



Programme Document

Government of the Republic of Yemen
United Nations Development Programme (UNDP)



“Developing National Capacities to Address HIV/AIDS in Yemen”

Award ID: 00049807

Narrative

To ensure that by 2010, the HIV prevalence rate amongst the general Yemeni population and high risk and vulnerable groups be stabilized, and that the internationally recognized rights of People Living With HIV/AIDS (PLWAs), including entitlement to humane medical care, are upheld.

The programme seeks to build on the momentum of significant recent developments regarding HIV/AIDS in Yemen. These include approval of a multisectoral strategic framework by the Cabinet in December 2002 and the establishment of a National multisectoral HIV/AIDS Task Force in February 2003. The proposal aims to build national capacity in the health sector as well as other sectors and Civil Society, through the placement of international technical advisors and consultants to provide hands-on training to national capacities, procurement of services and goods, and institutional support for ongoing activities. Advocacy will be undertaken and awareness raised among leaders at all levels, the general population, as well as the already identified high-risk and vulnerable groups.

This second phase programme is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). UNDP will play the role as Principal Recipient (PR) in charge of managing the funds.

UNDAF Outcome	Improved policy framework, resource allocation and implementation capacity to bring growing population needs and rights in line with development options and enable equitable access to quality basic social services
Expected Outcome Indicator	Percentage of high-risk groups, children and adolescent reached by life skills and counseling services.
Expected Outputs/Annual Targets	Improved and increased access to HIV/AIDS high quality, confidential and gender sensitive, youth friendly services and care
Implementing Partner	United Nations Development Programme (UNDP)
Responsible Parties	National AIDS Programme, National Blood Tranfusion and Research Center and National Population Council will be sub-recipients, UN Agencies will provide technical assistance, UNDP will be responsible for procurement of goods and services, and Civil Society Organizations (CSOs) will be responsible for a number of activities.

Programme Period: 1 April 2008 - 31 March 2011
Programme Component: HIV/AIDS
Programme Title: "Developing National Capacities to Address HIV/AIDS in Yemen"
Programme Award: 00049807
Programme Duration: 36 Months

Total Budget: US\$ 10,568,459

Allocated Resources:

- Government: in kind (Office Space by NPC)
- GFATM: US\$ 10,568,459

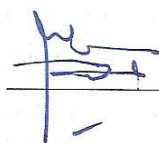
Agreed by

Signature

Date

Name and Title

Ministry of Planning and International Cooperation




H.E. Mr. Abdul Karim Ismail Al-Arhabi
Deputy Prime Minister, Minister of the Ministry of Planning and Int'l Cooperation

Ministry of Public Health




H.E. Dr. Abdulkarim Yahya Rassa
Minister of Public Health
Chairperson of CCM

United Nations Development Programme (UNDP)



Mr. Selva Ramachandran
UNDP Resident Representative, a.i.

UN official exchange rate at the date of signature: US \$ 1.00 = YR 199.40

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
BCC	Behavior Change Communication
CCM	Country Coordinating Mechanisms
CSOs	Civil Society Organizations
GFATM	Global Fund to fight AIDS, Ruberculosis and Malaria
GF	Global Fund
HIV	Human Immunodeficiency Virus
LFA	Local Funding Agent
M&E	Monitoring and Evaluation
MoPH	Ministry of Public Health
NAP	National AIDS Programme
NBTRC	Nitional Blood Transfusion and Research Center
NGO	Non-Governmental Organization
NPC	National Population Council
PR	Principale Recipient
STIs/D	Secually Transmitted Infections/Deseases
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme for HIV/AIDS
UNFPA	United Nations Funds for population Activities
UNGASS	United Nations General Assembly Special Session on AIDS
UNICEF	United Nations Children’s Fund
UNTG	United Nations Thematic Group
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

I SITUATION ANALYSIS

Yemen has improved its rating on the human development index since 1990, but the country remains classified as a low human development country. While the population growth rate decreased from 3.7% in 1994 to 3% in 2004, high population growth remains an underlying cause of many of the problems Yemen faces. Population dynamics have negatively impacted improvements in water management, economic growth, education and primary health care. The country has even regressed on child malnutrition where the rate worsened from 1992 to 1997, with the situation remaining unchanged through 2003. The progress on maternal and child mortality has also slowed to a crawl since 1997. At a current 3% annual rate of growth, the population will double in 23 years, implying the need for rapid expansion of social services and job opportunities. The ability of Yemen to respond to this challenge is hampered by ruthless economic growth, which is extensively depending on oil. During recent years oil production is on a declining trend and unsustainably high rates of water use threatening the very survival of many areas due to depletion of water resources is also adding to challenges that Yemen faces.

Although Yemen is a low prevalence country in terms of the number of reported cases of HIV/AIDS, evidence in both Yemen and the entire Arab region suggests a rapid increase in HIV infections. In addition, there is little institutional capacity to respond to and monitor the spread of the virus. Yemen could also experience a large increase in the incidence of HIV infection in the coming years unless measures are taken now. There is an alarmingly low awareness of HIV/AIDS in the country, and governmental and non-governmental leaders lack the basic understanding of the means of contracting the virus and measures that can prevent transmission. Stigma and discrimination continue to undermine the existing efforts to fight HIV/AIDS, and while few in numbers, many People Living With HIV/AIDS (PLWHA) require immediate treatment. Few donors support Yemen at this time, and the success of the Global Fund programme may very well determine future donor support in the health and other sectors.

The Country Coordinating Mechanism (CCM) of the Republic of Yemen was approved by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in its third round of funding for an HIV/AIDS grant for an amount of USD 5.5 million over the first two years and USD 14.8 million over the full five year period. In consultation with the Global Fund, the CCM requested that the programme be split into two distinct programmes, with separate Principal Recipients (PR). As a result, in the summer of 2005, the Global Fund signed a grant agreement with the National AIDS Programme (NAP) in the amount of USD 2.8 Million, and a second grant agreement with the National Population Council (NPC) in the amount of USD 2.7 Million. Broadly speaking, the focus of the NAP grant was on voluntary counseling and testing (VCT), treatment, care and support of People Living With HIV/AIDS (PLWHA), service provision to vulnerable populations and blood safety. The focus of the NPC grant was on advocacy targeting policy makers, information, education and communication (IEC) activities to raise awareness of HIV/AIDS among vulnerable groups and the general population and the strengthening of civil society to coordinate HIV/AIDS activities.

While Yemen has much of the technical expertise to implement programme activities, weak management systems and cumbersome financial regulations hindered both PRs' ability to successfully achieve its targets. The CCM therefore nominated UNDP as the PR for the second phase of the programmes, supporting both the NAP and the NPC in a harmonized programme for the second phase. The CCM further requested comprehensive technical assistance from the UN system, in particular from UNFPA, UNICEF, WHO and UNDP. In spite of the poor implementation during the first phase of the programme, there are strong indications that the re-organized management structure and technical assistance plan can yield significant results in the second phase. First, while an upgrading of technical capacities is greatly needed, the staff of both the NPC and the NAP is highly motivated and enthusiastic. The UN partners have agreed to develop comprehensive

technical assistance plans which can be financed under the grant. Second, UNDP has extensive experience serving as a PR throughout the world, and can quickly disburse funds to finance key activities in order to address the financial management weaknesses experienced during the first phase. Finally, UNDP will provide management support to build the capacity of both institutions to better manage donor funds in the future.

II STRATEGY

The overall strategy for implementing the HIV/AIDS programme (see annex I) is to boost the existing capacities in the public and within Civil Society Organizations (CSO) to enable the programme to be implemented effectively.

