The Global Fund to Fight AIDS, Tuberculosis and Malaria

Geneva, July 2002

For the use of the Global Fund Secretariat:
Date Received:
ID No:

PROPOSAL FORM

Before starting to fill out this proposal form, please read the *Guidelines for Proposals* carefully. When completing each question in the proposal form, please note the reference given to the corresponding section of the guidelines.

<u>This form is divided into 4 main parts</u>:

SECTION I is an executive summary of the proposal and *should be filled out only AFTER the rest of the form has been completed.*

SECTION II asks for information on the applicant.

SECTION III seeks summary information on the country setting.

SECTIONS IV to VIII seek details on the content of the proposal by different components.

<u>How to use this form</u>:

1. **Please read ALL questions carefully**. Specific instructions for answering the questions are provided.

2. Where appropriate, indications are given as to the approximate **length of the answer** to be provided. Please try, as much as possible, to respect these indications.

3. **All answers, unless specified otherwise, should be provided in the form**. If submitting additional pages, please mark clearly on the pages which section and numbered question this relates to.

4. To avoid duplication of efforts, we urge you to **make maximum use of existing information** (e.g., from programme documents written for other donors/funding agencies).

5. When **using tables**, all cells are automatically expanded as you write in them. Should you wish to **add a new row**, place the cursor on the outside of the cell at the bottom right-hand corner of the table and press ENTER.

   To copy tables, select all cells in the table and press CTRL+C. Place cursor where you would like the new table to begin and press CTRL+V.

   Please DO NOT fill in shaded cells.

SECTION I: Executive summary of Proposal

Please note: The Executive Summary will be used to present an overview of the proposal to various members of the Secretariat, the Technical Review Panel and the Board of the Global Fund.
TO BE COMPLETED AFTER THE OTHER SECTIONS HAVE BEEN FILLED OUT

General information: *Table I.a*

Proposal title (Title should reflect scope of proposal)**:**	**Strengthening National Prevention and Care Programmes on HIV/AIDS in Mongolia**			
Country or region covered:	**Mongolia**			
Name of applicant:	**Country Coordination Mechanism (CCM), Mongolia**			
Constituencies represented in CCM (write the number of members from each Category)**:**	**13**	**Government – Health ministry**	**4**	**UN/Multilateral agency**
	3	**Government – Other ministries**	**0**	**Bilateral agency**
	4	**NGO/Community-based organizations**	**2**	**Academic/Educational Organizations**
	1	**Private Sector**	**1**	**Religious/Faith groups**
	0	**People living with HIV/TB/Malaria***	**-**	**Other** (please specify):
If the proposal is NOT submitted through a CCM, briefly state why:	NA			

Specify which component(s) this proposal is targeting and the amount requested from the Global Fund:** *Table I.b*

			Amount requested from the GF (USD thousands)					
			Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Component(s) (mark with X)**:**	**X**	**HIV/AIDS**	662,219	609,404	638,856	551,636	534,988	2,997,103
		Tuberculosis						
		Malaria						
		HIV/TB						
		Total	**662,219**	**609,404**	**638,856**	**551,636**	**534,988**	**2,997,103**
Total funds from other sources for activities related to proposal			**661,520**	NA	NA	NA	NA	**NA**

Please specify how you would like your proposal to be evaluated** (mark with X):

The Proposal should be evaluated as a whole	**X**
The Proposal should be evaluated as separate components	

* According to national epidemiological profile/characteristics

** If the proposal is fully integrated, whereby one component cannot be separated from another, and where splitting budgets would not be realistic or feasible, only fill the "Total" row.

*** This will ensure the proposal is evaluated in the same spirit as it was written. If evaluated as a whole, all components will be considered as parts of an integrated proposal. If evaluated as separate components, each component will be considered as a stand-alone component.

Brief proposal summary (1 page)(please include quantitative information where possible)**:**

- **Describe the overall goals, objectives and broad activities per component, including expected results and timeframe for achieving these results:**

Mongolia is in the very early stage of the HIV epidemic. Among 2.4 million population, only three reported cases of HIV (1992, 1997 and 2001). Two were infected through sexual contact with foreigners and the latest contact source is unknown.
The overall goal of this programme is to prevent HIV/AIDS epidemic in Mongolia through strengthening of the national HIV/AIDS/STI prevention and care programmes. There are 9 objectives in the programme, which will focus on 5 important strategies: (1) information, education and communication through school education, peer education and mass media information and communication; (2) condom promotion including availability and accessibility for general population and specific condom promotion programme in sex workers (the 100% condom use approach); (3) strengthening STI services in all STI facilities at provincial (aimag) level and promoting the use of syndromic management at district (soum) level facilities along the border areas; (4) blood safety at rural and border areas; and (5) strengthening health facilities on HIV/AIDS care. It is expected that this 5-year programme will add significant value to the national response against the threat of HIV/AIDS to the country. In particular, the programme, which has very strong public-private partnership, will be a foundation for multisectoral response and sustainable national programme to combat HIV/AIDS epidemic. It will be an example of a low endemic country to demonstrate the success of comprehensive prevention programme to prevent HIV/AIDS before it becomes epidemic. In addition, it will also be a good example for developing national response against other social and health problems in the country.

- **Specify the beneficiaries of the proposal per component and the benefits expected to accrue to them** (including target populations and their estimated number):

Despite the threat of HIV/AIDS epidemic due to extremely high STI prevalence in the general population and the rapidly increasing epidemic in China and Russia, the two neighboring countries, as well as various vulnerable factors (high level of mobility in the population, poverty and low education), it is expected that the programme should be able to prevent the spread of sexually transmitted infections in the population and maintain the low level of HIV/AIDS epidemic in the country. The beneficiaries of the programme include general population and many groups vulnerable to HIV, including the following:
- Young people (over 1,000,000 people, as 50% of the population are under the age of 23)
- Sex workers (around 3,000)
- Mobile population (around 7,000)
- Factory workers (around 24,000)
- Military personnel (25,000)
- STI patients (70,000).
- Men who have sex with men (MSM) (estimated to be around 1,200)
In addition, programme on peer education will cover drug users, although the exact number of this group is not available at the present time.

- **If there are several components, describe the synergies, if any, expected from the combination of different components** (By *synergies*, we mean the added value the different components bring to each other, or how the combination of these components may have effects beyond the effects of each component taken individually):

In the first round, the TB proposal was already approved by the GFATM. It is expected that the two components (TB and HIV/AIDS) will enhance the effectiveness of each other. For example, strong TB programme will contribute to the reduction of AIDS illness; and a strong HIV/AIDS programme that advocate the linkage between TB and HIV will raise awareness of policy makers as well as general population, resulting in the strengthening of TB programme in the country.

SECTION II: Information about the applicant

Table IIa serves to help you know which questions you should answer in this Section, reflecting the different types of application mechanisms and proposals.

For further guidance on who can apply, refer to Guidelines para. II.8–33

Table IIa

Application mechanism	Type of proposal	Questions to answer
National CCM	Country-wide proposal *(Guidelines para. 14–15)*	1–9
Regional CCM	Coordinated Regional proposal from multiple countries reflecting national CCM composition *(Guidelines para. 24–25)*	1–9 and 10
	Small Island States proposal with representation from all participating countries but without need for national CCM *(Guidelines para. 24 and 26)*	
Sub-national CCM	Sub-national proposal *(Guidelines para. 27)*	1–9 and 11
Non-CCM	In-country proposal *(Guidelines para. 28–30)*	12 – 16
Regional Non-CCM	Regional proposal *(Guidelines para. 31)*	12 – 15 and 17

Proposals from countries in complex emergencies will be dealt with on a case-by-case basis (Guidelines para. 32)

Country Coordinating Mechanism (CCM), (Refer to *Guidelines paragraph 72–78)*

Table IIb

Preliminary questions	(Yes/No)
a). Has the CCM applied to the Fund in previous rounds?	Yes
b). Has the composition of the CCM changed since the last submission?	Yes
c). If composition of CCM has changed, briefly outline changes (e.g., list of new members or sector representatives)**:** In August 2002, the CCM was revised to add more members from non-government sectors, including representative from Academic institutions, Religious sector, and United Nations Agencies.	

1. **Name of CCM** (e.g., CCM Country name, National Committee to fight AIDS, TB and Malaria, etc):

   NATIONAL AIDS/STI AND TB STEERING COMMITTEE

2. **Date of constitution of the current CCM** (The date the CCM was formed for the purpose of the Global Fund application. If the CCM builds on or uses existing processes – which is encouraged – please explain this in Question 3)**:**

   Year 1995

3. **Describe the background and the process of forming the CCM** (including whether the CCM is an entirely new mechanism or building on existing bodies, how the other partners were contacted and chosen, etc.), (1 paragraph):

   The current CCM is built on the existing National AIDS/STI Steering Committee. Which was first established in 1995 in order to coordinate an effective response to the National HIV/AIDS and TB programme. The members were selected from various sectors involving in the prevention and care program of STI/HIV and TB. The Committee was revised in

January 2002 to follow the recommendation provided from the GFATM meeting in Bangkok.

3.1. If the CCM is or includes an already existing body, briefly describe the work previously done, programmes implemented and results achieved (1 paragraph):

The committee formulated the national policies on HIV/AIDS/STI, and coordinated national planning workshops and developed national plan for HIV/AIDS/STI for 2001-2004.

4. Describe the organizational processes (e.g., secretariat, sub-committee, stand-alone; describe the decision-making mechanism. Provide Terms of Reference, operating rules or other relevant documents as attachments), (1 paragraph):

The committee has 28 members from various sectors. The Vice Minister of Health chairs the Committee. The secretary is the officer for communicable diseases, Ministry of Health. The Terms of Reference are as follows:

1. To develop and implement policies, directions and programs on fighting and preventing AIDS/STI/TB and provide the organizations that run activities in the field with expertise and methodological management;
2. To report on situation of AIDS/STI/TB and actions to fight and prevent them to the councils of Minister for Health and Minister for Social Welfare and Labor and National Committee for Coordination of the actions to prevent AIDS/STI/TB and let them make decisions;
3. To determine funds required for implementation of national policies and programs to prevent AIDS/STI/TB and provide assistance in increasing state budget and assistance of foreign and domestic donors;
4. To monitor and evaluate implementation of policies and programs to fight AIDS/STI/TB;
5. To take measures to enhance the capacity of professional organizations to reveal, diagnose and treat AIDS/STI/TB and malaria.

(Also see Attachment 6: The Joint Decree for establishing the CCM)

5. Describe the mode of operation of the CCM (e.g., frequency of meetings, functions and responsibilities of the CCM. Provide the minutes or records of previous meetings as attachments), (1 paragraph):

1) The committee plan to have a meeting quarterly, if necessary, the CCM will have additional irregular meetings;
2) Functions and responsibilities:

    1) Coordinate HIV/STI and TB prevention policies, programs and activities
    2) Strengthen HIV/STI and TB services
    3) Improve program management
    4) Support capacity building
    5) Support involvement of NGOs in HIV/STI and TB prevention and care activities
    6) Develop and submit proposals for submission to the Global Fund to Fight AIDS, TB and Malaria
    7) Supervise, monitor and evaluate the implementation of projects approved for funding by the Global Fund to Fight AIDS, TB and Malaria
    8) Ensure proper financial management in Global Fund-assisted projects

(Also see Attachment 7: The minutes of previous CCM meetings)

6. **Describe plans to enhance the role and functions of the CCM in the next 12 months, including plans to promote partnerships and broader participation as well as communicating with wider stakeholders, if required** (1 paragraph):

1) To develop and submit a new proposal on HIV/AIDS for the GFATM;
2) To coordinate proposal on TB control which is supported by the GFATM;
3) To monitor and evaluate the proposal of project which supported by the GFATM. (TB component);
4) To coordinate the HIV/AIDS programme, if funded by the GFATM, through an appointment of Programme Management Team and a secretariat group as well as technical advisory teams in various areas covered by the programme;
5) To conduct monitoring and evaluation activities of the HIV/AIDS Component, if being funded by the GFATM;
6) To promote regular information sharing with the public on the details and the progress of the programme;
7) To organize annual meeting among participating agencies for annual report, experience sharing and planning for the next steps;
8) Organize regular meeting for coordinating national programme HIV/STI and TB on quarterly basis based on the Terms of Reference of the Committee.

7. Members of the CCM (*Guidelines para. II.16 – 22)*:

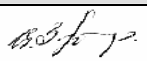
Please note: All representatives of organizations included in the CCM must sign this page to be included in the original, hard-copy proposal sent to the Secretariat. The signatures must reach the Secretariat before the deadline for submitting proposals.

Please print additional pages if necessary, including the following statement:

"We the undersigned hereby certify that we have participated throughout the CCM process and have had sufficient opportunities to influence the process and this application. We have reviewed the final proposal and are happy to support it. We further pledge to continue our involvement in the CCM if the proposal is approved and as it moves to implementation"

Table II.7

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Ministry of Health, Gov	N. Udval	Vice Minister, of Health	10,09,02	
Main role in CCM				
• Chair person of the CCM • Policy formulation and provide direction for Ministry of Health's programmes on HIV/AIDS/STI/TB relating to the GFATM-assisted programmes				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Mongolian Youth Federation, NGO	L. Zorigtbaatar	President	16,09,02	
Main role in CCM				
• A member representing NGO on youth and adolescent; • Provide technical advice to the CCM in the areas of youth and adolescent programmes; • Promotion and implementation of activities related to youth and adolescent.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
National AIDS Foundation, NGO	Kh. Enkhjargal	Executive Director	11,09,02	
Main role in CCM				
• A member representing NGO on HIV/AIDS; • Provide technical advice to the CCM in the areas HIV/AIDS prevention and care; • Building partnership among national NGOs and between NGOs and the Government as well as private sector; • Promotion and implementation of activities on HIV/AIDS • Resource mobilization for HIV/AIDS prevention and care				

* E.g. People living with HIV/ TB/ malaria, NGOs/ Community-based organisation, Private Sector, Religious/ Faith groups, Academic/ Educational Sector, Government Sector.

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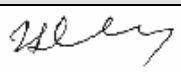
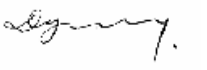
Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Mongolian Democratic Socialist Women's Association, NGO	O. Baigalmaa	President	13,09,02	
Main role in CCM				
• A member representing NGO on gender and human rights • Provide technical advice to the CCM on the issues relating to gender and human rights				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Mongolian Anti-TB Association (MATA), NGO	G. Tsogt	President	12,09,02	
Main role in CCM				
• A member representing national NGO working on TB; • Provide technical advice to the CCM on TB control; • Implementation of national TB programme.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Private STI Clinic, Private sector	Ts. Munkhtogoo	Director	12,09,02	
Main role in CCM				
• A member representing private sector; • Provide technical advice to the CCM on STI care and prevention; • Provide services to target groups on STI care.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
National Centre for Health Development, (MOH), Government	D. Dulamsuren	Director	10,09,02	
Main role in CCM				
• A member representing a center from Ministry of Health; • Provide technical advice to the CCM in the areas of health promotion, information-education and communication (IEC), • Human resource development • Dissemination of updated information relating to HIV/AIDS/STI/TB and other related health situation.				

