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2008

Russia

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Table 1: Overview**Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
PEPFAR COP Exec Summary Sept 24 2007.doc	application/msword	9/24/2007	Executive Summary Russia COP08	VBiryukova

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador Cover Letter_signed.pdf	application/pdf	9/24/2007	Ambassador Burns' letter	VBiryukova

Country Contacts

Contact Type	First Name	Last Name	Title	Email
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DOD In-Country Contact	Scott	Schaffer	Chief of ODC	schaffers@state.gov
HHS/CDC In-Country Contact	Chuck	Vitek	Country Director	cxv3@cdc.gov
USAID In-Country Contact	Cheri	Kamin	Health office Director	ckamin@usaid.gov
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Global Fund In-Country Representative	Dmitriy	Golyaev	Primary Recipient	goliaev@rhcf.ru

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	535	94,000	94,535
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	175	720	895
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	2,905	16,971	19,876
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	849	6,201	7,050
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	4,910	319,090	324,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	2,800	15,670	18,470
Human Resources for Health				
End of Plan Goal				
	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	1,535	102,450	103,985
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	192	828	1,020
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	2,337	19,010	21,347
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	412	388	800
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	5,210	348,790	354,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	3,080	17,237	20,317
Human Resources for Health				
End of Plan Goal				
	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HIV/AIDS Twinning Center Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8718.08
System ID: 8718
Planned Funding(\$): \$1,070,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: American International Health Alliance
New Partner: Yes

Mechanism Name: Street Children

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7152.08
System ID: 7542
Planned Funding(\$): \$680,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Doctors of the World
New Partner: No

Mechanism Name: Street Children

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7755.08
System ID: 7755
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: Doctors of the World
New Partner: No

Mechanism Name: Policy Analysis

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7790.08
System ID: 7790
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: Institute for Family Health
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Community-based outreach to MARPs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5712.08
System ID: 7738
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: International Federation of Red Cross and Red Crescent Societies
New Partner: No

Mechanism Name: Assistance to Russian Orphans

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5687.08
System ID: 7543
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: International Research and Exchange Board
New Partner: No

Sub-Partner: Stellit, St. Petersburg
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: National Foundation to Prevention of Cruelty to Children
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support

Mechanism Name: HIV prevention to high-risk groups

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7741.08
System ID: 7741
Planned Funding(\$): \$650,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: International Research and Exchange Board
New Partner: No

Sub-Partner: SANAM
Planned Funding: \$390
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: Healthy Russia 2020

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5688.08

System ID: 7544

Planned Funding(\$): \$1,000,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: FSA account

Prime Partner: Johns Hopkins University Bloomberg School of Public Health

New Partner: No

Sub-Partner: Project HOPE

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Youth Against Drugs, Orenburg

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Healthy Future, St. Pete

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Healthy Russia Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Bureau on Drug Addiction, Orenburg

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVOP - Condoms and Other Prevention

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
05-HVOP	10998.08	Johns Hopkins University, in partnership with the Healthy Russia Foundation (HRF), is a key partner implementing prevention activities among vulnerable youth. HRF will continue to reach high-risk youth through vocational schools, children's homes, youth clubs, and summer camps for disadvantaged children in the focus regions of Orenburg and St. Petersburg. Mission would like to request \$500,000 to cover HRF's program costs through 4/30/2008.	\$500,000	\$800,000

Mechanism Name: Healthy Russia 2020

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8554.08

System ID: 8554

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Johns Hopkins University Bloomberg School of Public Health

New Partner: No

Mechanism Name: Three Ones Strategy

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7744.08

System ID: 7744

Planned Funding(\$): \$500,000

Procurement/Assistance Instrument: Grant

Agency: U.S. Agency for International Development

Funding Source: FSA account

Prime Partner: Joint United Nations Program on HIV/AIDS

New Partner: No

Mechanism Name: HIV Treatment and Care Partnership

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8124.08

System ID: 8124

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HIV Prevention to MARPs

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5683.08

System ID: 7545

Planned Funding(\$): \$2,332,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: FSA account

Prime Partner: Population Services International

New Partner: No

Sub-Partner: University Research Corporation, LLC

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Drug Prevention Center, St. Petersburg

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Humanitarian Action, St. Petersburg

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Stellit, St. Petersburg

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Positive Initiative

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Alternative, Orsk

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Parents Against Drugs, Orsk

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Sub-Partner: New Generation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Sephim Vyritskiy Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: N/A
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Youth Consultation of St. Petersburg
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8687.08
System ID: 8687
Planned Funding(\$): \$210,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: QED Group, LLC
New Partner: Yes

Mechanism Name: HIV/AIDS Policy Advocacy

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5685.08
System ID: 7546
Planned Funding(\$): \$650,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: Transatlantic Partners Against AIDS
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: FBO Palliative Care and Prevention

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3955.08

System ID: 7739

Planned Funding(\$): \$470,000

Procurement/Assistance Instrument: Grant

Agency: U.S. Agency for International Development

Funding Source: FSA account

Prime Partner: United Nations Development Programme

New Partner: No

Sub-Partner: Russian Orthodox Sisters of Mercy, Moscow

Planned Funding: \$66,840

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Na Rusi

Planned Funding: \$85,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Christian Interchurch Diaconal Council

Planned Funding: \$84,540

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Russian Orthodoxy Charity Fund

Planned Funding: \$63,728

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Souchstie Informational Education Center

Planned Funding: \$66,840

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Substance Abuse treatment & prevention to IDUs

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5689.08

System ID: 7547

Planned Funding(\$): \$600,000

Procurement/Assistance Instrument: Grant

Agency: U.S. Agency for International Development

Funding Source: FSA account

Prime Partner: United Nations Office on Drugs and Crime

New Partner: No

Sub-Partner: Bureau on Drug Addiction, Orenburg

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Civil Will

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: New Life

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: Quality Assurance in Treatment and Care

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7754.08

System ID: 7754

Planned Funding(\$): \$1,300,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: FSA account

Prime Partner: University Research Company

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9483.08
System ID: 9483
Planned Funding(\$): \$44,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: FSN&PSC Staff

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3873.08
System ID: 7895
Planned Funding(\$): \$251,860
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: US Agency for International Development
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	6113.08	USAID has two full-time FSN professionals, one quarter-time senior FSN, one half-time health professional (shared with CDC), one quarter-time FSN driver and one half-time budget person. USAID-supported activities include enhancing the GOR's public health response, HIV/AIDS prevention, treatment, care and support focused on MARPs, outreach to the faith based community, HIV/AIDS policy, diagnosis and treatment of co-infections and other related infectious diseases (ID), drug use prevention programs and "wrap around" programs in reproductive health, TB, vulnerable youth and child welfare. Mission would like to request \$150,000 to cover management and staffing costs through 4/30/2008.	\$150,000	\$251,860

Mechanism Name: ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6021.08
System ID: 7896
Planned Funding(\$): \$51,340
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: IRM tax

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6022.08
System ID: 7897
Planned Funding(\$): \$34,800
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: FSA account
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6024.08
System ID: 7549
Planned Funding(\$): \$34,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: HIV/AIDS Disease Surveillance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7788.08
System ID: 7788
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6023.08
System ID: 7548
Planned Funding(\$): \$52,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Staff

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6031.08
System ID: 7550
Planned Funding(\$): \$414,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	12031.08	CDC has a senior DH medical epidemiologist based in Moscow and ¾ FTE LES. CDC-supported activities include strategic information (SI) and PMTCT, while also providing technical support to other members of the country team, GOR, and international partners (UNAIDS, WHO). Mission would like to request early funding of \$285,000 to cover CDC operations costs through 4/30/2008.	\$285,000	\$414,000

Mechanism Name: Staff

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8265.08
System ID: 8265
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: HIV Prevention in military

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4032.08
System ID: 7553
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: US Centers for Disease Control and Prevention/SI

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7086.08

System ID: 7551

Planned Funding(\$): \$706,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: World Health Organization

New Partner: No

Sub-Partner: Stellit, St. Petersburg

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVSI - Strategic Information

Sub-Partner: N/A

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVSI - Strategic Information

Mechanism Name: Channeling Hope project

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7743.08

System ID: 7743

Planned Funding(\$): \$350,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: World Vision International

New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5687.08	7543	International Reseach and Exchange Board	U.S. Agency for International Development	FSA account	National Foundation to Prevention of Cruelty to Children	N	\$0
5687.08	7543	International Reseach and Exchange Board	U.S. Agency for International Development	FSA account	Stellit, St. Petersburg	N	\$0
7741.08	7741	International Reseach and Exchange Board	U.S. Agency for International Development	GHCS (State)	SANAM	N	\$390
5688.08	7544	Johns Hopkins University Bloomberg School of Public Health	U.S. Agency for International Development	FSA account	Bureau on Drug Addiction, Orenburg	N	\$0
5688.08	7544	Johns Hopkins University Bloomberg School of Public Health	U.S. Agency for International Development	FSA account	Healthy Future, St. Pete	N	\$0
5688.08	7544	Johns Hopkins University Bloomberg School of Public Health	U.S. Agency for International Development	FSA account	Healthy Russia Foundation	N	\$0
5688.08	7544	Johns Hopkins University Bloomberg School of Public Health	U.S. Agency for International Development	FSA account	Project HOPE	N	\$0
5688.08	7544	Johns Hopkins University Bloomberg School of Public Health	U.S. Agency for International Development	FSA account	Youth Against Drugs, Orenburg	N	\$0
5683.08	7545	Population Services International	U.S. Agency for International Development	FSA account	Alternative, Orsk	N	\$0
5683.08	7545	Population Services International	U.S. Agency for International Development	FSA account	Drug Prevention Center, St. Petersburg	N	\$0
5683.08	7545	Population Services International	U.S. Agency for International Development	FSA account	Humanitarian Action, St. Petersburg	N	\$0
5683.08	7545	Population Services International	U.S. Agency for International Development	FSA account	New Generation	N	\$0
5683.08	7545	Population Services International	U.S. Agency for International Development	FSA account	Parents Against Drugs, Orsk	N	\$0
5683.08	7545	Population Services International	U.S. Agency for International Development	FSA account	Positive Initiative	N	\$0
5683.08	7545	Population Services International	U.S. Agency for International Development	FSA account	Sephim Vyritskiy Foundation	N	\$0
5683.08	7545	Population Services International	U.S. Agency for International Development	FSA account	Stellit, St. Petersburg	N	\$0
5683.08	7545	Population Services International	U.S. Agency for International Development	FSA account	University Research Corporation, LLC	N	\$0
5683.08	7545	Population Services International	U.S. Agency for International Development	FSA account	Youth Consultation of St. Petersburg	N	\$0
3955.08	7739	United Nations Development Programme	U.S. Agency for International Development	FSA account	Christian Interchurch Diaconal Council	N	\$84,540
3955.08	7739	United Nations Development Programme	U.S. Agency for International Development	FSA account	Na Rusi	N	\$85,000
3955.08	7739	United Nations Development Programme	U.S. Agency for International Development	FSA account	Russian Orthodox Sisters of Mercy, Moscow	N	\$66,840
3955.08	7739	United Nations Development Programme	U.S. Agency for International Development	FSA account	Russian Orthodoxy Charity Fund	N	\$63,728
3955.08	7739	United Nations Development Programme	U.S. Agency for International Development	FSA account	Souchstie Informational Education Center	N	\$66,840
5689.08	7547	United Nations Office on Drugs and Crime	U.S. Agency for International Development	FSA account	Bureau on Drug Addiction, Orenburg	N	\$0
5689.08	7547	United Nations Office on Drugs and Crime	U.S. Agency for International Development	FSA account	Civil Will	N	\$0
5689.08	7547	United Nations Office on Drugs and Crime	U.S. Agency for International Development	FSA account	New Life	N	\$0
7086.08	7551	World Health Organization	HHS/Centers for Disease Control & Prevention	GHCS (State)	Stellit, St. Petersburg	N	\$0

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

With a rapid increase in the HIV epidemic and an increasing proportion cases among women, Russia's incidence of mother-to-child transmission (MTCT) of HIV has increased dramatically over the last 5 years. The proportion of women among newly registered HIV cases nearly doubled nationally since 2001 (from 24% to 44% in 2006). Almost all HIV+ women are of reproductive age, and HIV prevalence among pregnant women is 0.4% and 0.5% among women who give birth (MOHSD). In 5 highly affected regions (including USG Russia PEPFAR focus regions St. Petersburg and Orenburg), HIV prevalence in pregnant women is over 1%. Among women without antenatal care (ANC), rates of HIV infection are much higher than in the general population.. Cumulatively, 33,844 HIV-exposed babies were born as of January 2007 (MOHSD). In 2006, there were 11,827 registered HIV+ pregnant women and 6,938 HIV-exposed infants. In 2006, approximately 600 HIV-exposed infants were born in St. Petersburg and Orenburg.

In some clinics in cities such as Moscow, St. Petersburg, and Ekaterinburg the quality of PMTCT programs corresponds with international standards, while in the rural regions it is often poor. All women legally have free access to PMTCT services and all registered HIV+ women are offered PMTCT prophylaxis during pregnancy/delivery. However, only 61% of women received all three components of PMTCT prophylaxis. In some instances, access to the existing PMTCT system is limited by social barriers, as many HIV+ women are from marginalized groups, including IDUs and sex workers (SWs). In 2006, 16.7% of HIV+ women who gave birth did not access ANC during their pregnancy.

Widespread implementation of the national PMTCT guidelines has reduced the MTCT rate in Russia to approximately 8% in 2005 - 2006 birth cohorts (from a high of 19.3% in 2000). This figure, however, is not adjusted for the proportion of infants born to HIV+ mothers who are lost to follow-up (see below).

After delivery, limited utilization of services by many HIV+ women results in significant loss to follow-up of HIV-exposed children. One small study found approximately 30% of children born to HIV+ mothers were lost to follow-up. In St. Petersburg, there are more than 700 such children with unknown vital and HIV status, but this proportion is decreasing, associated temporally with USG-supported pilot programs which are improving social services to HIV+ mothers (see "palliative care"). Approximately 5% of children born to HIV+ women in Russia in 2006 were abandoned to the state. In St. Petersburg, infant abandonment rates have been extremely high among HIV+ women without ANC (approximately 50%). Unmet family planning (FP) needs and the delay in establishment of HIV status of infants (at >18 months currently) are major contributors to child abandonment among HIV+ women. Improved FP will also help limit the number of HIV-exposed children: a reproductive health study among HIV infected women in 8 regions found that 54% of postpartum women said the current pregnancy was unplanned; 55% wanted no more children; and only 56% of clients received FP counseling from health providers.

