

PROPOSAL FORM – ROUND 8 (MULTI-COUNTRY APPLICANT)

Applicant Name	Great Lakes Initiative on AIDS	
Countries	Income Level <i>(Refer to list of income levels by economy in Annex 1 to the Round 8 Guidelines)</i>	
Burundi	Low income country	
Democratic Republic of Congo	Low income country	
Kenya	Low income country	
Rwanda	Low income country	
Tanzania	Low income country	
Uganda	Low income country	
Applicant Type	<input type="checkbox"/> Regional Coordinating Mechanism (RCM)	<input checked="" type="checkbox"/> Regional Organizations (RO)

Round 8 Proposal Element(s):		
Disease	Title	HSS cross-cutting interventions section <i>(include in <u>one</u> disease only)</i>
<input checked="" type="checkbox"/> HIV ¹	Intensification of HIV prevention among long distance truck drivers and fisher folk in the Great Lakes Region	<input type="checkbox"/>

Currency	<input checked="" type="checkbox"/> USD	or	<input type="checkbox"/> EURO
-----------------	---	----	-------------------------------

Deadline for submission of proposals: **12 noon, Local Geneva Time,
Tuesday 1 July 2008**

¹ In contexts where HIV is driving the tuberculosis epidemic, applicants should include relevant HIV/TB collaborative interventions in the HIV and/or tuberculosis proposals. Different HIV and tuberculosis activities are recommended for different epidemiological situations. **For further information:** see the 'WHO Interim policy on collaborative TB/HIV activities' available at: http://www.who.int/tb/publications/tbhiv_interim_policy/en/

INDEX OF SECTIONS and KEY ATTACHMENTS FOR PROPOSALS

1. **Funding Summary and Contact Details**
2. **Applicant Summary (including eligibility)**
3. **Proposal Summary**
4. **Program Description**
 - 4B. HSS cross-cutting interventions strategy **
5. **Funding Request**

+ **Attachment A: 'Performance Framework'** (Indicators and targets)

+ **Attachment B: 'Preliminary List of Pharmaceutical and Health Products'**

+ **Detailed Work Plan:** Quarterly for years 1 – 2, and annual details for years 3, 4 and 5

+ **Detailed Budget:** Quarterly for years 1 – 2, and annual details for years 3, 4 and 5

1. FUNDING SUMMARY AND CONTACT DETAILS

1.1. Funding summary

Disease	Total funds requested over proposal term					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
HIV	5,671,822	5,152,215	5,098,756	4,421,380	6,700,592	27,044,765
Tuberculosis						
Malaria						
HSS cross-cutting interventions within <i>[insert name of the one disease which includes s.4B and s.5B only if relevant]</i>						
Total Round 8 Funding Request:						27,044,765

1.2. Contact details

	Primary contact	Secondary contact
Name	Joseph Wakana	Eugene Rurangwa
Title	Executive Secretary	Director of programmes
Organization	Great Lakes Initiative on AIDS	Great Lakes Initiative on AIDS
Mailing address	P.O Box 4320 Kigali-Rwanda	P.O Box 4320 Kigali-Rwanda
Telephone	00 250 587344/5	00 250 587344/5
Fax	00 250 587343	00 250 587343
E-mail address	jwakana@greatlakesinitiative.org	erurangwa@greatlakesinitiative.org
Alternate e-mail address	josephwakana@yahoo.fr	eugrur@yahoo.fr

1.3. List of Abbreviations and Acronyms used by the Applicant

Acronym/ Abbreviation	Meaning
BCC	Behaviour Change Communications
CBO	Community Based Organisation
CT	Counselling and Testing
CSW	Commercial Sex Workers
CSO	Civil Society Organisation
DRC	Democratic Republic of Congo
EANNASO	East Africa Networks of AIDS Services Organisations
GLIA	Great Lakes Initiative on AIDS
GLR	Great Lakes Region
IGAD	Inter Governmental Authority on Development
IEC	Information, Education and Communication
UNHCR	United Nations High Commission for Refugees
NAC	National AIDS Coordinating Authorities
NAP+	National Associations of People Living with HIV and AIDS
NSPs	National Strategic Plans
STI	Sexually Transmitted Infections
WBSP	World Bank Support Project

2. APPLICANT SUMMARY (including eligibility)

2.3 Regional Organizations

2.3.1. Sector of Work

(a) Identify from the list below: <i>(check one box only)</i>	
<input type="checkbox"/>	Academic/educational sector
<input type="checkbox"/>	Government
<input type="checkbox"/>	Non-government Organization (NGO)/community-based organizations
<input type="checkbox"/>	People living with the diseases
<input type="checkbox"/>	People representing key affected populations
<input type="checkbox"/>	Private sector
<input type="checkbox"/>	Faith-based organizations
<input type="checkbox"/>	Multilateral and bilateral development partners in country
<input checked="" type="checkbox"/>	Other: Inter-Governmental
(b) Attach documents that describe the organization's status, such as statutes, by-laws (official registration papers) and a summary of the main sources and amounts of funding.	Annex 1

2.3.2. Principal Recipients details

The Global Fund recommends that applicants select both government and non-government sector Principal Recipients to manage program implementation. → Refer to the [Round 8 Guidelines](#) for further explanation of the principles.

Name	Disease	Sector **
Great Lakes Initiative on AIDS	HIV	Inter-Governmental

** Choose a 'sector' from the possible options that are included in the [Round 8 Guidelines](#) at s.2.2.1.

2.3.3. Non-implementation of dual track financing

Provide an explanation below if at least one government sector and one non-government sector Principal Recipient have not been nominated for program implementation for each disease included in this proposal.

