



Government of the Republic of Moldova

United Nations Development Programme



Scaling-up the response to HIV/AIDS in the Uniformed Services of Moldova

The project will work with the armed forces of Moldova – the National Army, the Border Guards and the Carabineers – to target people in uniform (an estimated number of 10000, with an annual turnover of 5000 in recruits) and through them – their peers and their families (around 30000 yearly) – with communication and direct outreach prevention work. The project will work with government officials, decision-makers and commanders in the armed forces, local public authorities and NGOs to strengthen their capacity in developing, implementing, monitoring and evaluating HIV/AIDS/STI plans and activities.

The expected result of project operations is a significant and sustainable increase in the level of motivated safe behaviour based on knowledge, increased access to information, counselling, testing and other services through an established referral system, access to products and commodities (ex. condoms, razors, clean needles through VCT rooms). The proposed activities are based on the interventions implemented in the first phase.

UNDAF Outcome(s)/Indicator(s):

Expected Outcome:

Improved capacity of young people to sustain healthy life style and actively participate in the life of the Moldovan society (MYFF Service Line 5.1 Leadership and capacity development to address HIV/AIDS)

Indicators:

1. Number of HIV/AIDS/STIs cases in the uniformed services, as reported by the Ministry of Defence, Department of Border Guards, and Department of Carabineers;
2. Level of understanding of soldiers on the principles of personal, social and health development, as defined by discussions and interviews within focus groups;

Expected Output

An Information, Education and Communication framework aimed at helping young people in uniform learn and practice personal and social skills developed and established within the armed forces of Moldova

Indicators:

1. Percentage of population with knowledge improved and risky behaviour changed
2. Number of trained trainers involved in teaching activities
7. Number of beneficiaries covered by VCT rooms

Implementing partner:
(designated institution)

Ministry of Defense

Other Partners:
(formerly implementing agencies)

Ministry of Internal Affairs

Department of Border Guards

Programme Period: 2002-2006
 Programme Component: Integration
 Project Title: Scaling-up the response to HIV/AIDS in the Uniformed Services of Moldova
 Project Code: 00041854
 Project Duration: November 2005 – October 2007

Total budget:	287,182.58 USD
Allocated resources:	
• Government	_____
• Regular	_____
• Other:(including in-kind contributions)	
○ Donor	287182.58 USD
○ Donor	_____
○ Donor	_____
Unfunded budget:	_____0.00

Agreed by (Government):

Minister of Economy and Trade

Agreed by (Implementing partner):

Minister of Defense

Agreed by (UNDP):

UNDP Resident Representative

PART I: DESCRIPTION OF THE PROBLEM

Country Information

Moldova's transition to a market-based economy since gaining independence in 1991 has been slow and difficult: significant internal political divisions within successive governments delayed structural reforms. The cumulative decline of the economy during 1990-2000 exceeded 60% (second only to Tajikistan among transition economies). Moldova is a low-income country, with an HDI¹ of 0.671 (on the 115-th position out of 177 countries), which places Moldova in the group of countries with medium human development level. Behind these data are a poor quality of governance, a high level of corruption, and multi-dimensional poverty² (rooted in acute differentiation of income, unemployment, out-migration of labour force, brain-drain etc.), registering highest rates in small towns and rural areas. About 600,000 people, or 37% of the total active population, left the country searching employment abroad³.

The Government of Moldova has undertaken in the last several years a number of steps which, if implemented successfully, could lead to reduction of poverty and inequality levels, sustained economic growth and better governance. The Economic Growth and Poverty Reduction Strategy (EGPRSP) was approved by the Parliament in November 2004, providing a medium-term framework for social and economic development, and linking with longer-term objectives of attaining by 2015 the MDGs targets for the country; the EU-Moldova Action Plan was signed on February 22, 2005, providing a medium term framework for the political dialogue with the EU and responding to the European integration aspirations of the country⁴. The leadership of the country confirmed its commitment to the implementation of these strategies.

HIV/AIDS in Moldova

In terms of HIV incidence (6.2/100,000 population in 2004), Moldova ranks fifth among CIS countries. Despite this growing trend, the epidemic is still at an early stage with less than 1% of the general population being infected. As of January 1, 2005, 1915 persons were diagnosed with HIV in the Republic of Moldova, including 56 foreign citizens. UNAIDS data of 2004⁵ estimate there are around 5500 cases of HIV infection. The epidemic has spread in all administrative regions of Moldova. According to incomplete data, in the eastern part of the country (the breakaway region of Transnistria) where there is a prevalence of 62.03 per 100,000 population, 390 persons were diagnosed and confirmed HIV positive by the reference laboratory of the AIDS Centre. According to current data, in the eastern part of the Republic of Moldova, 513 blood samples were also tested positive in the immunofluorescent screening reaction without being confirmed. To date, 145 persons developed AIDS, and 82 people have died.

Up until the year 2000, the primary mode of transmission of HIV/AIDS was among injecting drug users. In the past few years there has been a decrease in the rate of infection amongst injecting drug users from 78.10% (2001) to 42.41% (2004) and a growth in the rate of people infected through heterosexual contacts from 18.57% (2001) to 55.36% (2004). The proportion of women among HIV positive persons has increased from 25.24 % (2001) to 49.11 % (2004). Seven cases of HIV infection were registered among pregnant women in 2003 and 38 in 2004. Also, 4 cases of Mother-To-Child-Transmission (MTCT)

¹ Human Development Report 2005 (<http://www.undp.md>)

² WB Poverty Assessment and poverty in Moldova reports, 2004

³ Data released by the Department of Migration.

