarding VAT co-funding was not properly documented and therefore asked all the supporting documentation, from the very beginning, including the GFATM Grant Agreements translated in

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\(^{11}\) Letter no 146064/2\(^{nd}\) of August, 2007 from MEF to RAA Foundation

\(^{12}\) Letter no EN 7257/27\(^{th}\) of August, 2007 from MOH to RAA Foundation

\(^{13}\) Letter no 3019 I / 30\(^{th}\) of October, 2007
Romanian, etc\textsuperscript{14}. The process of clarifying the VAT issue didn’t mark any progress for almost 6 months, from January till June 2008 and although this problem was included by RAA on the agenda of CCM meeting in March, no progress was mentioned in the absence of MoH’s support.

In \textbf{June 2008} RAA officially requested a meeting\textsuperscript{15} with Mr. Eugen Nicolaescu, the Ministry of Public Health. The meeting was scheduled in July 2008\textsuperscript{16}.

\textbf{Note:}

\textit{At the date of submission of this report (30\textsuperscript{th} September 2008), the Government Ordinance regarding the co-funding from Ministry of Health’s budget with the funds representing the value of VAT for the procurement from GFATM – R6 Grants implemented by Romanian Angel Appeal Foundation, was issued. (Government Emergency Ordinance No. 114/2008 published on “Monitorul Oficial” / Official Gazette issued 29 September 2008).}

The process took a very long time but once solved, it will definitely mark an important precedent for other NGOs implementing or coordinating implementation of programs of national interest, financed from external non-reimbursable funds.

\textsuperscript{14} Putting the procedure of Ordinance approval on hold, Mr. Manuc invoked the absence of the legal basement for programs implementation, since the CCM is not a legal entity and there were no updated /new National HIV/AIDS Strategy and TB Methodological Norms approved by Governmental acts.

\textsuperscript{15} Official request No. 1160 I / 30\textsuperscript{th} of June, 2008

\textsuperscript{16} The delegation included a legal expert from a partner law company, RAA’s General Manager and Financial Manager as well as 2 CCM Members (Executive Director of UNOPA and the Executive Director of the Centre of Policies and Health Services).
## 11. Summary of Key partnerships in reaching Program’s goals:

<table>
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<tr>
<th>Key Partner</th>
<th>Contribution to the Program</th>
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| UNAIDS                       | • On-going support in lobby activities re. ensuring program sustainability through increase of domestic funding  
                                 • Support in the organization of the SR’s selection                                                                                                               |
| UNDP                         | • Technical and financial support offered to RAA Foundation prior signing the Grant Agreement for the organization of the activity, including the development of the Operations Manual  
                                 • Support in procurement of health products                                                                                                                        |
| UNODC                        | • Support in the organization of the SR’s selection  
                                 • Support in lobby activities for the implementation of HIV/AIDS prevention activities in penitentiary system  
                                 • Support in lobby activities re. ensuring program sustainability through increase of domestic funding  
                                 • Technical and financial support (co-funding) for the planning and organization of the BSS studies among SWs and IDUs |
| UNFPA                        | • Support in procurement of condoms                                                                                                                                         |
| UNICEF                       | • Support in the organization of the SR’s selection                                                                                                                          |
| Trojan Company               | • Donation of 23,265 condoms to be used in prevention activities among vulnerable groups and YPLWHA                                                                       |
| JSI Research and Training Institute | • Donation of 192,000 condoms to be used in prevention activities among vulnerable groups and YPLWHA                                                                    |
| CCM members                  | • Support in the organization of the SR’s selection  
                                 • Endorsing the Memorandum re VAT issue and supporting RAA approach towards Ministry of Health  
                                 • On-going support in solving various bottlenecks in implementation                                                                                             |

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17 Special thanks to former CCM Chair - Prof. Vlad Iliescu for his constant support offered during his mandate; also special thanks to Mr. Eduard Petrescu (UNAIDS), Mr. Iulian Petre (UNOPA) and Dr. Dana Farcasanu (CHPS) for their active participation to the meetings with the Ministry of Health’s representatives.
### Key Partner | Contribution to the Program
--- | ---
The national M&E (ad-hoc) group | • Technical support for the planning and organization of BSS studies among SWs and IDUs