The Great Lakes Initiative on AIDS will be the only Principal Recipient for this proposal for the following reasons:

- This proposal supports the implementation of GLIA's strategic plan for 2008-2012. GLIA is implementing this strategic plan in collaboration with national AIDS coordinating authorities in the six GLIA member countries. It is therefore logical that the organization plays the role of the PR for this proposal.
- The proposed interventions cover all the six GLIA member states. These interventions require coordination at a regional level. GLIA is mandated by the member states (as per the GLIA Convention) to coordinate regional interventions in collaboration with the national coordinating authorities in each country. The role of the PR is in line with GLIA's overall mandate.
- GLIA is established as an Intergovernmental Organization under a legal framework that makes it an entity capable of getting into legally binding contractual agreements with other legally recognized entities. This will enable GLIA to play the role of PR. It can enter into a contractual agreement with Global Fund and with sub recipients to implement this proposal.
- The design of this proposal does not lend itself to having two PRs. This proposal is designed to support interventions drawn from GLIA's strategic plan which are aimed at complementing gaps in the national responses of the six GLIA member states.

2.3.4. Partnerships with regional stakeholders

(a) Describe the Regional Organization's experience in working in the region on the issues targeted in this proposal and how the countries targeted in this proposal are based on a natural region for programming.

GLIA is a partnership initiative of six countries in the Great Lakes Region. Its structure is designed to promote partnership among National AIDS Coordinating Authorities in the region. Through this partnership, GLIA has been able to promote the HIV and AIDS services for cross border mobile groups.

Since 2005, GLIA has been implementing the Work Bank Support Project (WBSP) which provides HIV prevention, care and treatment, and mitigation services to mobile and vulnerable populations including refugees, internally displaced persons (IDPs), returnees and long distance truck drivers. The project further supports a coordinated approach towards addressing HIV and AIDS prevention, care, treatment and mitigation among the GLIA Member States. National AIDS Coordinating Authorities in each country have designated a focal point person to oversee the implementation of the activities of this project. GLIA is also partnering with UNHCR to implement the project in refugee and IDP camps. It is also working with truck drivers associations to provide HIV prevention services at truck stop centres.

GLIA also has experience of working with Ministries of Health in the six GLR region countries to harmonise HIV care and treatment protocols. Harmonisation of these protocols is meant to ensure delivery of HIV care and treatment services to cross border mobile groups using common standards and practices. The process of harmonizing protocols has been on going since 2006.

The proposed programme will target populations that are mobile and have cross border characteristics. The two transport corridors covered in this proposal link all the six GLIA member states. The truck drivers transporting goods along these transport corridors pass through all the six countries and interact with local communities at the truck stop centres. The fishing communities targeted live around lakes which border Tanzania, Uganda and Kenya (Lake Victoria), Tanzania, DRC and Burundi (Lake Tanganyika) and Rwanda and Democratic Republic of Congo (Lake Kivu).

(b) Describe how the Regional Organization ensures coordination with other regional bodies on the issues targeted in this proposal.
<p>GLIA has been promoting collaborative efforts in the fight against HIV and AIDS in the Great Lakes Region both at country and regional levels. At the regional level, GLIA has built partnerships with the East African Community, Intergovernmental Agency for Development (IGAD) and the regional CSOs networks, notably East African Network of National AIDS Service Organizations (EANNASO) and Network of People Living with HIV and AIDS NAP+. GLIA consulted these organizations in developing this proposal to promote collaboration and avoid duplication of efforts among regionally coordinated interventions.</p> <p>GLIA organizes partnership meetings with the IGAD, East African Community Lake Victoria Basin HIV and AIDS Programme and National AID Coordinating Authorities to share lessons and best practices in providing HIV and AIDS services to cross border groups. The recent partnership meeting focused on the HIV epidemiological data and HIV response analysis carried out by GLIA.</p>

(c) Describe how people living with and/or affected by the disease(s) were involved in proposal development.
<p>People Living With HIV and AIDS (PLWHAs) were involved in the development of this proposal through the CCM structure in the six GLIA member states. GLIA presented a concept note on this proposal at the initial stages which was discussed by the CCMs. Selected members of the CCMs were also involved in the peer review workshop which analysed this proposal and made recommendations which were incorporated in the final draft. The final draft of this proposal was again discussed by CCMs in each of the six GLIA member countries and endorsed for submission to Global Fund. The PLWHAs representatives in the CCMs participated in all these processes.</p>

2.3.5. CCM endorsement of Regional Organization's proposal

(a) Attach a signed letter from the CCM Chair and Vice-Chair for each country included in the Regional Organization's proposal, confirming their endorsement of this proposal.	Annex 2
(b) Attach the signed and dated minutes of the CCM meetings, for each country included in the Regional Organization's proposal, at which the CCMs agreed to endorse the proposal.	Annex 3

2.3.6. Regional Organization knowledge and experience in cross-cutting issues

Health Systems Strengthening
<p>The Global Fund recognizes that weaknesses in the health system can constrain efforts to respond to the three diseases. We therefore encourage members to involve people (from both the government and non-government) who have a focus on the health system in the work of the applicant.</p>
(a) Describe the capacity and experience of the Regional Organization to consider how health system issues impact programs and outcomes for the three diseases.
<p>GLIA has been working with Ministries of Health of the 6 member states to harmonize HIV policies and protocols that are relevant to cross border and mobile populations. GLIA plays an instrumental role in identifying gaps in HIV policies and care and treatment protocols that need harmonization and works with the relevant ministries and research institutions in the member states to initiate and facilitate the harmonization process. The GLIA Secretariat has a fulltime health sector coordinator responsible for addressing the challenges facing countries in delivering HIV and AIDS services to cross border and mobile populations.</p> <p>GLIA has also been supporting countries to build the capacity development in M&E and planning among member states. This support have focused on enabling NACs to include indicators for vulnerable groups in the M&E system and to influence targeting of national programmes on the vulnerable groups. It also</p>

has experience in advocating for the development of health systems that can deliver ART, CT, PMTCT, PEP and STI management services to the vulnerable populations especially refugees, IDPs and Long Distance Truck Drivers.

GLIA has learnt lessons and developed experience in supporting HSS. The organization also works closely with technical support facilities to access experts in this area to support its work.

Gender awareness

The Global Fund recognizes that inequality between males and females, and the situation of sexual minorities are important drivers of epidemics, and that experience in programming requires knowledge and skills in:

- methodologies to assess gender differentials in disease burdens and their consequences (including differences between men and women, boys and girls), and in access to and the utilization of prevention, treatment, care and support programs; and
- the factors that make women and girls and sexual minorities vulnerable.