* E.g. People living with HIV/ TB/ malaria, NGOs/ Community-based organisation, Private Sector, Religious/ Faith groups, Academic/ Educational Sector, Government Sector.

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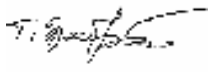
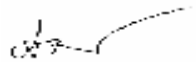
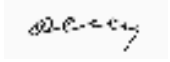
Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Department of Policy Implementation and Coordination, Ministry of Health (MOH), Government	T. Erkhembaatar	Director	10,09,02	
Main role in CCM				
• The Vice Chair Person of CCM • A member representing a department from Ministry of Health; • Provide technical advice to the CCM in the areas of policy development, policy implementation, partnership development, financial management and resource mobilization				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Department of Information, Monitoring & Evaluation, MOH, Government	P. Altankhuyag	Deputy Director	16,09,02	
Main role in CCM				
• A member representing a department from Ministry of Health; • Provide technical advice to the CCM on information gathering, monitoring and evaluation of the programme.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Communicable Disease Control, MOH, Government	D. Narangerel	Officer	10,09,02	
Main role in CCM				
• The Secretary of the CCM • A member from Ministry of Health; • Provide technical advice to the CCM in the areas communicable disease prevention and control				

* E.g. People living with HIV/ TB/ malaria, NGOs/ Community-based organisation, Private Sector, Religious/ Faith groups, Academic/ Educational Sector, Government Sector.

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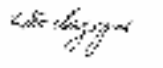
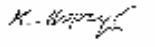
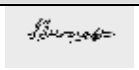
Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Department of Strategy and Planning, Ministry of Labour and Social Welfare, Government	D. Dagvadorj	Director	12,09,02	
Main role in CCM				
• A member representing a non-health ministry; • Provide technical advice to the CCM on policy development, vulnerable groups, workplace programmes, social support, population policies, gender issue.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Department of Policy & Implementation, Ministry of Science, Education and Culture, Government	N. Nergui	Officer	16,09,02	
Main role in CCM				
• A member representing non-health ministry (the ministry responsible for education); • Provide technical advice to the CCM on primary and secondary school education, and IEC activities in educational facilities.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Gandan Tegchilen Monastery, Religious	Yo. Amgalan,	Deputy Khamba Lama	12,09,02	
Main role in CCM				
• A member representing religious sector; • Provide technical advice to the CCM on religious affairs and promotion of socially acceptable norms.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Medical University of Mongolia, Academic	B. Khandsuren	Head of the Department of skin and STI	12,09,02	
Main role in CCM				
• A member representing an academic institution; • Provide technical advice to the CCM on the advancement of HIV/AIDS science and technology, as well as the effective prevention and control measures.				

* E.g. People living with HIV/ TB/ malaria, NGOs/ Community-based organisation, Private Sector, Religious/ Faith groups, Academic/ Educational Sector, Government Sector.

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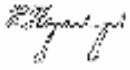
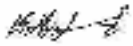
Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Officer for Poverty Alleviation, Ministry of Labour and Social Welfare, Government	D. Narangerel,	Officer	12,09,02	
Main role in CCM				
• A member representing non-health ministry; • Provide technical advice to the CCM on poverty eradication, mobile population, rural development, and resource mobilization.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
State Inspectorate for Health, Government	A. Buzmaa	Deputy Director	1-,09,02	
Main role in CCM				
• A member representing a non-health sector of the government; • Provide technical advice to the CCM on quality assurance of drugs, products, commodities and services.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Pathology and Criminal Centre, Government	Ch. Batsaikhan	Director	10,09,02	
Main role in CCM				
• A member representing a non-health sector of the government; • Provide technical advice to the CCM on forensic medicine.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Blood Centre, Government	Ts. Ulaankhuu	Director	10,09,02	
Main role in CCM				
• Provide technical advice to the CCM on policy development and blood safety • Implementer on blood safety programme				

* E.g. People living with HIV/ TB/ malaria, NGOs/ Community-based organisation, Private Sector, Religious/ Faith groups, Academic/ Educational Sector, Government Sector.

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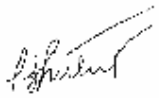
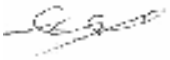
Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Mental Health and Narcology Centre, Government	L. Erdenebayar	Director	11,09,02	
Main role in CCM				
• Provide technical advice to the CCM on drug use and alcohol abuse, counseling, stigmatization, human rights, discrimination, psychological care and support.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
National Centre for Communicable Diseases (NCCD), Government	N. Tsend	First Deputy Director	11,09,02	
Main role in CCM				
• Provide technical advice to the CCM on surveillance, general communicable disease control, HIV/AIDS prevention and STI care.				

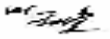
Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
National Centre for Communicable Diseases (NCCD), Government	N. Naranbat	Deputy Director	12,09,02	
Main role in CCM				
• Provide technical advice to the CCM on tuberculosis control programme.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
STI/AIDS Department, NCCD, Government	Kh. Davaajav,	Head	12,09,02	
Main role in CCM				
• Provide technical advice to the CCM on surveillance, STI services, care and counseling.				

* E.g. People living with HIV/ TB/ malaria, NGOs/ Community-based organisation, Private Sector, Religious/ Faith groups, Academic/ Educational Sector, Government Sector.

"We the undersigned hereby certify that we have participated throughout the CCM process and have had sufficient opportunities to influence the process and this application. We have reviewed the final proposal and are happy to support it. We further pledge to continue our involvement in the CCM if the proposal is approved and as it moves to implementation"

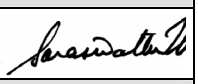
Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
National Centre for Communicable Diseases NCCD, Government	R. Oyungerel	Deputy Director	13,09,02	
Main role in CCM				
• Provide technical advice to the CCM on medical care programme.				

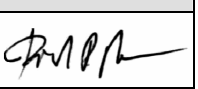
Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
Laboratory Department, NCCD, Government	S. Tsogtsaikhan	Head	12,09,02	
Main role in CCM				
• Provide technical advice to the CCM on diagnostic measures relating to HIV/AIDS/STI and TB programmes. • Provide support to the HIV/AIDS/STI surveillance programme				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
United Nations Country Team on HIV/AIDS, UN agencies, and the representative of WHO.	R. Hagan.	WHO Repre-sentative, Mongolia, Chairman of the United Nations Country Team on HIV/AIDS	11,09,02	
Main role in CCM				
• A member representing the country team of United Nations agencies • Provide technical advice to the CCM on policy development, resource mobilization, partnership building, young people and vulnerable groups, human rights, gender, poverty reduction, and sustainable development.				

* E.g. People living with HIV/ TB/ malaria, NGOs/ Community-based organisation, Private Sector, Religious/ Faith groups, Academic/ Educational Sector, Government Sector.

"We the undersigned hereby certify that we have participated throughout the CCM process and have had sufficient opportunities to influence the process and this application. We have reviewed the final proposal and are happy to support it. We further pledge to continue our involvement in the CCM if the proposal is approved and as it moves to implementation"

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
UNDP, UN Agency	Ms. Saraswathi Menon	UNDP Resident Representative	18.09.02	
Main role in CCM				
• A member representing a UN agency; • Provide technical advice to the CCM on population development, poverty reduction, and sustainable development.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
UNICEF, UN Agency	Ms. Frances Cosstick	Programme Manager	19.09.02	
Main role in CCM				
• A member representing a UN agency; • Provide technical advice to the CCM on life skills and young people.				

Agency/Organization (including type*)	**Name of representative**	**Title**	**Date**	**Signature**
UNFPA, UN Agency	Ms. Linda Demers	UNFPA Representative	18.09.02	
Main role in CCM				
• A member representing a UN agency; • Provide technical advice to the CCM on reproductive health, STI care, and condom promotion.				

7.1 Provide as attachment the following documentation for private sector and civil society CCM members:

- **Statutes of organization** (official registration papers)
- **A presentation of the organization, including background and history, scope of work, past and current activities**
- **Reference letter(s), if available**
- **Main sources of funding**

See Attachment 8: Documentation for the following private sector and civil society CCM members:

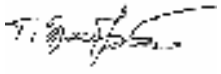
A. Mongolian Youth Federation
B. National AIDS Foundation
C. Mongolian Democratic Socialist Women's Association
D. Mongolian Anti-TB Association
E. Private STI Clinic

7.2 If a CCM member is representing a broader constituency, please provide a list of other groups represented.

NA

8. Chair of the CCM and alternate Chair or Vice-Chair

Table II.8

	Chair of CCM	Alternate Chair/Vice-Chair
Name	Dr. N Udval	Dr. T Erkhembaatar
Title	Vice Minister of Health	Director, Department of Policy Implementation and Coordination, Ministry of Health
Address	Ministry of Health, Olympic Street-2 Ulaanbaatar 51, Mongolia	Ministry of Health, Olympic Street-2 Ulaanbaatar 51, Mongolia
Telephone	976-99113905	976-99158132; 976-11-322990
Fax	976-11-327872	976-11-327872
E-mail	udval@moh.mng.net	Erchem@mkh.mng.net
Signature		

9. Contact persons for questions regarding this proposal (please provide full contact details for two persons – this is necessary to ensure expedient and responsive communications):

Please note: The persons below need to be readily accessible for technical or administrative clarification purposes by the Secretariat or the TRP members.

Table II.9

	Primary contact	Second contact
Name	Dr N Udval	Dr A. Oyunbileg
Title	Vice Minister of Health	Principal Investigator, Antenatal STI Survey, MOH
Address	Ministry of Health, Olympic Street-2 Ulaanbaatar 51, Mongolia	Ministry of Health, Olympic Street-2 Ulaanbaatar 51, Mongolia
Telephone	976-99113905	976-11-315467, 976-99175712
Fax	976-11-327872	976-11-324683 (WHO Fax)
E-mail	udval@moh.mng.net	oyunbileg@mog.wpro.who.int

10. For coordinated regional proposals and Small Island States proposals describe how submitting this regional proposal adds value beyond the national level / what a national proposal could achieve *(Guidelines para. II.24),* (1 paragraph):

Not applicable (NA)

10.1. For coordinated regional proposals, provide evidence of support from the national CCM or, if there is none, from other relevant national authority as attachment (e.g, letter of endorsement from Chair/Alternate of CCM or equivalent documentation).

NA

11. Sub-national Proposal from Large Countries

11.1. Explain why a sub-national CCM mechanism has been chosen(1 paragraph):

NA

11.2. Describe how this proposal is consistent and fits with nationally formulated policies and/or how it fits with the national CCM plans *(Guidelines para. II.27),* (1 paragraph):

NA

11.3. Provide evidence of support from the national CCM or, if there is none, from other relevant national authority as attachment *(Guidelines para. II.27),* (e.g, letter of endorsement or equivalent documentation).

NA

Non-CCM applicant

12. Name of applicant: NA

13. Representative of organization applying: NA

Table II.13

	Representative	**Alternate**
Name		
Title		
Address		
Telephone		
Fax		
E-mail		

14. Contact persons for questions regarding this proposal (please provide full contact details for two persons – this is necessary to ensure expedient and responsive communications): NA

Please note: The persons below need to be readily accessible for technical or administrative clarification purposes by the Secretariat or the TRP members.

Table II.14

	Primary contact	**Secondary contact**
Name		
Title		
Address		
Telephone		
Fax		
E-mail		

15.Description of applying organization

15.1. Indicate what type of organization the applicant is (mark with X): NA

Table II.15.1

	Non-Governmental Organization (NGO) or network of NGOs
	Community based Organization (CBO) or network of CBOs
	Private Sector
	Academic/ Educational Sector
	Faith-based Organization
	Regional Organization
	Other (please specify):

15.2. Provide as attachment the following documentation: NA

- **Statutes of organization** (official registration papers)
- **A presentation of the organization, including background and history, scope of work, past and current activities**
- **Reference letter(s), if available**
- **Main sources of funding**

16. Justification for applying outside the CCM

16.1. Indicate reasons for not applying through the CCM (Explain clearly the circumstances, conditions and reasons; *Guidelines para. II.28–29*), (1–2 paragraphs):

NA

16.2. Have you been in contact with the CCM in your country or other relevant governmental agencies (e.g. Ministry of Health, National AIDS Council)**? If so, what was the outcome? If not, why?**

NA

16.3 Include letters from supporting organizations (e.g. human rights groups, NGO networks, bilateral or multilateral organizations, etc) supporting your reasons for not applying through a CCM as attachment.

NA

17. For regional proposals from Regional Organizations or International Non Governmental Organizations, describe how submitting this regional proposal adds value beyond the national level / what a national proposal could achieve *(Guidelines para. II.24),* (1 paragraph):

NA

17.1. Provide signed letters of endorsement from the national CCMs or, if there is none, from other relevant national authority for the countries covered by the proposal as attachment.

NA

SECTION III: General information about the country setting

*Please note: For **regional proposals**, the information requested in this section should reflect the situation in all countries involved, either in an aggregated form or by individual country. For **sub-national proposals**, the information requested should reflect the situation in the particular sub-national area within the overall country context.*

18. Describe the burden or potential burden of HIV/AIDS, TB and /or Malaria: (Describe current epidemiological data on prevalence, incidence or magnitude of the epidemics; its current status or stage of the epidemics; major trends of the epidemics disaggregated by geographical locations and population groups, where this data is available and/or relevant; *Guidelines para. III.37 – 38),* (1 – 2 paragraphs per disease covered in proposal):

Mongolia, a country in Central Asia with population of 2.4 million, is in an early stage of the epidemic with only three reported cases of HIV (1992, 1997 and 2001). Two were infected through sexual contact with foreigners and the latest contact source is unknown.

STIs are common and increasing among both the general adult population and vulnerable groups. STIs are the first leading group of communicable diseases reported in the country (40% of all reported infectious disease cases in 2001 (National Center for Health Development, Ministry of Health. Health Indicators, 2001). A survey among sex workers in Ulaanbaatar, the capital city of Mongolia, in 2001 revealed that 67% of them had at least one STI. Follow-up surveys in 2002 reported even higher percentages. In addition, health care providers report that STI incidence among blood donors and pregnant women seeking antenatal care has increased during the last decade. Compared with 1991, the prevalence of STI has increased 2.4 times in 2001. STI incidence among pregnant women increased 6.8 times from 1991 to 2001 (as 31% of them had at least one STI), and number of syphilis cases among blood donors increased 12.3 times between 1992 and 1998. Increased STI incidence among blood donors and pregnant women seeking antenatal care further aggravated by low condom use, as the condom use rates were found to be below 10% in both young people and the general population (Reproductive Health Survey, 1998).

Recreational drug use is starting to increase and there is early evidence of illicit drug injection. Alcohol abuse is widespread among both men and women, causing increased sexual risk behavior and increased vulnerability to HIV infection.

In 1993, Mongolia adopted a voluntary blood donor system. It has, however, been noted that monetary compensation has been offered in return for blood donations. This compensation is intended to cover the blood donor's food and drink. Universal HIV screening of blood donations is mainly undertaken in the capital city (Ulaanbaatar) as screening facilities in rural areas are still very limited.