⁴ For more information, please see the EU-Moldova Action Plan available at: <http://europa.eu.int/>

⁵ www.unaids.org, Moldova, Epidemiologic Country sheets,

were registered in 2003 and 5 in 2004. The incidence of HIV positive persons in the age category 15-24 remains stable (10.9 in 2001 and 9.67 in 2004). At the same time, a recent increase of HIV-infection among people aged 10-19 has been registered: the incidence/100000 has grown from 1.16 (2002) to 2.43 (2004), and it is estimated to reach 3.8 by the end of 2005, while the relative weight of this age group has increased from 4.0% (2003) to 5.0% (2004) and 6.3% (first half of 2005).

The trends in HIV transmission create the potential for massive outbreaks of sexually transmitted HIV infection. In just a few years it could lead to a large-scale and generalized epidemic. It is estimated that in the absence of effective interventions, HIV/AIDS prevalence may reach up to 2% of the population by the beginning of 2011. As in the case of STIs, increased sexual transmission of HIV/AIDS is fuelled by underestimation of personal risks, unsafe sexual behaviours, gender inequalities, increased population mobility, growing poverty and unemployment.

The Response

The UN Theme Group on HIV/AIDS⁶ (UN TG) in Moldova was established in January 1996 and assumed the main responsibility within the UN system for helping the country strengthen capacity to cope with HIV/AIDS. A good collaboration developed between the UN agencies and the Government of Moldova; in recent years the UN TG has made significant progress by assisting the Government with coordination and technical assistance.

Moldova makes sustained efforts towards implementing the "Three Ones" principles. In 2001 the Government of Moldova approved the National Programme on Prevention and Control of HIV/AIDS/STIs (2001-2005) based on thorough situational and response analyses. The Government endorsed one comprehensive national Monitoring and Evaluation system and recognized its advantages and importance over establishing separate monitoring systems to address the needs of each major initiative. A Country Coordination Mechanism was established to implement and monitor the National Programme. A second National Programme for 2006-2010 was recently approved, thus forming the basic strategic framework for the national coordination of efforts for reducing the spread of HIV/AIDS and STIs.

Moldova is a beneficiary of the second phase GFATM and WB grants covering practically all the costs of the national programme. The 2004 assessment of the GFATM for Moldova has reported considerable achievements such as improvement in surveillance, launch of the ARV treatment, review of the basic legislative acts, and capacity of the NGOs increased. Recently the Government of Moldova has approved a new membership for the one coordination authority responsible for providing a strategic approach to the activities with NGOs and PLHA representatives becoming part of it. The common M&E system established, with an M&E Unit and a jointly agreed set of indicators has been developed and shall be piloted with an UNGASS report developed by the end of 2005.

The UN TG provides the necessary platform for a coordinated UN system response to HIV/AIDS, through individual agency projects and by discussing now a joint UN programme. UN TG supported the Government's resource mobilisation efforts for the

⁶ The UN Theme Group includes UNAIDS, UNDP, UNICEF, WB, WHO, UNFPA and UNHCR, representatives of the Ministry of Health and several other international and donor organisations

2001-2005 National Programme, which led to the raising of US\$8.2 million, covering its entire budget.

UNAIDS provides technical and administrative services to the national authorities, as well as manages PAFs and funds a number of initiatives.

WHO activities aim at scaling up the accessibility of antiretroviral treatment (ART), as a step towards making universal access to HIV/AIDS prevention and treatment available for each person in need of them.

UNICEF activities focus on mother-to-child transmission (MTCT) and on prevention of HIV infection in young people through peer education, youth friendly services, clinics, centres, life-skills based education (age range 5-17) and an information clearinghouse.

UNDP has supported the consolidation of national capacity in strategic planning for HIV/AIDS, review and development of legislative acts on the human rights based approach, budgeting and management of projects and currently implements a project with the Ministry of Defence, Department of Border Guards and the Department of Carabineers under the Ministry of Internal Affairs extending HIV/AIDS communication and prevention activities to Moldova's uniformed services.

PART II: THE STRATEGY

Moldova's uniformed services consist of the National Army, under the Ministry of Defence, with 7200 people in uniform, the Border Guards Forces (5500 people), and the Carabineers Forces under the Ministry of Internal Affairs (2000 people). The Army is comprised of conscripts (1 year mandatory service for young men reaching 18 years of age) under sergeants and junior and senior officers - professionals holding initial 5-10 year extendable contracts. The major field divisions of Ministry of Defence (MoD) are concentrated in the South around Cahul, in the North in Balti district and in the centre of the country, around the capital city. In 2004, 3325 young men were enrolled in the armed forces (300 persons more than in 2003).

The educational process within the armed forces of Moldova is led by deputy commanders at the level of Brigade, Regiment and Combat. There are 118 officers involved in the educational work within the Armed Forces. Twice a year (in May and November), Army officers attend humanitarian trainings that include but are not limited to sessions on health issues. For these purposes the Ministry of Defence's own Military Vocational College was created and in 2002, it was upgraded to the level of an institute that provides Masters' Degree education.

In Moldova, like in other countries, there are a number of factors that render uniformed services vulnerable to infections. These include the encouragement of risk-taking behaviour as part of the job; personnel often located away from regular sexual partners; their work often requires long periods of isolation and boredom; they often consume large amounts of alcohol and engage in casual sexual relations; and sex workers may target men in uniform.