USG Russia's limited PMTCT funds are programmed to address gaps, complement resources from other international donors and the GOR, and create model programs which can be scaled up. GFATM Round 3 provides ART to 2,000 women living with AIDS in 10 regions of Russia under the PMTCT+ component; GFATM Round 4 and the World Bank loan program also provide training and technical assistance (TA) to the GOR on PMTCT. The GOR considers PMTCT one of its highest priorities under the National Health Project (NHP); this helps foster sustainability and leverage funds. For the first time, USG partner JSI won a GOR grant (\$755,000) to implement the PMTCT guidelines developed with USG support in 17 regions. In addition, the GOR NHP awarded a \$340,000 grant to the St. Petersburg Medical Academy of Postgraduate Studies (MAPS) to roll out the PMTCT curriculum, developed with USG support, to medical schools in all 7 federal districts of the Russian Federation in 2007. The curriculum and materials used for the roll-out were developed by the USG-supported WHO/CDC PMTCT training course adapted for Russia by AIHA. Ust-Izhora pediatric hospital in St. Petersburg plans to use AIHA-developed assessment tool to develop medico-social recommendations for care for children born to HIV+ women as part of the NHP grant.

In 2006-7, USG Russia PMTCT resources complemented GOR efforts to reach and provide follow-up care for families affected by AIDS by improving coordination of PMTCT activities at the municipal level (for more see 2006 APR). In the wrap-around PMTCT

program in St. Petersburg, implemented by Elizabeth Glazer Foundation with CDC support, 80% of high-risk women were tested for HIV using rapid tests and 98% of HIV-exposed infants received nevirapine. CDC also developed recommendations on the enhanced perinatal monitoring system. Through USAID FP activities, USG partners helped develop National PMTCT Guidelines which were disseminated nationwide in cooperation with UNICEF. Targeted TA provided by URC/AIHA to providers in St. Petersburg improved coordination and quality of PMTCT and social support services to HIV+ mothers and their children with a focus on IDUs. Health professionals from all key institutions and NGOs were trained by URC/AIHA to develop comprehensive action plans on improving PMTCT services. USG will continue to roll-out its PMTCT program in Orenburg Oblast. Additional trainings for local staff will be provided with involvement of the Russian faculty from Orenburg and St. Petersburg and the PMTCT database developed with USG support will be installed in all roll-out sites. Based on the recent assessment, training seminars will address the need to train nurses and social workers in PMTCT care.

In FY 2008, in Orenburg Oblast, the USG will continue to improve coordination of PMTCT-related services. Improved follow-up services for HIV+ women will also facilitate entry of HIV+ mothers into HIV/AIDS treatment and care (see "Palliative Care"). USG will continue to provide TA to Orenburg Oblast to improve the quality of PMTCT services and reduce the rate of MTCT. PMTCT working groups meetings will be held in the city and roll-out sites to discuss progress on reducing MTCT, analyze data from the PMTCT database and use these data to further improve decision-making to address remaining barriers in PMTCT.

URC will continue providing TA in St. Petersburg and other regions to improve PMTCT-related counseling and testing, infant feeding, and FP counseling for IDUs, and enhance collaboration among health and social service providers. USG Russia support will also enable URC to establish a system of regular information exchange among staff from government and NGO sectors providing antenatal and postnatal care for HIV+ women, thereby facilitating institutionalization of PMTCT services and prevention for HIV-exposed infants (see "palliative care" section). With FY08 funds, the USG will also develop a pilot program in Orenburg to improve ARV coverage among HIV+ pregnant women antenatally using 1) outreach to increase the proportion of HIV+ women accessing PMTCT; 2) rapid tests in ANC to decrease diagnostic delay; and 3) improved social services to link HIV+ pregnant women to care and support treatment adherence. The first and third components of this pilot will be funded under "palliative care". The same PMTCT curriculum developed with USG support will be updated by integrating a new module targeting IDUs. FY08 funds to support incorporation of the results of CDC's pilot of rapid HIV tests in ANC into existing PMTCT guideline are budgeted under the "policy" program area (see "Policy/Systems Strengthening" for additional details).

CDC's continued work with the Federal Pediatric AIDS Center (FPAC) to further improve early pediatric AIDS diagnosis by introducing policies on PCR-based technologies to establish the infection status of exposed infants before 18 months of age and prevent unnecessary social isolation of children. In partnership with UNICEF, CDC will assist the FPAC to increase its capacity to disseminate information on the latest pediatric diagnosis technologies to health care facilities throughout Russia.

Non-PEPFAR USG funds have also contributed to improving PMTCT in FY 2006-7 through developing National PMTCT Guidelines and National Guidelines on Reproductive Health of HIV+ women. These guidelines have been included as key documents under the NHP and distributed country-wide. In FY08, USG-funded FP activities will continue educating healthcare professionals on PMTCT and effective and safe FP practices. With FP funds, CDC has recently initiated an important study to improve the quality and acceptability of FP/RH services for HIV+ women. Upon MOHSD approval, the FP guidelines for HIV+ women will be available for use in USG program sites and wider dissemination in the country. The Maternal Child Health Initiative also complements PEPFAR-funded activities, by focusing on integrating FP and reproductive health into STI, HIV and narcological services in ten regions, including Orenburg. The USG program has leveraged additional funding to foster sustainability. For example, through a GDA grant, the USG is supporting a public-private partnership in St. Petersburg to better serve HIV+ mothers and their children and link them to HIV/AIDS treatment and care (see "Palliative Care").

Products/Outputs:

- PMTCT database scaled up to 8 additional regions with GF support
- Pilot to improve ARV coverage among HIV+ pregnant women developed in Orenburg Oblast

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	36
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1535
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	192
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	198

Custom Targets:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5687.08

Mechanism: Assistance to Russian Orphans

Prime Partner: International Research and Exchange Board

USG Agency: U.S. Agency for International Development

Funding Source: FSA account

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 17424.08

Planned Funds: \$0

Activity System ID: 17424

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Recent data shows Russia's HIV incidence is increasing. Heterosexual transmission is more common and 44% of newly registered cases were among women in 2006. However, overall data still suggest that the epidemic is concentrated within most at risk populations (MARPs) and their partners (IDUs, SWs, MSM, prisoners), including high-risk youth (street youth, youth in training schools and disadvantaged youth). A 2006 CDC study found 37% HIV prevalence among street youth in St. Petersburg. Large populations of vulnerable youth - including orphans, students of polytechnic universities (PTUs) and adolescents from dysfunctional families - demonstrate risky behavior which places them at higher risk for STIs, including HIV: the GOR estimates that 4M teenagers have used drugs; the average age of drug users has fallen, addiction rates among young people are 2.5 times higher than among adults (BMJ, 2005) and one quarter of teenagers use alcohol (Russian Longitudinal Monitoring Survey (RLMS), 2006). Despite the significant need for prevention programs to reduce HIV transmission in high-risk populations, GOR resources focus predominately on treatment and care, with only 5% of the 2007 national HIV/AIDS budget targeting prevention. The Global Fund and other donors such as USAID have filled this gap. USG Russia focuses prevention efforts on MARPs and high-risk youth. With FY08 funds, USG partners will reach approximately 15,000 vulnerable youth with AB messages, integrated with substance abuse prevention and information and education about condoms, as appropriate.

There are high levels of sexual activity and substance abuse, including alcohol, among Russian youth. Thus, USG Russia's AB programming supports the AB component of comprehensive ABC and ABCD programs for vulnerable youth. [Prevention activities with adult MARPs integrate risk awareness around multiple, concurrent partnerships and condom use with regular partners, but are funded through C&OP.] The average age of sexual debut among 14-20 year olds is 15.9, and among this age group, 43% did not use a condom the last time they had sex (RLMS). Risky behaviors are most common among street youth and youth in training schools. CDC's study among street youth in St. Petersburg found over 50% seroprevalence among those who had ever lived in an orphanage or exchanged sex. USG-supported studies in Orenburg found that 21% of at-risk youth consume alcohol several times a week and 16% use non-injectable drugs. USG Russia support for vulnerable youth, therefore, focuses on programs for street youth, youth in training schools (such as PTUs; and those residing in orphanages and/or drop-in centers) and disadvantaged youth (from poor families and those in areas with high HIV prevalence). To address the unique needs of at-risk youth, USG Russia programs emphasize a comprehensive package of services that includes: outreach; peer educators' training; seminars; educational and entertainment events; distribution of IEC materials; referrals to relevant medical and psychological services, including VCT; comprehensive ABC programming and substance (including alcohol) abuse prevention (see C&OP) in the PEPFAR focus regions of St. Petersburg and Orenburg. Faith-based organizations (FBOs) are an important partner in AB prevention activities among youth.

PSI's PreventAIDS, one of USG Russia's primary implementers of peer-driven interventions, integrates AB messages into

comprehensive ABCD activities targeting youth age 16-20 in PTUs in St. Petersburg's Admiralteyski District (population 200,000). In partnership with a local FBO, PSI piloted an after-school program for youth age 15 and younger to deliver AB messages, reaching 600 youth. The pilot will be scaled up to additional districts of St. Petersburg with FY08 funds. Through youth centers in the St. Petersburg region, PSI will continue to reach vulnerable youth and parents with AB messages as part of an integrated package of ABC prevention and substance abuse prevention (see C/OP). Approximately 4,000 youth participated in PSI's comprehensive ABCD activities last year. In FY08, PSI will expand AB activities targeting vulnerable youth in summer camps, youth centers, and vocational schools to additional districts within St. Petersburg. In Orenburg Oblast, where PSI began work in FY07, they will build capacity among several new sub-partners, including FBOs, to implement a comprehensive ABC, peer-driven approach in several small cities in the region.

Another major partner in vulnerable youth programming, JHU's Healthy Russia 2020 (HR2020), implements an ABC approach through peer-to-peer programs with youth clubs, summer camps for disadvantaged youth and community outreach. With FY08 funds, HR2020 will continue to promote AB messages within an integrated package of ABC prevention (see C/OP). Last year, 65 peer educators trained 1,154 youth through the program's region-wide cascade training program, who in turn reached a total of 21,513 youth. With FY08 funds, HR2020 will expand services to more than 8 cities in Orenburg, training 20 new peer educators and reaching 4,800 youth. HR2020 will conduct peer education sessions, support messages through drama and role-play activities and host peer educator contests to engage youth in AB (as well as ABCD) messages.

The Doctors of the World (DOW) program, reaching street youth, will provide a comprehensive prevention program, but will tailor AB messages to younger client to include messages on delaying sexual debut and reducing the number of partners. With FY07 funds, DOW will begin prevention programs in St. Petersburg by building on its non-PEPFAR funded drop-in centers for at-risk youth and mobile outreach teams. In FY08, AB support will enable DOW to integrate AB messages into this program. USAID will continue to monitor innovative approaches to help achieve fuller coverage within the target areas and serve as models for GF partners in other regions.

Last year, a USG-supported study (with CDC and IREX) on PTU students' attitudes toward contraception and HIV testing identified potential partners for AB programs in St. Petersburg. In FY08, ARO/IREX will target orphanage alumni in vocational schools, reaching 600 youth. Activities will focus on a client-oriented AB prevention program including outreach and peer education, and will be part of a more comprehensive program on ABC messages. A TOT component will strengthen the capacity of providers working at these PTUs to address AB prevention. The program will also include a social adaptation and community integration model which the USG team anticipates may be replicated in Orenburg.

The USG Russia program has built strong partnerships with FBOs, particularly the Russian Orthodox Church (ROC), to promote AB prevention. Although support for FBOs' role in HIV/AIDS prevention is an important component of the USG Russia strategy, this area is under-funded due to FY08 budget cuts. With plus-up funds, UNDP and WV could support additional FBOs in St. Petersburg and Orenburg to engage in HIV prevention activities with at-risk youth. The limited amount of FY08 funds will continue to engage FBOs to scale-up effective HIV/AIDS prevention activities and strengthen the capacity of religious organizations to serve as leaders in the community to support AB messages combined with reduced stigma and discrimination targeting vulnerable youth. USG Russia partner World Vision (WV) developed two methodologies to partner with the ROC and other faith leaders: Channels of Hope (emphasizing training of faith and community leaders) and ARK (Abstinence and Risk Avoidance program, a curriculum for youth AB-based peer education sessions). UNDP and WV collaborate to lead a multidisciplinary technical working group to tailor these approaches to various religious and professional audiences and implement a series of TOTs. With FY08 support, WV will target the FBOs' network of facilities, health providers, parents, parishioners, and peer educators to strengthen counseling skills and implement community-based AB prevention programs in St. Petersburg and Orenburg. The program will include 3 consecutive steps: 1) mobilizing the faith community and its leaders for promoting AB; 2) promoting AB for risk avoidance and vulnerability reduction among targeted youth; and 3) establishing an enabling environment for youth to adopt and maintain healthy sexual behaviors. FY08 funds will support UNDP to develop an HIV prevention educational program for at-risk youth (aged 14-15) focusing on AB behavioral change. Once approved at the federal level, this program will be scaled up to complement existing school-based programs.

USAID conducts coordinating sessions among implementing partners to share existing research and map interventions to achieve fuller coverage and avoid duplication. Sustainability is built into USG-supported activities by engaging Russian experts in the design of AB programs, and by building in TOT components.

Other donors engaged in AB prevention programs include UNICEF, which through USG funds established youth-friendly clinics in several regions – including St. Petersburg – and non-PEPFAR regions to increase youth's access to care. UNESCO will work with the MOE to develop and disseminate AB messages within curriculum for high schools. Municipalities including Moscow have launched mass media campaigns and youth camps for high risk youth to build self esteem and to delay onset of sexual activity. In Leningrad oblast, juvenile prisoners are taught vocational skills and sports; GFATM is expanding these prison programs.