To conclude, Mongolia is very vulnerable to HIV/AIDS epidemic. Although at present the number of HIV/AIDS case is still very low, many existing factors indicate the risk of massive epidemic of HIV in a very near future:

(1) Very high rate of STI in the risk groups and general population:
(2) Rapid increase in HIV/AIDS epidemic in the two neighboring countries, Russia and China, with mobile population (traders, truck drivers and tourists) regularly travel across the border, increasing the likelihood of extensive HIV transmission in Mongolia.
(3) Prevalence of high-risk behavior of the population regarding casual sex and high number of sex workers. Sex work is common in the capital city as well as in communities a short distance across a northern border crossing with Russia and a southern border crossing with China.
(4) Condom use is not common in both casual sex and sex work.
(5) Increased domestic violence and alcohol abuse may also significantly influence the STI/HIV situation due to loss of control of sexual behaviour.

(6) Low level of awareness in the general population. Young people lack reproductive health (RH) information and services.
(7) High proportion of young people in the country. Fifty percent of the population is below the age of 23.
(8) Limited resource in rural health facilities to test HIV in all blood donations, particularly in the border areas.
(9) Weakness of the health infrastructure to cope with HIV/AIDS care and support, if effective prevention programme is not in place.

Therefore, there is an urgent need to strengthen HIV/AIDS/STI prevention programme in the country before the situation becomes uncontrollable epidemic as seen in the two neighboring countries and elsewhere in the Asia region.

19. Describe the current economic and poverty situation (Referring to official indicators such as GNP per capita, Human Development Index (HDI), poverty indices, or other information on resource availability; highlight major trends and implications of the economic situation in the context of the targeted diseases; *Guidelines para. III.39),* (1–2 paragraphs):

In 1990, Mongolia embraced democracy with an open market economy. This dramatic transition resulted in enormous social and economic changes. Financial difficulties of the Government during the last few years have resulted in reduced support to all sectors, especially education and health. The GNP per capital is US$ 350 (ranking number 171 globally). The Human Development Index (HDI) in 2001 was 116 (Source: UNDP Human Development Report, 2001). Widespread poverty (36 percent according to the 1998 Living Standards Measurement Survey) is associated with more ill health, homeless children and adults, school dropouts and increasing numbers of sex workers.

Rural areas suffer from limited amenities and infrastructure. In addition, a significant proportion of the rural population is trying to cope with a third consecutive year of disaster caused by drought and abnormal winter weather. A consequence of this is an increase in internal migration. Majority of these migrants lack access to basic social and health services, including STI prevention and care.

20. Describe the current political commitment in responding to the diseases (indicators of political commitment include the existence of inter-sectoral committees, recent public pronouncements, appropriate legislations, etc.; *Guidelines para. III.40),* (1–2 paragraphs):

Control of STIs and preventing HIV epidemic has been one priority for the Government for many years and commitment has been shown in many ways. For example:

- Mongolia is probably one of a very few Asian countries where the head of Government is Chair of the National AIDS Committee and all Vice Ministers are committee members.
- The Government has committed eighty-five thousand US dollars for STI/HIV prevention and care services in addition to the total health budget (year 2001).
- An AIDS Law was passed in 1992, which outlined patients and health care workers roles in providing treatment services to people living with HIV.
  (See Attachment 9: The Mongolian AIDS law, 1992)
- The first National HIV/AIDS/STI Strategic Plan was successfully completed in 2000 and in April 2001 the Government approved the second strategic plan for implementation.
- The Mongolian Government indicated a commitment in 1997 by signing a Memorandum of Understanding (MOU) with the UN system for STI/HIV work. The activities recommended within the MOU were satisfactorily undertaken.

- Life skills, including safe sex education have been introduced into the secondary school curriculum by Government initiative and international agency support. Furthermore, teachers-in-training at the university level are given instruction in health education, including sex education, for lesson planning at the secondary level.
- A Human Rights Commission was established in July 2002 to protect the rights of people living with HIV.
- The country has an active UN Theme Group on HIV/AIDS/STI, with 27 members including the Vice Minister of Health, heads of government health departments, bilateral agencies and NGOs.
- In January 2002, the Government invited an UNAIDS regional team to evaluate progress and assist in define the direction for Mongolia for the next five years of activities. The recommendations by the UNAIDS team form the main objectives and strategies proposed for this GFATM-supported programme.
  (See Attachment 10: Mongolia's National Response To HIV/AIDS/STI, Review and Recommendations by UNAIDS Review Team Mission, 14-25 January 2002.)

21. Financial context

21.1 Indicate the percentage of the total government budget allocated to health*:

9.8 percent (1999)

21.2. Indicate national health spending for 2000, or latest year available, in the Table III.21.2*:

Table III.21.2

	Total national health spending Specify year: 2001 (USD)	**Spending per capita** (USD) 2001
Public	48 million	20
Private	Not available	Not available
External donors	16 million	6.7
Total	Over 64 million	Over 26.6

Source: Mongolian statistical yearbook, 2001; Report on donor's support on different projects, Department of International Cooperation, MOH, 2002

21.3. Specify in Table III.21.3, if possible, earmarked expenditures for HIV/AIDS, TB and/or Malaria (expenditures from the health, education, social services and other relevant sectors)**:

Table III.21.3

Total earmarked expenditures from government, external donors, etc. Specify Year: 2001	**In US dollars:**
HIV/AIDS	688,400
Tuberculosis	-
Malaria	-
Total	688,400

Source: Mongolian statistical yearbook, 2001; Report on donor's support on different projects, Department of International Cooperation, MOH, 2002

21.4. Does the country benefit from external budget support, Highly Indebted Poor Countries (HIPC) initiatives[*], Sector-Wide Approaches? If yes, how are these processes contributing to efforts against HIV/AIDS, TB and/or malaria? (1–2 paragraphs)[**]:

The country benefits from external budget support through financial assistance of United Nations agencies and a few other international organizations such as GTZ, International AIDS Alliance, Medecins sans Frontieres. The work of UN Theme Group on HIV/AIDS has contributed to development and implementation of various HIV/AIDS related programme, ranging from short-term areas like STI services and care to long-term approaches such as poverty reduction, and sustainable development.

22. National programmatic context

22.1. Describe the current national capacity (state of systems and services) that exist in response to HIV/AIDS, TB and/or Malaria (e.g., level of human resources available, health and other relevant infrastructure, types of interventions provided, mechanisms to channel funds, existence of social funds, etc.), (*Guidelines para. III.41 – 42*), (2–3 paragraphs):

Under the Ministry of Health, a HIV/AIDS/STI technical committee, composed of government officials, NGO representatives and international donors, coordinates overall implementation of National HIV/AIDS/STI program.

Mongolia has a strong network for STI control. There are large numbers of STI specialists throughout the country, both in cities and at the provincial level (with 33 provincial and city hospitals). At the periphery, medical and health services are provided through 345 district hospitals scattering throughout the country. The AIDS/STI Department of the National Center for Infectious Disease Control is responsible for STI/HIV care and treatment at the national level. In addition STI/HIV prevention is included in primary health care services and a large number of family doctors and obstetrician/gynecologists are so far trained in STI case management and HIV prevention.

Civil society works hand in hand with the government to respond to HIV/AIDS/STI. As a response to the Memorandum of Understanding, signed between the Government of Mongolia and number of UN agencies in 1997, the National AIDS Foundation (NAF) was established to support in the capacity building of local NGOs. By June 2002, 14 local NGOs have been trained in STI/HIV community programs and their capacity is slowly strengthened.

A number of institutions, including National Health Development Center, Marie Stopes International Mongolia, have well-trained full time staff to implement IEC and condom social marketing interventions. Since 1998, the Ministry of Education has been involved in school sexual education and teachers from secondary school have been trained in sexual health on pilot basis.

[*] HIPC is a debt-relief initiative for highly indebted poor countries through the World Bank
[**] Optional for NGOs

22.2. Name the main national and international agencies involved in national responses to HIV/AIDS, TB and/or Malaria and their main programmes[**]:

Table III. 22.2

Name of Agency	**Type of Agency** (e.g., Government, NGO, private, bilateral, multilateral, etc.)	**Main programs** (for example, comprehensive HIV/AIDS prevention; DOTS expansion over 3 years, etc.)	**Budget** (Specify time period)
Ministry of Health	Government Agency	• Control of communicable diseases including HIV/AIDS/STI and TB • Health promotion, IEC and dissemination of health information • Blood safety	400,000 (1999-2001)
Ministry of Science Education and Culture	Government Agency	The Ministry is responsible for basic education and school HIV/AIDS programme	11,300 (1998-2001)
National AIDS Foundation	NGO	Support capacity building of local NGOs working on HIV/AIDS	211,690 (2002)
UNDP	UN Agency	HIV/AIDS/STI education among vulnerable groups; Policy development.	535,000 (2000-2004)
UNICEF	UN Agency	HIV/AIDS prevention in young people	53,500 (1999-2001)
UNFPA	UN Agency	Reproductive Health Programme, Condom supply, STI drugs	56,000 (2002)
WHO	UN Agency	Surveillance, STI services, HIV/AIDS Care	394,200 (1999-2001)
Mongolian Women's Federation	NGO	Peer education training on HIV/AIDS among poor women and sex workers	20,000 (1996-2002)
GTZ	Bilateral Agency	HIV/AIDS prevention	40,000 (2002)
Focus (MSF-H)	NGO	HIV/AIDS/STI prevention Mass Media Campaigns	540,000 (1999-2001)

22.3. Describe the major programmatic intervention gaps and funding gaps that exist in the country's current response to HIV/AIDS, TB and/or Malaria (*Guidelines para. III.41 – 42*), (2–3 paragraphs):

As mentioned in item 20, a UNAIDS Regional Team was invited to assess the needs to strengthen HIV/AIDS/STI programme in Mongolia in January 2002. The Review Team Mission had identified and recommended that the following programme areas should be added to the current national programme: (As presented in the Attachment 10).

A. Information Education and Communication and Behavioural Change Communication

- Enhance HIV/AIDS/STI education at all levels of the education system.
- Improve the quantity, quality and dissemination of IEC materials for specific populations such as males, adolescents, prison population, military and police, street children, internal and international migrants, including unregistered migrants, and other vulnerable groups.
- Support the mass media to provide accurate, timely and responsible information related to HIV/AIDS/STI.

[**] For NGOs, specify here your own partner organizations

B. Condom Promotion

- Efforts be continued and expanded to ensure that condom use is promoted and condoms are made available through nationwide distribution, including STI cabinets and other health care facilities.
- The 100% Condom Use Programme should be piloted in Ulaanbaatar and in a few priority border areas. If effective, the programme should be expanded nationwide.

C. Sexually Transmitted Infections

- High quality, effective and confidential STI prevention and treatment services, including counseling and condoms, should be available at health care facilities throughout the country, and include family doctors, soum hospitals and private clinics.
- STI drugs should be available and accessible to all STI patients.

D. Blood Safety

- The Ministry of Health should ensure that every unit of donated blood is screened for HIV and other infectious diseases.

F. HIV/AIDS Care and Support

- Drugs for opportunistic infections should be included on the national essential drug list.
- Guidelines for the management of HIV/AIDS, including prevention of mother to child transmission and post-exposure prophylaxis, should be developed. The feasibility of including anti retroviral drugs in the programme should be explored.

It should be noted that all these recommendations are the basis of the strategies proposed in this proposal.

In addition to the technical and programme gaps mentioned above, the following areas are often identified by various experts within and outside Mongolia.

1. Limited capacity of human resource
2. Limited supplies of essential commodities: Condoms, STI drugs, HIV testing facilities
3. Limited financial resource to scaling-up effective interventions (peer education, workplace programme, condom social marketing, etc.)
4. Weakness of measure to assess and monitor the extent of the HIV/AIDS epidemic
5. Limited coverage of community-based interventions as most of the existing programmes are concentrated in urban areas

SECTIONS IV – VIII: Detailed information on each component of the proposal

PLEASE COMPLETE THE FOLLOWING SECTIONS FOR EACH COMPONENT
Please copy sections IV – VIII as many times as there are components

Please note: a component refers to a disease, i.e. your proposal will have more than one component only if it covers more than one disease. There should only be 1 component per disease.

If there are any objectives or broad activities within a particular component that are of a system-wide/cross-cutting nature such as capacity building or infrastructure development that may go beyond the scope of that particular component, please indicate those aspects clearly and specify how they would relate to other components of the proposal when detailing them in Question 27. (Guidelines para. IV.47 – 49)

If this is a fully integrated proposal, where two or more components are linked in such a way which would not make it realistic or feasible to separate, mark the boxes in Table IV.23 to identify all diseases which would be directly affected by this integrated component. (Guidelines para. 50)

SECTION IV – Scope of proposal

23. Identify the component that is detailed in this section (mark with X):

Table IV.23

Component (mark with X)**:**	X	**HIV/AIDS**
		Tuberculosis
		Malaria
		HIV/TB

24. Provide a brief summary of the component (Specify the rationale, goal, objectives, activities, expected results, how these activities will be implemented and partners involved) (2–3 paragraphs):

As mentioned in Paragraph 18, it is clear that Mongolia is very vulnerable to HIV/AIDS epidemic. Therefore, it is necessary to strengthen HIV/AIDS/STI prevention programme in order to effectively prevent the epidemic of HIV/AIDS in the country.

The overall goal of this programme is to prevent HIV/AIDS epidemic in Mongolia through strengthening of the national HIV/AIDS/STI prevention and care programmes. There are 9 objectives in the programme, which will focus on 5 important strategies: (1) information, education and communication through (a) school education, (b) peer education and (c) mass media education; (2) condom promotion including (a) availability and accessibility for general population and (b) specific condom promotion programme in sex workers (the 100% condom use approach); (3) strengthening STI services (a) in all STI facilities at provincial (aimag) level and (b) promoting the STI syndromic management approach at district (soum) level along the border areas; and (4) blood safety at rural and border areas; and (5) strengthening health facilities on HIV/AIDS care. Most of these strategies have already been implemented in the country but on a piecemeal basis. With GFATM support, Mongolia will be able to scale-up the interventions to ensure successful results in HIV/AIDS/STI prevention in the country. Various stakeholders including Ministry of Health and many non-health ministries, NGOs, private sector and community-based organizations will implement the programme.

It is expected that this 5-year programme will add significant value to the national response against the threat of HIV/AIDS to Mongolia. In particular, the programme, which has very strong public-private partnership, will be a foundation for multisectoral response and sustainable

national programme to combat HIV/AIDS epidemic. It will also be a good example for developing national response against other social and health problem in the country.

Coordination, monitoring and evaluation of the programme will be a set of key areas to be developed through an establishment of a programme management unit and a secretariat team to ensure the programme effectiveness and efficiency.

25. Indicate the estimated duration of the component:
5 years

Table IV.25

From (month/year)**:**	January 2003	**To** (month/year)**:**	December 2007

26. Detailed description of the component for its FULL LIFE-CYCLE:

Please note: Each component should have ONE overall goal, which should translate into a series of specific objectives. In turn each specific objective should be broken-down into a set of broad activities necessary to achieve the specific objectives. While the activities should not be too detailed they should be sufficiently descriptive to understand how you aim to achieve your stated objectives.