The following strategies will be applied in the implementation of the HIV/AIDS programme during 2008-2010:

- (i) To take advantage of all existing capacity in the public and Civil Society Organizations at the national, Governorate and district level;
- (ii) To design comprehensive capacity building plans by UNCIEF, UNFPA and WHO to strategically build local capacity to support expansion of the HIV/AIDS services;
- (iii) To activate the National Task Force

A comprehensive implementation strategy has been developed (Annex III), which will assist stakeholders in addressing challenges that were faced during Phase I of the programme. The programme focus during year one of Phase II will be devoted to achieve the five specific targets listed below:

Top five specific contractual indicators set for September 2008 ¹
(Year 3 of implementation, Y1 for UNDP CO as PR)

- 1 Number of people receiving VCT;
- 2 Number of PLWHA receiving antiretroviral combination therapy;
- 3 Number of service deliverers trained in IEC, BCC community outreach, VCT, STD, ART, care and support;
- 4 Number of high risk vulnerable persons reached with IEC activities; and
- 5 Number of staff trained in bio-behavioral surveillance.

At the same time the programme will also work on other cross cutting issues and areas of intervention in order to maintain and make progress on other targets.

¹ The earlier date for the review was September 2008, this now depends on the revised date either December 2008 or 12 months after the signature date of the agreement with the Global Fund. Global Fund Secretariat will confirm its Board decision on this matter.

The programme will use performance based funding for the flow of resources to the three sub-recipients (National Blood Transfusion and Research Center, National Population Council and National AIDS Programme). The Programme Unit, which will be managed by an international Programme Manager with other technical and administrative staff will work closely with sub-recipients and identify activities to be implemented by them and to authorize release of funds from UNDP. The funds which will be released by UNDP to the sub-recipient based on the request from the Programme Manager will be released per activity/activities (performance based activities). The sub-recipients have to implement those activities based on agreed timeframe and report directly to the Programme Unit/UNDP on the utilization of funds and the results achieved.

Programme Deliverables

The following are the main deliverables planned under the current programme:

1. Data collection, analysis and report writing for HIV/AIDS serosurveillance among TB patients;
2. Adapt WHO IMAI training curriculum and develop national IMAI curriculum;
3. Conduct KAP studies among general population, vulnerable groups (refugees, marginalized groups- Al-Akhdam, etc);
4. Review the national ART guidelines to reflect the new issues and the lesson learned;
5. Develop culture sensitive National Behavior Change Communication Strategy;
6. Capacity building plan to strengthen MoPH/NAP and the National Population Council capacity in planning/programmatic, finance management and M&E;
7. Launch three new ART centers in Taiz, Mukalla and Hodeidah and launch 10 VCT sites in three governorates;
8. Develop mass media tool kit on HIV/AIDS and conduct evaluation survey of the radio spots for the audience in nine governorates;
9. Re-structure the National Task Force and redefine its functions; and
10. Programme progress reports including reports on conducted training activities.

III RESULTS AND RESOURCES FRAMEWORK

Intended UNDAF outcome : Improved policy framework, resource allocation and implementation capacity to bring growing population needs and rights in line with development options enabling equitable access to quality basic social services				
Country Program Outcome including baseline and targets: <i>CP Outcome:</i> Improved capacities of authorities to meet obligations and the public demand their rights, enabling better delivery of and access to equitable, quality basic social services, including health, education, water and sanitation and social protection <i>Baseline:</i> HIV/AIDS National Strategy <i>Targets:</i> (a) Network of social focal points in the most vulnerable areas established; (b) Law on PLWA rights established; and (c) Increased number of stakeholders engaged in "breaking the silence" in the field of HIV/AIDS				
MYFF Service Line 5.1: HIV/AIDS				
Programme title and ID (ATLAS Award ID): Developing The National Capacities to Address the HIV/AIDS in Yemen				
Intended Outputs	Output Targets/ years	Indicative Activities	Responsible parties	Inputs
HIV/AIDS Prevention and Control in Yemen strengthened and scaled-up	N/A	ACTIVITY 1: : Enhance HIV/AIDS prevention, care and support capacity among Government and Civil Society stakeholders	<ul style="list-style-type: none"> • UNDP will implement the procurement activities • WHO, UNICEF, UNAIDS will provide the technical assistance • NAP, NPC and some national NGOs will implement the activities 	US \$ 4,179,635
	N/A	ACTIVITY 2: Awareness of HIV/AIDS and other STI's among general population and identified vulnerable and high risk groups is enhanced and risk behavior is reduced	<ul style="list-style-type: none"> • UNDP will implement the procurement activities • UNFPA, UNICEF, UNAIDS will provide the technical assistance • NPC and national NGOs will implement the activities 	US \$ 1,910,772
		ACTIVITY 3: strengthen HIV surveillance system - both biological and behavioral studies	<ul style="list-style-type: none"> • UNDP will implement the procurement activities • WHO and UNAIDS will provide the technical assistance • NAP, NPC and will implement the activities 	US \$ 470,539

		ACTIVITY 4: Increase coverage of HIV/AIDS- safe blood for transfusion, establish and enforce national blood safety standards	<ul style="list-style-type: none"> • UNDP will implement the procurement activities • WHO and UNICEF will provide the technical assistance • NBTRC will implement the activities 	US \$ 2,241,123
		ACTIVITY 5: Provide management support and capacity development to the NBTRC, NPC and NAP for the implementation of Global Fund Grant	UNDP will provide the overall Programme management support (procurement, finance and M&E)	US \$ 1,766,390

Grand Total

US \$ 10,568,459

Budget for years 2009 and 2010 is indicative. Upon the arrival of the Programme Manager, the detailed budget for years 2009 and 2010 will be prepared in close consultation with all stakeholders.

IV DETAILED 2008 ANNUAL WORK PLAN

Programme ID	Expected Outputs	Key Activities	Timeframe		Responsible Party	Fund Code	Account	Q11	Q12	Q13	TOTAL
			Start	End							
		ACTIVITY 1:	To enhance HIV/AIDS prevention, care and support capacity among Government and Civil Society stakeholders								
	HIV/AIDS Prevention and Control in Yemen strengthened and scaled-up	International consultants	Apr-08	Dec-08	UNDP	30078	71200	63,300	128,525	45,225	237,050
		service contract	Apr-08	Dec-08	NAP	30078	71400	78,460	78,460	78,460	235,380
		UN volunteers	Apr-08	Dec-08	UNDP	30078	71,500	12,600	25,200	12,600	50,400
		Travel expenses	Apr-08	Dec-08	NAP	30078	71600	0	25,313	4,312	29,625
		Travel expenses	Apr-08	Dec-08	NPC	30078	71600	?	?	?	
		shipment	Apr-08	Dec-08	UNDP	30078	71630	0	17,000	0	17,000
		Contractual services	Apr-08	Dec-08	NPC	30078	72100	278	8,758	12,500	21,537
		Contractual services	Apr-08	Dec-08	NAP	30078	72100	?	?	?	
		training and education services	Apr-08	Dec-08	NPC	30078	72145	24,094	295,221	34,123	353,439
		training and education services	Apr-08	Dec-08	NPC	30078	72145	?	?	?	
		Equipment furniture	Apr-08	Dec-08	UNDP	30078	72200	0	7,000	0	7,000
		Other supplies	Apr-08	Dec-08	UNDP	30078	72300	0	25,250	3,500	28,750
	Commodities and health products	Apr-08	Dec-08	UNDP	30078	72330	150,060	186,069	15,168	351,297	
	Pharmaceutical	Apr-08	Dec-08	UNDP	30078	72,330	0	97,760	0	97,760	