Products/Outputs:

- A unified AB prevention curriculum for priests and FBOs developed in collaboration with the ROC, WV and UNDP
- An AB prevention curriculum targeting alumni of orphanages developed and piloted in St. Petersburg

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	18339
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	540

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7755.08 **Mechanism:** Street Children
Prime Partner: Doctors of the World **USG Agency:** U.S. Agency for International Development
Funding Source: FSA account **Program Area:** Abstinence and Be Faithful Programs
Budget Code: HVAB **Program Area Code:** 02
Activity ID: 17426.08 **Planned Funds:** \$0
Activity System ID: 17426
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5687.08 **Mechanism:** Assistance to Russian Orphans
Prime Partner: International Reseach and Exchange Board **USG Agency:** U.S. Agency for International Development
Funding Source: FSA account **Program Area:** Abstinence and Be Faithful Programs
Budget Code: HVAB **Program Area Code:** 02
Activity ID: 11019.08 **Planned Funds:** \$0
Activity System ID: 16786
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11019
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11019	11019.07	U.S. Agency for International Development	International Reseach and Exchange Board	5687	5687.07	HIV Prevention to youth	\$200,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5683.08 **Mechanism:** HIV Prevention to MARPs
Prime Partner: Population Services International **USG Agency:** U.S. Agency for International Development

Funding Source: FSA account

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 11017.08

Planned Funds: \$0

Activity System ID: 16790

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11017

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11017	11017.07	U.S. Agency for International Development	Population Services International	5683	5683.07	HIV Prevention to MARPs	\$50,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5688.08

Mechanism: Healthy Russia 2020

Prime Partner: Johns Hopkins University
Bloomberg School of Public Health

USG Agency: U.S. Agency for International Development

Funding Source: FSA account

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 16888.08

Planned Funds: \$0

Activity System ID: 16888

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3955.08

Mechanism: FBO Palliative Care and Prevention

Prime Partner: United Nations Development Programme

USG Agency: U.S. Agency for International Development

Funding Source: FSA account

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 11002.08

Planned Funds: \$0

Activity System ID: 17379

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11002

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11002	11002.07	U.S. Agency for International Development	United Nations Development Programme	5693	3955.07	FBO Palliative Care and Prevention	\$50,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7743.08

Mechanism: Channeling Hope project

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 17399.08

Planned Funds: \$0

Activity System ID: 17399

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$5,092,000

Amount of total Other Prevention funding which is used to work with IDUs	\$2,400,000
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Russia's HIV incidence is increasing, with 40,000 new cases registered in 2006. Heterosexual transmission is growing, and 44% of newly registered cases in 2006 were women. The epidemic remains concentrated within MARPs (IDUs, SWs, MSM, prisoners, and military) and their partners, and high-risk youth (street children, youth in technical schools and disadvantaged youth). HIV prevalence among IDUs in St. Petersburg is 16%-51%, and 48% among SWs injecting drugs (UNAIDS, 2005). In Orenburg, HIV prevalence among IDUs and SWs was 58% and 22%, respectively (GLOBUS, 2005). An estimated 6,000 active duty conscripts are HIV+ (Holachek, 2006) and 4.5% of prisoners are HIV+ (Ministry of Justice). In St. Petersburg, 37% of street youth tested HIV+ and >50% seroprevalence was found among those who had lived in an orphanage or exchanged sex (CDC, 2005). Coverage of MARPs by HIV prevention activities is low (5% of IDUs and 16% of SWs, UNAIDS, 2007), and prevention accounts for 5% of the 2007 national HIV/AIDS budget.

Given the low coverage of - and transmission among - MARPs, USG Russia prioritizes prevention among IDUs, SWs and vulnerable youth in the PEPFAR focus regions, St. Petersburg and Orenburg. Limited data around growing heterosexual and female transmission suggest that many cases occur among IDUs' partners (see SI). Drawing on emerging data such as WHO's survey on transmission among HIV+ pregnant women, the USG program will address IDUs' partners and SWs' clients and regular partners in FY08. USG's limited support for MSM activities will focus on MSM engaged in sex work, as the GFATM targets MSM in 10 regions. USG Russia also supports prevention for pre- and post-release prisoners, and continues to promote a prevention program with the military. USG Russia reinforces but does not fund condom procurement or social marketing, as the private sector and GFATM meet this need (GFATM supports a \$19M condom social marketing program in 10 regions). USG activities are complemented by harm reduction among IDUs through GFATM Rounds 3 and 5.

Prevention among HIV+ IDUs is an important part of the USG program (see Palliative Care). USG Russia partners PSI (PreventAIDS) and JHU (Healthy Russia 2020) support a comprehensive package of services for IDUs and their partners, including: community-based outreach in high prevalence areas, comprehensive prevention programming (including condom education and provision), case management (CM), substance abuse prevention, referrals to VCT, drug abuse treatment and STI services.

In FY08, PSI will expand community outreach among IDUs in St. Petersburg, increasing efforts to reach IDUs' partners and improve referrals. In Orenburg, PSI will launch outreach for IDUs using peer-driven interventions (PDI), including street and venue-based outreach, IEC materials and a hotline providing counseling on drug abuse and HIV. PSI will expand CM services, developing HIV prevention plans for high-risk clients. For HIV+ CM clients, PSI will focus on changing risk behaviors to prevent HIV transmission and referrals to treatment and care. These activities will build on PSI's FY07 success: 7,941 IDUs in St. Petersburg reached using PDI; 1,439 clients recruited into CM through peer education; and 7,161 clients reached through the hotline. In FY08, Healthy Russia 2020 (HR2020) will expand an integrated substance abuse treatment program for IDUs in Orenburg, scaling up a model piloted in FY07. The 1 year treatment program provides free detoxification, inpatient and outpatient services without federal registration, thereby reducing a barrier to drug treatment. As part of this program, HR2020 partners with local NGOs to provide outreach, counseling on HIV prevention and substance abuse, and CM for approximately 100 IDUs. In FY08, the pilot will be evaluated and expanded to reach an additional 250 IDUs. HR2020 will adapt UNODC's severity index to use with narcological clinic clients.

Another major strategic focus of USG Russia is HIV prevention with SWs, including MSM engaged in transactional sex. PSI and SANAM support a comprehensive package of services, including: outreach among street-based SWs (many of whom are migrants in some regions), peer education, comprehensive HIV prevention counseling (including the risk of multiple sexual partners and condom information), referral to VCT, CM, substance abuse prevention, and improved access to STI/HIV diagnosis and treatment. In FY08, PSI will launch outreach for SWs in Orenburg, including SWs' clients, and continue outreach to SWs and clients in St. Petersburg, which reached 3,544 SWs in FY06-07. To expand coverage of MARPs with HIV prevention, PSI will identify new venues to reach these populations, including trucking routes. In FY07, SANAM reached 7,000 SWs in Moscow, providing IEC, condoms, and cards referring clients to SANAM's clinic, where 850 SWs, including 45 MSM, received STI/HIV diagnosis. Drawing on this experience in FY08, SANAM will build the outreach capacity of nascent NGOs targeting SWs and MSMs in Orenburg, strengthen links with service provision, and provide TA to prepare government health care providers to serve MARPs. In Orenburg, PSI and SANAM collaborate: PSI supports the NGO-implemented outreach program for SWs and SANAM provides TA to establish low threshold services for MARPs. At the GOR's request, CDC will survey HIV prevalence among MSMs.

In FY08, USG Russia will continue to target prisoners in Orenburg and St. Petersburg through UNODC and IFRC. UNODC will expand HIV prevention activities targeting prisoners upon release with activities including peer-to-peer counseling for IDUs and PLWA. Last year, UNODC reached 1,200 prisoners. IFRC will reach prisoners in "pre-detention" facilities and colonies, training prison medical staff and inmates to deliver HIV prevention messages using peer-to-peer techniques (see CT). Implementers will address differing needs of male and female prisoners (females may be more at risk upon release).

Building on activities planned in partnership with DOD and MOD last year, FY08 funds will support a prevention seminar and will be poised to scale-up an HIV prevention program among the military with the approval of local authorities.

Another major strategic focus of USG Russia is vulnerable youth at risk for HIV because of unsafe sexual behaviors and widespread substance abuse: 4M Russian teens have used drugs, the average age of drug users has fallen, addiction rates

among youth are 2.5 times higher than among adults (BMJ, 2005) and 25% of teens use alcohol (RLMS, 2006). USG Russia partners PSI, HR2020, Doctors of the World (DOW), IREX and World Vision (WV) support a comprehensive package of services that includes: outreach; peer educators' training; seminars; educational and entertainment events; distribution of IEC materials; referrals to medical and psychological services, including VCT; comprehensive ABC programming (including condom education and provision) and substance (including alcohol) abuse prevention (see AB).

In FY08, to address youth's barriers to services and build on adults' protective influence, a SAMHSA-supported family therapy treatment program will be integrated into rural youth drop-in centers in the focus regions. This program will enhance services provided at PSI's youth centers through psychosocial counseling for drug use and drug addiction recovery programs. PSI will reach high-risk youth in St. Petersburg and Orenburg with seminars, distribution of IEC materials and referrals to services, building on its success reaching approximately 4000 youth in FY06-FY07. HR2020 will train 370 peer educators in the focus regions, who in turn will reach over 20,000 high-risk youth through vocational schools, children's homes, youth clubs, and summer camps for disadvantaged children. HR2020 will roll out peer education activities for youth aged 15-17 in 7 new rural cities in Orenburg, introducing new methods of motivational risk reduction, negotiation skills, healthy lifestyles, peer pressure, substance abuse prevention, referrals for medically-supervised detoxification, VCT, social reintegration, and stigma reduction. Wraparound funds from the Bureau of International Narcotics and Law Enforcement Affairs (INL) support HR2020's healthy lifestyle peer-to-peer programs in 2 regions (Irkutsk and Sakhalin), in addition to Orenburg working with the local Red Cross. DOW builds on non-PEPFAR activities – drop-in centers for at-risk youth and mobile outreach teams – to pilot behavior change communication and PDI among street and at-risk youth in St. Petersburg. In FY08, DOW will expand to additional districts in St. Petersburg and link to a pilot hostel for HIV+ youth (see Palliative Care).

In FY08, engaging the faith-based community in HIV prevention will continue to be a major focus. WV will engage Russian Orthodox Church (ROC) leaders, congregation activists and social workers, complementing its AB focus with substance abuse prevention targeting vulnerable youth in vocational schools, drop-in centers and orphanages. Building on its AB program targeting institutionalized youth, IREX/ARO will develop a substance abuse prevention module to complement on-going HIV prevention activities, including referrals to youth-friendly health facilities. UNDP will strengthen FBOs' capacity to implement HIV prevention interventions focused on substance abuse prevention and rehabilitation. Activities will include supporting drug rehabilitation centers and training prison chaplains to disseminate HIV prevention information to vulnerable youth and prisoners.

Products/Outputs:

- HR 2020's IDU substance abuse treatment program rolled out to additional sites
- Coverage of IDUs by HIV prevention programs increased through launch of PDIs
- Family therapy program on HIV and substance abuse prevention piloted

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	18
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	55427
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1220

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7741.08	Mechanism: HIV prevention to high-risk groups
Prime Partner: International Research and Exchange Board	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 17385.08	Planned Funds: \$550,000
Activity System ID: 17385	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5712.08	Mechanism: Community-based outreach to MARPs
Prime Partner: International Federation of Red Cross and Red Crescent Societies	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 17428.08	Planned Funds: \$300,000
Activity System ID: 17428	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3955.08	Mechanism: FBO Palliative Care and Prevention
Prime Partner: United Nations Development Programme	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 11003.08	Planned Funds: \$0
Activity System ID: 17380	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11003	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11003	11003.07	U.S. Agency for International Development	United Nations Development Programme	5693	3955.07	FBO Palliative Care and Prevention	\$280,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5683.08	Mechanism: HIV Prevention to MARPs
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 11025.08	Planned Funds: \$2,032,000
Activity System ID: 16791	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11025	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27362	11025.2736 2.09	U.S. Agency for International Development	Population Services International	11411	5683.09	HIV Prevention to MARPs	\$150,000
11025	11025.07	U.S. Agency for International Development	Population Services International	5683	5683.07	HIV Prevention to MARPs	\$1,738,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5688.08	Mechanism: Healthy Russia 2020
Prime Partner: Johns Hopkins University Bloomberg School of Public Health	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 10998.08	Planned Funds: \$800,000
Activity System ID: 16788	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 10998	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10998	10998.07	U.S. Agency for International Development	Johns Hopkins University Bloomberg School of Public Health	5688	5688.07	Healthy Russia 2020	\$300,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5689.08 **Mechanism:** Substance Abuse treatment & prevention to IDUs

Prime Partner: United Nations Office on Drugs and Crime **USG Agency:** U.S. Agency for International Development

Funding Source: FSA account **Program Area:** Condoms and Other Prevention Activities

Budget Code: HVOP **Program Area Code:** 05

Activity ID: 11027.08 **Planned Funds:** \$200,000

Activity System ID: 16795

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11027

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11027	11027.07	U.S. Agency for International Development	United Nations Office on Drugs and Crime	5689	5689.07	Substance Abuse treatment & prevention to IDUs	\$300,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4032.08 **Mechanism:** HIV Prevention in military

Prime Partner: US Department of Defense **USG Agency:** Department of Defense

Funding Source: GHCS (State) **Program Area:** Condoms and Other Prevention Activities

Budget Code: HVOP **Program Area Code:** 05

Activity ID: 16806.08 **Planned Funds:** \$0

Activity System ID: 16806

Activity Narrative: n/a

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7152.08	Mechanism: Street Children
Prime Partner: Doctors of the World	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 15456.08	Planned Funds: \$330,000
Activity System ID: 16785	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 15456	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15456	15456.07	U.S. Agency for International Development	Doctors of the World	7152	7152.07	Doctors of the World	\$100,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7743.08	Mechanism: Channeling Hope project
Prime Partner: World Vision International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 17427.08	Planned Funds: \$350,000
Activity System ID: 17427	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5687.08	Mechanism: Assistance to Russian Orphans
Prime Partner: International Reseach and Exchange Board	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 17429.08	Planned Funds: \$150,000
Activity System ID: 17429	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8554.08	Mechanism: Healthy Russia 2020
Prime Partner: Johns Hopkins University Bloomberg School of Public Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 19155.08	Planned Funds: \$0
Activity System ID: 19155	
Activity Narrative: SAMHSA reprogramming funding	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3955.08
Prime Partner: United Nations Development Programme
Funding Source: FSA account
Budget Code: HVOP
Activity ID: 19453.08
Activity System ID: 19453
Activity Narrative:
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: FBO Palliative Care and Prevention
USG Agency: U.S. Agency for International Development
Program Area: Condoms and Other Prevention Activities
Program Area Code: 05
Planned Funds: \$300,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8687.08
Prime Partner: QED Group, LLC
Funding Source: FSA account
Budget Code: HVOP
Activity ID: 19454.08
Activity System ID: 19454
Activity Narrative:
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: N/A
USG Agency: U.S. Agency for International Development
Program Area: Condoms and Other Prevention Activities
Program Area Code: 05
Planned Funds: \$80,000

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area: \$1,820,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

The vast and complex Russian health care system does not have a comprehensive care program for HIV affected people. With an estimated 1M HIV+ people in Russia, the number of people affected by HIV is growing. Over 400,000 HIV cases are registered; approximately 70% of these are among IDUs. Other marginalized groups are also hard hit: HIV prevalence among SWs varies from 15 to 48% in different regions; about 40,000 PLWHA are registered in the Russian penal system (4.5% percent of the prison population); and a 2006 CDC study found 37% HIV prevalence among street children in St. Petersburg. The marginalized status of these groups poses challenges to linking them to palliative care (PC).

In FY08 USG support will prioritize developing an integrated package of PC that focuses on improving access to and integrating multiple, vertical systems of health care. Strategies include: working with multi-disciplinary teams through the collaborative improvement approach; training various types of health care providers – including nurses, social workers and doctors – in PC; case management (CM); peer-support for PLWA; and involving NGOs and faith-based organizations (FBOs) in providing care and support.; Tapping into these many PLWA groups in Russia to link vulnerable populations into care is an important component of USG Russia activities. The comprehensive package of PC services supported by the USG in the two PEPFAR focus regions (St. Petersburg and Orenburg) includes social, psychological, spiritual and clinical services. Risk assessment to support PLWHA in reducing their risk of HIV transmission will be integrated into all programs. With FY08 funds, the following USG partners will be involved in PC: UNODC, IFRC, Doctors of the World (DOW), URC, UNDP, PSI, and Partnership/TBD.