A behavioural study conducted in August 2003 among the Armed Forces of Moldova, as part of the on-going project "Prevention of STIs/HIV/AIDS in the Armed Forces of

Moldova”⁷, showed that almost 63% of the military personnel had multiple sex-partners but only half of them practiced safe sex; a large number of military drank alcohol during their time off. The study also revealed the low knowledge of the military personnel and soldiers on ways of transmission of HIV/AIDS and STIs, resulting in lack of knowledge on ways of protection and relating to PLWHA. For example, 40% of interviewees did not consider that use of a razor by more than one person and tattooing may lead to infection. Further results showed a low level of sanitary education, since a large percentage of respondents would not ask for professional medical assistance in case of health problems. In conclusion, the report evaluated the level of knowledge in HIV/AIDS/STI prevention as being low among the military, and underlined again the necessity to educate this category of people in the field. Based on the findings of the survey, the three military structures launched a peer-to-peer educational approach to increase the awareness on this issue among recruits. The study did not address gender dimensions and gender-based violence. A WHO study carried out in 2003 among commercial sex workers mentions that a large part of clients are young men in uniforms – but the gender dimensions need to be further examined in a future study.

In its efforts to promote participatory and effective governance, UNDP targets not only government institutions and civil society organizations, but also strives to reach out to ordinary citizens to equip them with skills and knowledge to become active members of the society able and willing to have a say on the decisions affecting their lives. The current project provides UNDP with a unique possibility to target 0.45% (yearly) of the total population of Moldova, which is generally coming from rural areas and largely represents lower-educated layers of the society (most of the recruits have completed only secondary education). Their being relatively isolated and gathered in a limited number of institutions for a certain period of time makes it possible to get military staff involved in more intensive learning programmes. In addition, the conscription period is usually of a limited duration with the conscripts being replaced by new ones, which gives a possibility for the project to cover a larger number of young people who would then return to their communities with greater knowledge and awareness on HIV/AIDS and STIs and how to prevent their spread.

On-going Project’s Objectives, Beneficiaries and Achievements to date

The on-going project is a small-scale initiative, and was jointly initiated by UNDP and UNAIDS; its main focus is the elaboration and implementation of educational programmes on HIV/AIDS/STIs prevention for youth enrolled in the Armed Forces of the Republic of Moldova. This objective is being achieved through the implementation of a variety of activities, which could be summarized under two headings:

- Elaboration of informational, educational and training materials for effective implementation of training courses
- Enhancing capacity of military staff responsible for education of officers and soldiers through Trainings of Trainers and further extension of educational and informational activities in order to reach a greater number of military personnel

An evaluation carried out in October 2004 recorded the following main results achieved:

1. 30 professionals from educational departments of the beneficiary institutions and representatives of three regional military brigades of the National Army were

⁷ The total sample counted 316 military out of a total of 10000. The greatest majority of respondents lie within 18-19 years age group, and 97% are men.

trained as Trainers in a 3-day national ToT; the trained professionals further conducted regional trainings for the military personnel of brigades of the National Army situated in Chisinau, Balti and Cahul;

2. In order to support the ToT educational process a number of educational and informational materials were elaborated and multiplied.
3. Several units were provided with equipment to support the communication and training activities (TV, video recorder, overhead projector, flipchart)

A second behavioural study conducted mid-2004 recorded positive tendencies in HIV/AIDS/STIs awareness, and attitudes towards personal health. The project evaluation concluded that the project directly supports the implementation of the National Programme on HIV/AIDS/STIs Prevention for 2001-2005, and the development and implementation of project were effective and timely.

The Next Phase

The results of the evaluation showed positive feedback from project partners, and interest and readiness to continue work targeting youth in uniforms. The Behavioural Study mentioned above also showed that officers and commanders, as well as soldiers understand the necessity of a comprehensive prevention programme, which would not only focus on the HIV/AIDS/STIs mitigation, but would also bring a broader perspective into the on-going project and put the emphasis on inspiring a more consistent behavioural change. Thus, an extension both in scope and time of the current UNDP project is necessary.

New Project Objective

The scaled-up project will target people in uniform (10000, with an annual turnover of 5000 in recruits) and through them – their peers and their families (around 30000 yearly) – with communication and direct outreach prevention work. The project will target government officials, decision-makers and commanders in the armed forces, local public authorities and NGOs to strengthen their capacity in developing, implementing, monitoring and evaluating HIV/AIDS/STI plans and activities.

The assessment of the on-going project confirmed that a systematic approach is more effective than an ad hoc or narrow one envisaging just a few scattered activities. It allows for the creation of a framework within which services and activities can be established and sustained. It ensures that the response is balanced and the elements are coordinated and work effectively together. In order to achieve this, the following key programme elements are being proposed:

1. Scaling up the HIV/AIDS prevention efforts in the armed forces, including:

- A. capacity building for the personnel involved in delivering the information, education and communication (IEC) activities, and inclusion in a regional network of trainers
- B. provision of necessary equipment to deliver IEC
- C. setting up VCT rooms
- D. a comprehensive IEC programme

2. Expanding the programme activities to Transnistria

Transnistria – a breakaway region on the left site of the Nistru River – self-proclaimed its independence from the Republic of Moldova (RM) early in the 1990s and is functioning autonomously from the rest of the country, with its own authorities. The claim for independence is not recognised either by the Government of Moldova or by the international

community; the conflict-settlement negotiations are not progressing. Almost no donor activity is registered in Transnistria. A dialogue was started in 2004 by UN agencies with respective Transnistrian authorities (the Ministry of Health of Transnistria, education and rayon-level specialists) aimed at bringing Transnistria on board and extending to the region the UN-supported projects, as a contribution to mitigating the effects of conflict and isolation.