		08			5						
	Professional services (audit , capacity assesment)	Apr-08	Dec-08	UNDP	30078	74100		0	25,000	0	25,000
	Audio visual and printing cost	Apr-08	Dec-08	NAP	30078	74200		3,000	9,000	0	12,000
	Miscellaneous expenses (insurance, storage, bank charges, sundry))	Apr-08	Dec-08	UNDP	30078	74500		0	27,725	0	27,725
	Facilities and administration	Apr-08	Dec-08	NAP	30078	75100		27,000	49,740	20,340	97,080
	Facilities and administration	Apr-08	Dec-08	NPC	30078	75100		?	?	?	
								358,79	1,006,02	226,228	
								2	2		
	Total (Excluding GMS)							358,79	1,006,02		1,591,04
								2	2	226,228	3
	ACTIVITY 2:	Awareness of HIV/AIDS and other STI's among general population and identified vulnerable and high risk groups is enhanced and risk behaviour is reduced									
	International consultants	Apr-08	Dec-08	UNDP	30078	71200		0	110,049	34,500	144,549
	International consultants	Apr-08	Dec-08	UNAIDS	30078	71200		?	?	?	
	International consultants	Apr-08	Dec-08	UNFPA	30078	72,200		?	?	?	
	Travel expenses	Apr-08	Dec-08	NPC	30078	71600		0	0	13,500	13,500
	Travel expenses			NAP	30078	71600		?	?	?	#VALUE!
	Contractual services	Apr-08	Dec-08	NPC	30078	72100		600	64,570	51,056	116,226

	Contractual services	Apr-08	Dec-08	NAP	30078	72100	?	?	?	
	training and education services	Apr-08	Dec-08	NPC	30078	72145	0	120,353	170,576	290,930
	training and education services	Apr-08	Dec-08	NAP	30078	72145	?	?	?	
	Commodities and health products	Apr-08	Dec-08	UNDP	30078	72330	0	25,000	0	25,000
	Audio visual and printing cost	Apr-08	Dec-08	NPC	30078	74200	0	63,500	30,500	94,000
							600	383,472	300,132	
	Total (Excluding GMS)						600	383,472	300,132	684,204

		ACTIVITY 3: To strengten HIV surveillance system - both biological and behavioural studies										
		International consultants	Apr-08	Dec-08	UNAIDS	30078	71200		33000	33720	720	67440
		service contract	Apr-08	Dec-08	NPC	30078	71400		1,500	3,000	0	4,500
		service contract	Apr-08	Dec-08	NAP	30078	71,400		?	?	?	
		Travel expenses	Apr-08	Dec-08	NPC	30078	71600		0	2,398	0	2,398
		Travel expenses	Apr-08	Dec-08	NAP	30078	71600		?	?	?	
		Studies and research services	Apr-08	Dec-08	UNAIDS	30078	72125		0	500	51,000	51,500
		training and education services	Apr-08	Dec-08	WHO	30078	72145		0	65,301	14,000	79,301
		training and education services	Apr-08	Dec-08	NPC	30078	72145		?	?	?	
		training and education services	Apr-08	Dec-08	NAP	30078	72145		?	?	?	
		Commodities and health products	Apr-08	Dec-08	UNDP	30078	72330		0	5,372	0	5,372
								34,500	110,291	65,720		
Total (Excluding GMS)								34,500	110,291	65,720	210,511	
		ACTIVITY 4: To Increase coverage of HIV/AIDS- safe blood for transfusion, establish and enforce national blood safety standards										
		International consultants	Apr-08	Dec-08	UNDP	30078	71200		0	33,000	33,000	66,000
		International consultants	Apr-08	Dec-08	WHO	30078	71200		?	?	?	
		Travel expenses	Apr-08	Dec-	NBTRC	30078	71600		0	6,300	0	6,300

	training and education services	Apr-08	08 Dec-08	NBTRC	30078	72145	0	2,100	2,100	4,200
	Equipment furniture	Apr-08	08 Dec-08	UNDP	30078	72200	100,000	235,500	226,500	562,000
	Commodities and health products	Apr-08	08 Dec-08	UNDP	30078	72330	0	180,000	0	180,000
	Facilities and administration	Apr-08	08 Dec-08	NBTRC	30078	75100	600	600	600	1,800
							100,600	457,500	262,200	
				Total (Excluding GMS)			100,600	457,500	262,200	820,300
				ACTIVITY 5: To provide management support and capacity development to the NPC and NAP for the implementation of Global Fund Grant						
	ALD Employee cost	Apr-08	08 Dec-08	UNDP	30078	71100	0	76,584	76,584	153,168
	International consultants	Apr-08	08 Dec-08	UNDP	30078	71200	0	0	0	0
	service contract	Apr-08	08 Dec-08	UNDP	30078	71400	0	0	0	0
	UN volunteers	Apr-08	08 Dec-08	UNDP	30078	71,500	0	0	0	0
	Travel expenses	Apr-08	08 Dec-08	UNDP	30078	71600	0	6,630	6,630	13,260
	Equipment furniture	Apr-08	08 Dec-08	UNDP	30078	72200	0	15,000	0	15,000
	Other supplies	Apr-08	08 Dec-08	UNDP	30078	72300	0	10,000	10,000	20,000
	Miscellaneous expenses (insurance, storage, bank charges, sundry))	Apr-08	08 Dec-08	UNDP	30078	74500	0	7,500	7,500	15,000

2008 Budget by Activity

----Figures in US Dollars----

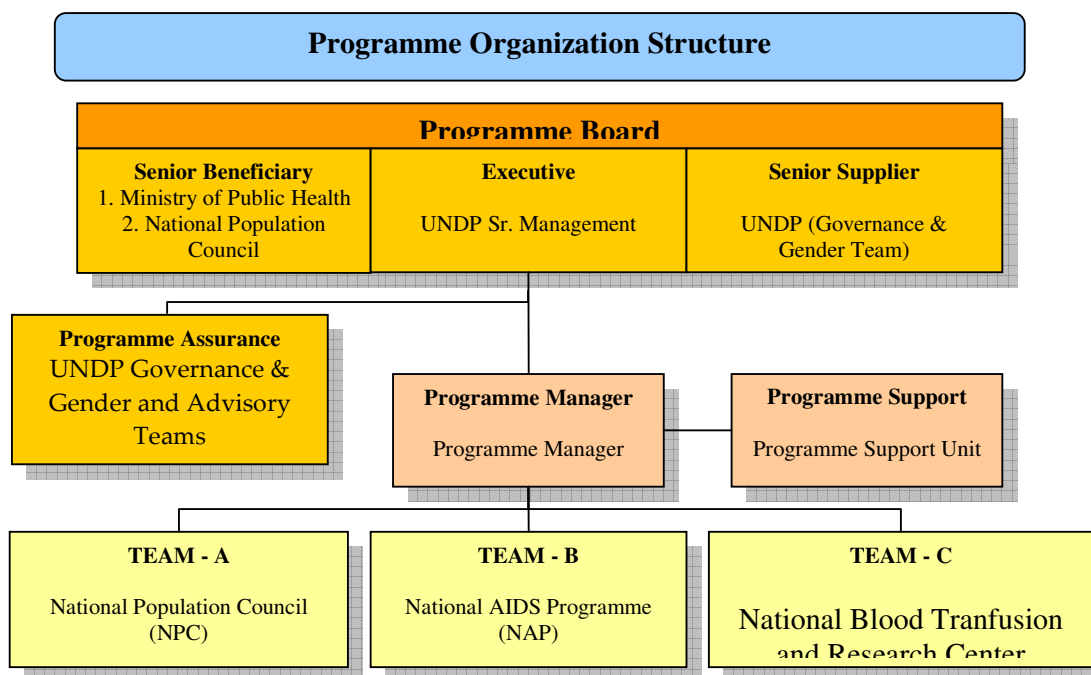
Activities	2008
ACTIVITY 1	1,591,043
ACTIVITY 2	684,204
ACTIVITY 3	210,511
ACTIVITY 4	820,300
ACTIVITY 5	248,320
Sub-total	3,554,377
GMS 7%	248,806
Total	3,803,184