(b) Describe the capacity and experience of the Regional Organization in gender issues.

GLIA has a policy of mainstreaming gender in all its activities. Under the World Bank Support Project (WBSP), GLIA has developed strategies for targeting women and men among refugees and internally displaced persons. GLIA has also developed gender disaggregated indicators for the WBSP. GLIA recognizes that among the vulnerable cross border groups it targets, women are further disadvantaged and there is a need for specific strategies to enable them access HIV services.

GLIA carried out a gender assessment in 2005 to understand the gender related factors affecting refugee sites and surrounding populations (one of the key populations on which the GLIA focuses). The GLIA also has a memorandum of understanding with UNHCR and works closely with them in terms of issues to do with sexual and gender based violence (and funds UNHCR to implement activities relating to sexual and gender –based violence in the refugee sites). GLIA was instrumental in initiating the truck drivers' spouses association to take up issues of HIV and AIDS within the transport sector.

The recent HIV epidemiological study carried out by GLIA (in 2007) focused on, among other issues, the impact of HIV and AIDS among women and men. The study identified the critical gender factors that make women and girls more vulnerable to HIV and AIDS among communities living at truck stop centres and fishing sites. These factors include the vulnerability of young girls to practice transactional sex along the truck stop centres, low use of condoms with non-regular partners and the vulnerability of truck drivers' spouses due to long periods of separation. This proposal is addressing the gender issues by targeting both the truck drivers and fisher folk and the women and girls practicing transactional sex with these groups.

Multi-sectoral planning

The Global Fund recognizes that multi-sectoral planning is important to expanding country capacity to respond to the three diseases.

(c) Describe the capacity and experience of the Regional Organization in multi-sectoral program design.

GLIA has been supporting countries to implement multi-sectoral national AIDS responses. GLIA works with the government, the private sector and civil society in implementing programmes targeting the cross border and mobile vulnerable populations. The current World Bank Support Project is a multi-sectoral programme. The programme is implemented by NACs in the six GLR countries and Long Distance Truck Drivers associations. The project also collaborates with private truck companies to sensitise drivers on HIV and AIDS

GLIA also supports with National AIDS Coordinating Authorities to develop multi-sectoral strategies for addressing the cross border and vulnerable populations within the context of national strategic planning. GLIA provides technical expertise to countries to ensure that each partner (private, CSOs and government) utilizes its comparative advantage to address HIV among vulnerable groups. For instance,

GLIA is working with Truck Owners Associations to mainstream HIV into the operations of the long distance road transport sector. A similar initiative is targeting Ministries of Transport in the GLIA member states.

Proposal Summary

Section	Supporting documentation	Annex Number
Section 2.3.1	Great Lakes Initiative on AIDS Convention	Annex 1
Section 2.3.5	A signed letter from the CCM Chair and Vice-Chair for each country included in the Regional Organization's proposal, confirming their endorsement of this proposal	Annex 2
Section 2.3.5	Signed and dated minutes of the CCM meetings, for each country included in the Regional Organization's proposal, at which the CCMs agreed to endorse the proposal	Annex 3

Proposal Summary

3. PROPOSAL SUMMARY - HIV

3.1. Duration of Proposal

Clarified Section 3.1.

	Planned Start Date	To
Month and year: <i>(up to 5 years)</i>	January 2009	December 2013

3.2. Rationale for a multi-country approach

Provide a brief overview of the rationale for a multi-country approach to the issue(s) targeted in this proposal.

GLIA carried out a comprehensive HIV epidemiological and HIV response analysis in the Great Lakes Region in 2007 to answer the question: “*On which populations should GLIA focus, why and with what type of HIV interventions?*” This study identified eight vulnerable groups that GLIA should target. The eight groups were selected by considering GLIA’s mandate, the sizes of the population, the extent of HIV amongst these populations, and the level of attention that these populations receive in the national HIV responses. These groups are refugees, internally displaced people and returnees, long distance truck drivers, fisher folk and fishing communities, uniformed personnel, prisoners, women affected by gender violence and commercial sex workers. The study showed that HIV prevalence among these groups tends to be high than that of the general population. One key finding was that there is inadequate data in the region on the HIV epidemic among these groups to allow effective planning by countries. All the GLIA member countries adopted the findings of this study as a basis for the development of GLIA’s strategic plan (see annex 1).

GLIA developed its current strategic plan to address the priority issues identified in the epidemiological study. The strategic plan 2008-2012 was finalized in February 2008 (see annex 2). The plan outlines the vision, mission, objectives and achievements of GLIA at a regional level. It also details the strategies and activities that GLIA will be undertaking for the next five years.

This strategic plan has four objectives:

- To support the development of evidence based HIV and AIDS strategies targeting the eight vulnerable populations in the GLIA member countries
- To act as a catalyst for providing HIV and AIDS services to the selected eight vulnerable populations in the GLIA countries
- To generate and disseminate information on HIV epidemic among the selected eight vulnerable populations in the six GLIA countries
- To strengthen capacity of GLIA to effectively achieve its strategic objectives

All the GLIA member states approved the GLIA strategic plan in February 2008. This proposal supports the achievement of GLIA’s strategic objectives. The interventions in this proposal are in line with GLIA’s regional mandate of complementing country level efforts and adding value to the national AIDS responses in each country. The overall approach includes supporting countries to address HIV and AIDS among the vulnerable groups by providing data to support effective planning and programming; supporting programmes targeting the cross border HIV issues and strengthening the capacity of the networks and other players providing HIV and AIDS services to these groups.

The proposal targets two of the eight populations targeted by GLIA: truck drivers, fisher folk and the communities that are in the vicinity of these 2 mobile populations. These groups have been selected for the following reasons:

- GLIA is currently supporting programmes targeting the prevention of HIV infections among truck drivers and communities living around truck stop centres in 18 sites along the transport corridors in the GLRS under the World Bank Support Programme. This proposal will scale up this

Proposal Summary

programme by increasing the sites targeted by 18 centres across the 6 countries.