The GOR provides free medical services and ART through AIDS Centers and primary care facilities; however, these services are poorly coordinated and involve accessing complex vertical systems of care. In addition, because many HIV clients are substance abusers, provision of clinical, psychological, spiritual and social support is highly complex. Also, medication-assisted therapy (MAT) using opiate agonists is illegal in Russia. Although USG partners continue to strategically advocate for changes in this policy (see "Policy"), it is essential to develop a comprehensive package of HIV PC for substance abusers and to address barriers to care for IDUs.

The USG has been an integral partner in supporting the development of models for improved care through both the integration of care and treatment services and enhanced coordination among AIDS centers, primary care facilities, TB, narcology and rehabilitation centers, STI clinics and social welfare NGOs. A shift in the concept of PC by local policy makers and providers has taken place in the two USG focus regions, and international best practices of social work, CM, referral systems and patient and family-centered PC are being adopted by government, clinical facilities, community and faith leaders as the needs of a growing population of HIV infected individuals become more pressing.

Successes of USG supported activities include: more than 20,000 individuals accessing integrated care and support through government and community/faith-based services; inclusion of new case manager/social workers in local budgets; new multidisciplinary care teams, including peer CMs; NGOs employing modern practices of drug rehabilitation; a network of 9 organizations developed in St. Petersburg to provide pre- and post-release services for HIV positive detainees and IDUs; and reduction of stigma and discrimination among healthcare and social workers. USG partners improved the provision of psychosocial support to high-risk HIV+ mothers, many of whom are IDUs and need comprehensive care and support, including substance abuse treatment, to adhere to ART and prevent child abandonment. Activities improved integration with social services and trained existing social workers to take on these services.

FY08 funds will continue to support TA to enhance psychological, spiritual, and support skills among health and community/faith-based providers. Activities will include: strengthening of treatment referral systems and the rollout of CM to ensure client-focused care and facilitated linkages between healthcare, social support and prevention. USG partners successfully involved PLWHA in providing care, through support groups and as peer CMs, and will continue to expand the role of PLWHA groups such as Community of People Living with HIV (currently supported through USAID central funds) in FY08. FY08 funds will also support the implementation of a PC curriculum for community-based workers, health workers, teachers, psychologists, staff from NGOs and social service organizations to expand the range of service providers trained to provide PC. The training will include: social support systems and methods to encourage ART adherence, including targeted interventions for high-risk HIV-positive mothers, many of whom may be IDUs.

Since the majority of individuals requiring care and treatment are active/former IDUs, models will be strengthened that support integration of HIV and narcological services and improve the continuity of care, including treatment, rehabilitation and social support. Multi-disciplinary collaborative improvement teams will address: substance abuse treatment and rehabilitation services as a part of prevention with positives; identifying and reducing barriers to accessing narcological services; provision of VCT, ART and related services to PLWA and their partners in settings where PLWA are likely to access services (e.g. outpatient clinics); and increasing the role of social services, NGOs and FBOs in support of substance abuse and drug rehabilitation services. FY08 funds will sustain a novel, integrated, year-long drug treatment program, piloted in FY07, which provides free services without registration as a drug user. PSI will build on its FY07 success recruiting clients into CM services through peer education. PSI partners will focus on counseling HIV+ CM clients to change risk behaviors such as substance abuse to prevent further HIV transmission, counseling discordant couples, and providing referrals to treatment and care.

Activities providing social support and linking HIV+ inmates and recently released HIV+ inmates to treatment, care and support interventions will be continued through USG support to UNODC to work with 9 penitentiaries. In FY07 60 inmates were already on ARVs in Orenburg; the USG program will expand prisoners' access to care and treatment in FY08. DOW will develop care and support interventions for drug-involved HIV+ street youth in St. Petersburg. DOW's pilot halfway house program will link HIV+ street children to substance abuse rehabilitation, support community reintegration and adherence to ART.

In addition, USG will continue to provide TA to officials at federal and local levels to develop enhanced care models, including training for institutions and home-based care (HBC) providers, supplemented by mentoring from experienced nurses or others, drawing on U.S. expertise as appropriate. Training and TA will target all potential PC providers including FBOs, the Russian Red Cross, and volunteers and will include distance learning approaches to allow roll-out in rural regions of Orenburg Oblast. Curricula on care and treatment for IDUs for post-graduate training and clinical-organizational guidelines on substance abuse treatment and rehabilitation will be developed and adapted. This will be coordinated with ongoing curriculum development with SAMHSA. Using FY06 funds, HR2020 is working with SAMHSA to develop a curriculum targeting postgraduate medical providers, detailing best practices for integrating substance abuse and HIV care and treatment. This curriculum will be piloted at the National Center for Addictions and the Irkutsk Postgraduate Medical Academy. In FY07, SAMHSA proposes expanding the medical integration curriculum to address co-infections prevalent among IDUs.

FBOs are increasingly providing PC in target regions, with USG support. In FY08, UNDP will continue to support the recently launched ROC program of compassionate palliative care for PLWAs. This program includes social and spiritual support and faith-based drug rehabilitation. Support will also continue for peer support groups and spiritual support provided by ROC at the AIDS Center. Also, the USG will continue to support dissemination of the ROC-developed patient care curriculum in 2 USG sites. An assessment is underway to map all potential FBO care providers and programs including hospice and HBC activities implemented by different faiths in Orenburg Oblast, St. Petersburg and some GF regions. UNDP's network of FBOs, including Sisters of Mercy, has developed a strong HBC model that provides care and support to almost 500 affected clients and families. The USG will support FBO rehabilitation centers for IDUs, referring HIV+ IDUs for ART and encouraging adherence. Improving the coordination of FBOs with public health care facilities will be prioritized. In FY08, the USG team will, through IFRC, support palliative care services in two sites for MARPs through programs implemented by indigenous Russian NGOs such as the local Red Cross, with experience providing PC to TB/HIV patients.

Products/Outputs:

- Successful treatment and care models focusing on IDUs adopted in 10 new GFATM regions
- Curricula for post-graduate training on substance abuse and HIV/AIDS care developed and piloted
- Number of service outlets providing HIV-related PC increased
- 1000 community-based workers, healthcare workers, teachers, psychologists, staff from NGOs and social service organizations trained on PC, thereby expanding the range of service providers able to provide PC

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	163
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1196
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	391

Custom Targets:

Table 3.3.06: Activities by Funding Mechanism

<p>Mechanism ID: 8718.08</p> <p>Prime Partner: American International Health Alliance</p> <p>Funding Source: GHCS (State)</p> <p>Budget Code: HBHC</p> <p>Activity ID: 19558.08</p> <p>Activity System ID: 19558</p> <p>Activity Narrative: N/A</p> <p>HQ Technical Area:</p> <p>New/Continuing Activity: New Activity</p> <p>Continuing Activity:</p> <p>Related Activity:</p>	<p>Mechanism: HIV/AIDS Twinning Center Program</p> <p>USG Agency: HHS/Health Resources Services Administration</p> <p>Program Area: Palliative Care: Basic Health Care and Support</p> <p>Program Area Code: 06</p> <p>Planned Funds: \$300,000</p>
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Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7754.08	Mechanism: Quality Assurance in Treatment and Care
Prime Partner: University Research Company	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 17423.08	Planned Funds: \$500,000
Activity System ID: 17423	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7152.08	Mechanism: Street Children
Prime Partner: Doctors of the World	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 16892.08	Planned Funds: \$250,000
Activity System ID: 16892	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3955.08	Mechanism: FBO Palliative Care and Prevention
Prime Partner: United Nations Development Programme	USG Agency: U.S. Agency for International Development

Funding Source: FSA account
Budget Code: HBHC
Activity ID: 19455.08
Activity System ID: 19455
Activity Narrative:
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Program Area: Palliative Care: Basic Health Care and Support
Program Area Code: 06
Planned Funds: \$120,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5689.08
Prime Partner: United Nations Office on Drugs and Crime
Funding Source: FSA account
Budget Code: HBHC
Activity ID: 11032.08
Activity System ID: 16796
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11032
Related Activity:

Mechanism: Substance Abuse treatment & prevention to IDUs
USG Agency: U.S. Agency for International Development
Program Area: Palliative Care: Basic Health Care and Support
Program Area Code: 06
Planned Funds: \$200,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27374	11032.27374.09	U.S. Agency for International Development	United Nations Office on Drugs and Crime	11413	5689.09	Substance Abuse treatment & prevention to IDUs	\$200,000
11032	11032.07	U.S. Agency for International Development	United Nations Office on Drugs and Crime	5689	5689.07	Substance Abuse treatment & prevention to IDUs	\$200,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3955.08

Mechanism: FBO Palliative Care and Prevention

Prime Partner: United Nations Development Programme

USG Agency: U.S. Agency for International Development

Funding Source: FSA account

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 5905.08

Planned Funds: \$0

Activity System ID: 17381

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11001

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11001	5905.07	U.S. Agency for International Development	United Nations Development Programme	5693	3955.07	FBO Palliative Care and Prevention	\$350,000
5905	5905.06	U.S. Agency for International Development	United Nations Development Programme	3955	3955.06	FBO Palliative Care and Prevention	\$300,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5687.08

Mechanism: Assistance to Russian Orphans

Prime Partner: International Research and Exchange Board

USG Agency: U.S. Agency for International Development

Funding Source: FSA account

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 16889.08

Planned Funds: \$150,000

Activity System ID: 16889

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5683.08

Mechanism: HIV Prevention to MARPs

Prime Partner: Population Services International
Funding Source: FSA account
Budget Code: HBHC
Activity ID: 16891.08
Activity System ID: 16891
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

USG Agency: U.S. Agency for International Development
Program Area: Palliative Care: Basic Health Care and Support
Program Area Code: 06
Planned Funds: \$300,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5712.08
Mechanism: Community-based outreach to MARPs
Prime Partner: International Federation of Red Cross and Red Crescent Societies
USG Agency: U.S. Agency for International Development
Funding Source: FSA account
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12014.08
Planned Funds: \$0
Activity System ID: 17378
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12014
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12014	12014.07	U.S. Agency for International Development	International Federation of Red Cross and Red Crescent Societies	5712	5712.07	Palliative Care	\$300,000

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: \$500,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

TB/HIV is a key program area for the USG Russia program; however, it is under-funded in FY08. With plus up funds, USG Russia could expand TB screening and treatment among PLWHA throughout the target regions. Plus up funds would also allow these models to be introduced in 8 other USG-supported regions, building on the existing platform of TB control activities to scale up best practices to address TB/HIV co-infection. Additional funds would also support community outreach to encourage adherence to treatment and raise awareness about co-infection.

Russia is one of the world's 22 high TB burden countries and latent TB infection is common among PLWA in Russia. (Latent TB is estimated to occur in 1 out of every 5 people in the general population and is likely higher among PLWA.) In 1 region, approximately 40% of PLWA were found to have latent TB. Routine HIV testing of nearly all TB patients has been standard practice in Russia for many years. Recent data show that TB/HIV cases are increasing rapidly as people infected with HIV in the late 1990s become immuno-suppressed and those with latent TB infection develop the disease. Nationally, 3,907 new TB/HIV cases were reported in 2006, a 34% increase over 2005. In 2006, TB/HIV co-infection cases represented 3.1% of cumulative registered active TB cases. In the PEPFAR focus region of Orenburg, the overall rate of TB is rising and HIV prevalence among TB patients has increased 4-fold in 3 years, from 2.0% in 2003 to 8.4% in 2006. Nationally, TB is associated with approximately 60% of immunodeficiency-related deaths among PLWA.

Drug resistant TB also continues to be an increasing concern in Russia. While accurate drug susceptibility testing is difficult, data from internationally supported sentinel laboratories estimate that almost 30% of new TB cases are resistant to isoniazid and about 10% are multi-drug resistant (MDR). According to Russian Academy of Medical Sciences (RAMS) estimates, 5%-6% of MDR-TB strains are extensively drug resistant (XDR). Overlapping risk factors, such as poverty and substance abuse, for HIV and drug resistant TB suggest that higher rates of TB drug resistance may occur among PLWHA but data are lacking. Increasing mobility has led to the international spread of MDR/XDR; a majority of MDR-TB cases in Europe today are from the former Soviet Union (Int J Tuberc Lung Dis. 2006 Sep) and importation into the U.S. of an XDR case acquired in Russia was recently reported.

Addressing the challenge of TB/HIV in Russia will require strengthening the overall TB control program and developing measures to address specific challenges in TB among PLWA in Russia. The GOR has markedly increased its commitment to TB control over the past years with the national budget reaching \$350M in 2006, complemented by World Bank funds totaling more than \$100M, and significant GFATM resources from Round 2 and 4. However, international assistance in TB control and especially in TB/HIV co-infection is critical to adapt international guidelines and develop effective models for Russia. Challenges include institutional (effective coordination of the highly vertical HIV and TB systems); capacity (training of TB, HIV, and general medical personnel in TB/HIV); diagnosis (TB screening of PLWA in routine HIV care, rapid diagnosis of TB for those not in care, rapid diagnosis of drug resistance); treatment (best regimens given drug resistance, adherence and interactions with HIV medications and hepatitis B and C co-infection); and prevention (effective prophylactic regimens).

The USG has supported the majority of TB activities through Freedom Support Act resources that are directed towards establishing effective TB models in 8 regions (\$3.25M annually) and \$1M of FY07 PEPFAR funds that supported TB/HIV activities in PEPFAR focus regions. Technical support in TB control is implemented through the National TB Control program and the High Level Working Group (HLWG) on TB. Last year, USG-supported WHO programs worked closely with the HLWG to continue to expand DOTS and introduce DOTS Plus programs. There is a Federal TB/HIV Center through which USG partners, both PEPFAR and non-PEPFAR, continue to work to develop guidelines for TB/HIV co-infection management, with input from the TB/HIV collaborative teams through URC, WHO and CDC. The role of this Center can continue to expand to call for greater collaboration among the local health systems, TB and HIV Centers. The Coordination Council on HIV-associated TB, established by the MOHSD in 2005, issued regulatory documents to improve TB/HIV registration and surveillance and organized national conferences and trainings. On the local level, non-PEPFAR funded activities to increase medical personnel capacity and strengthen coordination between TB and HIV systems take place in all USG-supported TB control program sites.