Programme Budget by Category

----Figures in US Dollars----

Cost Categories	Total	%
Human Resources	2,711,222	25.6
Training and planning	1,303,729	12.2
Infrastructure and Equipment	2,270,258	21.3
Commodities and Products	956,130	9
Pharmaceuticals	345,284	3.3
Monitoring & Evaluation	421,719	4
Administrative costs	891,658	8.4
Advocacy and general IEC Materiales	977,063	9.2
UNDP 7%	691,396	7
Total	10,568,459	100

V Management Arrangements



Given that the programme addresses transparency issues, United Nations Development Programme (UNDP) will act as the **Executive** of the Programme Board. UNDP's Governance Team Leader will act as a **Senior Supplier**. The Senior Supplier is the individual or group representing the interests of the parties concerned which provide funding and/or technical expertise to the programme. The Senior Supplier's primary function within the Programme Board is to provide guidance regarding the technical feasibility of the programme. Representatives from the Ministry of Public Health and the National Population Council will act as **Senior Beneficiary**. The Senior Beneficiary is an individual or group of individuals representing the interests of those who will ultimately benefit from the programme. The Senior Beneficiary's primary function within the board is to ensure the realization of programme results from the perspective of National Population Council, National AIDS Programme and National Blood Tranfusion and Research Center.

A UNDP Programme Officer will perform the function of the **Programme Assurance**. The Programme Assurance role supports the Programme Board by carrying out objective and independent programme oversight and monitoring functions. This role ensures appropriate programme management milestones are managed and completed. Programme Assurance has to be independent of the Programme Manager; therefore the Programme Board cannot delegate any of its assurance responsibilities to the Programme Manager.

An international **Programme Manager** will be recruited, who will be in-charge of day-to-day management of the programme on behalf of UNDP. The Programme Manager will also ensure that the programme produces the results (outputs) specified in the programme document, to the required standard of quality and within the specified timeframe and at agreeable cost.

The **Programme Support Unit** for the programme will consist of international and national staff for the following positions:

1. Programme Manager (International) – Team Leader

2. Procurement Officer (UNV)
3. Monitoring and Evaluation Officer (UNV)
4. Finance Officer (National)
5. Communication Officer (National)
6. Programme Assistant (National)

In order to ensure transparency and accountability, UNDP will maintain fiduciary control over the grant funds, and work closely with NAP, NBTRC and NPC to ensure that its programme activities are financed in a timely and transparent manner. While building the capacity of national institutions, UNDP will also assume overall management responsibility for the implementation of the programme and the achievement of results, including the planning of programme activities, supervision of programme implementation, financial accountability, assessment of progress and reporting to the Global Fund and the CCM.

UNAIDS, UNFPA, UNICEF and WHO will provide technical support to the programme. Selected CSOs and NGOs will be responsible for certain activities and UNDP will be responsible for procurement.

UNDP will be responsible for the overall management support, procurement of goods and services, introduction of a solid supply and asset management, following with sub-recipient on issues related to implementation of their components under the programme and financial management and reporting to the Global fund (including reporting of the results), as well as monitoring and evaluation.

Legal agreements outlining the relationship and between UNDP and the sub-recipients will be signed separately prior to the starting date of the implementation. Reimbursable Loan Agreements (RLAs) will be signed with the three national sub-recipients (i.e. NAP, NPC and NBTRC) for the specific services which these institutions will provide for this programme. Details Terms of References (ToRs) will be prepared attached to each of the three RLAs based on the technical and administrative tasks these institutions will provide through direct engagement of their national staff in undertaking additional tasks to achieve programme deliverables.

VI Monitoring Framework and Evaluation

In accordance with the programming policies and procedures outlined in the UNDP User Guide, the programme will be monitored through the following:

Within the annual cycle:

1. On a quarterly basis, a quality assessment shall record progress towards the completion of key results, based on quality criteria and methods captured in the Quality Management table below.
2. An Issue Log shall be activated in Atlas and updated by the Programme Manager to facilitate tracking and resolution of potential problems or requests for change.
3. Based on the initial risk analysis submitted (see annex II), a risk log shall be activated in Atlas and regularly updated by reviewing the external environment that may affect the programme implementation.
4. Based on the above information recorded in Atlas, a Quarterly Progress Reports (QPR) shall be submitted by the Programme Manager to the Programme Board through Programme Assurance, using the standard report format available in the Executive Snapshot.

5. a programme Lesson-learned log shall be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the programme
6. a Monitoring Schedule Plan shall be activated in Atlas and updated to track key management actions/events

Annually:

1. Annual Review Report. An Annual Review Report shall be prepared by the Programme Manager and shared with the Programme Board and the Outcome Board. As minimum requirement, the Annual Review Report shall consist of the Atlas standard format for the QPR covering the whole year with updated information for each above element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.
2. Annual Programme Review. Based on the above report, an annual programme review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the programme and appraise the Annual Work Plan (AWP) for the following year. In the last year, this review will be a final assessment. This review is driven by the Programme Board and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.

The monitoring of the programme performance is a critical responsibility of the PR to ensure that programme activities achieve their intended results. The overall purpose of the Monitoring and Evaluation (M&E) system is to provide information that will enable tracking of progress to highlight successes as well as shortcomings, both of which are critical for a successful programme.

The objectives of the M&E plan include:

1. To systematically track progresses and evaluate the impact of the national interventions;
2. To promote the need for systematic data collection and utilization of monitoring and evaluation results in the further planning of HIV/AIDS interventions by the UNDP and its partners; and
3. To support the planning, prioritization and management of the grant resources.

These objectives will be fulfilled by:

1. Reviewing and defining measurable set of indicators including process indicators;
2. Collecting, processing and providing reliable and timely information on progress and ensure the quality of the implementing process and the performance of sub-recipients in meeting targets;
3. Ensuring continuous feedback from implementing programme staff and the programme manager on the implementation of planned activities; and
4. Providing an enabling environment to critically reflect on these processes so as to understand the reasons for successes or failures to improve responsiveness, effectiveness and efficiency of programme implementation.