As more reliable statistical data became available as to the HIV/AIDS incidence and prevalence in Transnistria, it became obvious that the infection has quickened its pace. Thus, during 1989-2004, there were about 900 cases officially reported by the AIDS Center of Transnistria. The impact of the HIV/AIDS epidemic in Transnistria is aggravated by poverty in most of the general population. Although there have been some HIV/AIDS prevention activities going on nationwide for some years now, due to the political separation of the region very little has reached the region. The National AIDS Programme includes Transnistrian authorities as implementers alongside the Government of Moldova. In this context, UNAIDS and WHO are preparing a "Scaling-up Access to ART" initiative, UNFPA discusses the opening of a reproductive health centre in Transnistria, UNICEF will extend its communication and prevention work related to MTCT and youth.

As part of this joint approach, UNDP plans, in the framework of this project, to extend to Transnistria its communication and prevention work targeting specific groups such as people in uniforms.

3. Developing a constructive dialogue between officers and commanders participating in the existing UNDP project and specialised NGOs working with HIV/AIDS.

The army people acknowledged that they would benefit a lot from the support which NGOs can provide, in information and communication activities, by making available to soldiers and men in uniforms booklets, books, published materials, etc, which are being prepared by the NGOs. The NGOs often organise events at national and regional level, where the army people involved in project activities would like to participate, as means of building their knowledge and understanding of the issues, as well as represent their interests. In 2005 the Army organised as an experiment summer camps for the soldiers; for the next year NGOs would be welcome to come with training and communication events (an example could be the social theatre). The next phase of the project will provide for the development of the partnership between men in uniforms and specialised NGOs, making use of the NGOs experience and skills, through contracting their services in the project and also support joint activities.

The next phase of the project will also make use of the results achieved and relationships built in other current UNDP projects (financed by the EU): BUMAD and Enhancing Border Control Management, which support law enforcement agencies in their effort of aligning to EU and international standards of operation and where direct project beneficiaries are also men in uniforms. The areas of cooperation among projects are training, cooperation with civil society, regional collaboration. **BUMAD** project assists the NGO sector to better respond to drug problems (harm reduction, drug abuse and demand, spread of HIV/AIDS). It supports cooperation between Ministry of Internal Affairs and non-governmental organizations in preventing drug abuse in the communities through a community police prevention action. The **Border Management** project supports the Department of Border Guards of Moldova in such a particular area as Human Resources Development. A study is currently being carried out to identify what are the training and personnel development gaps within this agency.

A more detailed description of project activities is provided in the Strategic Results Framework in Annex 1.

The activities proposed under this project are in line with the UN harmonised approach described above and support the implementation of the National AIDS Programmes 2001-2005 and 2006-2010, the relevant objectives the Economic Growth and Poverty Reduction Strategy Paper currently under implementation and the achievement of national targets of the Millennium Development Goals and builds upon existing health, education and social protection systems. Moreover, the project will promote the establishment of partnerships within the public sector and civil society. In terms of project activities sustainability, the armed forces have dedicated personnel in charge with education and communication activities, and the system is set to function after the project ends.

The **expected result of project operations** is a significant and sustainable increase in the level of motivated safe behaviour based on knowledge, increased access to information, counselling, testing and other services through an established referral system, access to products and commodities (ex. condoms, razors, clean needles through VCT rooms). The proposed activities are based on the interventions implemented in the first phase.

Management Arrangements

The project is implemented using the national execution modality (NEX). The project implementing agency is the Ministry of Defence. The Ministry of Defence will appoint a National Project Coordinator, who is a senior official and will be able to support the project as necessary that the project activities are implemented successfully. In the phase on of the project (pilot implemented in 2003-2004) the project worked very closely with the Centre for Preventive Medicine of the Armed Forces. The Ministry of Defence will offer for the project team office space free of charge, representing the Ministry contribution towards the project implementation. The offices will be located in one of the subordinated organisations, which are relevant for the work of the project.

UNDP Moldova will support the implementation of the project through services (according to the Agreement between the Government of Moldova and UNDP for provision of support services for National Execution Modality from May 27, 2003) and more specifically, services of personnel recruitment, including project personnel (Project Manager and Project Assistant – terms of reference are attached in Annexes 4 and 5) and local and international consultancy and procurement of goods, according to UNDP rules and procedures. UNDP follows in the implementation of project and programmes the international standards set under PRINCE 2.

The project will have a Project Steering Committee (generic terms of reference are attached at Annex 2), including the National Project Coordinator, representatives of other state institutions, donor agencies and non-governmental organisations working in the area (proposed membership at Annex 3). The PSC will meet as a rule every three months or out of its regular schedule at the request of its members and will examine and discuss the project work plans and reports, and will provide recommendations on the project activities.

The project will work in close collaboration with the Ministry of Health and Social Protection, the Border Guards Service, the Ministry of Interior.

The project will work with specialised NGOs in specific project activities, through service contracts and grants.

On-going coordination with other UN agencies work will be done through UN TG.

Risks and constraints

The major risk is related to the poor political dialogue between Moldovan Government and the authorities of the self-proclaimed breakaway Transnistria region. This could impede the roll-out of project activities to Transnistria.