***Indicators**: In addition to a brief narrative, for each level of expected result tied to the goal, objectives and activities, you will need to identify a set of indicators to measure expected result. Please refer to Guidelines paragraph VII.77 – 79 and Annex II for illustrative country level indicators.*

***Baseline data**: Baseline data should be given in absolute numbers (if possible) and/or percentage. If baseline data is not available, please refer to Guidelines paragraph VII.80. Baseline data should be from the latest year available, and the source must be specified.*

***Targets**: Clear targets should be provided in absolute numbers (if possible) and percentage.*

For each level of result, please specify data source, data collection methodologies and frequency of collection.

An example on how to fill out the tables in questions 26 and 27 is provided as Annex III in the Guidelines for Proposals

26.1. Goal and expected impact (Describe overall goal of component and what impact, if applicable, is expected on the targeted populations, the burden of disease, etc.), (1–2 paragraphs):

Please note: the impact may be linked to broader national-level programmes within which this component falls. If that is the case, please ensure the impact indicators reflect the overall national programme and not just this component.

Please specify in Table IV.26.1 the baseline data. Targets to measure impact are only required for the end of the full award period.

Overall Goal and Expected Impact

The overall goal of this proposal is to prevent HIV/AIDS epidemic in Mongolia through strengthening of HIV/AIDS/STI prevention and care programmes. This will be achieved through implementation of the nine objectives. The beneficiaries of the programme include general population and vulnerable groups including the following:

- Young people (over 1,000,000 people, as 50% of the population are under the age of 23)
- Sex workers (around 3,000)
- Mobile population (around 7,000)
- Factory workers (around 24,000)
- Military personnel (25,000)
- STI patients (70,000).
- Men who have sex with men (MSM) (around 1,200), and
- Drug users, although the number in this group is not available at the present time.

Even though Mongolia is still at a low epidemic stage, the country has initiated various prevention interventions to combat the epidemic. The existing responses are mostly of limited scale. It is crucial that prevention interventions and care and support activities should be expanded. This has been a common recommendation at various international conferences and meetings throughout the world. In an article written by leading international HIV/AIDS experts "Can we reverse the HIV/AIDS pandemic with an expanded response?" published in Lancet (Stover J, Walker N, Garnett, et al. 2002;360:73-77), the authors clearly stated that *"As noted in many analyzes of intervention effect, efforts made early in the growth of an epidemic have a much greater effect in reducing the total size of the epidemic than similar efforts made late during the time course of its development".* It should be noted that of all 12 prevention interventions recommended in the article, 10 are included in this proposal (except harm reduction programmes in drug users and prevention of mother-to-child transmission, which are not relevant to Mongolia situation at the present time).

It is expected that this expanded comprehensive programme should be able to prevent the spread of sexually transmitted infections in the population and maintain the low level of HIV/AIDS epidemic in the country. It will be an example of a low endemic country to demonstrate the success of comprehensive prevention programme to prevent HIV/AIDS before it becomes a serious epidemic. The impact indicators on percentage of HIV infected in the various populations are expected to remain zero as in the baseline with reduction in incidence of STI once the activities have been implemented.

Table IV.26.1

Goal:	**To prevent the epidemic of HIV/AIDS in Mongolia through strengthening of HIV/AIDS/STI prevention and care programmes**	
Impact indicators *(Refer to Annex II)*	**Baseline** **Year: 2001**	**Target** (last year of proposal) **Year: 2007**
Percentage of adult men aged 15-49 who are HIV infected (blood donors)	0	0
Percentage of pregnant women who are HIV infected	0	0
Percentage of young people aged 10-24 who are HIV infected	0	0
Percentage of vulnerable populations (sex workers, mobile population) who are HIV infected	0	0
Percent of STI patients who are HIV infected	0	0
Annual reported incidence of STI Gonorrhea (2000) Syphilis (2000)	 23.06 per 10,000 6.92 per 10,000	 10 per 10,000 3 per 10,000
Percentage of sex workers with STI	70%	10%

27. Objectives and expected outcomes (Describe the specific objectives and expected outcomes that will contribute to realizing the stated goal), (1 paragraph per specific objective):

Question 27 must be answered for each objective separately. Please copy Question 27 and 27.1 as many times as there are objectives.

Please note: the outcomes may be linked to broader programmes within which this component falls. If that is the case, please ensure the outcome/coverage indicators reflect the overall national programme and not just this component.

Specify in Table IV.27 the baseline data to measure outcome/coverage indicators. Targets are only required for Year 2 onwards.

Main Objective 1: School Education Programme

As recommended worldwide, education to young people is an important strategy to raise awareness and create desirable behaviour to prevent HIV infection. The use of school-based education is the most appropriate approach to reach them. Incorporation of HIV/AIDS and reproductive health into the curricula will ensure sustainable education for majority of young people. It is expected that by the end of year 5 the percent of young people correctly identify ways of preventing sexual transmission of HIV will reach up to 80%.

Table IV.27

Objective: 1	**To improve reproductive health and HIV/AIDS knowledge among young people through basic education from 31.2% to 80% by 2007**				
Outcome/coverage indicators *(Refer to Annex II)*	**Baseline**	**Targets**			
	Year: 2001	**Year 2: 2004**	**Year 3: 2005**	**Year 4: 2006**	**Year 5: 2007**
Percent of young people in school aged 10-18 who correctly identify ways of preventing the sexual transmission of HIV	**31.2%**	40%	50%	65%	80%

27.1. Broad activities related to each specific objective and expected output (Describe the main activities to be undertaken, such as specific interventions, to achieve the stated objectives) (1 short paragraph per broad activity):

Please note: Process/output indicators for the broad activities should directly reflect the specified broad activities of THIS component.

Specify in Table IV.27.1 below the baseline data to measure process/output indicators. Targets need to be specified for the first two years of the component.

For each broad activity, specify in Table IV.27.1 who the implementing agency or agencies will be.

Activities: School Education Programme

HIV/AIDS education in schools will include such activities as production of education materials, training of teachers, both at school and university levels, and promotion of extracurricular activities among school children. Other activities include training of trainers and development and dissemination of supportive materials such as visual pictures, cartoon, TV programs, dramas and so on. This is extremely important as most of the students' time will be spent in school during this age and their teachers can be the greatest influence and usually can be seen as a role model. The programme will also cover students at university and college levels. The completion of these activities will increase the reproductive health and HIV/AIDS knowledge of more than 1 million youth in the country.

Table IV.27.1

Objective: 1	**To improve reproductive health and HIV/AIDS knowledge among young people through basic education from 31.2% to 80% by 2007**				
Broad activities	**Process/Output indicators** (indicate one per activity) *(Refer to Annex II)*	**Baseline (Specify year) 2001**	**Targets**		**Responsible/Implementing agency or agencies**
			Year 1 2003	**Year 2 2004**	
1. Producing and printing the booklet on HIV/AIDS prevention for school students of 10th grade aged 17-18	No. of printed booklet on HIV/AIDS prevention for school students of 10th grade	0	50,000	-	Ministry of Science, Education and Culture, MOH
2. Refresher training of school teachers on RH and HIV/AIDS prevention	Number of teachers undergone refresher training in reproductive health and HIV/AIDS prevention	0	390	780	Ministry of Science, Education and Culture, MOH
3. Organize extra curricular activities for school students on raising HIV/AIDS awareness, including an essay contest, art exhibition and etc	Percent of school organizing extra curriculum activities for school students	10	25	45	Ministry of Science, Education and Culture, MOH, National Children's Committee
4. Training of trainers on HIV/AIDS prevention among teachers in universities, colleges	NO. of trainers in universities and colleges	10	150	300	Ministry of Science, Education and Culture, MOH,
5. Development and dissemination of information kit on RH and HIV/AIDS prevention through an entertainment education, inclusively with visual pictures, cartoons, radio an TV programs, dramas, art or sport shows and etc for out of school children	No. of information kits on RH and HIV/AIDS prevention for out of school children developed and disseminated	NA	15,000	-	Ministry of Science and Education, Ministry of Health

Main Objective 2: Peer Education Programme

There are various difficult-to-reach groups in the society that are vulnerable to HIV/AIDS. These include sex workers, mobile population (truck drivers, traders), factory workers, out-of-school youths, MSM, drug users, etc. Peer education programmes targeting these groups of population had been proven successful in Mongolia during the last few years. The National AIDS Foundation (NAF) and many local NGOs are the main responsible implementers of the programme. In this proposal, the peer education approach is scaled up to increase coverage and to expand the strategy to other provinces of the country. Since the current program will be continuing till 2003, the request from GFATM for this objective will cover from 2004 – 2007. This objective will complement objective 1 that only targets school children in school. With the achievement of this objective the various vulnerable groups will improve their knowledge on HIV/AIDS prevention.

Table IV.27

Objective: 2	**To improve knowledge on HIV/AIDS among vulnerable populations through outreach and peer education approaches**				
Outcome/coverage indicators *(Refer to Annex II)*	**Baseline**	**Targets**			
	Year: 2001	**Year 2: 2004**	**Year 3: 2005**	**Year 4: 2006**	**Year 5: 2007**
1. Percent of sex workers who correctly identify ways of preventing sexual transmission of HIV	40*	60	70	80	90
2. Percent of truck drivers, mobile traders, herders and transport workers who correctly identify ways of preventing sexual transmission of HIV	40*	65	80	85	90
3. Percent of factory workers who correctly identify ways of preventing sexual transmission of HIV	-	60	70	80	90
4. Percent of military personnel who correctly identify ways of preventing sexual transmission of HIV	30*	80	85	85	85
5. Percent of out-off school disadvantaged children who correctly identify ways of preventing sexual transmission of HIV	40*	85	90	90	90
6. Percent of college and university students who correctly identify ways of preventing transmission of HIV	60*	85	90	90	90
7. Percent of MSM who correctly identify ways of preventing sexual transmission of HIV	-	80	80	90	90
8. Percent of drug users who correctly identify ways of preventing transmission of HIV	-	65	80	80	80
9. Percent of prisoners who correctly identify ways of preventing transmission of HIV	-	60	80	80	85

** Source: Participatory Community Needs Assessment Reports conducted in 2000 by NAF with technical and financial assistance from International HIV/AIDS Alliance and NGOs 2000-2001, UB*

Activities: Peer Education Programme

Capacity building of NGOs is necessary to ensure successful operation of local NGOs, especially those in the provinces. This will be done be the National AIDS Foundation through training especially on Participatory Community Needs Assessment (PCNA). Other activities include developing and production of manual and training of outreach workers and peer educators among the various vulnerable groups. The trained NGOs will be supported and supervise to provide peer education to respective target populations. Activities in 2003 will be supported by international NGOs and UNDP.

Table IV.27

Objective: 2	**To improve knowledge on HIV/AIDS among vulnerable populations through outreach and peer education approaches**				
Broad activities	**Process/Output indicators** (indicate one per activity) (Refer to Annex II)	**Baseline (2002)**	**Targets**		**Responsible/ Implementing agency or agencies**
			Year 1 2003	**Year 2 2004**	
1. Mobilizing, providing support and strengthening of NGO/CBOs to outreach and conduct peer education among vulnerable populations	Number of NGO/CBOs mobilized to STI/HIV prevention, supported by NAF, and strengthened with technical and organizational capacity	14	18	20	Ministry of Health (MOH), National AIDS Foundation, International HIV/AIDS Alliance, UNDP, UNFPA, UNICEF
2. Training of NGO/CBO personnel on Participatory Community Needs Assessments (PCNA), project design, monitoring & evaluation and the thematic issues	Number of NGO/CBO personnel trained in PCNA, project design, monitoring evaluation and thematic issues	280	300	580	National AIDS Foundation, International HIV/AIDS Alliance
3. PCNA among vulnerable target populations	Number of PCNA reports	12	16	20	NAF partners NGO/CBOs working with different target groups RH NGO network members
4. Developing and production of peer education manual for vulnerable populations	No. of peer education manuals produced and distributed	0	1,000	1,000	National Health Development Center (NHDC), MOH National AIDS Foundation
5. Production and distribution of targeted HIV/AIDS prevention brochures/ booklets	No. of HIV/AIDS prevention brochures/ booklets developed and distributed	3,000	8,500	8,500	NHDC National AIDS Foundation; NGOs
6. Training of peer educators among sex workers	No. of sex workers trained in peer education programs	8	60	100	NGOs: Darkhan Railway Women's Counci, Red Rebbon Association, Darkhan SW's CBO, two new NGOs in Dornod, Zamiin Uud

7. Training of outreach workers and peer educators among drug users	No. of drug users trained in peer education programs	2	6	12	NGO: Mongolian AN Association
8. Training of peer educators among MSM	No. of MSM trained in peer education programs	8	15	15	MSM CBO
9. Training of peer educators among mobile population (traders, herders, track drivers, transport workers)	No. of mobile population trained in peer education programmes	50	100	100	Ministry of Infrasructure; Railways Authority; NGOs: Gal Golomt, Rural Community Development, two new NGOs in Selenge and Erdenet
10. Training of trainers among military personnel	No. of military personnel trained in peer education programs	16	20	25	Ministry of Defense; Head Office of Border Military; NGO: Mongol Vision, Gal Golomt
11. Training of peer educators among vulnerable children	No. of vulnerable children trained in peer education programs	14	30	60	7 NGOs working with vulnerable children in UB, Selenge, Bayanullgii, two new NGOs
12. Training of peer educators among college and university students	No. of college and university students exposed to peer education programs	25	50	50	UB city Youth Federation, MFWA, Women and Development, Railway college council, three new youth NGOs
13. Training of peer educators among factory workers	No. of factory workers exposed to work place peer education	0	30	30	Erdenet Copper Mining Factory, two private companies: Three new NGOs
14. Training of outreach workers to do outreach in prisons	No. of outreach workers exposed to work in prisons	0	6	10	One adult and one juvenile prison in UB Two new NGOs:
15. Scaling up community-based HIV prevention peer education activities among the target populations	Number of target population reached and educated by NGO/CBOs in HIV/AIDS prevention and sexual health	30,000	50,000	75,000	14-20 NGOs/CBOs throughout the country
16. Advocacy events at the national, provincial and local levels	Number of advocacy activities and participants	14 1,143	18 2,250	32 3,393	MOH, General Police Department, UNDP, UNICEF, UNFPA National AIDS Foundation NGO/CBOs

17. Production of quarterly National AIDS Bulletin	Number of produced and distributed Bulletin	20,000	80,000	120,000	National AIDS Foundation
17. Production and sharing documentation products on peer education	Number and copies of documentation products	2/200	3/300	4/400	National AIDS Foundation; NGO/CBOs
18. Peer Educators National Forum	Number of peer educators attended at the forum		50		MOH National AIDS Foundation; NGO/CBOs

Main Objective 3: Mass Media Education Programme

As the prevalence of STI in general population is high, it is necessary to utilize mass media communication to widely educate public. Mass media is could also be used to convey information to young people especially on sensitive issues on safe sex. In 2001, Medecins sans Frontieres-Holland (MSF-H) organized two mass media campaigns designed to increase the awareness of young Mongolian people from 15-25 years on prevention of HIV/AIDS/STI. The campaigns were found to be successful and initial evaluation was positive. Since then, this activity has been continued, and implemented by a local NGO – Focus. Realizing the importance of this approach, the Government of Mongolia has provided free TV presentation and radio broadcasting on HIV/AIDS/STI prevention. The Global funds will be used to complement the existing activities.