Quality Management for Programme Activity Results

OUTPUT 1: HIV/AIDS Prevention and Control in Yemen strengthened and scaled-up		
Activity Result 1 (Atlas Activity ID)	HIV/AIDS prevention	Start Date: 1 April End Date: 31 Dec 2008
Purpose	To enhance HIV/AIDS prevention, care and support capacity among Government and Civil Society stakeholders	
Description	Procurement of services and goods, training of health workers, preparation of guidelines and curriculum and building capacity of line ministries and NGOs focal points.	
Quality Criteria	Quality Method	Date of Assessment
Number of sites offering services to high risk groups	Records (Quarterly reports) and visits to the sites	31 December 2008
Number of people receiving HIV testing and counseling	Records (Quarterly reports) and visits to the sites	31 December 2008

OUTPUT 1: HIV/AIDS Prevention and Control in Yemen strengthened and scaled-up		
Activity Result 2 (Atlas Activity ID)	Awareness of HIV/AIDS	Start Date: 1 April End Date: 31 December 2008
Purpose	To increase awareness on HIV/AIDS and STDs among general population and high risk groups	
Description	Preparation of materials, conducting workshops for the NGOs, school teachers, youth networks, peer education and building capacity of media people.	
Quality Criteria	Quality Method	Date of Assessment
Number of NGOs participating in formal civil society coordination network HIV/AIDS activities	Records (Quarterly reports) and visits to the sites	31 December 2008
Number of sites offering services to high risk group IEC, STI and condom access	Records (Quarterly reports) and visits to the sites	31 December 2008

OUTPUT 1: HIV/AIDS Prevention and Control in Yemen strengthened and scaled-up		
Activity Result 3 (Atlas Activity ID)	HIV surveillance system	Start Date: 1 April End Date: 31 December 2008
Purpose	To improve HIV surveillance system in Yemen	
Description	Procurement of services and goods, conduct survey among high risk group and training for national staff on counseling.	
Quality Criteria	Quality Method	Date of Assessment
Number of sentinel sites for HIV surveillance operational	Records (Quarterly reports) and visits to the sites	31 December 2008

OUTPUT 1: HIV/AIDS Prevention and Control in Yemen strengthened and scaled-up		
Activity Result 4 (Atlas Activity ID)	HIV/AIDS- safe blood	Start Date: End Date:
Purpose	Increase measures for safe blood tranfusion	
Description	Procurement of goods and services, formulation of national strategy and improve safety measures.	
Quality Criteria	Quality Method	Date of Assessment
Number and percentage of blood unit transfused that have been adequate screen for HIV according to the national guidelines	Records (Quaterly reports) and visits to the sites	31 December 2008

The following core indicators were approved to monitor the performance of the implementation of the programme:

Indicator formulation	Directly tied (Y/N)	Targets Year3	Targets Year4 and 5
1. Number of service deliverers trained in IEC, BCC community outreach, VCT, STDs, ART, care and support	Y	1,595	1,650
2. Number of people with advanced HIV infection receiving antiretroviral combination therapy	Y	300	400
3. Number of PLWHA receiving opportunistic infection prophylaxis and treatment	N	400	500
4. Number of people who receive HIV testing and counseling (incl. provision of test result)	Y	3,000	4,000
5. Number of local NGOs participating in a formal civil society coordination network for HIV/AIDs activities	Y	28	28
6. Number of sites offering services to high risk groups (IEC, STI and condom access)	Y	8	8
7. Number of national and governorate leaders and decision makers reached by advocacy activities	Y	5,250	5,500
8. No. of high risks and vulnerable persons (marginalized group known as Al Akhdaam, refugees, fishermen, truck drivers, prison inmates, etc.) reached with IEC	Y	9,000	10,000
9. Number of sentinel sites for HIV surveillance operational	N	8	10
10. Number and percentage of blood units transfused in the last 12 months that have been adequately screened for HIV according to national guidelines	N	2,00,000	2,10,000
11. Number of service deliverers trained on blood safety	N	200	290

UNDP will utilize its enterprise resource planning system known as ATLAS to track financial expenditures of the programme, and will automatically generate the quarterly financial reports submitted to the Global Fund. UNDP will measure programmatic and financial results, identify bottlenecks, integrate lessons learned and adapt strategies to optimise the management of the funds. Within the first quarter of the programme implementation, the M&E Specialist will review and develop the necessary forms, reports, questionnaires, surveys and checklists to serve as tools for the M&E system. These forms will be distributed to the sub-recipients and training will be provided on the methods of data collection and reporting.

In addition, the PSU staff will conduct regular monitoring visits to the programme sites to verify and validate programme progress of the sub-recipients and their respective agents.

Programme Monitoring and Evaluation will be conducted in accordance with the agreed M&E Plan. In addition to the M&E Plan a detailed schedule of programme review meetings, workshops, will be developed in consultation with the programme implementing partners.

The day to day monitoring of implementation progress is the responsibility of the PSU, and will be based on the approved programme's Annual work plan and indicators. Periodic monitoring of implementation progress will be undertaken by the PSU through quarterly meetings with implementing partners to ensure that problems related to the programme are timely identified and solved to guarantee smooth implementation of programme activities.

Monitoring tools

Reporting:

Programme Manager (PM) will prepare and submit to UNDP Annual Programme Report (APR). Reporting will also include the preparation of an annual work plan for the following year of the Programme to be reviewed and approved by UNDP in consultation with all stakeholders. PM will also provide UNDP with quarterly reports to assess progress against the work plan and output targets. Additional reports may be requested if necessary during the Programme life.

Validation:

The programme will be subject to regular and periodic field visits by UNDP CO to verify results and recommend actions.

Audit:

As per UNDP audit requirements, the Programme will be subject to NEX audit once a year to ensure compliance with results under NEX and to ensure effectiveness, transparency and accountability, if NEX advances will be made available to the programme.

Cost recovery:

UNDP will charge the Programme a cost recovery fee for providing administrative and operational services under NEX according to the UNDP cost recovery policy and guidelines.

VII LEGAL CONTEXT

This programme document shall be the instrument referred to as such in Article 1 of the SBAA between the Government of (country) and UNDP, signed on 11 April 1977 and reconfirmed by the Republic of Yemen on 22 May 1990. Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the executing agency and its personnel and property, and of UNDP's property in the executing agency's custody, rests with the executing agency.

The executing agency shall:

- a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
- b) assume all risks and liabilities related to the executing agency's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

The executing agency agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

The following type of revision may be made to this programme document with the signature of the UNDP's RR, provided he or she assured that the other parties involved in the programme have no objections to the proposed changes:

- i. Revisions in, or addition of, any of the annexes of the programme document
- ii. Revisions, which do not involve significant changes in the immediate objectives, outputs or activities of the programme, but are caused by the rearrangement of inputs already agreed to or by cost increased due to inflation.
- iii. Mandatory annual revisions which reface delivery of agreed programme inputs, agency expenditure flexibility, and
- iv. Semi-final and final budget revisions based on Combined Delivery Reports (CDRs) signed by the National Programme Manager
- v. Semi-final and final budget revisions based on Combined Delivery Reports (CDRs) signed by the Programme Manager

Annex I

Yemen UNDP Country office implementing strategy For Global Fund HIV R3 Program

Rationales

Situation analysis

Yemen CO faces a unique set of Challenges that may affect capacity to scale up HIV/AIDS services in the country and ensure the effective implementation of the Global Fund Round 3 program in its second phase. All these challenges must be addressed upfront to build a sound implementing strategy.

Major challenges

Yemen CO is currently facing a significant pressure to undertake the roles and responsibilities of being incoming PR linked to the withdrawal of two national PRs whose results were mitigate in a conjunction of high level sigma in country, several managerial and procurement issues.

While, comforting several adequate outcomes obtained in phase 1, the majors challenges will be: i) to build synergies addressing the expected indicators with respect to a comprehensive critical path, and ii) to coordinate the work among all potential sub-recipients, iii) to address crosscutting issues that may undermine the expected outcomes, and iv) to prepare for other high technical areas of intervention.

Five of those indicators must be reached during first year of implementation regardless with starting date.

Top five specific contractual indicators set for Sept. 2008 (Year 3 of implementation, Y1 for UNDP CO as PR)

- 1 Number of people receiving VCT”,
- 2 “Number of PLWHA receiving antiretroviral combination therapy”, “
- 3 “Number of service deliverers trained in IEC, BCC community outreach, VCT, STD, ART, care and support”;
- 4 “Number of high risk vulnerable persons reached with IEC activities”,
- 5 “Number of staff trained in bio-behavioral surveillance”,

Furthermore, 2 cross cutting issues and 2 high technical areas of intervention must be adequately addressed and those indicators that were already as expected or adequate on phase 1 should be maintained for second phase:

High technical areas are related to blood safety and Prevention of mother to child transmission (PMTCT). Technical assistance should be sought from UNICEF and WHO to achieve targets. Initial steps towards a comprehensive approach will be launched in first year, and developed during the full length of the program and beyond.