Monitoring and evaluation

The national list of indicators will be used to monitor the progress of the activities under proposal taking into consideration that the newly established set of indicators for the National AIDS Programme are based on the internationally agreed targets for HIV/AIDS. The project will start with a baseline study, which will be an evaluation instrument through sociological research. The research will be focused on collecting quantitative and qualitative data through questionnaires, focus groups and individual interviews. The surveys will be done at the beginning, in the middle and at the end of the project in order to ensure an evaluation during the whole process of project implementation, thus showing the dynamics of knowledge, attitudes, values and behaviour changes over time, as well as the final impact on the target group. The above-mentioned surveys will be a part of the Communication for Behavioural Change Strategy.

For evaluation purposes, one military unit will begin being exposed to HIV/AIDS/STIs prevention activities starting with the second year of the project. This fact will allow making comparison between people exposed and unexposed to project activities.

The project monitoring process will consist of collecting the following data: number of trainers trained; number of trained trainers involved in teaching activities; number of opinion leaders involved in peer education activities; number of persons reached by peer educators-leaders; number of VCT rooms equipped; number of medical personnel trained; number of beneficiaries covered by VCT rooms; LSBE out-of-school curriculum for the uniformed services developed and approved; number of beneficiaries covered by LSBE out-of-school curriculum for the uniformed services; number of questionnaires filled out; number of focus groups; number of persons interviewed individually; number of informational materials elaborated and distributed (leaflets, posters, calendars, cards, stickers for matches, etc.); number of communication events implemented; number of persons covered by communication events; number of condoms distributed; percentage of population with knowledge improved and behaviour changed; incidence rates of HIV/AIDS/STIs.

All official documents (orders, decisions, financial and accountability papers) will be used for monitoring purposes also. In order to ensure successful project implementation, the project team will present quarterly and annual work plans and reports to the Steering Committee and UNDP Programme Officer.

Funding requirements

UNDP seeks additional funds to cover the above described activities to be implemented during 2 years. The total budget is 287,182.58 USD (237,000 EURO). A budget breakdown is provided in the Strategic Results Framework.

Annex 1: Project Results and Resources Framework

<p>Intended Outcome as stated in the Country Results Framework: Improved capacity of young people to sustain healthy life style and actively participate in the life of the Moldovan society.</p>			
<p>Outcome indicator: 1. Number of HIV/AIDS/STIs cases in the uniformed services, as reported by the Ministry of Defence, Department of Border Guards, Department of Carabineers; 2. Level of understanding of soldiers on the principles of personal, social and health development, as defined by discussions and interviews within focus groups;</p> <p>Indicator baseline: 1. In 2004, the following figures were reported by the Ministry of Defence: syphilis – 44/1000, gonorrhoea – 2.7/1000, HIV/AIDS – no cases. 2. The proposed educational framework is first of its nature to be implemented within the Armed Forces, so are the main components of LSBE, i.e. personal, social and health development.</p>			
<p>Applicable MYFF Service Line: SL 5.1 - Leadership and capacity development to address HIV/AIDS</p>			
<p>Partnership Strategy: The current project was formulated in a fully participatory fashion, involving major national and international partners, such as the Ministry of Defence, Department of Carabineers, Department of Border Guards, UNDP, UNICEF, UNAIDS and UNFPA.</p> <p>The same participatory approach will be used during the implementation of the project, with the further scope of broadening the range of partners, including civil society organizations. The main mechanism for ensuring transparency and participation will be the Project Steering Committee, which will be responsible for overall coordination of project activities and facilitation of cooperation with relevant partners through regular communication and advocacy activities.</p> <p>In addition, actions will be undertaken to establish close cooperation with similar projects in the region, in particular Ukrainian and Belarusian, in order to exchange experiences and share results, thus creating a sub-regional network of practitioners.</p>			
<p>Project title and ID: Scaling up the response to HIV/AIDS in the uniformed services of Moldova</p>			
Intended Outputs	Output Targets	Indicative Activities	Inputs

	for 2006-2007		
<p>Information, Education and Communication framework aimed at helping young people in uniform learn and practice personal and social skills developed and established within the armed forces of Moldova.</p> <p><i>Indicators:</i></p> <ol style="list-style-type: none"> 1. Number of trainers trained; 2. Number of trained trainers involved in teaching activities 3. Number of opinion leaders involved in peer education activities 4. Number of persons reached by peer educators-leaders 5. Number of VCT rooms equipped 6. Number of medical personnel trained 7. Number of beneficiaries covered by VCT rooms 8. LSBE out-of-school curriculum for the uniformed services developed and approved 	<p>2006:</p> <p>§ “Peer Leading” framework established within the Armed Forces;</p> <p>§ 7 VCT rooms equipped and medical personnel trained</p> <p>§ Communication for Behavioural Change Strategy for military staff developed and partial implementation supported;</p> <p>§ LSBE out-of-school curriculum for the uniformed services approved by the Ministry of Defence.</p> <p>2007:</p> <p>§ “Peer Leading” framework established within the Armed Forces;</p> <p>§ 7 VCT Rooms established and medical personnel trained.</p>	<p>Activity 1: Strengthen the capacity to deliver IEC activities and VCT services:</p> <ul style="list-style-type: none"> - Support introduction of Youth Friendly (YF) approaches in medical practice: organize trainings for medical staff on YF approaches: <ul style="list-style-type: none"> § Module on YF standards (5 days); § Module on health peculiarities of young men (5 days); § Module on standards of counselling in Reproductive Health/Family Planning - Provide assistance in the establishment of Voluntary Counselling Rooms - Equip military units to enable trainers carry out their activities (sets including TV, video recorder, laptop, multimedia projector, wall screen, copy machine, dial-up access to Internet) – the equipment could be placed in the VCT rooms where appropriate - Create referral system to services placed out of the military units (provided by NGOs or state) - Establish system of access to and distribution of condoms (involving UNFPA) - Strengthening the cooperation between trainers in uniform from Moldova, Ukraine and Belarus: <ul style="list-style-type: none"> A. Organize one-day workshop, with the participation of 30 trainers from Moldova, 2 trainers from Ukraine and 2 trainers from Belarus. The workshop will focus on: <ul style="list-style-type: none"> § elaboration of a cooperation strategy; 	<p>Local and international consultancy. Printing costs. Travel costs. Equipment. Miscellaneous .</p>