- Fisher folk and fishing communities have some of the highest HIV prevalence in the region but they are least targeted by national AIDS responses. A review of the programmes targeting the eight vulnerable groups (as part of the aforementioned HIV epidemiology review) showed that fisher folk are least targeted. This proposal seeks to pilot HIV prevention services targeting fisher folk and fishing communities in 6 sites at cross border lakes – Lake Victoria, Lake Kivu and Lake Tanganyika.

The proposal will intensify prevention of HIV infections among the two groups through the improvement of the policy environment, planning of interventions targeting these groups and supporting the provision of key HIV prevention services. The proposal adopts an inclusive approach by targeting all other groups that interact with the mobile truck drivers and fisher folk: these include all the types of commercial sex workers (e.g. 'sex-for-fish practices', or 'fish-for-sex' practices).

Justification for this regional proposal:

The following are the justifications for this regional proposal:

1. *Relevance of the proposal to GLIA's mandate:* GLIA was established by the six countries – Burundi, DRC, Tanzania, Rwanda, Kenya and Uganda - as an intergovernmental organization to address HIV epidemic cross border issues. This is in recognition of the increase in mobility of people across country borders due to conflict and economic activities including trade. Truck drivers and fisher folk are engaged in economic activities. This proposal is therefore relevant to GLIA's mandate.
2. *Selected target groups are a bridging population:* The truck drivers and fisher folk are a key bridging population in the spread of HIV. HIV prevalence among these groups is higher than the national average. Their occupations make them vulnerable to HIV infections by staying away from their spouses for long periods of time, having disposable income, suffering loneliness and having easy access to transactional and casual sex. GLIA has, in its strategic plan, prioritized the two groups as core transmitters of HIV in the region. There are many truck drivers and many fisher folk, with estimated total of 53,722 truck drivers and 110,571 fisher folk living with HIV and AIDS.
3. *Selected target groups are mobile and have cross border characteristics:* Truck drivers and fisher folk are among the cross border mobile populations in the GLR. An epidemiological study commissioned by GLIA and carried out by GAMET found out strategies for addressing HIV epidemic among these groups are not harmonized across the six countries. Truck drivers plying along the two major transport corridors are therefore exposed to different service provision strategies from one country to another. GLIA is therefore best placed to support the development of national strategies in-country that are harmonized across the region. This will enhance access the truck drivers to HIV prevention, and care and treatment services.
4. *HIV issues relevant to this proposal are best addressed from a regional platform:* This proposal seeks to mainstream HIV in transport and fishing sector policies and plans and in the work place policies of the fishing and trucking firms. GLIA ensures that the sectoral and work place policy and planning approaches in these sectors are harmonized across the countries to ensure that the truck drivers and fisher folk are effectively reached by national programmes.
5. *Proposal supports comprehensive and coherent HIV prevention services for the two groups across the six countries.* Current HIV services for truck drivers and fisher folk in border lakes provided by individual countries do not comprehensive cover all the hot spots and do not provide similar services using harmonized strategies. For instance, there is a concentration of HIV services for truck drivers in the Kenyan section of the northern transport corridor that the other sections of this corridor. HIV services in the central transport corridor are minimal and even more sparsely distributed. A truck driver would therefore be exposed to several different services from the start to the end of the journey. This proposal will support harmonized services and will provide comprehensive HIV prevention services covering all major trucking and fishing hot spots. This is best done from a regional platform.
6. *GLIA will deliver the proposal using its established structures:* GLIA works with country NACs to deliver its services. The NACs form the Executive Committee of GLIA while the Ministers in Charge of HIV in each country form GLIA's Council of Ministers. Within each NAC, there is a GLIA focal point person mandated to facilitate its activities. This structure will ensure that this proposal is harmonized and aligned to the country level programmes and systems during its

Proposal Summary

implementation. This approach will ensure that this proposal adds value to the national AIDS responses and does not compete or conflict with the country level programmes.

3.3. Coordination with in-country partners

Describe how the interventions described in s.4 have been discussed and coordinated with the current or planned work of the CCMs for each country targeted in this proposal and other relevant regional bodies to avoid duplication in work, and improve outcomes for the disease(s).

This proposal was discussed and coordinated with planned CCM work and the national AIDS responses at country level through the following processes:

- Country focal point persons, NAC representatives and other stakeholders including UNAIDS, WHO and UNHCR discussed and adopted the findings and recommendations of the epidemiological study that informed the development of the GLIA strategic plan.
- The GLIA strategic plan was developed through a process that involved all the six member countries. A peer review of the strategy by country partners was carried out and their feedback incorporated. The GLIA Executive Committee comprising directors of NACs in the six countries reviewed the strategic plan and adopted it. Lastly the ministers in Charge of HIV and AIDS and the NACs endorsed the GLIA SP and approved need to submit a proposal to GF.
- A concept note on the GLIA Global Fund Round 8 Proposal was developed and, after approval by the GLIA executive committee, presented to the CCMs in each of the six countries (all 6 GLIA member states has Global fund grant funding). This concept note was discussed and endorsed by all the CCMs.
- GLIA carried out country level consultations with countries CCMs and NACs during proposal development to ensure complementarity and avoid overlap. The countries were also involved in the gap analysis process. GLIA staff visited each country to discuss the gaps analysis.
- During the development of the proposal, GLIA held consultations with the NACs and Ministries of Health focusing on integration of the BCC Community Outreach and Counselling and Testing with national programmes. GLIA will collaborate with member countries to set up VCT centres in on strategic sites along the northern and central transport corridors. The consultations also focused on the mainstreaming of HIV and AIDS in the transport and fishing sectors.
- GLIA also held consultations with the East Africa Community Lake Victoria and the Inter Governmental Agency on Development (IGAD) HIV and AIDS programmes to build collaboration with this proposal and avoid duplication. The programmes target a wide range of groups other than fishing communities. The geographical coverage – project sites – is different from those covered in this proposal and they are focused on policy issues.
- A peer review workshop was held bringing together representatives from NACs and CCMs from each of the six countries to discuss and provide input to the final version of the proposal. This meeting was held on 19 and 20 May 2008.
- The proposal was shared with the GLIA Partnership Consultative Group for further comments. This group comprise UNAIDS, WHO, UNHCR , academia institutions and civil society organisations in the region. The comments of this group were incorporated into the final proposal.