Cross cutting issues are linked to in country capacities in procurement and supply management as well as in Monitoring & Evaluation.

Cross cutting issues and high technical areas of intervention

- 6 Blood safety
- 7 Prevention of mother to child transmission (PMTCT)
- 8 Procurement and supply management
- 9 Monitoring & Evaluation.
- 10 Maintaining adequate outcomes from phase 1

Broad implementing strategy should address all those ten challenges up front building on and upgrading current capacities.

1. Voluntary counseling and testing

Target of people to be reached by VCT is high (cumulative target of 2000 for Y3 and 4000 for Y5). Voluntary counseling and testing is the main weakness, but also the main entry point for smooth implementation. Opportunities exist, as at least a hundred professionals were trained in VCT, 14 sites were installed and equipped while 7 additional are expected.

Specific recommendations

I would strongly suggest that the Work plan and budget be modified to include those ASAP in the 1st quarter of Year 3 (Q10) to increase the overall recruitment and create awareness. Those should be chosen tactically, to ensure major synergies and highest recruitment rate (e.g. establish VCT facilities within Tuberculosis centers, Antenatal clinics etc...).

Main activities should be but not limited to the following:

Activity	Quarter	responsible		UNDP M&E, Q control
		Main	alternate	
Establish 9 VCT centers in tactically chosen sites, with high level clients turn over	Q10-Q11	NAP	NAP	UNDP DEX Unit officer
Draft an individual plan of action for counselors roll out activity,	Q10	NAP	NAP	UNDP DEX Unit officer
Draft monitoring tools	Q10	NAP	NAP	UNDP DEX Unit officer
Closely monitors counselor's outcomes	On going	NAP	NAP	UNDP DEX Unit officer

2. “Number of PLWHA receiving antiretroviral combination therapy”,

Cumulative target of PLWHA to benefit from ART is reasonable (400 for the entire program and 200 for Y3 starting from 96 already reported).

The Republic of Yemen has been classified at low level HIV prevalence, with an estimated prevalence of 0.14% as of December 2006 (according to WHO /UNAIDS) projections. While introducing antiretroviral therapy (ART) in country, of the estimated 20000 HIV positive persons, only 400 will be entitled to a treatment by end of the remaining 3 years of the program.

To catch up with this target main activities should be but not limited to the following:

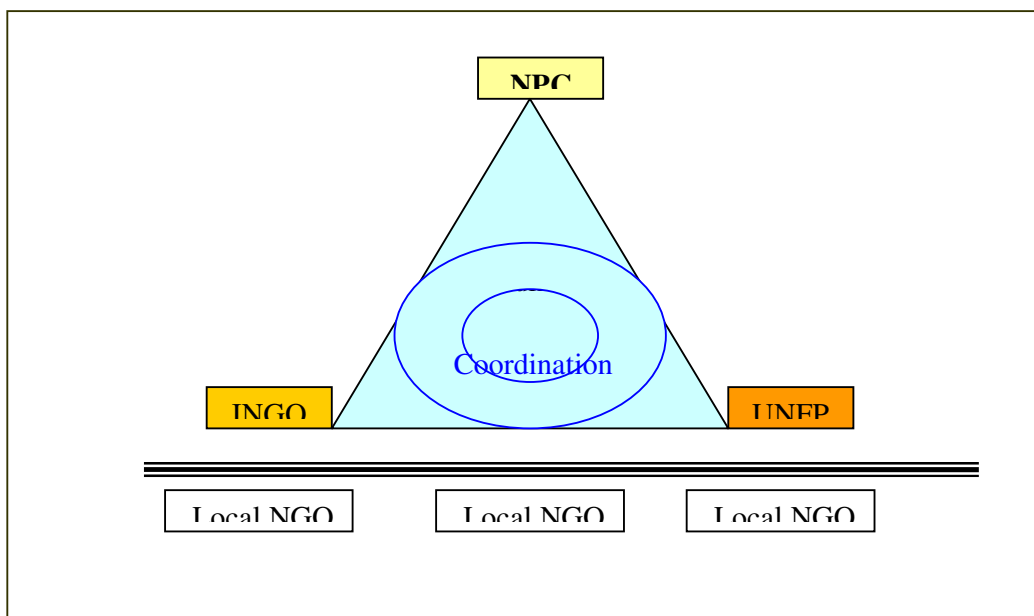
Activity	Quarter	responsible		UNDP M&E, Q control
		Main	alternate	
Extend the number of ART centers	Q11-Q12	NAP	NAP	UNDP DEX Unit officer
Secure procurement of ART, CD4 reagent and test kit by consolidating a 3 months consumption buffer stock	Q11	NAP	NAP	UNDP DEX Unit officer
Draft monitoring tools	Q10	NAP	NAP	UNDP DEX Unit officer
Closely monitors hospital delivering ART services	On going	NAP	NAP	UNDP DEX Unit officer

3. “Number of service deliverers trained in IEC, BCC community outreach, VCT, STD, ART, care and support”;

Targeted numbers: 1650 for the entire program and 1620 by end of year 3, starting from 1300 reached in phase1.

This indicator was substantively modified to sum up many categories of training. Additional training must focus on refresher trainings for ART management, laboratory skills, and BCC community outreach. A comprehensive training plan must be developed. The training must be part of an overall strategy to reach communities (general population and specific vulnerable groups).

This strategy will be based on an institutional framework, leaded by NPC with the technical assistance of an International facilitator (INGO) and the specific support of a leading UN agency UNFPA.



To catch up with this target main activities should be but not limited to the following:

Activity	Quarter	Responsible and co		UNDP M&E,
		Main	alternate	Q control
Coordinate the partnership among high level expertise in country, creating a Joint task force for community Interventions	Q10	UNDP DEX Unit officer	UNDP DEX Unit officer	UNDP senior Management
Develop a concept paper for intervention towards communities	Q10	Joint task force	Joint task force	UNDP DEX Unit officer
Develop standard operating procedure and monitoring tools	Q11	International NGO	NPC	UNDP DEX Unit M&E officer
Develop a comprehensive integrated training plan.	Q11	International NGO	NPC	UNDP DEX Unit officer
Implement the training plan.	Q11-Q13	International NGO	NPC	UNDP DEX Unit officer
Follow up with outcomes of NGOs and trainee performance	On going	NPC	NPC	UNDP DEX Unit officer
Closely monitor trained professional outcomes	On going	Joint task force	Joint task force	UNDP DEX Unit officer

4. “Number of high risk vulnerable persons reached with IEC activities”

Target of vulnerable persons to be reached by IEC activities is high (cumulative target of 10000 for the entire program and 7000 for Y3).

The Yemeni concentrated epidemic is being essentially sexually-driven, through high risk behavior groups. Knowing the intimate link between the risk-taking behaviors and the potentially rapid extension within the general population, Yemen faces an emergency ethical situation.