<p>9. Number of beneficiaries covered by LSBE out-of-school curriculum for the uniformed services</p> <p>10. Number of questionnaires filled out</p> <p>11. Number of focus groups</p> <p>12. Number of persons interviewed individually</p> <p>13. Number of informational materials elaborated and distributed (leaflets, posters, calendars, cards, stickers for matches, etc.)</p> <p>14. Number of communication events implemented</p> <p>15. Number of persons covered by communication events</p> <p>16. Number of condoms distributed</p> <p>17. Percentage of population with knowledge improved and risky behaviour changed</p> <p>18. Incidence rates of HIV/AIDS/STIs</p> <p><i>Baselines:</i></p> <p>1. 30 trainers trained in</p>		<p>§ sharing of lessons learnt and experiences;</p> <p>B. Organize a study tour of 10 Moldovan trainers to Ukraine;</p> <p>Activity 2: Information, Education, Communication activities:</p> <ul style="list-style-type: none"> - Communication for Behavioral Change Strategy for military staff elaborated and implemented (the Strategy, Action Plan and Monitoring Plan, communication campaign, printing and dissemination of information and promotional materials, social theater) - Study on knowledge, perceptions, attitudes, values, behaviours and risk practices related to HIV/AIDS/STIs, as well as gender equality issues and gender based violence. The findings will be used for subsequent training modules, elaboration of information and promotional materials, and for monitoring and evaluation purposes. - Support the establishment of Peer Leading Framework (Develop a module on Adult Peer Training, organize 4 trainings of Adult Peer Trainers in all military divisions, support the first circle of trainings of peers (“informal leaders”) by the Adult Peer Trainers (10 trainings), support printing of educational (e.g. “Peer Education: Trainer’s Guide”) and informational materials; - Elaboration of a LSBE out-of-school curriculum for the uniformed services, approval by the relevant national authorities, ToT, multiplication of materials (“Trainer’s 	
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<p>HIV/AIDS/STIs prevention; 2. The information/communication activities are scattered and implemented on an ad-hoc basis.</p>		<p>Guide”, “Social Inclusion of the Youth”, “Participation of the Youth and Children”, “Education for Development”, among others), delivery of the education to target groups</p> <ul style="list-style-type: none"> - Multiplication of existing training materials produced in accessible languages in the region (eg. Training manual on HIV/AIDS in Russian) <p>Activity 3: Project Management, Monitoring and Evaluation</p> <ul style="list-style-type: none"> - Project team including Project Manager and Project Assistant will manage all project activities, liaise with counterparts to ensure successful project implementation - Assess progress made towards the defined outcome: At the start of one-year enrolment in the Army, develop and undertake a baseline study on the perceptions and knowledge of young soldiers (sampling method); at the end of one-year enrolment in the Army, undertake an “End-of-Cycle” Study to analyze progress made and discover lessons learnt (sampling method) - Communication activities 	
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UNDP GENERIC TERMS OF REFERENCE

The Project Executive Group (Project Steering Committee)

In order to ensure adequate governance structures for programme/project implementation, UNDP country offices (COs) should make full use of existing monitoring and accountability mechanisms. The establishment of coordination and consultation mechanisms, such as a Project Executive Group or Steering Committee, with the participation of stakeholders, are a vital aid to transparent decision-making.

UNDP CO may set up a committee specifically at the project/programme level, or for the outcome, or there may be existing national committees for larger programmes, thematic groups for UN or donor coordination.

A Programme/Project Steering Committee (PSC) is set up to ensure unified guidance of programme/project implementation and better coordination among the participating agencies/sectors.

Role & Responsibilities

The PSC focuses on monitoring the achievement of project results. It is responsible for making executive management decisions for a project when guidance is required by the Project Manager, including approval of project revisions. Project assurance reviews by this group are made at designated decision points during the running of a project, or as necessary when raised by the Project Manager. The PSC is consulted by the Project Manager for decisions when project tolerances have been exceeded. This group contains three roles: an executive (government counterpart) to chair the group, a representative of the implementing partner (UNDP) to provide guidance regarding the technical feasibility of the project, and a representative of civil society to ensure the realization of project benefits from the perspective of project beneficiaries.