With PEPFAR support, demonstration sites for TB/HIV co-infection were developed in 4 regions in 2006 (St. Petersburg, Orenburg, Samara and Saratov — USG support for the latter 2 is phased out). These models are ready to be scaled up throughout the 2 target regions and even in additional regions through GFATM support, but plus-up funds are needed. With additional funds, Partnership program and URC can train staff to introduce these models in the new regions. USG support has strengthened coordination between TB, HIV, and primary care services. In FY07, USG programs expanded TB diagnostics to polyclinics, increasing coverage of TB screening among PLWA to 30-40% in St. Petersburg and improving early detection of TB. Other results include an increased number of PLWHA counseled on TB. USG support resulted in important policy changes incorporated in 2 recent orders (prikaz) from the Orenburg MOH that specifically require TB/HIV screening for all patients. This is an important first step and model for nationwide programming.

Improving health care providers' capacity to diagnose and treat HIV/TB co-infection is critical; in FY07, over 160 providers – TB specialists and infectious disease doctors – in PEPFAR focus regions were trained in an HIV/TB curriculum developed with USG support. This TB/HIV curriculum is under review by the MOHSD for use in post-graduate medical education country-wide. In response to the rapid increase in TB among PLWHA, Orenburg TB specialists, with technical support from the USG, provided INH preventive therapy (IPT) to over 300 HIV+ patients in Orenburg.

In FY08, a limited amount of PEPFAR funds will support partners such as URC and Partnership/TBD to collaborate with WHO, CDC, and IFRC to address TB/HIV, especially in Orenburg. Activities will institutionalize screening of PLWA for TB and integrate TB, HIV and primary care services to ensure coordinated clinical management of patients with TB/HIV. Through instruction and mentoring at rollout locations in St. Petersburg and Orenburg, USG partners will improve the treatment of patients with HIV/TB co-infection, focusing on clinical aspects of management at both TB and HIV clinics. An evaluation of new TB/HIV cases will identify remaining gaps in diagnosis and treatment to guide further activities. Expected outcomes will be improved quality of TB/HIV diagnostics and treatment (proper identification and confirmation of active TB and improved cure rates for active TB); improved integration of services between the AIDS and TB systems; as well as training health professionals in evidence-based management of HIV/TB within the rollout sites in St. Petersburg and Orenburg. Additional funds would support the expansion and evaluation of IPT programs initiated in focus regions to incorporate international guidance and document effectiveness. TB preventive treatment activities will be implemented in close collaboration with the Federal TB/HIV Center. With additional FY08 funds, the USG program would support the community outreach activities of local NGO partners to encourage adherence and, through the IFRC or local Red Cross branch, include a greater emphasis on TB/HIV awareness.

In FY08 USG will support TB activities through non-PEPFAR funding (see attachments). Importantly, with FSA/TB funds, WHO and CDC provide TA in 8 regions, including introducing innovative methods of treating MDR-TB, establishing effective infection control and conducting operational research on topics such as the effectiveness of second line drugs. The WHO and the IFRC will continue to develop demonstration sites, including Orenburg, rolling out regional TB models, and subsequently TB/HIV control in collaboration with USG PEPFAR partners. In FY08, WHO and CDC will perform drug resistance surveys in multiple territories, including Orenburg and St. Petersburg, to evaluate the MDR/XDR TB problem.

Targeted USG activities will complement strong GOR political commitment, as illustrated by an increasing national budget for TB control and recent changes in TB policy, which support but have not yet fully implemented a successful national DOTS program. Through TA and development of appropriate models for TB programs, USG-funded activities support scale up of improved TB services nationwide, led by the World Bank and GFATM Round 4. In FY08, the World Bank and GFATM programs will continue to provide lab equipment and infrastructure improvement. The GFATM will provide second-line drugs for MDR TB treatment and increase outreach to vulnerable populations including homeless, unemployed and low income families.

Products/Outputs

- Quality of TB/HIV diagnosis and treatment improved (proper identification and confirmation of active TB and improved cure rates for active TB among PLWA)
- Improved TB/HIV diagnosis and treatment practices used throughout PEPFAR regions and introduced to additional Global Fund regions
- Data on acceptance and effectiveness of IPT among co-infected PLWA collected and analyzed to inform national guidance on use of IPT

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	412
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	30
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	5799

Custom Targets:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 8718.08	Mechanism: HIV/AIDS Twinning Center Program
Prime Partner: American International Health Alliance	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 19559.08	Planned Funds: \$200,000
Activity System ID: 19559	

Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8687.08	Mechanism: N/A
Prime Partner: QED Group, LLC	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 19457.08	Planned Funds: \$50,000
Activity System ID: 19457	
Activity Narrative:	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7754.08	Mechanism: Quality Assurance in Treatment and Care
Prime Partner: University Research Company	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 17430.08	Planned Funds: \$250,000
Activity System ID: 17430	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Total Planned Funding for Program Area: \$500,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Over 21 million HIV tests were performed in 2006 in Russia, representing a mix of near mandatory 'opt-out' testing for certain conditions and provider initiated testing. HIV testing is largely health-facility based among pregnant women who access ante-natal care (ANC), patients accessing STI, TB and drug treatment services, patients with certain clinical conditions, prisoners, and for employment purposes. However, counseling and testing (CT) services are often non-existent or low-quality and members of the HIV/AIDS community have been hesitant to initiate demand creation activities until the quality of CT improves. The focus of the USG Russia program is, therefore, improving the quality of CT.

HIV tests are generally performed using ELISA. Rapid tests are used in limited cases. For example federal policy recently mandated rapid testing among pregnant women who present in labor with unknown HIV status. This important policy change was, in part, a result of a CDC pilot that demonstrated the efficacy of using rapid tests among women who present in labor with unknown status in improving coverage with ARV prophylaxis. Using FY07 funds, CDC plans to pilot the use of rapid tests in antenatal clinics among women who present late for ANC. A limited amount of FY08 funds will be used to foster policy change at the federal level based on the results of the pilot. (See "PMTCT" and "policy" sections.)

Self-reported HIV testing coverage among MARPs is high in Russia's PEPFAR focus regions: approximately three quarters of IDUs and 84% of SWs in St. Petersburg and Orenburg reported they had ever had an HIV test (Russia Behavioral Monitoring Survey, 2005). However, limitations in the quality of CT prevent testing from linking patients to services or serving as an effective prevention measure. Providers lack counseling skills – especially in counseling members of vulnerable populations. Thus, routine HIV testing has rarely been accompanied by pre-test counseling; post-test counseling was limited to HIV-positives, of limited quality, and frequently stigmatizing. The quality of CT can be a key factor in a patient's decision to seek HIV/AIDS-related care. The referral of HIV-positive clients to local AIDS Centers for treatment and care services is often limited given these constraints. As a result, many people who test positive for HIV do not register at AIDS Centers, a prerequisite for ART, and even fewer are retained in the system; the lower than expected demand for ART in Russia is due in part to the limited proportion of known HIV-positive individuals in care.

The USG program focuses on expanding and institutionalizing high-quality CT services to allow CT to function as a gateway service to link people to HIV/AIDS care, to reduce stigma, and to increase the number of people tested for HIV and aware of their status. USG partners such as JHU/HR 2020, URC, AIHA and SANAM have worked to increase the number of trained CT providers who can integrate prevention messages into counseling. Improving individualized prevention counseling is particularly relevant as recent trends suggest that while IDU transmission continues, heterosexual transmission is increasing, particularly among women.

In FY07, USG partners launched a 2-tier approach to institutionalize high-quality CT: 1) train currently-practicing health care providers; and 2) train the next generation of health care providers through medical educational institutions. Results include an increased number of patients receiving CT services and an increase in the proportion of positive individuals linked into care and treatment services. In St. Petersburg – a site for the USG-supported treatment and care initiative – the share of newly diagnosed HIV cases who registered at the AIDS Center increased from 31 % to 77%. To date, a cadre of 60 CT master trainers has been developed in Orenburg and St. Petersburg. These master trainers have trained approximately 400 health care providers in CT according to national and international standards developed with USG support in collaboration with the Federal AIDS Center. To expand CT beyond traditional AIDS specialists, TOT sessions have focused on building pre- and post-test HIV counseling skills among medical providers such as narcologists, infection disease specialists, primary health care providers and psychologists. As a result of the increased number of health care providers trained in CT, an estimated 320,000 individuals will be tested in USG-supported sites where providers have been trained in CT. In the coming year, USG partners will draw on existing CT trainers developed using previous year funds to train approximately 1,400 health care providers from multiple facility CT settings in the focus regions, reaching an estimated 350,000 people in USG-supported sites.

Under the second tier, in FY07 USG partners institutionalized a CT counseling curriculum at key medical institutions in Orenburg to train the next generation of health care providers in high-quality CT. The curriculum uses the same toolkit of communication and counseling materials developed with prior year funds – materials include cue-cards on pre- and post-test counseling for providers and a popular video on CT. The toolkit, approved by MOHSD and the Federal AIDS Center, has been introduced in 3 regional medical training institutes: Ivanovo (non-PEPFAR), St. Petersburg and Orenburg. In the past year, USG partners used this toolkit to train Medical Academy instructors as master CT trainers; these trainers in turn trained approximately 20 narcologists, psychiatrists, psychologists and social workers from narcology services of several cities in Orenburg region. For the first time, the CT counseling curriculum piloted at medical institutions included a component on alcohol use and a screening/assessment of behavior and attitudes of alcohol users. In FY07, HR2020 leveraged funds from Johnson & Johnson and the GFATM to train additional health care providers using the same CT curriculum.

In FY07, USG partners are developing a coordinated strategy to draw on all master trainers to meet the need for further CT

training in the focus regions of St. Petersburg and Orenburg, and to coordinate these activities with GFATM supported activities in St. Petersburg. This strategy will include both tiers of institutionalizing high-quality CT: 1) training currently-practicing health care providers; and 2) training future health care providers through medical education. As part of this effort, HR2020 will update their CT toolkit to incorporate messages tailored to CT among IDUs, drawing on protocol on providing HIV testing and counseling to drug-using populations, and to encourage clients' partners to be tested. In FY08, an anticipated 300 narcologists and social workers will be trained at narcology centers and NGO partners working on substance abuse programs.

A limited amount of FY07 funds supports CT using rapid HIV tests for sex workers (SWs) and a small number of MSM, many of whom are engaged in transactional sex, in SANAM's Moscow clinic. SANAM also provides diagnosis and treatment for other STIs, and referrals for other services, including family planning. SANAM draws on this experience in their work in the PEPFAR focus regions of St. Petersburg and Orenburg, where they carried out CT training, in conjunction with URC, for 275 health providers in both regions, including infection disease specialists and narcologists.

With FY08 funding, USG Russia's CT Program will continue to focus on training health care providers to improve quality of counseling and expanding quality CT to other entry points for MARPs, such as narcological centers, STI clinics, TB dispensaries, women's clinics and polyclinics (primary care) in additional areas within St. Petersburg and Orenburg. USG partners will address systems-level barriers to decrease the turn around time for test results, and strengthen the linkage of patients between CT and HIV care and treatment services.

Building on results, USG partners will provide targeted TA to the Government of St. Petersburg to scale-up the model piloted in one city district to the 18 remaining city districts, with a combined population of 4.5 million people. In Orenburg, USG partners will also continue to work with the regional MOH to scale up this project in Orenburg City and in three additional cities in the region, covering approximately 1 million people. A limited amount of FY08 funds will support efforts to expand HIV rapid testing among high-risk populations such as street children and SWs, and to expand CT among prisoners, building on IFRC's success reaching 2500 prisoners with CT last year. The USG Russia program will continue to work with partners in the coming year to integrate prevention messages in CT, including a focus on increasing clients' risk awareness, developing individualized risk avoidance strategies and encouraging clients to promote testing with their partners.

International donor efforts to improve the quality of CT are underway and USG-supported programs coordinate with other donors as appropriate. The GFATM Round 3 GLOBUS project provides CT training to healthcare providers in several regions, including St. Petersburg. In 2006, GLOBUS also trained youth peer educators in HIV/AIDS counseling and developed policy recommendations on CT, which are being piloted in select regions. USG Russia coordinates with the GFATM-supported activities through its participation on the CCM, and by including GFATM-trained master trainers in scale-up efforts in St. Petersburg and Orenburg.

Products/Outputs:

- Proportion of newly-diagnosed HIV cases in target regions registered at AIDS Center increased
- HR2020 CT toolkit updated to include module on CT among clients who abuse substances, including injecting drugs and alcohol
- CT best practices established in at least 10 GFATM regions

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	127
9.3 Number of individuals trained in counseling and testing according to national and international standards	1400
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5210

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5688.08	Mechanism: Healthy Russia 2020
Prime Partner: Johns Hopkins University Bloomberg School of Public Health	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 19875.08	Planned Funds: \$200,000
Activity System ID: 19875	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7741.08	Mechanism: HIV prevention to high-risk groups
Prime Partner: International Reseach and Exchange Board	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 17431.08	Planned Funds: \$100,000
Activity System ID: 17431	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5712.08	Mechanism: Community-based outreach to MARPs
Prime Partner: International Federation of Red Cross and Red Cresent Societies	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 17432.08	Planned Funds: \$0
Activity System ID: 17432	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7755.08	Mechanism: Street Children
Prime Partner: Doctors of the World	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Counseling and Testing

Budget Code: HVCT
Activity ID: 17433.08
Activity System ID: 17433
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Program Area Code: 09
Planned Funds: \$0

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7754.08
Prime Partner: University Research Company
Funding Source: FSA account
Budget Code: HVCT
Activity ID: 17434.08
Activity System ID: 17434
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: Quality Assurance in Treatment and Care
USG Agency: U.S. Agency for International Development
Program Area: Counseling and Testing
Program Area Code: 09
Planned Funds: \$100,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5688.08
Prime Partner: Johns Hopkins University
Bloomberg School of Public Health
Funding Source: FSA account
Budget Code: HVCT
Activity ID: 11040.08
Activity System ID: 16789
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11040
Related Activity:

Mechanism: Healthy Russia 2020
USG Agency: U.S. Agency for International Development
Program Area: Counseling and Testing
Program Area Code: 09
Planned Funds: \$0

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11040	11040.07	U.S. Agency for International Development	Johns Hopkins University Bloomberg School of Public Health	5688	5688.07	Healthy Russia 2020	\$200,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7152.08	Mechanism: Street Children
Prime Partner: Doctors of the World	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 19458.08	Planned Funds: \$100,000
Activity System ID: 19458	
Activity Narrative:	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$1,100,000

Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

The GOR's treatment goal is universal access to HIV/AIDS treatment. Over 400,000 HIV+ people are registered in Russia and

27,000 are on ART, representing half of the registered PLWA estimated to be clinically eligible for ART. The GOR's immediate goal is to increase the number of people on ART to 30,000 by end-2007. There are 3 main avenues through which ART is made available in Russia: the National Priority Project (NPP), the Global Fund, and regional governments, which can procure ART locally. Most GOR funds for HIV/AIDS (87% in 2007) go to diagnostics and medical treatment, including ART. GFATM Round 3 and 4 grants should deliver ART to 2,500 and 74,000 patients, respectively, over 5 years. The World Bank provides financial support for the roll-out of the national AIDS treatment program in Russia with limited funding from WHO's initiative on national ART guidelines and WHO/Europe (EU funds). These collaborative efforts have dramatically increased patients on ART from 2,500 in December 2005 to 27,000 in 2007. Given these resources, the USG does not purchase ARVs.