A set of comprehensive preventive measures must be develop through specific sub-programs such as peer education programs, condoms promotion towards high behavioral risk groups, To catch up with this target, main activities should be but not limited to the following:

Activity	Quarter	responsible		UNDP M&E, Q control
		Main	alternate	
Identifying and mapping technical expertise among local NGOs. (thematic and location)	Q11-Q12	Joint task force	Joint task force	UNDP DEX Unit officer
Develop a peer education program with appropriate technical assistance	Q11-Q12	Joint task force	Joint task force	UNDP DEX Unit officer
Promote awareness and condom usage among high behavioral risk groups	Q11	NPC	Joint task force	UNDP DEX Unit officer
Develop large scale information and awareness campaign on HIV prevention attitude and availability of specific services	Q12	NPC	International NGO	UNDP DEX Unit officer
Closely monitors outcomes and performance of NGOs	On going	NPC	NPC	UNDP DEX Unit officer

5. “Number of staff trained in bio-behavioral surveillance”,

Target of professionals to be trained in bio-behavioral surveillance is reasonable (cumulative target of 50 by Y5 and 25 for Y3). This target highly achievable while designing and implementing specific surveys in targeted vulnerable groups. Here is an opportunity to involve the academic sector. A technical committee for M&E and specific investigation must be settled under CCM guidance.

To achieve this target, main activities should be but not limited to the following:

Activity	Quarter	responsible	UNDP M&E, Q
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		Main	alternate	control
Identifying the professionals in academic sector	Q10	Tech, committee	Tech, committee	UNDP DEX Unit M&E officer
Drafting survey protocols, (cross sectional)	Q10	Consultant from academic sector	Tech, committee	UNDP DEX Unit M&E officer
Team building and training, (2 sessions for 25 professionals)	Q11 – Q12 and Q13	Tech, committee and consultant	Tech, committee	UNDP DEX Unit M&E officer
Implementing the surveys	Q13	Tech, committee and consultant	Tech, committee	UNDP DEX Unit M&E officer
Reporting to UNDP, CCM, GFATM and disseminate through a scientific publication	Q14	Tech, committee and consultant	Tech, committee	UNDP DEX Unit M&E officer
Closely monitors outcomes and performance of surveys teams	On going	Tech, committee and consultant	Tech, committee and consultant	UNDP DEX Unit M&E officer

6. Blood safety

Number and percentage of blood units transfused in the last 12 months that have been adequately screened for HIV according to national guidelines.

Targets: 210,000 is the No. of blood units that would have to be screened by end of the program, and 80,000 by end of Y3.

Rationales:

Government established the National Blood Transfusion and Resource centre with a legal mandate as per a republican decree. Two blood transfusion centers were established in Sana'a and Aden Governorates. Training of 13 hospital staff on Blood safety standards was conducted at the central level and national guidelines on Blood safety standards was developed with technical support from WHO.

Advocacy and high level meetings were held with political leaders and community leaders on support for safe blood donation.

Still strong political commitment and technical assistance is needed.

More important than the absolute number of unit tested is the percentage of blood unit produced and tested.

More than 277 blood units are tested daily on site.

We must consider 2 levels of laboratories (in term of staffing, responsibilities, and equipment) as the needs and missions are different in Sanaa and Aden as compared to others governorates.

Specific recommendations

We need to focus on a clearly defined 3 steps strategy as followed.

1. Elaboration and Dissemination of regulation documents, including SOPs
2. Supportive supervision, Monitoring and evaluation of all sites
3. Organization of Quality control among laboratories toward total quality management (TQM) of the whole chain.

Sustainable national quality program on blood transfusion will improve blood transfusion safety throughout the country.

A **Specific Action plan** must be developed and implemented around these priorities whose main outlines should be:

Activity	Quarter	Responsible and co		UNDP M&E, Q
		Main	alternate	control
Coordinate the partnership among high level expertise in country, creating a Joint task force for blood safety.	Q11	UNDP DEX Unit officer	UNDP DEX Unit officer	UNDP senior Management
Support the overall strategy with a technical assistance from WHO	Q11	UNDP DEX Unit officer	UNDP DEX Unit officer	UNDP senior Management
Revise the existing plan of action	Q11	Joint task force	Joint task force	UNDP DEX Unit Tech. adviser
Develop/revise standard operating procedure and monitoring tools, ✓Donor selection. ✓Blood collection. ✓Blood testing. ✓Blood component preparation. ✓Blood storage and transportation. ✓Reagent stock control. ✓Biosafety. ✓Disaster plan.	Q11	Joint task force	NBTRC	UNDP DEX Unit M&E officer
Provide each sites qualified to operate transfusions with high quality Rapid Elisa test kits whose sensitivity cannot be less than 100% for blood safety purposes.	Q12 and on going	NBTRC	NBTRC	UNDP DEX Unit M&E officer
Provide supportive supervision for sites in needs of support based	Q12 and on going	Joint task force	NBTRC	

on a comprehensive technical assessment tool.

Follow up with outcomes of each sites providing transfusion,	On going	NBTRC	NBTRC	UNDP DEX Unit M&E officer
Closely monitor trained professional outcomes	On going	NBTRC	NBTRC	UNDP DEX Unit officer
Develop safe and sustainable voluntary blood donors by continuous mass education and public awareness of the importance of blood safety.	On going	NBTRC	NBTRC	UNDP DEX Unit officer
Appoint a quality manager, educate and train him and create the commitment and the feeling of ownership.	On going	NBTRC	NBTRC	UNDP DEX Unit officer
Establish a quality committee of committed staff in the key responsibilities.	On going	NBTRC	NBTRC	UNDP DEX Unit officer
Present the aim of implementing TQM quality system to the staff.	On going	NBTRC	NBTRC	UNDP DEX Unit officer
Train the member of the committee on TQM topics	On going	NBTRC	NBTRC	UNDP DEX Unit officer

7. Prevention of mother to child transmission (PMTCT)

Under this program only 3 areas related to PMTCT are under consideration as it is the first time that ART's are introduced in country. Still the remaining will be addressed throughout cooperation with other specific programs.

The services that need to be strengthened include laboratories, drugs storage and management for rational use of drugs, antenatal care, care and support for HIV-positive women, partners and children. Within the context of the country, UNDP as PR of the grants would like to contribute, in partnership with NAP, NPC, UNICEF, and all other partners interested in this topic, to the development of demonstration models for the implementation of high quality services to prevent mother-to-child transmission of HIV by the end of the program to build rationales for subsequent submission. This may be done through the provision of technical assistance and some financial support for the finalization and dissemination of national guidelines for PMTCT, and the planning, implementation

and monitoring of PMTCT services in selected sites in conjunction with the set of targets already presented before.

A mid term action plan must be developed and implemented around these priorities whose main outlines should be:

Activity	Quarter	Responsible and co		UNDP M&E, Q
		Main	alternate	control
Coordinate the partnership among high level expertise in country, creating a Joint task force for PMTCT.	Q12	UNDP DEX Unit officer	UNDP DEX Unit officer	UNDP senior Management
Support the overall strategy with a technical assistance from UNICEF	Q11	UNDP DEX Unit officer	UNDP DEX Unit officer	UNDP senior Management
Prepare a concept paper to be share with partners and CCM members,	Q11	Joint task force	Joint task force	UNDP DEX Unit Tech. adviser
Develop/revise standard operating procedure and monitoring tools, ✓Voluntary counseling and testing for HIV among antenatal care attendees, ✓Short course antiretroviral drug procurement and prescription considering new approaches, ✓Safe labour and delivery practices, ✓Primary HIV prevention, ✓Counseling on infant feeding	Q11	Joint task force	NBTRC	UNDP DEX Unit M&E officer
Provide each antenatal qualified sites with preventive and information tools	Q12 and on going	NBTRC	NBTRC	UNDP DEX Unit M&E officer
Provide sites in needs of support with documentation, prevention tools and advice through a supportive supervision approach	Q12 and on going	Joint task force	NBTRC	
Follow up with outcomes of each sites providing antenatal care	On going	NBTRC	NBTRC	UNDP DEX Unit M&E officer

and HIV preventive services

Closely monitor trained professional outcomes On going NBTRC NBTRC UNDP DEX Unit officer

8. Procurement and supply management

In line with the above strategies and main activities identified as priority, the setting up at the same time of a comprehensible systems for procuring, warehousing monitoring and distributing all drugs and supply is fundamental.