The PSC has the following responsibilities:

- Provides oversight and policy direction focusing on the achievement of results;
- Provides overall guidance and advice throughout all stages of programme/project process (design and formulation [if created prior to the project's launch], implementation, monitoring and evaluation);
- The PSC recommends the selection of core project staff, namely the Project Manager (and additional senior project staff in the case of complex and large programmes), and recommends their recruitment to UNDP. All PSC members must sign the minutes endorsing the selection of the Project Manager and other senior candidates;
- Analyzes the needs and the subsequent delivery of technical assistance. Develops solutions to problems and challenges;
- Builds consensus around the project's strategies and planned results;
- Provides advice when amendments including budget revisions, project duration extensions are needed in the project's planned results, strategies or implementation arrangements. Substantive changes (revisions of project overall objectives) must be

discussed within an LPAC meeting; the authority to approve such changes is vested on the LPAC, not on PSC;

- Reviews and endorses annual and quarterly work plans (based on standard UNDP formats);
- Reviews and endorses quarterly, annual and final project narrative and financial reports in UNDP format;
- Monitors progress, participates in field visits to project sites, consults with beneficiaries and stakeholders, and ensures that potential opportunities and risks, including lessons learned, are taken into account by the project management;
- Reviews stakeholder meetings results and evaluation reports for action;
- Cooperates closely with the UNDAF outcome groups.

In addition, UNDP may delegate to the PSC the authority to select technical expertise (i.e. consultants, think tanks) and project staff as well as to select implementing partners (i.e. NGOs for small grants projects, etc), provided the PSC holds a specific relevant expertise. The PSC issues a request to the UNDP to approve the selection process, the latter having final decision authority. As contracting authority, UNDP must ensure that the proposed choice is fully aligned to the relevant requirements and specifications (see Annex IV for further details on recruitment and contracting). Therefore, under UNDP implementation support to national execution, all procurement and recruitment processes are managed under UNDP rules and regulations; the PSC does not have the authority to take operational decisions under the specific purview of UNDP.

The key task of the UNDP Programme Officer/Associate in this context is to work with the Project/Programme team to ensure that the requisite interactions are taking place when useful, key issues are discussed, relevant and adequate communications driving dialogue are taking place, reports are action-oriented and qualitative, observance and adherence to UNDP rules and procedures, and the follow-up of decisions. He/she also ensures that results-based management approaches are shared with the PSC.

Membership

The PSC must attempt to have broad representation of key actors within the specific project/programme area. The PSC normally consists of the National Project Coordinator, implementing agencies, other state organisations, civil society organizations, concerned donors, and UNDP representative(s). The Members of the PSC are not paid or compensated for services to the project. Members of the PSC are proposed and approved during the Local Project Appraisal Committee (LPAC) and must be reflected in the project document accordingly.

The involvement of key agencies is intended to ensure that progress towards outcomes is continuously monitored, besides the delivery of project-specific outputs. The PSC should be kept to a reasonable number of participants to be dynamic; representatives of various organizations and institutions, who are not members of the PSC, can be invited to take part on PSC meetings, whenever deemed appropriate. Invited guests do not have decision-making role. The chairperson of the Steering Committee is usually a representative of the government (i.e. the National Project Coordinator) or a representative of UNDP (i.e. the Resident Representative or another senior officer with delegated authority)⁸. PSC chairmanship could be determined on rotational basis. The selection of the PSC chairman is agreed by overall consensus among PSC members.

⁸ Under Direct Execution, the chairperson of the PSC is vested on UNDP.

If changes in the composition of the PSC occur due to functional displacements, parties should inform each other accordingly. In order to ensure consistency and continuity, temporary replacements of members of the PSC are allowed on an exceptional basis, on which parties should inform each other in a 5 days period prior to the meeting.

Steering committee meetings

The PSC meets periodically, as a rule every three months and extraordinarily whenever circumstances require, to review project/programme progress and advise or take important project/programme-related decisions that ensure smooth implementation. The PSC should focus on progress towards outcomes, policy issues and major challenges that require input from partners.

The proceedings of PSC meetings are recorded in meeting minutes, which are then signed by all members of the PSC, once draft minutes have been reviewed and validated by all participants. An original document with all participants signatures is not required, hence, in order to speed the process of signing the minutes, these could be circulated via e-mail (scanned) or fax. Meeting minutes should consist of a record of issues addressed and decisions taken (verbatim transcriptions are not required). The project/programme manager act as secretariat of the PSC with the responsibility to call meetings, distribute information (at least 4 working days in advance), timely preparation of meeting minutes and follow up on their recommendations.

Except for the regular quarterly meetings, the PSC does not always have to meet in person for ad hoc sessions; virtual communication among members of the PSC is encouraged if network facilities permit. This could include use of e-mail communications for peer reviews of quarterly reports, or setting up a website for the project/programme where partners can upload, access and review documents.

Decision making process

PSC decisions are taken based on consensus and common agreement. To this effect, it is necessary that fair representation of different groups be ensured at all times. UNDP will act as the custodian to ensure due process and compliance with standard operating procedures. Failure to do so may result in the annulment of the decision.

Proposed Membership of the Project Steering Committee

1. National Program Coordinator, Ministry of Defense
2. Mr. Vitalie Ivanov, Deputy Director, Preventive Medicine Centre of the Ministry of Defence
3. Mr. Ion Codreanu, Epidemiologist, Border Guards
4. Mr. Igor Harjevschi, Department of Carabineers, Ministry of Internal Affairs
5. Mr. Stefan Gheorghita, Director, AIDS Centre
6. Mr. Dumitru Laticevschi, Project Coordination Unit, the Project “Health Investment Fund”
7. Ms. Steliana Nedera, Assistant Resident Representative, Chief of Programme Section, UNDP
8. Mr. Boris Gilca, UNFPA, Programme Coordinator
9. Ms. Gabriela Ionascu, UNAIDS Country Coordinator
10. Mr. Silviu Domente, Assistant Project Officer HIV/AIDS, UNICEF
11. Mr. Silviu Ciobanu, Country Programme Coordinator for STIs and HIV/AIDS, WHO
12. Ms. Liliana Gherman, Program Director, Public Health Program, Soros-Foundation Moldova
13. Ms. Antonita Fonari, President, Network of Social NGOs

Terms of Reference

A. *Job Title:* **HIV/AIDS Project Manager**

B. *Duty Station:* Chisinau, Moldova

C. *Section/Unit:* Ministry of Defense, UNDP Moldova office

D. *Project Reference:* **Scaling-up the response to HIV/AIDS in the Uniformed Services of Moldova**

E. *Duration of Employment:* Start of work - November 2005, for a one year appointment, with possible extension.

F. *Organisational setting:* The Project Manager will work with the National Project Coordinator and with the UNDP Chief of Programme Section.