Table IV.27

Objective: 3	**To improve HIV/AIDS knowledge and to raise awareness among general population and young people through the use of mass media communication**				
Outcome/coverage indicators *(Refer to Annex II)*	**Baseline**	**Targets**			
	Year: 2002	**Year 2: 2004**	**Year 3: 2005**	**Year 4: 2006**	**Year 5: 2007**
1. The percentage of young people who see the mass media campaign materials (via mass media, IEC materials or events): • In Ulaanbaatar and surrounding urban areas In rural areas with less access to mass media	76 55	80 57	82 59	84 61	86 63
2. Percentage of the target group understands the campaign message	58	60	62	64	66
3. Percentage of the target group perceives campaign message as appropriate and approves its contents	95	95	95	95	95
4. Increased knowledge of safer sex and condom reliability in prevention of HIV/STIs and unplanned pregnancy among the target audience	60[1]	65	70	75	80

[1] Statistics Summary Tables report for 2001 survey. . MSF/National Centre of Health Development of MoH

Activities: Mass Media Education Programme

As part of this objective, information on HIV/AIDS/STI will be broadcasted on television and radio. Other supporting materials include development and dissemination of campaign materials such as leaflet, posters and calendars. Reminders of such information will be placed on bus stickers and billboards. The majority of the overall financial support will be from external fund (Medecins sans Frontieres).

Objective: 3	**To improve HIV/AIDS knowledge and to raise awareness among general population and young people through the use of mass media communication**				
Broad activities	**Process/Output Indicators** (indicate one per activity) *(Refer to Annex II)*	**Baseline** **(Specify year) 2001**	**Targets** **Year 1 2003**	**Year 2 2004**	**Responsible/ Implementing agency or agencies**
1. Development and production of media campaign materials	TV commercial Radio commercial Information leaflet Information poster Calendars Outdoor ads	1 1 200,000 5,000 5,000	2 1 250,000 7,000 10,000	2 1 300,000 10,000 10,000	Focus, NCHD,AFEW Design agency
2. Implementation of campaign: - Broadcasting TV clip	The number of aired campaign TV clip shown on the TV channels free of charge	500 times	At least 1,000 times	At least 1,000 times	Focus, NCHD, MTB, UBS, Regional TV channels
- Broadcasting radio clip	The number of radio commercial broadcast by radio stations free of charge	500 times	At least 1,500 times	At least 1,500 times	Focus, NCHD, National and regional radio stations
- Dissemination of campaign materials: • Leaflet • Posters • Calendars	The number of distributed campaign materials: • leaflet • posters • calendars • molgoljingoo newspaper	200,000 5,000 5,000 500	250,000 7,000 10,000 500	300,000 10,000 10,000 1,000	Focus, NCHD, NGOs, Pharmacies, Schools, Universities, Health centers Mongolian Women Federation
- Placement of outdoor advertisement materials: • bus stickers • billboards	The number of buses carrying campaign image for 6 months The number of city billboards with campaign image	6 1	10 2	10 2	Focus, NCHD, AFEW, City Government, Public transportation company
3. Evaluation Post campaign survey (quantity & quality research)	Identify results of the follow-up campaign	June, 2001	Annually	Annually	Focus NCHD, AFEW, NSO

Main Objective 4: General Condom Promotion Programme

High level of STIs in the country reflects the wide spread of the diseases in the general population. Thus, there is a need to provide condom use in the general population by making condoms available as widely as possible. Condom promotion materials need to be developed with behavioural change communication (BCC)/health messages and nationwide dissemination. At the same time, efforts will be made to ensure that the education programmes in the main objectives 1, 2 and 3 will include messages on condom promotion in various target groups.

Table IV.27

Objective: 4	**Promotion of condom use among young people and general population**				
Outcome/coverage indicators *(Refer to Annex II)*	**Baseline**	**Targets**			
	Year: 2000	**Year 2: 2004**	**Year 3: 2005**	**Year 4: 2006**	**Year 5: 2007**
1. Percentage of condom use among young people engaging in casual sex	10	15	20	25	30
2. Percentage of condom use among general population	5	10	15	20	30

Activities: General Condom Promotion

The activities proposed to support this objective includes national guideline development and ensuring availability and accessibility of condoms. Condom quality assurance will be included to make sure that good quality condoms are supplied in the programme. All these activities will ensure condoms are reachable to those in need and in combination with the other activities from objectives 1, 2 and 3 will achieve the objective of condom use among young people and the general population.

Table IV.27.1

Objective: 4	**Promotion of condom use among young people and general population**			
Broad activities	**Process/Output indicators** (indicate one per activity) *(Refer to Annex II)*	**Baseline**	**Targets**		**Responsible/ Implementing agency or agencies**
		(Specify year) 2001	**Year 1 2003**	**Year 2 2004**	
1. Development of national guidelines on condom promotion	National guidelines on condom use is developed and utilized	0	1	1	MOH
2. Increase supply of condom for social marketing programme	Annual supplement of male condoms	2,300,000	2,629,000	2,958,000	Marie Stopes International Mongolia (MSIM), Private drug supply companies, UNFPA

3. Improvement of Logistics, Management, Service and Condom distribution nationwide in collaboration with state owned and private drug procurement companies, NGOs	Number of state owned and private drug stores/kiosks selling condoms covered by the Logistics Management Service training	65	165	265	MOH, MSIM, State health procurement enterprise (Mongol Em Impex), Private Drug supply companies, NAF, Mongol vision Other NGOs
4. Increase condoms supply through health infrastructure at all levels	No. of condoms distributed through health facilities at all levels	1,171,000	1,376,000	1,376,000	MOH, Mongol Em Impex, Private Drug Importing companies
5. Promotion of condom accessibility through Vending machines	Number of vending machine available nationwide	0	30	60	Focus (NGO), MSIM, Mongolian Youth Federation
6. Cooperation with owners of hotels, bars. nightclubs, petrol stations and 24 hour night shops/kiosks making condoms available	No. of hotels, nightclubs, petrol stations, 24 hour night shops/kiosks with condoms available	50	170	290	MSIM, Focus NGO
7. Development of wide range of promotional materials with behavioural change communication (BCC) on condom/health messages and nationwide dissemination	Number of newly developed BCC/ IEC materials on Condom promotion distributed nationwide	10,000	65,000	115,000	MSIM
8. Development of National Quality Standard on Condoms	National Quality Standard on Condoms developed, approved and promoted	0	1	1	MOH
9. Production of leaflet, posters, manuals related to proper storage of condoms and dissemination	Number of posters, manuals on proper storage of condoms	0	10	10	MOH, State Health Inspectorate
10. Capacity building of State Health Inspectorate	No. of inspectors trained on STI drugs and Condom quality assurance	0	36	72	State Health Inspectorate Mongolian Pharmaceutical Association

11. Establish systematic, on-going random, pre- and post marketing quality monitoring mechanism (no expired or damaged condom on the market)	Number of monitoring field/ site visits per year	1	3	6	State health Inspectorate
12. Condom quality control machines procured	Number of machine	0	1	1	State Health Inspectorate Mongolian Pharmaceutical Association

Main Objective 5: 100% Condom Use Programme

Realizing the threat of HIV spreading through sex business, Mongolia, through financial and technical support from WHO, is implementing the 100% condom use programme (CUP) in Darkhan city, the second biggest province with population of 83,271. There are about 300 sex workers in the city, and majority of them are freelancers working near the market place and railway station with clients mainly traders and businessman traveling between Russia, Mongolia and China. In addition, there are many bars and karaoke lounges attached with hotel rooms as well as entertainment establishments such as discotheques and nightclubs.

The 100% condom use programme in Darkhan utilizes combined two best-practice strategies shown to be effective in the Asia region: the Thai's 100% CUP and the Sonagachi project of India. There is a strong political commitment from the province, particularly the Provincial Governor, the police, health sector, hotel business and entertainment sector as well as an NGO working with sex workers. Participation of hotel owners and entertainment sector (the Thai approach) is quite strong, as they are proposing some representatives to be members of the 100% CUP Coordination Committee, chaired by Deputy Governor of the Province. On the other side, sex workers who form themselves as a self-help group under the support of the Darkhan Railway Women's Association that has provided peer education training, will work together (the Sonagachi approach) to refuse condom-free sex, to educated and disseminate condoms to other sex workers in the city.

Although it is still early to see the impact of the programme, active participation observed in Darkhan province has convinced the Ministry of Health to expand the approach to other provinces in the country.

Table IV.27

Objective: 5	**Promotion of condom use among sex workers through the implementation of the 100% Condom Use Programme (100% CUP)**				
Outcome/coverage indicators *(Refer to Annex II)*	**Baseline**	**Targets**			
	Year: 2003	**Year 2: 2004**	**Year 3: 2005**	**Year 4: 2006**	**Year 5: 2007**
1. Number of provinces conducting the 100% CUP	1	7	12	17	22
2. Percentage of condom use among sex workers and their clients	30	60	70	80	90

Activities: 100% Condom Use Programme

Activities in the 100% CUP will include capacity building of local staff, meetings of provincial authorities, meetings of hotel owners and entertainment establishments, and the use of peer educators among sex workers.

Table IV.27.1

Objective: 5	**Promotion of condom use among sex workers through the implementation of the 100% Condom Use Programme (100% CUP)**				
Broad activities	**Process/Output indicators** (indicate one per activity) *(Refer to Annex II)*	**Baseline**	**Targets**		**Responsible/ Implementing agency or agencies**
		(Specify year) 2002	**Year 1 2003**	**Year 2 2004**	
1. Meetings of provincial authorities on implementation of 100% CUP policy	Number of meeting conducted in each year	1	2	4	National Center of Communicable Diseases (NCCD), MOH; Provincial authorities;
2. Training of project staff and outreach educators on the implementation of the 100% CUP	Number of staff trained in each year	10	20	40	National Center of Communicable Diseases, MOH; Provincial authorities; NGOs
3. Meetings of hotel owners and entertainment establishments	Number of meeting of owner conducted and number of persons participating	2	4	8	National Center of Communicable Diseases, MOH; Provincial authorities
4. Recruitment of influential sex workers to be trained and assign as peer educators and condom distributors	Number of peer sex workers in the programme Percentage of sex workers covered by the programme	10	20	40	National AIDS Foundation, Local NGOs
5. Procurement of condoms for the 100% CUP programme	Number of condoms supplied to the 100% CUP programme office	72,000	150,000	400,000	NCCD, Marie Stope's International Mongolia, UNFPA

Main Objective 6: Promotion of STI Treatment and Care Services

Although STI services in Mongolia has been in existence for over 40 years, there has been limited success in the control of STIs. This group of disease is still the leading communicable disease in the country. The increase in congenital syphilis (2 cases in 1999 to 23 cases in 2001 in the Maternal and Child Health Research Center in the capital city) reflects the degree of undetected asymptomatic infections in the general population. There is a need to upgrade the quality and strengthen technical capacity of the STI services to ensure effective impact on STI incidence and HIV prevention in Mongolia. The STI services should be well equipped with drugs and user-friendly to promote health seeking behaviour of the people. The STI facilities should also provide voluntary counseling and testing services to support HIV/AIDS prevention and care programme.

Table IV.27

Objective: 6	**Promotion of STI treatment and care services at central and provincial levels**				
Outcome/coverage indicators *(Refer to Annex II)*	**Baseline**	**Targets**			
	Year: 2002	**Year 2: 2004**	**Year 3: 2005**	**Year 4: 2006**	**Year 5: 2007**
1. Percentage of health facilities at provincial level with enough drug supplies to treat STIs	70	100	100	100	100
2. Percentage of STI facilities with voluntary counseling and testing services	30	80	90	100	100
3. Percentage of STI clinic clients satisfy to the STI services	-	80	80	80	80

Activities: Promotion of STI Treatment and Care Services

Activities to promote of STI treatment and care service include the activities to update the national treatment guideline to cope with the extent of drug resistance and to include broader activities such as active screening of syphilis in antenatal clinics, and the measure to promote safer sex behaviours (including the use of condoms). The guideline will also provide advice on measure to support the incoming 100% condom use programme in the near future. STI service personnel will be trained on HIV/STI counseling services. The STI facilities will be more equipped with drugs and condoms, and the quality of services will be improved to make them more user-friendly.

Table IV.27.1

Objective: 6	**Promotion of STI treatment and care services at central and provincial levels**				
Broad activities	**Process/Output indicators** (indicate one per activity) *(Refer to Annex II)*	**Baseline**	**Targets**		**Responsible/ Implementing agency or agencies**
		(Specify year) 2001	**Year 1 2003**	**Year 2 2004**	
1. Updating and distribution of national STI treatment guideline	Percent of provincial STI service facilities with updated national STI treatment guideline	0	100	100	NCCD, MOH
2. Provision of STI drugs to STI service facilities at provincial level	Percent of facilities with STI drugs	30	80	100	NCCD, MOH
3. Training of health workers on pre- and post test counseling on STI/HIV at provincial and district levels	Percentage of trained personnel on counselling	10	50	80	NCCD, MOH
4. Establishment of user-friendly service including privacy and confidentiality in STI clinics.	Percentage of STI clinics with user friendly services	-	30	80	NCCD, MOH
5. Improvement of diagnostic capacity at provincial level.	Percentage of provincial STI facilities able to correctly diagnose STI	30	60	90	NCCD, MOH
6. Training of laboratory workers in STI clinics on diagnosis of STI.	Percentage of STI clinics with trained lab personnel.	30	60	100	NCCD, MOH

Main Objective 7: Syndromic Management of STI at District Health Facilities along the Border Areas.

As HIV epidemic is growing rapidly in Russia and China, the two neighboring countries, it is very likely that HIV will be spreading to Mongolia from local and mobile populations crossing through various spots along the borders. Therefore there is a need to make STI services available at all district level health facilities along the border areas. Syndromic management of STIs should be the most economical approach in this regard.

Table IV.27

Objective: 7	**Promoting STI services at district level health facilities along the border areas using STI syndromic management**				
Outcome/coverage indicators *(Refer to Annex II)*	**Baseline**	**Targets**			
	Year: 2001	**Year 2: 2004**	**Year 3: 2005**	**Year 4: 2006**	**Year 5: 2007**
1. Percentage of health facilities with drug stock to treat STIs at district level along the border areas	0	40	100	100	100

Activities: Syndromic Management of STI at District Health Facilities along the Border Areas.

Activities in this objective include the revision of existing guideline syndromic management of STI, and disseminate to district health facilities along the border areas. The guideline will also be sent to other district health facilities to strengthen their capacity in managing STI care. Training of STI syndromic management will be performed by regional trainers who will provide regular supervision to the facilities to ensure success of the programme.