Following Principles are to be considered:

- Procurement lead time are impacted by any delay in the provision of complete specification
- International procurement lead time is long and must be anticipated.
- UNDP Procurement will use as often as possible LTA negotiated by HQ
- Using carriage Paid to CPT modalities if applicable (to warehouse)
- Warehouse must be upgraded to international security standards, and operated under written operational procedures.
- UNDP will contract with MOH for current Malaria program warehousing facility, he engage to upgrade the premise to international security standard.
- Premise and goods will be covered by an appropriate international insurance (LTA exist for such services, and will apply if applicable)

Activity	Quarter	Responsible and co		UNDP M&E, Q
		Main	alternate	control
Coordinate the partnership among procurement chain stakeholders, creating a joint committee for procurement and supply management, involving main stakeholders	Q11	UNDP DEX Unit officer	UNDP DEX Unit officer	UNDP senior Management
Include Warehousing in project document with MOH, negotiate specific conditions	Q11	UNDP DEX Unit officer	UNDP DEX Unit officer	UNDP senior Management
Include warehouse maintenance and services in WP and Budgets	Q11	UNDP DEX Unit officer	UNDP DEX Unit officer	UNDP senior Management
Provision of complete set of specifications	Q11	NAP, NPC, NBTRC, others potential SRs	NAP, NPC, NBTRC, others potential SRs	UNDP DEX Unit officer
Forecasting for future needs	Q12	NAP, NPC, NBTRC, others	NAP, NPC, NBTRC, others	UNDP DEX Unit procurement officer

			potential SRs,	potential SRs,	
Procuring		On going	UNDP DEX Unit Procurement officer	UNDP DEX Unit Tech Adviser	UNDP senior Management
Upgrading warehouse facility	Q12		UNDP DEX Unit officer	UNDP DEX Unit officer	UNDP program
Monitoring, and maintaining database,	On going		UNDP DEX Unit Procurement officer	UNDP DEX Unit Tech Adviser	UNDP program
Reporting Quarterly on progress to GFATM and CCM	On going		UNDP DEX Unit Procurement officer	UNDP DEX Unit Tech Adviser	UNDP program

9. Monitoring & Evaluation.

A specific monitoring and evaluation tool was developed by GFATM experts, which must be completed before second disbursement request. A workshop should be organized as soon as possible to address this issue and revise monitoring tools for all levels and each stakeholder.

The monitoring of the programme performance is a critical responsibility of the PR to ensure that program activities achieve their intended results.

The overall purpose of the Monitoring and Evaluation (M&E) system is to provide information that will enable tracking of progress to highlight successes as well as shortcomings, both of which are critical for a successful program.

The objectives of the M&E plan include:

- To systematically track progresses and evaluate the impact of the national interventions;
- To promote the need for systematic data collection and utilization of monitoring and evaluation results in the further planning of HIV/AIDS interventions by the UNDP and its partners; and
- To support the planning, prioritization and management of the grant resources.

These objectives will be fulfilled by:

- Reviewing measurable set of indicators including process indicators;
- Collecting, processing and providing reliable and timely information on progress and ensure the quality of the implementing process and the performance of sub-recipients in meeting targets;
- Ensuring continuous feedback from implementing program staff and the program manager on the implementation of planned activities; and
- Providing an enabling environment to critically reflect the reasons for successes or failures to improve responsiveness, effectiveness and efficiency of project implementation.

10. Maintaining adequate outcomes from phase 1

While dealing with specific issues we must not forget the best practices and strategies that were recognized as adequate or as expected.

Work flow and organizational arrangement.

In order to ensure transparency and accountability, UNDP will implement the program using its Direct Execution (DEX) modality through a program implementing unit led by an international technical adviser. UNDP will maintain fiduciary control over the grant funds, and work closely with sub-recipients to ensure that its project activities are financed in a timely and transparent manner. UNDP will also assume overall management responsibility for the implementation of the programme and the achievement of results, including the planning of project activities, supervision of project implementation, financial accountability, assessment of progress and the reporting to the Global Fund and the CCM.

UNDP will be responsible for the overall management support, the procurement and supply management, sub-recipient management and financial management to ensure that effective arrangements are established for the following:

Disbursement of funds to all intended sub-recipients;

- a. Request for disbursement cleared on a weekly (or monthly) basis by the program adviser against agreed upon WP and budgets.
- b. Disbursement by means of transfers on dedicated accounts to Sub-recipients, (editing checks must be an exception).
- c. Continuous funding, against justification of expenses and realization of precedent period certified by UNDP programme officers in charge or alternate.

2. Procurement and supply management;

3. Monitoring and evaluation, including reporting on results and financial accountability to the Global Fund.

UNDP will also coordinate and oversee management and implementation of different UN agencies' technical assistance to build national capacities to support the program activities to enable the Global Fund grant to achieve results.

The following is a brief description of the different roles of each sub-recipient:

- The NPC will continue to focus on the multi-sectoral HIV/AIDS response in partnership with national civil society organizations;
- NAP will coordinate and implement the health sector response, including treatment, care and support to PLWHA,
- NBTRC will ensure specific delivery of country wide blood safety related services ;
- WHO will provide technical assistance with respect to activities related to antiretroviral treatment of HIV/AIDS and national blood safety standards;
- UNICEF will focus mainly in support of voluntary counseling and testing (VCT), awareness raising and advocacy activities, and anticipate future prevention of mother to child transmission Program (PMTCT); and
- UNFPA will support awareness raising, strengthening the capacity of selected NGOs and condom distribution according to a 2 fold strategy towards general population and high risk behavioral groups.

Mains conclusions include the following

- *Since, the WP and budgets should reflect the above specific recommendations, keeping in mind that the Global Fund grant will be the primary source of funding for supporting the scale-up of HIV/AIDS services in Yemen in the foreseeable future.*
- *Global Fund concerns regarding the performance of the phase 1 grant must be addressed.*
- *Reservations expressed by the TRP that had bring to special conditions for further disbursement by end of year, must be addressed by paying more attention to 1) Immediate challenges and 2) the setting up of sustainable program development conditions for effective implementation especially in 2 cross cutting fields identified as Procurement and supply Management, and Monitoring and Evaluation.*

Annex II - Risk Log Matrix
OFFLINE RISK LOG



Project Title: Developing National Capacities to Address HIV AIDS in Yemen			Award ID: 00049807				Date: 23 March 2008		
#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	The Global Fund not to reconsider signature date as starting dating of the programme (retroactive signing of the programme document)	23 March 2008	Operational	Results to be achieved in 9 months instead of one full year P = 4 I = 4	Three-month no-cost extension has been requested as a pre-requisite for UNDP Yemen to enter into contractual arrangements with the Global Fund	PO	PO	new	new
2	Delays in transfer of funds from the Global Fund to UNDP Treasury Account New York	23 March 2008	Financial	Delays in implementation of activities by sub-recipients P = 3 I = 3	UNDP to advance funds from TRAC	PO	PO	New	new
3	Delays in fielding of int'l and national staff for the Programme Support Unit	23 March 2008	Organizational	Text P = 2 I = 2	UNDP CO to provide direct support while recruiting short-term consultants, if possible	PO	PO	New	new