The USG contributes to universal access to ART in Russia through the introduction of integrated models of treatment, care and support and developing viable and innovative public health approaches to scaling up ART. These models emphasize mobilization of a broad range of stakeholders, greater involvement of PWHA and a coordinated response from health and social care providers, communities, NGOs and peers. This scale-up effort aims to provide access to high quality ART programs in the PEPFAR focus regions: the City of St. Petersburg (population 4.6M) and Orenburg region (population 2.2M). USG support helps local governments more effectively use the ART funds available: rapid scale-up of ART is occurring in the regions through GFATM and NPP. Between December 2005 and June 2007, the number of PLWA on ART in St. Petersburg tripled (from 478 to 1374 patients) and increased 15-fold in Orenburg (47 to 695). ART models developed with USG support are replicated in 10 GF regions; in the next phase of GFATM Round 4, 10 new regions will scale up approaches piloted with USG support.

Despite progress, barriers to access persist in both PEPFAR focus regions, including: supply chain constraints; a limited number of sites providing ART; lack of preparedness for ART scale-up among primary care, narcological and social welfare services; a limited number of patient-centered care-pathways linking HIV, TB, STI and narcology services; diagnosis and treatment of TB, DR-TB and other OIs; limited experience with clinical monitoring of patients on ART; lack of ART treatment guidelines for active IDUs; and patients' low knowledge of ART (67%). Alcohol and drug use are also barriers, and many HIV-positive clients are reluctant to access ART because of perceived distrust, lack of confidentiality, and stigma. Targeted USG support to address barriers to access and promote adherence to treatment is essential as ART becomes more available, especially since most PLWA in need of ART are current or former IDUs.

USG-supported activities are strategically addressing barriers to ART access. UNAIDS and WHO have strengthened the MOHSD's efforts by establishing two high-level working groups developing protocols/guidelines on HIV/AIDS treatment and care and educational and training modules for health workers involved in ART. These normative documents will institutionalize improvements in HIV care and ensure sustainability. USG-funded pilot programs are reducing verticality in AIDS service delivery systems by integrating prevention, care and treatment and institutionalizing referrals and palliative care services. Health care system and administrative reforms are addressing training needs among providers for the medical management of HIV and OIs. Gender-specific barriers to ART access and adherence were discussed with PEPFAR partners during a FY07 gender integration training, and will be further explored in FY08.

In FY07, USG funds supported model programs of integrated care and treatment that provided high-quality ARV services in Orenburg and St. Petersburg. USG and U.S. partners from Elmhurst Hospital in New York and Yale University trained local teams of providers – ID doctors, nurses (including male nurses - a new concept in Russia), social workers and peer counselors – to provide a comprehensive package of HIV treatment services. The Partnership program established a respected and valued team of health professionals from Elmhurst Hospital, which has provided technical support and guidance over the past 2 years. Drawing on the expertise of providers working on similar problems in the U.S., particularly New York City, the partnership has resulted in numerous positive outcomes, including: transferring the U.S. experience with simplified ART regimens, and introducing a new approach to adherence support among IDUs as a critical component for a successful adherence program. Adherence teams created with Elmhurst support at the AIDS centers in both regions successfully adapted U.S. models of adherence programs. For example, the Orenburg AIDS Center established an adherence/clinical care team which includes ID specialists, a nurse, a social worker, and a peer counselor who together manage the quality of HIV/AIDS care. Through these twinning partnerships, nurses' role in clinical care has greatly expanded and the Orenburg team also recently introduced clinical pharmacologists to monitor treatment outcomes. These multidisciplinary teams ensure high-quality ART is provided to an increasing number of PLWAs. The Orenburg team received GOR NPP funds to support the new adherence team concept with plans that this will serve as a national model.

Through USG support, URC developed multi-disciplinary improvement teams including representatives from AIDS centers, primary care, narcology, STI, and social services.

Re-organization of referrals and communication among health and social support agencies, NGOs, and local communities implemented with USG support improved access and retention of HIV patients. The number of newly diagnosed HIV+ clients registered at the St. Petersburg AIDS Center significantly increased: during Q1 2007, only 31% of clients were registered (237 clients of 761 diagnosed), but in Q2 the proportion increased to 77% (1,183 clients of 1,543 diagnosed). Registration is a critical step to involving clients into care. Coordination committees (including MOH, social services and civil society) facilitate the institutionalization of services, development of regulatory documents, and ensure necessary budget allocations so that case managers are now funded through regional budgets.

USG, in collaboration with the GOR and the Moscow Academy of Postgraduate Studies, established an AIDS Training and Education Center in St. Petersburg for ARV therapy and diagnostics and developed medical curricula on AIDS treatment and care. These curricula were approved by the MOHSD and will be used for postgraduate medical education nationwide.

URC and Partnership program helped develop tools to monitor and evaluate quality of services and long-term patient outcomes such as clinical chart audits, an electronic patient database and CAREWare, an electronic health information system. Clinical monitoring of patients on ART, which includes immunologic and virologic testing will serve as a pilot patient monitoring program.

In FY08, USG support will continue to address expanding access to ARV treatment such as adherence, which remains a major obstacle. The USG will continue to support twinning partnerships, pairing health care providers in St. Petersburg and Orenburg with U.S. specialists. U.S. specialists will provide targeted TA, working with Russian colleagues as part of multi-disciplinary teams,

to help transfer U.S. best practices with simplified treatment regimens, adherence, chart monitoring and TB/HIV screening and referrals.

The USG will sustain the integration of the disease management model at pilot sites, working with Russian counterparts through the collaborative improvement approach in 69 facilities in Orenburg (180 team members) and 154 health facilities in St. Petersburg (220 health and social workers). The process is administered by the St. Petersburg City and Orenburg Oblast Health Administrations and is supported by USG TA. The oblast and city authorities provide funding and co-manage the activities, with support from USG partners. This support emphasizes the scale up of HIV/AIDS treatment and care in the two sites through capacity building efforts outside of AIDS centers, e.g. in PHC clinics, TB dispensaries, and narcology clinics which is critical to expanding ART provision beyond the AIDS Centers to the primary care level. Activities will include: supporting multidisciplinary care teams in ART locations, strengthening OI management, adherence support, treatment monitoring systems, and ART supply management issues.

The rapidly increasing number of OIs will require high-quality and cost-effective prevention and treatment programs. GOR resources are available for the procurement of prophylactic medications for OIs, but targeted USG TA to support the development of guidelines, training, and mentoring in OI treatment and prevention will be critical to avert preventable morbidity and mortality. Training activities will be linked with continued development of the case management model and strengthened social service support for improved adherence systems.

Products/Outputs:

- Improved adherence teams established in pilot regions to serve as model for national programs
- New regional governments adapt and introduce strategies for scaling up ART programs based on USG supported models, particularly GFATM regions
- Multidisciplinary care teams provide ART in and outside of AIDS centers

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	38
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3080
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	350

Custom Targets:

Table 3.3.11: Activities by Funding Mechanism

<p>Mechanism ID: 8718.08</p> <p>Prime Partner: American International Health Alliance</p> <p>Funding Source: GHCS (State)</p> <p>Budget Code: HTXS</p> <p>Activity ID: 19560.08</p> <p>Activity System ID: 19560</p> <p>Activity Narrative: N/A</p> <p>HQ Technical Area:</p> <p>New/Continuing Activity: New Activity</p> <p>Continuing Activity:</p> <p>Related Activity:</p>	<p>Mechanism: HIV/AIDS Twinning Center Program</p> <p>USG Agency: HHS/Health Resources Services Administration</p> <p>Program Area: HIV/AIDS Treatment/ARV Services</p> <p>Program Area Code: 11</p> <p>Planned Funds: \$570,000</p>
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Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 8687.08	Mechanism: N/A
Prime Partner: QED Group, LLC	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 19459.08	Planned Funds: \$80,000
Activity System ID: 19459	
Activity Narrative:	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7754.08	Mechanism: Quality Assurance in Treatment and Care
Prime Partner: University Research Company	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 17436.08	Planned Funds: \$450,000
Activity System ID: 17436	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HVSI - Strategic Information

Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13

Total Planned Funding for Program Area: \$706,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Incomplete characterization of the scale and direction of the HIV epidemic in Russia is still a major problem for directing the intensifying response to the epidemic. Targeted, coordinated and integrated USG support remains key to improving the existing HIV/AIDS surveillance system in Russia. SI-related activities currently planned and ongoing will take time and sustained aid to achieve fruition.

Russia's existing Ministry of Health and Social Development (MOHSD) HIV/AIDS surveillance system collects data from authorized medical facilities (with very high HIV testing coverage in ANC, TB, drug treatment, and STD clinics), prisons, and a proportion of workplaces with a total of >20 million HIV tests done annually. However, the existing system does not reach high-risk groups outside of these institutions, has very limited behavioral data collection, and suffers from methodological weaknesses, including selection bias. The existing system tends to focus on biological data collection and reporting without adequate analysis, communication and strategic use. Approaches and tools to improve M&E and establish a more advanced surveillance in Russia have been discussed with GOR, WHO and UNAIDS. PEPFAR funds currently support a number of initiatives in this area under a simultaneous "top down" and "bottom up" approach, and FY08 funds will continue to expand these activities.

In addition to data needs of national surveillance, local authorities and partners need an overall local, integrated M&E system that can guide HIV-surveillance, research and SI-related program activities for all participants and stakeholders. A CDC epidemiologist was placed in Moscow in December 2006 and, with WHO, UNAIDS, the GOR and NGOs, is developing a more unified SI system in 2 pilot oblasts which includes integrated biologic and behavioral studies among MARPs (IDU/CSW/MSM FY06-7 funds) and HIV incidence testing. The CDC will also work in collaboration with WHO to improve analysis of existing routine HIV surveillance data in the 2 oblasts. Since 12/06, CDC surveillance staff has assisted in 3 UNAIDS SI trainings/workshops in Moscow. These activities will help improve the lack of consistently collected and analyzed information on behavioral and other risk factors from vulnerable populations, and the lack of HIV incidence and prevalence data from representative samples. FY08 PEPFAR funding will support extension of surveillance to 'bridge groups' and a baseline threshold ARV drug resistance survey.

In addition to routine surveillance activities, targeted studies are needed to fully understand behavioral risk factors and to examine additional clinical, epidemiologic, social and economic HIV-related issues. In the implementation of each of the PEPFAR program areas in Russia, USG and partners continuously interact with service providers and GOR institutions to identify and address these types of issues. For example, in response to lower than anticipated demand for ARV at GOR clinics, USG funded a recently completed study by a NGO, Stelit, which identified and examined factors that influence ART accessibility and use among MARPs (predominantly IDUs) in St. Petersburg and Orenburg. The survey went beyond the traditional MOHSD case-reporting approach by accessing high-risk groups outside of medical facilities. Strategic use, communication and complete reporting of data from these types of innovative studies will help guide the country's national response to the epidemic and improve coordination amongst Russia's levels of government, as well as amongst the GOR and international donors. Efforts to identify, study, and increase the acceptance and use of study results at local and national levels will continue to be a USG SI priority that cuts across program areas.

The U.S. Civilian Research and Development Foundation (CRDF) is helping Russia build research capacity in HIV/AIDS surveillance, monitoring and evaluation. Using FY06 and FY07 funds, CRDF is building on existing Russian capabilities to establish two Public Health Centers of Excellence (PHCEs) to enable Russia to expand its capacity for comprehensive, evidence-based responses to disease. The PHCEs will use multidisciplinary research to characterize the AIDS epidemic and improve health practices by tying research to education. Leveraging USG funds, CRDF is also using its own funds for the PHCEs and funds from the Ford Foundation, and will receive almost \$600,000 from the GOR's Federal Agency for Science and Innovation ("Rosnauka") for this project. In 2007, CRDF conducted a bioethics workshop, including human subjects research; animal care and use; safe laboratory practices; and the ethical issues associated with clinical trials for HIV/AIDS drugs, vaccines, and microbicides. In addition, CRDF is implementing a travel grants program, which will sponsor the travel of medical professionals, scientists, and researchers to Russian and international conferences and workshops on HIV/AIDS. No additional FY08 funds are proposed for CRDF.

USG-supported activities in FY08 will continue to support the monitoring of ART through clinical chart audits in project sites and will be extended to replication sites. USG funds will also support the utilization of the PMTCT database as a monitoring tool for improved PMTCT practices in Orenburg oblast (see also PMTCT). USG-supported HIV/AIDS Information Resource Centers for improved access to evidence-based information on HIV/AIDS treatment and care will continue to operate in project sites. The centers will also connect AIDS Centers and U.S. partners on a monthly basis for distance learning and internet-based clinical consultations on complex AIDS cases. PEPFAR will continue to support activities that foster improved utilization of web-based information resources in Russian, to leverage efforts by USG implementing partners to develop a unified strategy across all agencies working to provide such information on the web. FY08 PEPFAR funds will support the use of CAREWare HMIS software in the St. Petersburg and Orenburg AIDS Centers to manage and monitor HIV care and treatment (see "ARV Services" and "Palliative Care").

The USG team made significant progress in using a system for monitoring and reporting PEPFAR program results. This is an important step to ensure that the USG team in country has the capacity to provide accurate and timely reports to OGAC on the USG HIV/AIDS program. USG Russia worked with its SI advisor and MEASURE/Evaluation to put in place a partner reporting system, to train partners in its use, and to help them better understand the concepts of downstream and upstream USG support to ensure accuracy in results reported. In November 2007, PEPFAR/Russia submitted its first FY06 Annual Progress Report to

O/GAC. In May-June, 2007, an audit of USAID Russia's PEPFAR program was undertaken to determine the extent to which its grants, cooperative agreements and contracts achieved the planned results. The main audit finding was that although planned outputs for FY2006 were generally found to have been completed, the Mission should continue to strengthen its existing data quality assurance procedures to ensure the integrity of the results reported, particularly by sub-partners. Audit findings were shared at the annual implementing partners' (IPs) SI meeting conducted by the country's SI advisor and SI liaison in July 07. Available tools to assist IPs assure and improve the integrity of their data were noted during the training. These include the M&E system strengthening tool; the data quality assessment tool; and the previously shared final data quality assurance tool for program-level indicators. During July-August 07 site visits in Orenburg and St. Petersburg, methods to strengthen monitoring and surveillance were discussed with partners at sites for which they have reporting responsibility. In response to the audit the Mission is developing mission-specific procedures that clearly define the roles and responsibilities of Activity Managers and partners for assuring the data quality of reported program results. The PEPFAR/Russia Strategic Information Reporting Guide focusing on the reporting of program-level indicators will be updated to reflect changes in OGAC FY07 and FY08 reporting requirements and describe procedures for periodic data quality assessments according to the Mission's Data Quality Improvement Plan. In FY08 USG SI Team will hold an Annual SI Partners meeting to address target-setting and results reporting issues. As in FY07, the partners will continue to be trained in gender-related issues which help them to collect sex-disaggregated data and report on activities appropriately.