Table IV.27.1

Objective: 7	**Promoting STI services at district level health facilities along the border areas using STI syndromic management**				
Broad activities	**Process/Output indicators** (indicate one per activity) *(Refer to Annex II)*	**Baseline**	**Targets**		**Responsible/ Implementing agency or agencies**
		(Specify year) 2001	**Year 1 2003**	**Year 2 2004**	
1. Revision of syndromic management guideline for STI	Percent of STI service facilities with updated guideline on syndromic management	0	50	100	NCCD, MOH
2. Training of regional trainers on STI syndromic management	Number of regional trainers	0	21	21	NCCD, MOH
3. Training on STI syndromic management at district level	Percentage of health providers from district STI facilities trained	0	50	100	NCCD, MOH
4. Supervision of implementation of STI Syndromic management at level	Number of facilities supervised	0	100	100	NCCD, MOH

Main Objective 8: Blood Safety

HIV Screening of blood donations is an effective means to prevention HIV. The Blood Center of the Ministry of Health, Mongolia is the main leading organization of Blood Transfusion Services throughout the country. It regulates the activities of 23 Blood banks and provides with blood products 36 hospitals and institutions of Ulaanbaatar city. All donations are collected from 16,000 voluntary, non-remunerated donors nationwide. Annually, the Blood Transfusion Service collects approximately 20,000 units of blood which amount only 80% of estimated needs for production of required blood and blood products.

In Ulaanbaatar city all donations are screened for Anti-HIV, Anti-HCV, HBsAg, Alanine Amino-transferase, syphilis and brucellosis. But in the provinces only 70% of donations are screened for Blood-Borne Infections, while any screening is not yet carried out in districts. Therefore there is a need to expand universal HIV testing of blood donations to cover the whole country.

Table IV.27

Objective: 8	**To ensure blood safety at all levels**				
Outcome/coverage indicators *(Refer to Annex II)*	**Baseline**	**Targets**			
	Year: 2001	**Year 2: 2004**	**Year 3: 2005**	**Year 4: 2006**	**Year 5: 2007**
1.Percentage of blood donations screened for HIV in all health facilities	75	85	90	95	100
2. Prevalence of transfusion transmitted infections	0	0	0	0	0
3. Number of Blood Bank Laboratories with trained technician	10	25	110	255	365

Activities: Blood Safety

Activities in this objective include development of guideline, training of laboratory technicians, strengthening capacity of blood centers and regular supervision to the districts and provinces by the National Blood Center.

Table IV.27.1

Objective: 8	**To ensure blood safety at all levels**				
Broad activities	**Process/Output indicators** (indicate one per activity) *(Refer to Annex II)*	**Baseline**	**Targets**		**Responsible/ Implementing agency or agencies**
		(Specify year) 2001	**Year 1 2003**	**Year 2 2004**	
1. Workshop on HIV/STI Screening at provincial and district level	Number of laboratory technicians trained	10	25	110	Blood Center MOH
2. Strengthening of laboratory capacity of Blood Center	Percent of blood donors tested nationwide	75	85	90	Blood Center MOH
3. Improvement of blood screening quality at all level and provision with some diagnostic kits	Number of districts using Particle Agglutination Test	0	85	170	Blood Center MOH
4. Training of trainers from Blood Centers laboratory	Number of trainers	0	1	3	Blood Center MOH
5. Development and printing of Blood Screening Guidelines	Proportion of provincial and district blood banks provided with the guidelines	0 0	100 25	100 50	Blood Center MOH
6. Monitoring visit to provinces to ensure compliance with guidelines	Number of provinces visited and supervised	3	6	6	Blood Center MOH

Main Objective 9: HIV/AIDS Care and Support

Although there is only one person living with HIV in Mongolia at the present time, there is a need to prepare health facilities in the country to be ready for HIV/AIDS care and support services. A minimum set of services that can be provided at this stage of epidemic is to develop voluntary counseling and testing (VCT) services to the people. At the same time, HIV/AIDS treatment guideline should be developed, and necessary drugs for the treatment of common opportunistic infections should also be made available at all provincial level facilities.

Table IV.27

Objective: 9	**Strengthening health facilities on HIV/AIDS care and support**				
Outcome/coverage indicators *(Refer to Annex II)*	**Baseline**	**Targets**			
	Year: 2001	**Year 2: 2004**	**Year 3: 2005**	**Year 4: 2006**	**Year 5: 2007**
1. Percentage of provinces with trained medical personnel, available HIV/AIDS treatment guideline, and HIV/AIDS drugs.	0	100	100	100	100
2. Percentage of health facilities with voluntary counseling and testing (VCT) services	0	50	75	100	100

Activities: HIV/AIDS Care and Support

Activities for HIV/AIDS care and support include the production of guidelines for HIV/AIDS treatment and for VCT services, training of hospital personnel involved in the care and counseling services, and provision of drugs for the treatment of common opportunistic infections and HIV disease.

Table IV.27.1

Objective: 9	**Strengthening health facilities on HIV/AIDS care and support**				
Broad activities	**Process/Output indicators** (indicate one per activity) *(Refer to Annex II)*	**Baseline**	**Targets**		**Responsible/ Implementing agency or agencies**
		(Specify year) 2001	**Year 1 2003**	**Year 2 2004**	
1. Production and dissemination of national guideline on HIV/AIDS case management and care	No. of HIV/AIDS treatment guideline produced	0	1	1	NCCD, WHO, Medical University of Mongolia
2. Training of medical personnel (doctors, nurses and laboratory technicians) on HIV/AIDS care	No. of medical care staff trained in AIDS care	0	150	150	NCCD, WHO, Medical University of Mongolia
3. Provision of drugs for treating common opportunistic infections	No. of health facilities with OI drugs provided	0	25	25	NCCD
4. Production of counseling guideline	No. of counseling guidelines produced	0	1	1	NCCD, WHO, Medical University of Mongolia
5. Training on VCT for provincial health facilities	No. of medical care staff trained	0	150	150	NCCD, Mongol Vision (NGO)

28. Describe how the component adds to or complements activities already undertaken by the government, external donors, the private sector or other relevant partner: (e.g., does the component build on or scale-up existing programs; does the component aim to fill existing gaps in national programs; does the proposal fit within the National Plan; is there a clear link between the component and broader development policies and programmes such as Poverty Reduction Strategies or Sector-Wide Approaches, etc.), (*Guidelines para. III.41 – 42*),(2–3 paragraphs):

The Government of Mongolia has initiated several interventions to prevent the spread of HIV/AIDS. A National AIDS Committee (NAC) was established in 1992 with the Prime Minister as chair and all vice ministers as members. With international assistance, all government sectors are working towards reducing vulnerability to the HIV epidemic.

In 1997, a Memorandum of Understanding on HIV/AIDS/STD was signed between the Government and UN agencies, leading to a wide spectrum of implementation activities in the country.

In 1994 the AIDS Law was approved. The Government is undertaking preliminary activities to update and revise the legislation.

Collaboration with the UN agencies has improved national capacity in dealing with HIV/AIDS/STI. Activities have included the provision of IEC materials, strengthening of laboratory services, and support to improve STI clinics and provision of care. In addition, UNDP and the World Bank are working with the Government to alleviate poverty, one of the underlying causes for vulnerability to the HIV epidemic. With assistance by UNDP and International HIV/AIDS Alliance, the National AIDS Foundation (NAF) was established and strengthened. The NAF supports an increasing number of small HIV/AIDS/STI Non-Governmental Organizations (NGOs). These NGOs are implementing community-based activities, including IEC interventions for vulnerable groups, such as sex workers, street children, out-of-school youth, military and police personnel.

Based on the National Information, Education and Communication (IEC) Strategy on HIV/AIDS/STI, a variety of IEC materials for different target groups have been developed, printed and widely distributed. Regularly produced IEC materials include the “Love” newsletter for adolescents, the “AIDS Bulletin” journal, a “RH" newsletter and posters and leaflets for annual campaigns. A national STI/HIV campaign targeting youth was undertaken by the Government in the summer of 2001.

With UNFPA assistance, life skills education and a reproductive health curriculum have been successfully piloted in a number of secondary schools and being implemeted nationwide. Distance education programmes have modules on STI and HIV/AIDS prevention targeting the rural population and out-of-school youth. Peer education is slowly being introduced into workplace and tertiary education institutes. UNICEF and several international and local NGOs are working with homeless and disadvantaged children.

Condoms are available in family planning cabinets throughout the country. However, the distribution mechanisms are not always effective and availability of condoms is very limited in other health settings, such as STI cabinets. Besides the distribution of free condoms, UNFPA supported social marketing of the “Trust” condoms in all provinces.

STI and RH activities are being combined with support from WHO, UNFPA and GTZ. Advocacy activities for decision makers have been conducted. Syndromic case management of STIs is in place, while laboratory diagnostic capacity at the central and provincial levels is being improved. Voluntary HIV testing exists and there is compulsory testing of some groups, for example among prisoners and detained sex workers. Pre-and post-HIV test counseling is being implemented. Many STI training courses have been conducted. Some NGOs, such as the Adolescents Future Center and Marie Stopes International, are providing good quality client-oriented RH services, including STI diagnosis and treatment. RH and STI services are also provided by 19 private clinics in Ulaanbaatar and 3 in different provinces.

Basic OI diagnosis and treatment is conducted by referral hospitals in the capital city. It will be expanded to provincial hospitals in order to promote utilization of VCT and to prepare for the increase of HIV/AIDS cases.

Early this year, an external United Nations Team led by UNAIDS South East Asia and Pacific Intercountry Team in Bangkok undertook a 2 week mission in Mongolia and provide a set of recommendations to strengthen HIV/AIDS/STI programmes in the country. The strategies and activities proposed in this proposal are the key recommendations of the mission, with the main objective to scale-up HIV/AIDS programme in response to the threat of HIV/AIDS epidemic in the country.

29. Briefly describe how the component addresses the following issues (1 paragraph per item):

29.1. The involvement of beneficiaries such as people living with HIV/AIDS:

Project beneficiaries will be actively involved in project activities. Vulnerable groups such as students, herders, children, IDU, military personnel, MSM, truck drivers and factory workers will be reached through peer education schemes. These schemes imply that individuals from the target groups participate and shape the project as they teach their peers safe sexual practices. In addition, teachers will be trained under the IEC in schools component of the project. These teachers will be actively involved in shaping the outlook of the project as they themselves convey knowledge on safe sexual practices to students. In addition, PLWHA will be involved in project activities as much as possible. There is only one detected HIV positive person in Mongolia at the moment. This person has been working with National AIDS Foundation (NAF) as health educator since 2000. NAF will continue to involve and support her and other positive people in further activities.

29.2. Community participation:

The peer education component of this proposal strives to enhance the civil society contribution to identifying and addressing causes of HIV vulnerability in partnership with grassroots organizations and local communities. National AIDS Foundation and its partner NGOs/CBOs use the fundamental methodology of International HIV/AIDS Alliance that focuses on mobilizing communities and marginalized groups, using empowering and participatory facilitation techniques. Community participation will be essential in identifying community needs, designing and implementation of community HIV prevention project proposals as well as monitoring and evaluation of the projects. In addition, targeted groups will be actively involved in the implementation of other components of the proposal. Examples of this is the involvement of both sex workers, hotel owners and local authorities in the 100 % CUP program and the active involvement of students in activities that aim at reaching youth still in school.

29.3. Gender equality issues (*Guidelines paragraph IV.53*):

The proposed activities aim at strengthening local NGOs/CBOs capacity to conceptualize and respond to the gender concerns of HIV vulnerability. These perspectives are included in the training and follow up of NGOs/CBOs and peer educators under the peer education components of the proposal. In addition, all implementers will seek to develop strategic alliances for advocacy on gender, sexual health and HIV/AIDS issues. Gender inequalities will also be addressed through the training of sex workers, students, factory workers under the peer education and 100% CUP components of this proposal. Under these activities women will be actively involved and empowered with knowledge on safe sexual practices. Men will likewise be actively involved in the implementation of project activities. Activities targeting truck drivers, factory workers and students will actively involve men as peer educators in order to not only educate them but also to make them advocates for safe sexual practices and through this encourage responsible sexual practices. In addition, the

100% CUP proposal encourage male local authorities, and hotel/bar owners to advocate for responsible sexual practices among men.

29.4. Social equality issues (*Guidelines paragraph IV.53*):

Many of the peer educators/CBOs and NGOs in this project will work among poor and disadvantaged groups such as herders, students and sex workers. Through programme support provided to them, they will build their capacity to advocate for the needs of disadvantaged groups. At a more aggregate level, the proposal addresses social inequality issues by provision of STI drugs and services at the *Provincial* and *District* level. These activities will increase the access of the poor to health facilities. Training of health personnel on STI treatment and care will promote equal treatment of STI patient regardless of economic status. Increased condom supplies will also enable people, at all socio-economic levels, to protect themselves from STIs. In addition, this proposal embraces activities targeting the general population, larger groups such as students and media personnel with information on HIV/AIDS/STI prevention and care. Such activities will aim at reducing the stigma of HIV positive people and thereby contribute to less social inequality between PLWHA, people affected by HIV/AIDS/STI and the rest of the population. Finally, activities on universal HIV testing of blood donations or blood safety are to ensure that population in the rural areas are also protected by the use of clean blood supply.

29.5. Human Resources development:

The peer education components of this proposal will provide collective and regular one-to-one technical support to partner NGOs/CBOs and peer educators. This component includes not only programme support, but also organizational development issues, advocacy, documentation, IEC development, networking and operational research. This approach will contribute to human resource development and strengthened capacity of local partner organizations. In addition, local authorities, media personnel, teachers, and NGO/ ministry personnel involved in the implementation of project activities will strengthen their knowledge capacity in this field. Many training programmes for health staff at all levels will also contribute to build their capacity.

29.6. For components dealing with essential drugs and medicine, describe which products and treatment protocols will be used and how rational use will be ensured (i.e. to maximize adherence and monitor resistance), *(Guidelines para. IV.55),* (1–2 paragraphs):

The programme will utilize available national standards such as Essential Drug List, national treatment guidelines on STI and the syndromic management guidelines for STI. These standards were developed under financial and technical support from WHO and UNFPA. Some standard drugs will also be provided by UN agencies, such as STI drugs from reproductive health programme of UNFPA.

A national standard guideline for HIV/AIDS management will be developed as a part of objectives of the proposal. This guideline will include the use of essential drug for the treatment of opportunistic infections and some ARV drugs required for the treatment of HIV/AIDS. International standards from WHO and UNAIDS will be used as prototypes, and technical advice will be seek from appropriate international agencies including WHO.

To maximize adherence and monitor resistance, routine health personnel training and laboratory surveillance will be applied.