The proposal was sent out all CCMs for formal endorsement and signing off. The CCM members who participated in the peer review workshop presented the proposal to the CCM in their respective countries.

Proposal Summary

3.4. Consolidation of existing Global Fund grants

(a) Does the applicant wish to consolidate any existing Global Fund grant(s) with a Round 8 disease proposal?	<input type="checkbox"/> Yes <i>(go first to (b) below)</i>
	<input type="checkbox"/> No <i>(go to s.4 below)</i>

'Consolidation' refers to the situation where multiple grants can be combined to form one grant. Under Global Fund

4. PROGRAM DESCRIPTION

4.1. Current context for countries covered in this proposal

Briefly summarize:

- the priority needs in the national plans of the countries covered in this proposal;
- how this regional proposal will address needs/gaps in the national plans; and
- the critical cross-border/regional needs addressed in this proposal.

Overview of HIV and AIDS Epidemic among cross border and mobile populations in the GLR

The six GLIA countries have a generalized HIV and AIDS epidemic. The GLR represents the second area in Africa most affected by the epidemic, after the Southern Africa Region. The GLIA countries have a total of 5,040,000 people living with HIV and AIDS out of the 24.7 million people in Sub Saharan Africa. HIV prevalence ranges from 3.1 in Rwanda to 6.5 in Tanzania. There are however significant variations in HIV prevalence between men and women and between rural and urban areas. The table below provides a summary of the HIV prevalence in the GLR.

Table 1: HIV Prevalence by residence, disaggregated by sex

Country	Women		Men		All		Source	National HIV Prevalence Average
	Urban	Rural	Urban	Rural	Urban	Rural		
Burundi	13.3%	2.9%	6.2%	2.1%	10.0%	2.5%	National sero-prevalence survey 2002	3.3%
DRC	2.4%	1.0%	1.3%	0.6%	1.9%	0.8%	DHS 2007	4.1% sero-surveillance study 2006
Kenya	12.3%	7.5%	7.5%	3.6%	10.0%	5.6%	DHS 2003	5.1%
Rwanda	8.6%	2.6%	5.8%	1.6%	7.3%	2.2%	DHS 2005	3.1%
Tanzania	12.0%	5.8%	9.6%	4.8%	10.9%	5.3%	AIS 2003/4	6.5%
Uganda	12.8%	6.5%	6.7%	4.7%	10.1%	5.7%	AIS 2004/5	6.4%

**Urban and peri-urban figures are combined*

Source: Rapid analysis of HIV epidemiological and HIV response data about vulnerable populations in the GLR of Africa, 2007

This proposal targets Long Distance Truck drivers and fisher folk. The two groups have been selected based on HIV prevalence levels and the coverage of the current national programmes. Truck drivers and fisher folk have the highest prevalence levels compared to the other vulnerable groups targeted by GLIA. These groups are among the key bridge sub populations in the spread of HIV infections. The groups interact with commercial sex workers, traders, beer sellers, waiters, fishmongers, boat owners, fish processors among other categories of groups. This intricate web of interactions creates complex sexual relationships that fuel new HIV infections.

Data from various surveys show that the truck drivers have a mean of 18% HIV prevalence. See the table below:

Table 4: HIV prevalence in truck driver population and the median prevalence

Site	Sample	%HIV+	Year
DRC	Truck drivers and assistants	4.9%	2006
DRC West	Truck drivers	3.3%	2006
Kenya – Athi River	Truck drivers	27%	1994
Kenya – Mariakani	Truck drives	26%	1995
Kenya	Truck drivers and assistants	18%	1999
Kenya – Mombasa-Nairobi highway	Truck drivers	27%	1992
Kenya – Mombasa	Trucking companies workers	18%	1997
Median HIV Prevalence		18%	

Source: Rapid analysis of HIV epidemiological and HIV responses data about vulnerable populations in the GLR, GAMET 2008

Fisher folk and the fishing communities are also equally vulnerable to HIV as are the truck drivers. There is limited data on the impact of HIV on this group. The few studies carried out on HIV epidemic among fishing communities show significantly high HIV prevalence among this group. This is reflected in the table below:

Table 6: HIV prevalence in fisher folk

Country	Site	% HIV+	Year
DRC	Kalemie	20.3%	2001
Kenya	Lake Victoria	25.3%	2006
Kenya	Fishing villages	30.5%	2002
Uganda	Ntoroko	24.0%	1992

Source: Rapid analysis of HIV epidemiological and HIV responses data about vulnerable populations in the GLR, GAMET 2008

(i) Priority needs in the national plans of the countries covered in this proposal

This proposal addresses need in the national plans of the six GLIA countries. These needs are outlined in the national strategic plans of these countries. The strategic plan for each of the six GLIA countries has strategies for addressing the long distance truck drivers and fisher folk. A review of these strategies and the programmes supported by the national responses shows HIV services needs of the two primary target groups. The analysis also reveals the gaps in strategies addressing the HIV needs of these two groups.

The table below presented an analysis of targeting of the two selected sub populations in the NSPs of the six countries:

Country	Targeting strategy in NSP	
	Long distance truck drivers	Fisher folk and fishing communities
Burundi	<ul style="list-style-type: none"> Promotion of lower risk sexual behaviours, IEC, BCC and condom promotion, VCT. STI diagnosis and treatment 	<ul style="list-style-type: none"> Promotion of lower risk sexual behaviours, IEC, BCC and condom promotion, VCT. STI diagnosis and treatment
DRC	<ul style="list-style-type: none"> Prevention of sexual transmission of HIV through sensitization, condom promotion and STI management. Promotion of peer education. 	<ul style="list-style-type: none"> Sensitisation activities and education through peers Promotion of abstinence. Fidelity and condom use Strengthening of prevention activities
Kenya	<ul style="list-style-type: none"> Develop innovative HIV/AIDS prevention, treatment and care strategies. Mainstream HIV/AIDS in the sectors serving migrant workers. 	<ul style="list-style-type: none"> Develop innovative HIV/AIDS prevention, treatment and care strategies. Mainstream HIV/AIDS in the sectors serving migrant workers.
Rwanda	<ul style="list-style-type: none"> Sensitisation on abstinence, fidelity and condom use. Strengthening of condom social marketing and specifically of female condom. Prevention activities through IEC, BCC by using mass media channels, peer education, promotion materials, meetings, cultural/sports and conferences. 	<ul style="list-style-type: none"> Sensitisation on abstinence, fidelity and condom use. Strengthening of condom social marketing and specifically of female condom. Prevention activities through IEC, BCC by using mass media channels, peer education, promotion materials, meetings, cultural/sports and conferences.
Tanzania Mainland	<ul style="list-style-type: none"> Increase access to HIV prevention (IEC, Condoms, peer education, VCT and STI 	<ul style="list-style-type: none"> Increase access to HIV prevention (IEC, Condoms, peer education, VCT and STI management services)

	<p>management services)</p> <ul style="list-style-type: none"> • Implement guidelines on work place interventions. • Integrate HIV education in new staff orientation/ seminars • Standardize HIV education and peer education training and ensure quality • Develop outreach programmes to include families and communities • Make information available to all mobile and migrant workers in all sectors 	<ul style="list-style-type: none"> • Implement guidelines on work place interventions. • Integrate HIV education in new staff orientation/ seminars • Standardize HIV education and peer education training and ensure quality • Develop outreach programmes to include families and communities • Make information available to all mobile and migrant workers in all sectors
Tanzania Zanzibar	<ul style="list-style-type: none"> • No strategies targeting this group (no long distance truck drivers are found on the island) 	<ul style="list-style-type: none"> • Organise peer education on training trainers on HIV transmission, prevention and household food and financial security for fisher folk dependants • Promote safer sex practices among the fishing communities • Conduct behavioural surveillance among people engaged in camping type of fishing
Uganda	<ul style="list-style-type: none"> • Create the necessary political environment and systems to maximize the outputs of regional initiatives targeting mobile populations (GLIA, IGAD IRAPP project, EAC-AMREF) HIV and AIDS Programme 	<ul style="list-style-type: none"> • Focus prevention on fishing communities through HIV counseling and testing support

The table above shows that the six countries have strategies targeting the truck drivers and fisher folk in their national plans. The strategies are mainly focusing on the prevention of HIV infections which include counseling and testing, Information and education on HIV prevention, access to HIV infection prevention commodities and STI management. A few countries are providing care and treatment to the truck drivers and fisher folk and fishing communities. Only one country, Tanzania, is has a strategy for mitigation of HIV impact through improving food security among the fishing communities.

The NSPs of the six GLIA member countries lack baseline data that would form a platform for effective targeting. As a result, the strategies proposed in the NSPs for providing services to the two groups are largely generic. There are no specific national baselines and targets for HIV services for these two groups.

The priority needs in the national plans analysed above, which are addressed in this proposal are as follows:

- Increase of HIV prevention awareness and knowledge among truck drivers and fishing communities: This proposal will provide information and education on HIV prevention at truck stop and fishing sites targeting both the truck drivers and fisher folk and the communities living at the truck stop and fishing sites.
- Counseling and testing: Counselling and testing as a strategy for HIV prevention and scaling up of HIV and AIDS care and treatment has been identified as critical in all the national plans. This proposal will complement national counselling and testing services by providing these services at truck stop and fishing sites.
- STI management: This proposal will address this need by providing knowledge on STI management to the targeted groups. This will be part of the comprehensive HIV prevention package to be provided.
- Development of evidence based national plans that effectively address the HIV and AIDS service

needs of the targeted groups: This proposal will support comprehensive surveys on HIV epidemiology, national response analysis and mapping of the targeted groups to provide data that can be used to effectively develop national programmes that reach truck drivers and fisher folk.

(ii) How this regional proposal will address the needs/gaps in the national plans

Under the GF Round 8 proposal, GLIA will address the gaps identified above as follows:

Gap	How this proposal addresses the gap and relevant critical issues
Insufficient targeting of truck drivers and fisher folk in national HIV strategic plans	This proposal will provide technical expertise to NACs in the development of strategies that effectively address the HIV needs of truck drivers and fisher folk. This technical support will be provided to countries during the mid term review of their current NSPs and during the development of the next generation of NSPs. GLIA will ensure countries develop evidence based targeting strategies.
Inadequate geographical coverage of current programmes targeting truck drivers and fisher folk and communities interacting with these groups	Under this proposal, the HIV prevention services provided by GLIA to truck drivers will be scaled up to cover all the six member states. This support will be scaled up by a total of 18 new truck stop centres. The proposal will also pilot the provision of HIV prevention services to fisher folk in 6 sites.
Inadequate data on HIV epidemic among truck drivers and fisher folk	This proposal will support a comprehensive survey of HIV and AIDS epidemic among truck drivers and fisher folk and communities that interact with these groups. This study will provide biological and behavioural HIV data on the two groups to enable countries develop evidence based NSPs.
Inadequate research about 'what works' in terms of HIV prevention programming for this population	This proposal will document best practices and lessons learnt in providing HIV prevention services to truck drivers and fisher folk to support the replication and scale up of lessons that work. This is in line with the GLIA's knowledge management role.

Critical cross-border/regional needs addressed in this proposal

This proposal addresses the following cross border needs:

- Accessibility of truck drivers and fisher folk to HIV prevention services: HIV prevention services provided by national programmes, especially counseling and testing, are not well targeted at these two groups. The two groups are mobile and tend to access these services at a time when the CT centres are closed. The mobility of these groups also hinders easy access to HIV prevention awareness activities. This proposal adopts strategies that take into account the mobility of these groups. These include provision of mobile CT services and providing services at the times with the truck drivers and fisher folk can access them.
- Provision of HIV prevention services using a common approach: The two groups are often exposed to multiple messages and quality of services. This proposal will provide common messages along all sections of the northern and central transport corridors and at the fishing sites. It will also provide quality CT services along strategic truck stop sites.
- The cross border and mobile nature of the occupations of these groups will be addressed in this proposal by providing Counselling and Testing at strategic points along the transport corridor and fishing sites and also at the fishing sites. Mobile CT services will also be provided to reach out to communities living at truck stop sites that have no CT centres.