In FY08, PSI will continue to provide capacity building trainings in SI in St. Petersburg and Orenburg. The trainings focus on USG -funded NGOs but also include others engaged in HIV-related activities: educational, healthcare, and social institutions, local government, and those in the mass media that gather, analyze and present HIV information to the public. GLOBUS conducts monitoring studies in Orenburg and St. Petersburg among IDUs and SWs. PSI leverages GFATM monies through its agreement to use data from the GLOBUS studies to monitor and evaluate its USAID-funded interventions with SWs and IDUs.

Products/Outputs:

- Improved plans in place for advanced GOR's surveillance system that will help generate more complete information (including better monitoring and surveillance of HIV-TB co-infections and identification of new HIV infections) to better understand, monitor, and respond to the epidemic
- GOR and USG implementing partners' reporting, analytic capacities, and data quality activities increased
- USG/Russia Data Quality Improvement Plan is developed and the related procedures are in place

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	324
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	285

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

<p>Mechanism ID: 7086.08</p> <p>Prime Partner: World Health Organization</p> <p>Funding Source: GHCS (State)</p> <p>Budget Code: HVSI</p> <p>Activity ID: 15448.08</p> <p>Activity System ID: 16800</p> <p>Activity Narrative: n/a</p> <p>HQ Technical Area:</p> <p>New/Continuing Activity: Continuing Activity</p> <p>Continuing Activity: 15448</p> <p>Related Activity:</p>	<p>Mechanism: US Centers for Disease Control and Prevention/SI</p> <p>USG Agency: HHS/Centers for Disease Control & Prevention</p> <p>Program Area: Strategic Information</p> <p>Program Area Code: 13</p> <p>Planned Funds: \$706,000</p>
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Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27347	15448.2734 7.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11409	7788.09	HIV/AIDS Disease Surveillance	\$130,000

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$1,400,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Policy dialogue is a key area of focus for USG/Russia, essential to fostering high level leadership on HIV/AIDS, and is a focal point for USG Russia's 5-Year Strategy on HIV/AIDS. In FY06-07, the USG provided significant support to efforts addressing policy change and HIV systems strengthening in Russia with significant impact, including growing GOR commitment to HIV/AIDS; HIV issues raised at the 2006 G8 Summit in St. Petersburg; a GOR Commission on HIV/AIDS established; increased national funding up to \$265M annually; adaptation of a set of essential "universal access" indicators; and a functioning CCM monitoring treatment and prevention grants. All of these events have helped improve coordination, grow the role of civil society and PLWHA involvement, and better harmonize implementing partners.

However, a number of challenges remain to ensure universal access to treatment and care, provide marginalized populations access to services, combat stigma and discrimination, and sustain the HIV/AIDS response. HIV prevention remains largely a priority for Global Fund programs and other donors, accounting for only 5% of the 2007 national HIV/AIDS budget and 9% of the 2010 budget. MARPs' coverage by prevention activities remains low (less than 5% of IDUs and 16% of SWs; UNAIDS, 2007). The GOR HIV Commission has met only twice since its creation, and a national HIV/AIDS strategy is still in draft.

In FY07, USG funds supported a number of partners to facilitate policy change in Russia, implement the "Three Ones", and address policy issues regarding access to HIV services for MARPs, namely UNAIDS, UNDP, UNODC and TPAA. Although two of the three key components of the "Three Ones" are under development, important progress has been made in this area. Officials from the Federal AIDS Center solicited feedback from the USG and other key players on indicators to monitor progress on achieving universal access to HIV/AIDS prevention, treatment and care. There is a growing understanding among HIV surveillance experts in Russia of the need to conduct sentinel surveillance in to monitor the HIV prevalence among MARPs and the GOR recently asked the USG to conduct surveillance among MSMs (see C&OP, SI).

Through USG support, in FY08 UNAIDS will continue to facilitate national and regional consultations on universal access and provide technical support to the GOR's HIV Commission and other coordinating bodies. Through capacity building and technical assistance, UNAIDS will also strengthen the involvement of PLWHA networks in policy meetings, and increase the role of civil society in policy decisions related to MARPs' access to services. In the absence of a unified national M&E system, UNAIDS will provide technical assistance to federal organizations to establish and implement a national M&E plan, which will include the collection and analysis of sex-disaggregated and MARPs data. The M&E capacity of NGOs will be strengthened, allowing them to better collaborate with the GOR in M&E activities targeting MARPs. UNAIDS will initiate a discussion on Russia's transition from GFTAM support and the importance of sustaining NGOs, which have been largely supported by international organizations. Through UNAIDS and in partnership with the International AIDS Society, USG Russia will support the second Eastern Europe and Central Asia AIDS workshop in 2008, designed to consolidate the regional response to AIDS through high level political leadership, capacity building and partnerships with PLWHA and civil society.

USG Russia continues to be actively engaged in policy and advocacy on the benefits of a comprehensive drug treatment program including abstinence from drugs, medication assisted treatment (MAT), cognitive behavioral interventions, and supervised

detoxification to prevent HIV as part of a comprehensive AIDS care and treatment package. UNODC and TPAA have led the dialogue with senior MOH officials at round tables and national conferences in FY07. UNODC trained 100 Federal Drug Control Service providers who monitor drug flow and substance abuse centers, and TPAA recently sponsored a MAT study tour to China for leading Russian politicians, activists, governmental officials, and narcological experts. In FY08, TPAA will develop policy briefs, organize a series of discussions, and, together with UNODC, prepare updates on the role of MAT as an evidence-based intervention to prevent HIV transmission and support treatment adherence. The agenda for the second regional conference on AIDS in 2008 – to be supported with a small amount of USG funds - will include MAT USG Russia will continue to support discussions on MAT pilot projects for IDUs, particularly linked to case management services. In addition, with FY06 funds, a NIH-supported research project at the Biomedical Center in St. Petersburg is assessing a model to increase access to substance abuse treatment through case management, followed by family-focused MAT using naltrexone. Data from the pilot will inform USG efforts (no further funds are needed).

In FY07, with USG support, partners continued to conduct trainings and seminars on stigma reduction and discrimination, particularly for MARPs. Over the past year, TPAA workplace programs showed that almost two thirds (64%) of workplace program participants reported attitude changes towards PLWA as a result of TPAA's "Health@Work" training. With these successes, USG used FY07 public-private partnership (PPP) funds to expand the TPAA Orenburg workplace program and introduce a new module to more specifically address community needs, including a focus on HIV and alcohol and other substance abuse prevention and referrals to services.

With FY08 funds, TPAA will continue to initiate HIV/AIDS policy discussions with federal and regional government officials on access to treatment, care, and prevention for MARPs, stigma reduction, and budget allocations required to sustain on-going activities in the two pilot regions and on the federal level.

Using non-PEPFAR funds to develop a global development alliance (FY06 two-year GDA wrap-around funding), TPAA has established a Russia Media Partnership on HIV/AIDS (RMP) with 40 private companies which aims to reduce stigma and raise awareness about HIV. The media program includes journalists training, provides accurate information on HIV, and motivates people to change their attitudes to HIV+ people and seek more information on prevention and services. The RMP has achieved impressive results: according to a June 2006 survey, 62% of Russians (88 million) had encountered the campaign; of these, 11% (9.7 million) took concrete action to learn more about HIV as a result of the contact, more readily acknowledge personal risk of HIV and reported taking measures to protect themselves (62% vs. 50%).

The faith based community plays a significant role in policy advocacy in Russia. With FY07 funds UNDP served as an umbrella grant organization, extending its HIV policy development activities with the ROC to include FBOs from other religions. Its support of an Interfaith Council to improve interfaith coordination in HIV/ AIDS at the national and local levels has helped promote a national network of FBOs working on HIV/AIDS, ensures commitment to address HIV/AIDS among senior religious leaders, and strengthens the capacity of FBOs to deliver HIV/AIDS activities. In FY08, UNDP's grant program will continue concentrated efforts to share best practices, possibly through exchange visits between the different regions.

World Vision (WV) has been a strong advocate for reducing stigma against HIV+ people among ROC and active congregation members. The Channeling Hope approach that WV developed and introduced in pilot regions has proved to be an effective tool to address high stigma among ROC priests, and will be further adapted to Orenburg and St. Petersburg in FY08.

In Russia, with the strong potential to cultivate public private partnerships (PPPs), in FY07 AIHA worked with the pharmaceutical company GlaxoSmithKline (GSK) to develop a pool of expertise in HIV/AIDS care and treatment ("opinion" or "clinical leaders") at both the national and regional level (in selected regions), and to use that expertise to share best practices and knowledge with a larger community of HIV care providers. In FY08, this partnership will continue to develop initiatives to share information, including AIDS training and education centers, internet, conferences, working meetings and publications.

With FY07-FY08 funding, URC will continue to facilitate the work of the regional Project Coordination Committees to ensure institutionalization of improved services for PLWA, to improve policies, and to foster leadership at the regional level. A number of normative documents have been developed to support systems improvements generated by the URC in focus regions, including important policy changes in Orenburg to better integrate HIV and TB diagnosis and treatment.

Based on the success of the previous 3 year collaboration between the DOD and the Russian MOD, FY08 funds will support the fourth "International Collaboration in HIV Prevention among Military" conference. It is anticipated that, similar to this year, other partners such as GFTAM and Ford Foundation may co-fund the conference, which aims to share experiences and coordinate the work of armed forces worldwide in addressing HIV/AIDS among the military. The conference also plays an important role in highlighting the issues of stigma and discrimination among military leaders.

Products/Outputs:

?Acceptance of MAT increased among policy leaders

?Collaboration between the Government and the NGOs in M&E, outreach, and service delivery to MARPs strengthened

?A pool of national experts on clinical care of HIV/AIDS established

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	134
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	98
14.3 Number of individuals trained in HIV-related policy development	330

14.4 Number of individuals trained in HIV-related institutional capacity building	800
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	1090
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	85

Custom Targets:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4032.08	Mechanism: HIV Prevention in military
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 11481.08	Planned Funds: \$0
Activity System ID: 16803	
Activity Narrative: N/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11481	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11481	11481.07	Department of Defense	US Department of Defense	5700	4032.07	HIV Prevention in military	\$31,856

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3955.08	Mechanism: FBO Palliative Care and Prevention
Prime Partner: United Nations Development Programme	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 19461.08	Planned Funds: \$50,000
Activity System ID: 19461	
Activity Narrative:	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5685.08	Mechanism: HIV/AIDS Policy Advocacy
Prime Partner: Transatlantic Partners Against AIDS	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 11485.08	Planned Funds: \$650,000
Activity System ID: 16794	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11485	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27020	11485.2702 0.09	U.S. Agency for International Development	Transatlantic Partners Against AIDS	11084	5685.09	HIV/AIDS Policy Advocacy	\$300,000
11485	11485.07	U.S. Agency for International Development	Transatlantic Partners Against AIDS	5685	5685.07	HIV Parliamentary Working Group	\$600,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7744.08	Mechanism: Three Ones Strategy
Prime Partner: Joint United Nations Program on HIV/AIDS	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 17400.08	Planned Funds: \$500,000
Activity System ID: 17400	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5689.08	Mechanism: Substance Abuse treatment & prevention to IDUs
Prime Partner: United Nations Office on Drugs and Crime	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 17398.08	Planned Funds: \$200,000
Activity System ID: 17398	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3955.08	Mechanism: FBO Palliative Care and Prevention
Prime Partner: United Nations Development Programme	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 5900.08	Planned Funds: \$0
Activity System ID: 17382	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11000	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11000	5900.07	U.S. Agency for International Development	United Nations Development Programme	5693	3955.07	FBO Palliative Care and Prevention	\$200,000
5900	5900.06	U.S. Agency for International Development	United Nations Development Programme	3955	3955.06	FBO Palliative Care and Prevention	\$100,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7754.08	Mechanism: Quality Assurance in Treatment and Care
Prime Partner: University Research Company	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 17437.08	Planned Funds: \$0
Activity System ID: 17437	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7788.08	Mechanism: HIV/AIDS Disease Surveillance
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 17529.08	Planned Funds: \$0
Activity System ID: 17529	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7790.08	Mechanism: Policy Analysis
Prime Partner: Institute for Family Health	USG Agency: U.S. Agency for International Development
Funding Source: FSA account	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14

Activity ID: 17533.08

Planned Funds: \$0

Activity System ID: 17533

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$882,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The Embassy's inter-agency Health and HIV/AIDS Working Group (WG), chaired by the Deputy Chief of Mission, remains fully committed to the 5-year HIV strategy for Russia to scale up efforts in the target regions. The WG, consisting of USAID, CDC, DOS/Environment, Science and Technology (EST), DOS/International Narcotics and Law Enforcement (INL), DOS/ Economic Sector, Public Affairs and DOD representatives, provides leadership, direction and coordination among all USG Agencies working on HIV/AIDS in Russia. The WG meets regularly, sharing program updates and information on upcoming HIV and related health events and issues. WG members participate in regular PEPFAR Core Team calls discussing programmatic concerns, reprogramming and future needs.

The USG HIV/AIDS Russia team supports and monitors progress on key programs through meetings in Moscow, site visits and high level Embassy involvement in AIDS policy and leadership events. Due to the vast size of the Russian Federation, the US Embassy has three Consulates General based in St. Petersburg, Vladivostok and Yekaterinburg which are actively engaged in HIV program outreach events such as World AIDS Day, opening ceremonies and other noteworthy events. As St. Petersburg is a PEPFAR target region, the St. Petersburg Consulate is particularly active and provides high visibility and support to the PEPFAR program. Likewise, the second target region of Orenburg is located in the Yekaterinburg Consulate's district, and the Yekaterinburg Consul General visited Orenburg last December to participate in World AIDS Day activities.

In 2007, the USG team focused on scaling up the comprehensive HIV program. In addition to program management and oversight, staff time was focused on establishing a Memorandum of Understanding with the St. Petersburg City government to advance the HIV program roll out in the city. The City Ministry of Health and the Social Administration, both significant partners in the HIV fight already, signed this formal agreement on joint efforts.

In 2007, much of the USAID, CDC and SAMHSA staff time supported the implementation of the HIV/AIDS prevention and care programs for at-risk populations launched last year. USG staff liaised with government counterparts, providing oversight and guidance to NGOs working with pre- and post-release prison programs, with the faith-based community, and with key institutions working on substance abuse, rehabilitation, and case management.