SECTION V – Budget information

30. Indicate the summary of the financial resources requested from the Global Fund by year and budget category, (Refer to *Guidelines paragraph V.56 – 58*):

Table V.30

Resources needed (USD)	**Year 1**	**Year 2**	**Year 3 (Estimate)**	**Year 4 (Estimate)**	**Year 5 (Estimate)**	**Total**
Human Resources	56,598	53,999	57,885	42,212	45,332	**256,026**
Infrastructure/ Equipment	95,630	38,300	32,800	23,300	13,300	**203,330**
Training/ Planning	151,604	190,804	204,904	162,404	150,904	**860,620**
Commodities/ Products	238,764	168,183	184,926	180,171	190,171	**962,215**
Drugs	51,225	67,305	57,525	67,305	57,525	**300,885**
Monitoring and Evaluation	16,358	21,106	40,094	19,638	19,638	**116,834**
Administrative Costs	52,040	69,707	60,722	56,606	58,118	**297,193**
Other* (Please specify)	-	-	-	-	-	**-**
Total	**662,219**	**609,404**	**638,856**	**551,636**	**534,988**	**2,997,103**

The budget categories may include the following items:
Human Resources: *Consultants, recruitment, salaries of front-line workers, etc.*
Infrastructure/Equipment: *Building infrastructure, cars, microscopes, etc.*
Training/Planning: *Training, workshops, meetings, etc.*
Commodities/Products: *Bednets, condoms, syringes, educational material, etc.*
Drugs: *ARVs, drugs for opportunistic infections, TB drugs, anti-malaria drugs, etc.*
Monitoring & Evaluation: *Data collection, analysis, reporting, etc.*
Administrative: *Overhead, programme management, audit costs, etc*
Other (please specify):

30.1. For drugs and commodities/products, specify in the table below the unit costs, volumes and total costs, for the FIRST YEAR ONLY:

Table V.30.1

Item/unit	**Unit cost** (USD	**Volume** (specify measure)	**Total cost** (USD)
Male condom (144 pcs per pack)	3.5	pack 4,757	16,650
Benzatin Penicillin	1.5	fl 1,000	1,500
Spectinomycin	7.0	fl 600	4,200
Metronidazole (1,000 tab per pack)	30.0	pack 6.7	200
Doxycycline (1,000 tab per pack)	50.0	pack 8	400
GC culture reagents	1.0	unit 5,000	5,000
RPR tests (for syphilis)	0.5	unit 18,800	9,400
MHATP test for syphilis	1.4	unit 3,000	4,000
Chlamydia EIA test kits	6.2	unit 1,000	6,200
HIV test kits (rapid test)	0.8	unit 10,000	8,000
HIV ELISA test kits	0.8	unit 21,500	4,000

HIV Particle Agglutination Test kits	0.2	unit 1,000	2,000
Ketoconazole 200mg/d for 1 year	8.8	tab 365	3,210
Acyclovir 400 mg x 2/d	6.6	tab 730	4,830
Azithromycin 250mg x 2 for 1 months	36.25	tab 60	2,175
Pyrimethamine 25mg x 4/d for 6 weeks	2.2	tab 96	210
Sulfadiazine 500 mg x 8/d for 2 weeks	3.5	tab 112	390
Food supplement "Ensure"			4,830
Zidovudine 200mg x 3/d for 1 year	4.6	cap 1,095	5,022
Lamivudine 150mg x 2/d for 1 year	11.0	cap 730	8,058
Indinavir 800mg x 3/d for 1 year	14,8	cap 1,095	16,200
Total			**119,700**

30.2. In cases where Human Resources (HR) is an important share of the budget, explain to what extent HR spending will strengthen health systems capacity at the patient/target population level, and how these salaries will be sustained after the proposal period is over (1 paragraph):

In this proposal, the Human Resource component is not an important share of the budget (8.5%). Once the programme are in place and mainstreamed into various ministries and agencies, the need for spending on human resource will be reduced. The future need, if any, could be absorbed by any UN or donor agency.

31, If you are receiving funding from other sources than the Global Fund for activities related to this component, indicate in the Table below overall funding received over the past three years as well as expected funding until 2005 in US dollars (*Guidelines para. V.62*)**:**

Table V.31.1

	1999	2000	2001	2002	2003	2004	2005
Domestic (public and private)	131,820	141,800	146,820	144,000	146,000	NA	NA
External	493,570	516,570	541,500	515,400	515,520	NA	NA
Total	**625,390**	**658,370**	**588,320**	**659,400**	**661,520**	**NA**	**NA**

Please note: The sum of yearly totals of Table V.31.1 from each component should correspond to the yearly total in Table 1.b of the Executive Summary. For example, if Year 1 in the proposal is 2003, the column in Table 1.b labeled Year 1 should have in the last row the total of funding from other sources for 2003 for all components of the proposal.

32, Provide a full and detailed budget as attachment, which should reflect the broad budget categories mentioned above as well as the component's activities. It should include unit costs and volumes, where appropriate.

See Attachment 11: Full and Detailed Budget of the Programme

33. Indicate in the Table below how the requested resources will be allocated to the implementing partners, in <u>percentage</u> (Refer to *Guidelines para. V.63*):

Table V.33

Resource allocation to implementing partners* (%)	**Year 1**	**Year 2**	**Year 3 (Estimate)**	**Year 4 (Estimate)**	**Year 5 (Estimate)**	**Total**
Government	63.4	55.8	63.1	62.2	64.8	**61.8**
NGOs / Community-Based Org.	25.3	40.5	33.1	31.9	31.9	**32.5**
Private Sector	-	-	-	-	-	**-**
People living with HIV/ TB/ malaria	-	-	-	-	-	**-**
Academic / Educational Organizations	11.3	3.7	3.8	5.9	3.3	**5.7**
Faith-based Organizations	-	-	-	-	-	**-**
Others (please specify)	-	-	-	-	-	**-**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Total in USD	**662,219**	**609,404**	**638,856**	**551,636**	**534,988**	**2,997,103**

- **If there is only one partner, please explain why.**

Please note: The following three sections (VI, VII and VII) are all related to proposal/component implementation arrangements.

If these arrangements are the same for all components, you do not need to answer these questions for each component. If this is the case, please indicate clearly in which component the required information can be found.

SECTION VI – Programmatic and Financial management information

Please note: Detailed description of programmatic and financial management and arrangements are outlined in Guidelines para. VI. 61 – 73, including the main responsibilities and roles of the Principal Recipient (PR).

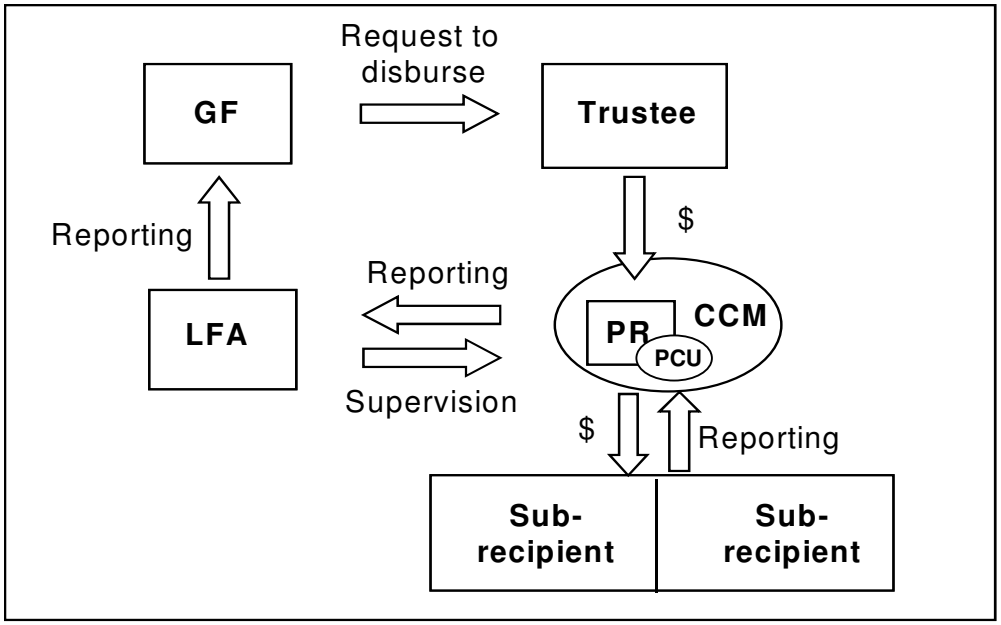
34. Describe the proposed management arrangements (outline proposal implementation arrangements, roles and responsibilities of different partners and their relations), *(Guidelines para. VI.64)*,(1–2 paragraphs)**:**

In order to strengthen programme implementation and coordination, and develop financial management mechanism, a **Programme Coordination Unit** (PCU) will be formed within the Ministry of Health. This unit will be the programme and financial management arm of the CCM. Four staff will be assigned to function as programme coordinator, programme officer, finance officer and secretary, respectively. The PCU will be equipped with essential facilities (such as computers, printer, photocopy machine, fax, telecommunication facilities and a vehicle) to be shared by all implementers (Sub-recipients). In addition to the programme and financial management and coordination of the overall programme, the PCU will also (a) conduct advocacy activities on the contribution of the GFATM supported programme to the country, (b) organize annual meeting among Sub-recipients for progress report and experience sharing, (c) raise awareness of and support on issues regarding to the STI/HIV/AIDS among decision-makers, parliamentarians, media and general population, and (d) organize monitoring and evaluation activities to keep track on the progress and the success of the programme. Table VI.34 below provides details for the establishment of the PCU and the programme advocacy. The details and overall costs for programme management and programme advocacy are presented in the part B of the Attachment 11.

Table VI.34

Management arrangement	**Responsible sector(s)**	**Resources Required** (USD)					
		Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Programme and Financial Management	CCM MOH	92,450	53,620	58,252	58,252	62,884	**325,458**
Advocacy	PCU	46,200	26,200	46,200	26,200	46,200	**191,000**

The implementation arrangement will follow the guideline provided by the GFATM, as demonstrated in the diagram below. The CCM will be the main national body to link with the Global Fund through the responsibility of Principal Recipient (PR). The Programme Coordination Unit (PCU) described above will coordinate with Sub-recipients on programme development, strategies and activities linked with the programme including monitoring on the progress and evaluation of the sub-programmes based on the preset indicators. A **financial and programmatic management system** will be developed, and technical advisory teams on different programmatic areas will be formed. Progress reports from Sub-recipients will be regularly submitted to provide information on the progress of the implementation. The PR will also responsible for implementing activities of CCM, as described in the Paragraph 6 of this Proposal.



34.1 Explain the rationale behind the proposed arrangements (e.g., explain why you have opted for that particular management arrangement), (1 paragraph)**.**

The proposed arrangement is based on the advice provided in the GFATM Guideline. It is very rationale because it stressed the responsibility of CCM to ensure effective and efficient implementation of the programme and transparency of financial management and regulatory process. This type of arrangement is already in use in the Government system, only here there is more involvement of NGOs and other stake holders working on HIV/AIDS.

35. Identify your first and second suggestions for the Principal Recipient(s) (Refer *to Guidelines para. VI.65–67)*:

Table VI.35

	First suggestion	**Second suggestion**
Name of PR	Ministry of Health	
Name of contact	Minister of Health, or Director, Department of Policy Implementation and Coordination	
Address	Ministry of Health, Olympic Street-2 Ulaanbaatar 51, Mongolia	
Telephone	976-99113905	
Fax	976-11-327872	
E-mail	udval@moh.mng.net	

Please note: If you are suggesting to have several Principal Recipients, please copy Table VI.35 below.

35.1. Briefly describe why you think this/these organization(s) is/are best suited to undertake the role of a Principal Recipient for your proposal/component (e.g. previous experience in similar functions, capacity and systems in place, existing contacts with sub recipients etc), *(Guidelines para. VI.66–67),* (1–2 paragraphs):

The Ministry of Health is a legal entity that receives and manages the funds from the donors. It has more representatives in the CCM. It will work on behalf of the CCM on financial management as well as implementation of the programme, including the following: receiving and disbursing funds to sub-recipients; overseeing and carrying out procurement; ensuring monitoring and regular reporting on progress; and submitting regular financial and programmatic progress reports.

35.2. Briefly describe how your suggested Principal Recipient(s) will relate to the CCM and to other implementing partners (e.g., reporting back to the CCM, disbursing funds to sub-recipients, etc.), (1 paragraph)**:**

The PR will act under the general guidance of the CCM. All sub-recipients will receive the funds allocated to them through the PR. The PR will be an institution with its own legal status and transparent financial systems and capacity in place to enable them to carry out the above activities. The PR will draw upon the expertise of other institutions in discharging its functions. Sub-recipients will report the progress of programme implementation and finance to the PR on a regular basis.

36. Briefly indicate links between the overall implementation arrangements described above and other existing arrangements (including, for example, details on annual auditing and other related deadlines)**. If required, indicate areas where you require additional resources from the Global Fund to strengthen managerial and implementation capacity**, (1–2 paragraphs)**:**

The PR (Ministry of Health) will apply existing arrangements to implement the programme. Resources from global fund will be used to strengthen coordination, monitoring and evaluation system, which include the work on programme management, sentinel surveillance system, external mid-term review, annual general meeting among implementing agencies, and public relation activities. An external auditing mechanism will be added to ensure the appropriate financial management within the programme.

SECTION VII – Monitoring and evaluation information

37. Outline the plan for conducting monitoring and evaluation including the following information, (1 paragraph per sub-question).

The plan for conducting the monitoring and evaluation of the Global Fund Programme in Mongolia rests on the following principles:

- The establishment of the Programme Coordination Unit (PCU) by recruitment of a Programme Coordinator and the Team to be responsible for gathering all relevant baseline information and for sub-project appraisal, monitoring and evaluation involved in the programme.
- The Programme Coordinator will be responsible for the procurement of an appropriate MIS/software for monitoring the Global Fund programme against the baseline and for ensuring it remains on schedule and can reported coherently and systematically to the CCM at its quarterly meetings, and ultimately to the Global Fund through the LFA.
- The Programme Coordinator will be responsible for appraising all sub-projects before they approved to ensure that each is capable of being readily monitored against the delivery of its aims, objectives and targets. Each sub-project will have to complete a detailed project monitoring pro-forma containing details of aims, targets, indicators (outcomes, outputs, coverage, impacts, process, etc) to be appraised against the following 'SMART' criteria:
    - S - Specific
    - M – Measurable
    - A – Achievable
    - R – Realistic
    - T – Time-scaled
- Projects will only be recommended for approval where they satisfy the above criteria and can tracked in accordance with the monitoring and evaluation plan.
- Projects will also be expected to stand up to and be monitored against additional 'core investment criteria' to be agreed by the programme team to ensure cross cutting concerns are addressed such as: community participation, sustainability, ethical/clinical good practice, additionality, value for money etc.
- The leaders of individual projects (Sub-recipients) will receive training organized and delivered by the Programme Coordinator and the Team on reporting project performance against the monitoring plan. A pro-forma will be developed to ensure project monitoring is standardized.
- Projects that fall behind schedule or fail to produce the anticipated results will be reported to the CCM with a choice of recommendations that may range from issuance of a "Red card" cancellation of the project, "Yellow card" must improve project performance, or "Green card" project proceeding satisfactorily.
- Monitoring reports will be gathered quarterly from Sub-recipients through the monitoring of inputs, outputs and indicators against project milestones.
- Sub-recipients will be expected to produce their own annual reports to a set agreed proforma. Sub-recipients will also be asked to evaluate their own projects. Independent evaluation of projects may also be required, depending on the nature, scale or import of the project.
- The PCU will produce an annual delivery plan of all the projects to be included in the programme, together with a summary of their aims and costs. Similarly an annual report and accounts showing achievements over the previous 12 months will be prepared and disseminated to all national partners.
- The overall programme will be independently evaluated at the mid-term of its programme in 2005 and at towards its conclusion in 2008.
- Financial monitoring will take place by appointed Finance Officer dedicated to the Global Fund programme.