Overall job content:

The Project Manager carries out his/her tasks in close coordination with the National Project Coordinator and UNDP Programme Officer, and the Project Steering Committee.

He/she assumes overall responsibility for the successful implementation of project activities and the achievement of planned project outputs. He/she oversees the day-to-day development of the project and is in charge of the project team. He/she will participate as appropriate in relevant sectorial meetings, including the UN Theme Group on HIV/AIDS, NGO meetings and meetings organised by state institutions, join international consultants during their missions, and will keep informed about developments and other donors' work in the area.

Specific tasks and responsibilities:

Duties and responsibilities

- Ensure timely and effective transformation of project inputs into project outputs;
- Be responsible for the daily management of the project – both organizational and substantive matters;
- Ensure adequate information flow, discussions and feedback among the various stakeholders
- Act as head of the project team and supervise the work of project staff;
- Prepare detailed monthly project work plans and monitor their observance;
- Ensure the timely execution of activities
- Organize and coordinate the procurement of services and goods under the project;
- Prepare quarterly project progress reports, for the Steering Committee, as well as any other reports requested;
- Facilitate and participate in identification and selection of project personnel, national consultants and subcontractors in cooperation with the PSC; develop and draft terms of reference;
- Draft specifications for equipment, supplies, goods to be procured under the project;
- Guide the work of consultants and subcontractors and oversee compliance with the agreed work plan;
- Facilitate the cooperation within and among the project's short-term consultants/experts and stakeholders
- Participate in all project events assuming overall responsibility for the proper handling of logistics;

Qualifications and skills

- University degree in one of social development-related areas

- A minimum of five years work experience with projects, either in a non-governmental organisation, public institution or with an international organisation in the area of social development; experience with activities targeting HIV/AIDS is required.
- A demonstrated ability in administrative and financial management of development projects and in liaising and cooperating with Government officials, NGOs, mass media;
- Experience in working with the civil society and with participatory approaches.
- Excellent knowledge of English, Romanian and Russian;
- Excellent communication skills, including inter-personal;
- Good knowledge of Word and Excel is necessary.

Terms and conditions for provision of the services

The Project Manager reports to UNDP, the National Project Coordinator and Project Steering Committee.

The incumbent shall not enter into any other employment or business activities, paid or unpaid, while working for the project without the express written consent of UNDP.

Terms of Reference

A. *Job Title:* **HIV/AIDS Project Assistant**

B. *Duty Station:* Chisinau, Moldova

C. *Section/Unit:* Ministry of Defense, UNDP Moldova office

D. *Project Reference:* Scaling up the response to HIV/AIDS in the Armed Forces of Moldova

E. *Duration of Employment:* Start of work - November 2005, for a one year appointment, with possible extension.

F. *Organisational setting:* The Project Assistant will work under the direct supervision of the Project Manager and will liaise with the National Project Coordinator.

Overall job content:

He/she is responsible for financial and administrative management of the project activities, the preparation of quarterly and annual work plans and progress reports for review and monitoring by the Project Steering Committee, and provides assistance in the development of follow up programme activities.

Specific tasks and responsibilities:

Administrative management:

- § Make logistical arrangements for the organization of meetings and round tables;
- § When necessary, provide secretarial support;
- § Provide backstopping to international consultants during their missions to Moldova (visa issuance, travel arrangements, accommodation, etc.);
- § Prepare and issue contracts for local and international consultants;
- § Draft project quarterly and annual work plans and reports;
- § Maintain project files;
- § Assume overall responsibility for administrative matters of a more general nature,

Financial management:

- § Prepare requests for advance of funds and/or direct payments;
- § Prepare proposals for budget revisions;
- § Monitor budget expenditures and maintain a proper record of approved project budgets and their revisions;
- § Respond to queries from UNDP with respect to financial aspects of the project, liaise with UNDP appointed and external auditors wherever required;
- § Prepare and submit expenditure and project budget status reports;
- § Advise and assist international advisors and national consultants on all aspects of allowances, travel claims and other financial matters and calculate payments due for claims and services;
- § Undertake other financial and administrative tasks as required.

Procurement and purchasing:

- § In accordance with the Work plan arrange for purchasing of necessary supplies, including for the project's meetings and round tables, as well as office supplies;
- § Ensure that contractual processes follow the stipulated UNDP procedures;
- § Maintain an updated price list of the goods and services commonly procured by the project.

Qualifications and skills:

- University degree in one of social development-related areas
- A minimum of three years work experience with projects, either in a non-governmental organisation, public institution or with an international organisation in the area of social development; experience with HIV/AIDS projects will be an asset.
- A demonstrated ability in administrative and financial management of development projects and in liaising and cooperating with Government officials, NGOs, mass media;
- Excellent knowledge of English, Romanian and Russian;
- Excellent communication skills, including inter-personal;
- Good knowledge of Word and Excel is necessary.