With the new CDC Representative now in Moscow, CDC has been actively engaged with senior MOH staff, UNAIDS and M&E experts working to advance surveillance programs, particularly among MARPs. At the end of FY07, CDC was asked by the MOH to support further surveillance on MSMs, an under-studied risk group in Russia.

One significant change of plan for FY07 was the delay of the HIV prevention pilot program with the Russian Ministry of Defense. After much debate, DOD determined and PEPFAR approved, that the DOD prevention portion of the FY07 COP would be postponed. The funds were reprogrammed to other areas until the impasse is resolved. DOD postponed hiring an FSN program monitor because of delays. The primary in-country DOD/Office of Defense Cooperation (ODC) staff member responsible for

program oversight left at the end of the FY and the replacement arrived in September.

Within the USG framework: USAID is responsible for enhancing the GOR's public health response, HIV/AIDS prevention, treatment, care and support focused on MARPs, outreach to the faith based community, HIV/AIDS policy, diagnosis and treatment of co-infections and other related infectious diseases (ID), drug use prevention programs and "wrap around" programs in reproductive health, TB, vulnerable youth and child welfare; the Embassy's EST section is responsible for engendering greater political and scientific leadership in battling HIV and has been advancing the dialogue on HIV vaccine research with the MOH and establishment of new Public Health Centers of Excellence; the Embassy's Public Affairs (PA) section is responsible for managing all USG messages and external events on this subject and the Embassy's International Narcotics and Law Enforcement Section (INL) is the focal point for all issues related to drug trafficking and illegal drug use, border control of drug transport, and drug demand reduction. CDC plays a key role in advancing strategic information through surveillance work, particularly for MARPs, rapid testing of pregnant women and pediatric AIDS. As a HHS Country representative, CDC provides continuity for other HHS programs with NIH and SAMHSA as well; NIH sponsors HIV-related research on multiple topics, particularly initiating a study on the use of naltrexone for substance abusers (in IRB final clearance); and the Substance Abuse and Mental Health Support Agency (SAMHSA) works to support curriculum development, linking HIV and substance abuse services (FY06 funds) and is responsible for providing guidance on comprehensive packages for substance abuse programs within the USG team. USAID mechanisms are used to implement SAMHSA initiatives, and USAID works closely with the CDC and SAMHSA representatives. The Department of Defense (DOD) is responsible for the USG support to leadership and developing better prevention programs in the military.

The Economic Affairs section (ECON), which includes the Assistance Coordinator for all Freedom Support Act funds (FSA), is charged with overseeing all FSA account AIDS resources. In FY07, the FSA account financed 43% of PEPFAR programs in Russia and 80% of all "wrap-around" programs in maternal and child health, family planning, vulnerable children and ID.

In FY08, the FSA account is expected to cover nearly 67% of the AIDS programs (\$8m of \$12m) and 100% of all other related health programs. The management and coordination function that USAID plays is critical for effective links within the overall health portfolio.

In FY08, USAID will continue to play the key coordination and liaison role with PEPFAR for the Embassy and will continue to manage all interagency PEPFAR and Global Fund reporting and most of the administrative and local accounting and contracting support. Reporting on disease progression will be handled collaboratively with the new CDC advisor.

Staffing patterns in FY07 were as follows: USAID had 1 full-time USDH HIV/AIDS Officer (for 75% of the year), 2 quarter time USDH officers, 2 full-time FSN professionals, 1 quarter-time senior FSN, 1 half-time health professional (shared with CDC), 1 quarter time FSN driver and 1 half time budget person. USAID agreed to cost-share one HIV advisor with CDC and shared one administrative staff working on the TB program (with non-PEPFAR funds). USAID took on the responsibilities of the DOD FSN professional who was not hired given program launch delays. The DOD's ODC continued to dedicate a small part of one USDH staff person's time and relies on USAID for technical support. USAID will continue at this level of staffing for the FY08 plan. The new USDH HIV/AIDS advisor arrived in September and the current acting USDH will remain as only 25%, as noted above. The new Health Office Director will continue a 25% contribution as was done previously.

In FY07 CDC had 1 USDH in place and provided cost-sharing on 2 FSN staff members working with USAID, 1 health professional and 1 administrative program manager. This staffing pattern will continue in FY08. The CDC programming mechanism is under negotiation and is expected to be established by October FY08. CDC has allocated considerable time in FY07 working on the UNAIDS M&E working group and was able to participate in an important CIS regional HIV mapping exercise in June 07.

The Embassy's EST sector allocated less than 10% technical staff time of one USDH and two professional FSNs in FY07. The non-PEPFAR FSN AIDS research specialist, who began work in October 2006 (NIH-funded 1-year position) continued through FY07. EST is currently discussing with NIH the renewal of this position in FY08. This person works closely with CRDF on AIDS research, helped initiate dialogue with the GOR on possible joint vaccine research and will facilitate the launch of the Public Health Centers of Excellence in FY08.

In FY07, the SAMHSA team did not support an FSN administrative assistant as planned given that FY06 NIH funds and FY07 funds for substance abuse programs were reprogrammed through USAID. SAMSHA continues to allocate staff time of a USDH in Washington for technical oversight and support and sent one senior substance abuse advisor to the annual Substance Abuse meeting in Moscow to address issues of medication assisted therapy in May 07.

In-country, EST, USAID, CDC, ECON, ODC and PA devote substantial portions of direct hire staff time to managing, budgeting and evaluating HIV/AIDS programs and on reporting. USAID also devotes considerable staff time to donor coordination with USAID representation on the GOR's Country Coordinating Mechanism (CCM) for the Global Fund, the UN Theme Group on HIV/AIDS and UNAIDS' monitoring and evaluation working group, and maternal health committees. The total OE funded DH time attributed to PEPFAR for the Embassy is estimated to be 2 full-time FTE (although 5 additional USDH spend less than 10 percent on AIDS).

The "cost of doing business" in Russia is as follows: estimated ICASS costs in FY08 will total about \$51,340 for USAID; and \$52,000 for CDC. Approximate CSCS fees are \$34,000 for CDC. IRM tax (USAID only) is estimated at \$34,800. Due to CDC accounting procedures, all costs for the CDC advisor posting (including housing, schooling, salary, ICASS, and CSCS) are reflected in the M&S section. The M&S costs are an estimated 7.1% of the overall budget.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3873.08 **Mechanism:** FSN&PSC Staff
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: FSA account **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 6113.08 **Planned Funds:** \$251,860
Activity System ID: 17939

Activity Narrative: In FY07, USAID had one full-time USDH HIV/AIDS Officer for three quarters of the year, two quarter time USDH officers, two full-time FSN professionals, one half time FSN professional, one quarter time FSN professional, one half time FSN administrative staff person's time, and a half time budget person. The DOD's Office of Defense Cooperation (ODC) dedicated a small part of one USDH staff person's time and relied on USAID for technical support. They did not hire a new FSN as planned due to delays in the DOD/MOD project thus USAID and DOD shared the FSN located in USAID until the end of his contract in May 2007. Overall in FY07, USAID reduced its technical staff person's time by 1.5 and cut administrative staff by one--despite the growing workload. In FY08, the FSA account is expected to cover 66% of AIDS programs and 100% of all "wrap-around" programs. The coordination function within the overall health portfolio is therefore important to maintain internal cohesion across Embassy operations. USAID and CDC will share the costs of two FSN staff members and share administrative oversight of the HHS/SAMSHA-initiated activities through USAID partners.

Within the USG framework USAID is responsible for enhancing the GOR's public health response, HIV/AIDS prevention, treatment, care and support focused on MARPs, outreach to the faith based community, HIV/AIDS policy, diagnosis and treatment of co-infections and other related infectious diseases (ID), substance abuse prevention programs targeted to youth and "wrap around" programs in reproductive health, tuberculosis and vulnerable youth. Given the labor intensive nature of launching new programs and setting up new PEPFAR reporting systems, introducing and facilitating the work of new USG agencies (SAMSHA and CDC), there was substantial additional USAID USDH level of effort exerted in FY07 that was not reflected in last year's COP. In FY08, USAID will continue to play the key coordination and liaison role with PEPFAR for the Embassy and will also continue to manage all interagency PEPFAR and Global Fund reporting and most of the administrative and local accounting and contracting support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11005

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27023	6113.27023.09	U.S. Agency for International Development	US Agency for International Development	11085	3873.09	FSN&PSC Staff	\$318,971
11005	6113.07	U.S. Agency for International Development	US Agency for International Development	5695	3873.07	FSN&PSC Staff	\$279,200
6113	6113.06	U.S. Agency for International Development	US Agency for International Development	3873	3873.06	FSN&PSC Staff	\$516,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6021.08 **Mechanism:** ICASS
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development

Funding Source: FSA account

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 12020.08

Planned Funds: \$51,340

Activity System ID: 17940

Activity Narrative: Estimated ICASS costs in FY07 will total \$51,340 for USAID, which covers transportation, translation, guard services, office space, office equipment, etc for two full-time FSN health professionals, a quarter of an additional senior FSN professional, a half of one additional senior FSN professional, one half time FSN administrative staff person's time, and a half time budget person. This does not include the ICASS costs for the equivalent of one and a half direct hire staff which is covered under USAID OE costs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12020

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27024	12020.2702 4.09	U.S. Agency for International Development	US Agency for International Development	11086	6021.09	Admin Costs	\$52,500
12020	12020.07	U.S. Agency for International Development	US Agency for International Development	6021	6021.07	ICASS	\$25,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6022.08

Mechanism: IRM tax

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: FSA account

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 12021.08

Planned Funds: \$34,800

Activity System ID: 17941

Activity Narrative: In order for the USAID in-country staff to function effectively, there is a need for computer and other non-program technical support that will be funded through the IRM tax applied under the USAID portion of the funding. The IRM tax in FY08 is estimated at \$34,800.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12021

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27021	12021.2702 1.09	U.S. Agency for International Development	US Agency for International Development	11087	6022.09	IRM tax	\$32,550
12021	12021.07	U.S. Agency for International Development	US Agency for International Development	6022	6022.07	IRM tax	\$34,800

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8265.08	Mechanism: Staff
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18818.08	Planned Funds: \$0
Activity System ID: 18818	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9483.08	Mechanism: N/A
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 21890.08	Planned Funds: \$44,000
Activity System ID: 21890	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6023.08 **Mechanism:** ICASS
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 12028.08 **Planned Funds:** \$52,000
Activity System ID: 16797
Activity Narrative: Estimated ICASS costs in FY 08 for CDC \$52,000 for CDC which will cover translation, transportation, office space, office equipment and computer costs (IT) etc for one direct hire and one full-time or two part-time FSN staff members.
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12028
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12028	12028.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6023	6023.07	ICASS	\$64,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6024.08 **Mechanism:** CSCS
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 12029.08 **Planned Funds:** \$34,000
Activity System ID: 16798
Activity Narrative: Approximate CSCS fees are \$34,000 which cover support for desk and non-desk positions overseas for CDC.
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12029
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12029	12029.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6024	6024.07	CSCS	\$56,288

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6031.08 **Mechanism:** Staff
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 12031.08 **Planned Funds:** \$414,000

Activity System ID: 16799

Activity Narrative: The Centers for Disease Control has played a key role in advancing work on strategic information, and rapid testing of pregnant women and pediatric AIDS. CDC recruited a full-time USDH medical and strategic information advisor for a Moscow posting who arrived in December 2006. In FY 08 CDC will continue support for the Advisor in Moscow, which will include housing and educational costs for the Advisor as well as salary. CDC is cost-sharing two part-time FSN USAID staff members in Moscow.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12031

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27287	12031.2728 7.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11387	6031.09	Staff Salaries	\$32,000
12031	12031.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6031	6031.07	Staff	\$374,000

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes	X	No

When will preliminary data be available?

Is a Health Facility Survey planned for fiscal year 2008?	Yes	X	No
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When will preliminary data be available?

Is an Anc Surveillance Study planned for fiscal year 2008?	Yes	X	No
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If yes, approximately how many service delivery sites will it cover?	Yes		No
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When will preliminary data be available?

Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	Yes	X	No
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Other Significant Data Collection Activities

Name: Biologic and behavioral surveillance among MARPs/PEPFAR-funded

Brief Description of the data collection activity:

Biological and behavioral studies of CSWs and IDUs in St.Petersburg and Orenburg regions will be conducted through CDC-supported project.

Preliminary Data Available:

12/1/2008

Name: Biologic and behavioral surveillance among MARPs/UNODC-WHO

Brief Description of the data collection activity:

Biological and behavioral studies of IDUs in Chelyabinsk, Irkutsk, Voronezh and Tatarstan regions will be conducted through a UNODC-supported project.

Preliminary Data Available:

12/1/2008

Name: Biologic and behavioral surveillance among MARPs/Global Fund Round 3

Brief Description of the data collection activity:

Biological and/or behavioral studies of risk groups (CSWs and/or IDUs and/or MSMs) are conducted annually in some of the 10 regions that are supported by Global Fund resources.

Preliminary Data Available:

12/1/2008

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
07 08 31_Russia FY08 Mini-COP_AB Justification_v2.doc	application/msword	9/21/2007	VBiryukova uploaded on September 21	Justification for AB Budgetary Requirements	VBiryukova
Acronym List.doc	application/msword	9/21/2007	Acronym List	Other	VBiryukova
Ambassador Cover Letter_signed.pdf	application/pdf	9/24/2007	Ambassador Burns' letter	Ambassador Letter	VBiryukova
PEPFAR COP Exec Summary Sept 24 2007.doc	application/msword	9/24/2007	Executive Summary Russia COP08	Executive Summary	VBiryukova
Russian Federation Global Fund Supplemental.doc	application/msword	9/24/2007	Global Fund Supplemental	Global Fund Supplemental*	VBiryukova
Russia TB Program.doc	application/msword	9/26/2007	Description of USG-supported TB programs in Russia	Other	VBiryukova
FY08 COP \$12M budget worksheet 09-20-07.xls	application/vnd.ms-excel	9/27/2007	Budget Worksheet by partner and agency by 14 program areas	Other	VBiryukova
Russia PEPFAR program-level targets COP 08- final sept 07.xls	application/vnd.ms-excel	9/27/2007	Excel spreadsheet with program-level targets by partner	Other	VBiryukova

COP_08_Explanation_of_Target _Calculations_27_09_07.doc	application/msword	9/28/2007	Explanation of direct and indirect targets for table 2 and 3	Explanation of Targets Calculations*	VBiryukova
2007 09 27 Russia FY08 COP Submission_BRW.xls	application/vnd.ms- excel	9/28/2007	COP08 Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	VBiryukova
Russia staffing spreadsheet - finalized October 07.xls	application/vnd.ms- excel	10/11/2007	Staffing Spreadsheet for Mini-Cop 08	Other	VBiryukova
Russia_Mini-COP Functional Staff Chart.doc	application/msword	11/5/2007	Functional Staff Chart	Other	MLee