Data required for monitoring and evaluation will include the following:

A. For impact evaluation:
   - Second Generation Sentinel Surveillance data on HIV/AIDS and STI.
   - Annual health statistics relating to HIV/AIDS/STI reports.
   - Special prevalence survey reports.

B. For outcome evaluation:
   - Second Generation Sentinel Surveillance, behaviour sentinel survey data.
   - Annual health statistics relating to indicators on the progress of health programmes.
   - Special prevalence survey reports.

C. For output evaluation:
   - Performance reports from sub-recipients.
   - Progress reports from sub-recipients.
   - Annual health statistics relating to performance of health facilities

D. For Monitoring and overall evaluation:
   - Performance and progress reports.
   - Supervision report.
   - Independent and external evaluation reports.

In order to strengthen the existing information system, a working group on Monitoring and Evaluation will be formed. Regular meetings will be conducted in order to obtain relevant monitoring and evaluation data to report to the CCM on a routine basis. During the third year, the CCM will identify and invite international experts to come to the country for conducting external mid-term evaluation. At the end of the fifth year, all stakeholders (CCM, PR, PCU, Sub-recipients) will work together for the final evaluation. International agencies will be invited to participate in the process.

At present, the sentinel surveillance system has covered seven groups of population: sex worker, male STI clients, pregnant women, TB patients, blood donations, mobile populations (traders and truck drivers), and university students (the last group is only for behavioural surveillance). Activities for the year 2002 are supported by WHO. As sentinel surveillance activities is crucial to the evaluation of the overall programme, budget will be allocated to the National Centre for Communicable Diseases to continue and strengthen the second generation sentinel surveillance system in the country. The budget requirement for the surveillance is presented in Table VII.38 (Item 38) and in the part C of the Attachment 11.

37.1. Outline of existing health information management systems and current or existing surveys providing relevant information (e.g., Demographic Health Surveys, Living Standard Measurement Surveys, etc.), (*Guidelines para. VII.76)***:**

The Department of Information, Monitoring and Evaluation in Ministry of Health is in charge of the national health information system, collecting most of the statistical data related to the health sector through one of it's agencies, the National Center for Health Development (NCHD). The statistical team in this center analyses the data and creates monthly, quarterly and annual health statistical reports. Data from different facilities are submitted to NCHD on diskettes every quarter and annually. Following basic indicators are computed per month by the NCHD: cause-specific morbidity and mortality rates for the whole country, crude death rate, infant mortality rate and maternal mortality rate. The morbidity registration system is hospital based, including out-patient registration system and in-patient system. Information and research provides the basis for decision making in health service delivery, especially to set priorities, establish base line data, monitor progress and evaluate results. National capacity in collection, analysis and use of information in health management has been essentially improved in the last few years that allow effective monitoring and policy formulation.

There are many survey reports in the area of HIV/AIDS/STI available in the countries. These surveys, including STI prevalence in different groups of populations and knowledge-attitude-behavior-practice relating to HIV/AIDS/STI, were mostly technically and financially supported by UN agencies or international organizations.

37.2. Suggested process, including data collection methodologies and frequency of data collection (e.g., routine health management information, population surveys, etc.)**:**

Data will be collected for the purposes of monitoring the overall performance of the Global Fund programme in Mongolia on the following basis:

- The Programme Manager will receive standardized Quarterly reports from the Projects Leaders of each of the sub-projects. These reports will be collated and presented to the CCM for consideration and approval.
- The Programme Manager will prepare an annual report of the performance of the programme for the CCM
- HMI will be fed into the programme periodically. When this is achieved, workshops will be hosted by the Global Fund team to investigate new trends and analysis for their impact on the programme.
- From time to time the Global Fund CCM, its Director or its partners may jointly commission additional research where there is a clear need to investigate a subject in greater detail where there is a clear or potential impact on the Global Fund programme.
- The mid-term evaluation of the programme will investigate the overall performance of the Global Fund programme and will make recommendations for potential new or additional research

37.3. Timeline:

Month 1 Global Fund Application Approved
Month 1 CCM Meeting, and subsequently every 3 months.
Month 2 National Announcement
Months 1 – 2 Recruitment of a National Global Fund Programme Coordinator and the Programme Coordination Unit
Months 2-4 Appraisal and Approval of Projects – Project implementation commences
Month 3 CCM National Project Launch
Month 6 End of 2nd Quarter – Quarterly Monitoring Report to CCM
End of 3rd Quarter - Quarterly Monitoring Report to CCM
Month 8: Draft Delivery Plan for the second year of the program produced
Month 10. Delivery Plan approved by CCM for Year 2 of the Programme
Month 12 End of 4th Quarter - Quarterly Monitoring Report and Annual Report to CCM
Month 12 Annual Conference/workshop – Achievements,
Lessons Learned – the programme for the year ahead.

Basic monitoring and evaluation programme repeated for future years

37.4. Roles and responsibilities for collecting and analyzing data and information:

- The Programme Coordinator will be responsible for receiving relevant data and for carrying out basic analysis and reporting to the CCM.
- Sub-recipients will be responsible for collecting data that relates tho their particular project. And for the presentation of standardized Quarterly reports
- Where health management information is utilized it will normally remain the responsibility of the collecting agency to ensure that information is collected accurately and that sources are reliable. Additional analysis may be commissioned where necessary to supplement or provide greater insights into qualitative or quantitative information.
- Where, from time to time the Global Fund CCM, its Coordinator or its partners may jointly commission additional research it will remain the responsibility of the commissioned agency for analyzing and presenting the results.
- The mid-term evaluation of the programme will investigate the overall performance of the Global Fund programme and will make recommendations for potential new or additional research – independent auditors will be responsible in this case of the collection, analysis and presentation of the results.

37.5. Plan for involving target population in the process:

The overall principal of involving the target population in the process is accepted as an important initiative and vital to the success of the programme. Since the programme targets a number of segmented population groups, it is aimed to devise a question for Sub-recipients at the appraisal meeting and asks them to give consideration to maximizing the role of the target population in the development, implementation and evaluation of the project. Projects will be judged against these criteria in the assessment of all projects. The target population groups will be involved in the appraisal of projects in order to test their potential efficacy from the outset. The programme has therefore attempted to integrate the target population in the development of out programme and take very seriously the intention to include them across a diversity of projects that make up the programme.

37.6. Strategy for quality control and validation of data:

The Programme Coordinator, through his/her carefully monitoring of the individual sub-projects will be responsible for cross-checking the quality and authenticity of the date provided as part of the on-going monitoring and evaluation process. The Programme Coordinato will have responsibility for quality control over projects and will develop and deliver a training programme to project leaders to ensure that project quality is not sacrificed. A scrutiny process will also operate periodic meeting with Sub-recipients, and where necessary ‘spot checks on projects will be held to gather evidence and verify sources of information and data. On larger or significant projects it may also be necessary to commission independent objective audit of projects with Terms of reference to investigate sources of information to ensure that they are credible and valid.

37.7. Proposed use of M&E data:

Data gathered as part of the Global Fund will be regularly reported to the CCM at quarterly meetings. If there is merit in disseminating findings more widely, either through workshops, seminars or conferences then this will be done in order to advance learning and development of capacity in the field. The Global fund in this respect can act as a catalyst for learning and development and we see a clear leadership role for it in this regard in Mongolia.

38. Recognizing that there may be cases in which applicants may not currently have sufficient capacity to establish and maintain a system(s) to produce baseline data and M&E indicators, please specify, if required, activities, partners and resource requirements for strengthening M&E capacities.

Please note: As M&E activities may go beyond specific proposals funded by the Global Fund, please also include resources coming from other sources at the bottom of Table VII.38.

Examples of activities include collecting data, improving computer systems, analyzing data, preparing reports, etc.

Table VII.38

Activities (aimed at strengthening Monitoring and Evaluation Systems)	**Partner(s)** (which may help in strengthening M&E capacities)	**Resources Required** (USD)					
		Year 1: 2003	**Year 2: 2004**	**Year 3: 2005**	**Year 4: 2006**	**Year 5: 2007**	**Total**
Monitoring and Evaluation	External Evaluation			20,000			**20,000**
Sentinel Surveillance		20,000	20,000	20,000	20,000	20,000	**100,000**
Total requested from Global Fund		**20,000**	**20,000**	**40,000**	**20,000**	**20,000**	**120,000**
Total other resources available	MOH	2,800	2,800	NA	NA	NA	
	UN agencies	3,600	3600	NA	NA	NA	

SECTION VIII – Procurement and supply-chain management information

39, Describe the existing arrangements for procurement and supply chain management of public health products and equipment integral to this component's proposed disease interventions, including pharmaceutical products as well as equipment such as injections supplies, rapid diagnostics tests, and commodities such as micronutrient supplements, condoms and bed nets (Refer to *Guidelines paragraph VIII.86*)**.**

Table VIII.39

Component of procurement and supply chain management system	Existing arrangements and capacity (physical and human resources)
How are suppliers of products selected and pre-qualified?	The Ministry of Health has established a Health Ministry Order in June 2002 to improve utilization and coordination of drugs, medical equipments and technical equipments supplied as a part of the projects implemented in collaboration with the international organizations. This Order will be utilized for the arrangement of procurement in the Global Fund programme. (See attachment 12: The Health Ministry Order)
What procurement procedures are used to ensure open and competitive tenders, expedited product availability, and consistency with national and international intellectual property laws and obligations?	The existing system of procurement procedures of UN agencies will be used for the GFATM programme to ensure open and competitive tenders, expedited product availability, and consistency with national and international intellectual property laws and obligations. A procurement subcommittee will be established under the CCM to take care of this matter. The subcommittee will be comprised of representative from various sectors particularly representatives from UN agencies in Mongolia.
What quality assurance mechanisms are in place to assure that all products procured and used are safe and effective?	As described in the Ministry Order, to guarantee the quality of the drugs, medical supplies and equipments and technical equipments supplied according to the order, the following documents should be submitted by suppliers: • Certificate of Pharmaceutical Products, WHA 45.29; • Batch certificate of Pharmaceutical Products WHA 45.29; • Certification of meeting the International standard organization (ISO) requirements for medical supplies and equipments and technical equipments and • Instruction and label written in either English, Russian or Mongolian
What distribution systems exist and how do they minimize product diversion and maximize broad and non-interrupted supply?	As described in the Ministry Order, receiving and allocating the drugs, medical supplies and equipments and technical equipments needs an advanced plan to ensure efficient distribution of the products. The State Inspectorate for Health will monitor consumption and expenditure of the products.

40.Describe the existing arrangements for procurement of <u>services</u> (e.g., hiring personnel, contracts, training programs, etc.), (1–2 paragraphs)**:**

The procurement system currently used by the UN agencies will be applied for this GFATM programme. A subcommittee on Procurement will be assigned to take care of this issue.

41. Provide an overview of the additional resources (e.g., infrastructure, human resources) required to support the procurement and distribution of products and services to be used in this component, (2–3 paragraphs):

The Programme Coordination Unit (PCU), which is formed for overall implementation, coordination and monitoring of the programme will take responsibility for the procurement and distribution of products and services. Existing system of the Ministry of Health will be assigned to provide managerial assistance to the programme.

42. Detail in the table below any additional sources from which the applicant plans to obtain products relevant to this component, whether additional requests have been requested or granted already. (For each source, indicate a contact person at the program in question, the volume of product in the request of grant, and the duration of support. Examples of such programmes are the Global TB Drug Facility or product donations from pharmaceutical manufacturers), (*Guidelines para. VIII.88*):

Table VIII.42

Programme name	Contact person (with telephone & email information)	Resources requested (R) or granted (G)	Timeframe and duration of request or grant
UNFPA	Dr B Soyoltuya sotoltuya@undp.org	900,000 (G)	2002-2006

42.1. Explain how the resources requested from the Global Fund for the products relevant to this component will be complementary and not duplicative to the additional sources, if any, described above (1 paragraph):

The programme for UNFPA is the reproductive health programme being implemented nation-wide. The products include STI drugs and condoms. Whether or not the Global Fund will be approved, the programme will be going on. The request from Global Fund is to scale-up the HIV/AIDS/STI response, which is complementary to the existing UNFPA programme.

LIST OF ATTACHMENTS

Please note:
The list of attachments is divided into two parts: the first part lists the attachments requested by the Global Fund as support for Sections III and IV.
The second part is for applicants to list attachments related to other Sections such as the Information on applicants (Section II), Detailed Budget (Section IV), or other relevant information.

Please note which documents are being included with your proposal by indicating a document number.

General documentation:	**Attachment #**
1. Poverty Reduction Strategy Paper (PRSP)	____I____
2. Medium Term Expenditure Framework	___ II____
3. Sector strategic plans	____ III____
4. Any reports on performance	_____
HIV/AIDS specific documentation:	**Attachment #**
5. Situation analysis: Epidemiological Fact Sheet	IV
6. Baseline data for tracking progress[2]	
7. National strategic plan for HIV/AIDS, with budget estimates	_____V___
8. Results-oriented plan, with budget and resource gap indication (where available)	
TB specific documentation:	**Attachment #**
9. Multi-year DOTS expansion plan and budget to meet the global targets for TB control	_____
10. Documentation of technical and operational policies for the national TB programme, in the form of national manuals or similar documents	_____
11. Most recent annual report on the status of DOTS implementation, expansion, and financial planning (routine annual WHO TB Data [and Finance] Collection Form)	_____
12. Most recent independent assessment/review of national TB control activities	_____
Malaria specific documentation:	**Attachment #**
13. Situation analysis	_____
14. Baseline data for the tracking of progress	_____
15. Country strategic plan to Roll Back Malaria, with budget estimates	_____
16. Result oriented plan, with budget and resource gap indication (where available)	_____

[2] Where baselines are not available, plans to establish baselines should be included in the proposal.

General documentation:	Attachment #
	_____
	_____
	_____
	_____

HIV/AIDS specific documentation:	Attachment #
The Joint Decree for establishing the CCM	VI
The minutes of previous CCM meetings: in Mongolian and English translation	VII
Documentation for the private sector and civil society CCM members	VIII
The Mongolian AIDS law, 1992	IX
Mongolia's National Response To HIV/AIDS/STI, Review and Recommendations by UNAIDS Review Team Mission, 14-25 January 2002	X
Full and Detailed Budget of the Programme: Item 32, 34, 37 and 38 of the proposal	XI
The Health Ministry Order: Approving a regulation for drugs, medical supplies and equipment	XII