4.2. Regional Epidemiological Background

4.2.1. Geographic reach of proposal	
(a) Do the activities target:	
 <p>Specific Region(s) <i>If so, insert a map immediately below this table to show where</i></p>	 <p>Specific population groups <i>If so, insert a map immediately below this table to show where these groups are if they are in a specific area of the region</i></p>

1. Long distance truck drivers: geographical distribution of truck stop centres

The map below shows that key truck stop centres along the northern and central transport corridor where the HIV prevention services targeting Long Distance Truck Drivers will be implemented.

Map 1: Map of the major road axes, truck stops and truck volume along the northern and central road transport corridors



2. Fisher folk and fishing communities: Geographical location of fishing sites

Maps indicating the fishing sites on Lake Kivu, Tanganyika and Victoria targeted under this proposal are attached as annexes.

(b) Size of population group(s) targeted in Round 8			
Population Groups	Population Size	Source of Data	Year of Estimate
Total population (all ages)			
Truck drivers and assistants by country			
Burundi	7,000	Data sourced from long distance truck drivers associations. Kenya and Tanzania data estimated based on national long distance truck transport trade volumes	2008
Democratic Republic of Congo (Uvira to Goma Section of the transport corridor)	1,569		
Kenya	28,900		
Rwanda	15,254		
Tanzania	20,000		
Uganda	18,000		
Total	70,743		
Fisher folk			
Burundi	10,969		
Democratic Republic of Congo	108,400		
Kenya	55,176		
Rwanda	3,460		
Tanzania	150,865		
Uganda	118,786		
Total	447,656		

Note:

- The population fisher folk in the table above is for fisher folk in the Great Lakes Region and not for the 6 sites targeted under this proposal. The population size for the 6 targeted sites is not available and will be determined through the mapping survey proposed in this proposal.
- The population of truck drivers is sourced from the truck drivers associations. It does not include the population of communities living at truck stop centres.

4.2.2. Epidemiology of target population(s)			
Population Groups <i>Refer to s.4.2.2 of the Round 8 Guidelines for examples of detail required</i>	Estimated Number	Source of Data	Year of Estimate
Number of people living with the disease (all ages)			
Truck drivers and assistants by country			
Burundi	1,260	The HIV prevalence median of 18% for truck drivers derived from the epidemiology study conducted in 2007 has been used to estimate the number of truck drivers living with HIV and AIDS.	2008
Democratic Republic of Congo	282		
Kenya	5,202		
Rwanda	2,745		
Tanzania	3,600		
Uganda	3,240		
Total	11,128		
Fisher folk		Rapid analysis of HIV epidemiological and HV response data about vulnerable populations in the great lakes region of Africa, GAMET, 2008	2008
Burundi	2,709		
Democratic Republic of Congo	26,775		
Kenya	13,628		
Rwanda	855		
Tanzania	37,264		
Uganda	29,340		
Total	110,571		

Note:

- Data on the number of PLWHAs among truck drivers and fisher folk is not available from national M&E systems. The number of people living with HIV and AIDS in the table above is an estimate based on various surveys done at different times. A comprehensive survey of the HIV epidemic among truck drivers and fisher folk will provide information on the extent of HIV among these groups. The counselling and testing data will also be use to estimate the number of PLWHAs.

4.3. Major constraints and gaps

(For the questions below, consider government, non-government and community level weaknesses and gaps, and also any key affected populations² who may have disproportionately low access to prevention, treatment, and care and support services, including women, girls, and sexual minorities).

4.3.1. Program Specific

Describe:

- the main weaknesses of the current disease strategies relevant to the countries or region targeted by this proposal;
- how these weaknesses affect achievement of improved outcomes for the three diseases; and
- existing gaps in the delivery of services to the target populations.

Main weaknesses of the current disease strategies targeting truck drivers, fisher folk and surrounding communities

All the GLIA member states have identified truck drivers and fisher folk and communities interacting with these groups as key vulnerable groups. Truck drivers and fisher folk are recognized as a major bridge population in the transmission of HIV. However, countries do not have effective evidence based strategies for addressing the HIV epidemic among these groups. The major weaknesses of the current strategies adopted by countries are as follows:

- **Generic strategies adopted by countries:** Strategies for targeting truck drivers and fisher folk and surrounding communities are not specific to the target groups and they do not address the vulnerability and risk factors relevant to the two groups. The epidemiological and HIV responses study commissioned by GLIA and undertaken by GAMET in 2007 shows that the national strategies targeting these groups are not guided by up to date baseline data and do not have specific targets. The study found out that HIV prevalence among these groups is higher than that of the national average but the national programmes are not effectively reaching the groups.
- **Inadequate baseline data:** There are no comprehensive surveys done in the region on the HIV epidemic among truck drivers and fishing communities. Available studies were done at different times, using different methodologies and small samples thus diminishing the comparability of data. In the absence of up to date baseline data, countries are not able to target interventions for the two groups effectively. There is also inadequate data about what works in terms of HIV prevention programming. The documentation on HIV prevention strategies or programmes among the truck drivers and fisher folk that work well and can be replicated is limited.
- **Weak mainstreaming:** Mainstreaming of HIV in the sector plans of individual countries is a major strategy for addressing HIV and AIDS among truck drivers and fisher folk. The two groups are found in the productive sectors of the economy – transport and fishing. Ministries in charge of transport and fishing in each country, together with other CSOs, and Private Sectors players, have the comparative advantage of addressing HIV and AIDS among the two groups. However, mainstreaming of HIV in the sector plans is weak. The focus of the ministries themselves has been on work place policies with limited external mainstreaming being done. Again, this can be attributed to lack of up to date data and capacity to mainstream effectively.
- **Limited work place programmes:** Few truck companies have made attempts to mainstream HIV in the work place. Focus has been on building the capacity of truck drivers' associations to reach out to the drivers and the groups that interact with them. The major truck companies have not been targeted to mainstream HIV and AIDS in the work place. There is, therefore, a need to scale up the work place programmes.
- **Inadequate geographical coverage:** The interventions targeting truck drivers are sparsely distributed. The main concentration of programmes for truck drivers has been in the northern corridor especially in the Kenya and Uganda section. There is a need to scale up these interventions to the other sections of the northern and central transport corridor.

² Please refer back to the definition in s.2. and found in the [Round 8 Guidelines](#)

Effect of the weaknesses of disease strategies on the outcomes of the national AIDS response

The implications of these weak targeting on the outcomes of the national response include:

- Continued fueling of new HIV infections among the general population given that truck drivers and fisher folk are bridge populations. Modeling studies show that whereas these populations may contribute about 5% of new infections, the multiplier effect of their bridging role in HIV transmission leads to higher numbers of new infections.
- Increased impact of HIV among the communities around fishing sites and truck stop sites. These communities bear the first effects of the high HIV prevalence among truck drivers and fishing communities. Long term effects of HIV among these communities include increased number of orphans and deepening of poverty by eroding the community's coping mechanisms.
- Loss of productivity by the private sector firms operating in these sectors through absenteeism, loss of labour and reduced output. Fishing communities lose the fishing skills often transferred from generation to generation. Loss of productivity increases the level of poverty among these fishing communities and households of truck drivers.

Overall, the weak HIV interventions targeting the two groups counteract the gains made by national HIV responses. It increases the number of people living with HIV and AIDS, increases the need for care and treatment and impact mitigation services, and increases the number of orphans in the surrounding communities and also in families of the truck drivers and fisher folk.

Existing gaps in the delivery of services to truck drivers, fisher folk and surrounding communities

The existing HIV services targeting truck drivers, fisher folk and surrounding communities including commercial sex workers, traders, bar attendants, among others are not comprehensive. There are several gaps existing:

- **Services provided are not all inclusive:** Inclusive programming has been found to be a critical success factors in addressing the HIV needs of truckers and fisher folk and the surrounding communities. However, most of the programmes have not adopted this approach; they do not focus on all the groups interacting with the truck drivers and fisher folk. The key group that most programmes tend to include in their programmes is the CSWs. The communities around truck stops and fishing sites are not adequately included in the interventions.
- **Interventions are not always comprehensive:** The existing services are skewed towards prevention of HIV infections. However, the prevention services are also more focused on sensitisation and condom distribution programmes. The Safe-T-Stop programme has trained pharmacists in the truck stop centres to provide basic counselling and referral services. Care and treatment for these mobile groups is a challenge given that they can be in one place for a short period of time.
- **Inadequate mainstreaming of HIV in policies and plans of transport and fishing sectors.** These sectors acknowledge that HIV is a critical factor affecting productivity but this recognition has not been followed with effective mainstreaming of HIV interventions in these sectors. This is partly because of the emphasis on work place policies and inadequate funding of HIV by governments in the region.
- **Inadequate geographical coverage of programmes:** Not all transport corridors and major fishing sites are comprehensively covered in the provision of HIV services. The central transport corridor and the three targeted lakes remain not comprehensively covered. However, targeting of fishing sites will be piloted under this proposal.

4.3.2. Health Systems

Describe the main weaknesses of and/or gaps in the health systems which are relevant to the outcomes for the disease.

The description can include discussion of:

- *issues that are common to HIV, tuberculosis and malaria programming and service delivery; and*
- *issues that are relevant to only the disease applied for, but outcomes are also affected by health systems issues.*

- In all GLIA member Countries, the health sector is under resourced. Governments provide far less than what they were committed to contributing as part of the Abuja declaration (15% of the national budget). This has an effect on the effectiveness of the health systems, In terms of availability of trained health personnel, infrastructure as well as the medicine and equipment. GLIA is not addressing the challenges of under resourced health systems in the region partly because this is beyond its mandate. However, GLIA will work closely with the Ministries of Health to integrate the activities planned under this proposal in the national MOH plans. This will ensure that the commodities that will be supplied by the MoH under this proposal are included in the national counselling and testing plan. These include condoms and HIV testing kits. GLIA will ensure that the targets of this proposal are included in national programmes for the proposal to gain support of NACs and MoHs.
- Lack of a comprehensive health and non health services along the main road axes. Not all major truck stop centres have health and non-health HIV services. This means that truck drivers do not have equal access to health services at all major truck stop sites along the two main transport corridors. It is for this reason that GLIA will provide a comprehensive HIV prevention package and establish counseling and testing centres at strategic points along the transport corridor to improve access to services by Long Distance Truck Drivers. The CT centres will create linkages to health facilities to scale up referrals for the drivers.
- Mechanisms for providing HIV services to mobile cross border populations are weak across all the countries. The systems adopted by national programmes are suitable for stable groups. This proposal will develop strategies that are relevant to cross border populations.
- The public sector has inadequate health workers and counselors to deliver counselling and testing services, among others. This proposal will therefore recruit counselors and health workers to provide counselling and testing services to truck drivers and fisher folk.

4.4. Round 8 Priorities

Three priority areas have been analysed below: mainstreaming of HIV and AIDS in transport and fishing sectors, provision of community outreach and testing and counselling services.

Priority area 1: Mainstreaming of HIV and AIDS in the transport and fishing sectors

Priority No:	Policy development including workplace policy	Historical		Current		Country targets			
Indicator name	<i>Number of Government Ministries mainstreaming HIV in transport and fishing sector policies and plans</i>	2006	2007	2008	2009	2010	2011	2012	2013
A: Program target (from annual plans where these exist) Targets based on GLIA Strategic Plan					12	12	12	12	12
B: Extent of need already planned to be met through other programs					0	0	0	0	0
C: Expected annual gap in achieving plans					12	12	12	12	12
D: Round 8 proposal contribution to total need		<i>(i.e., can be equal to or less than full gap)</i>			12	12	12	12	12

Note: 12 ministries consist of 6 Ministries in Charge of Transport and 6 Ministries in Charge of Fishing. The ministries will mainstream HIV and AIDS in their annual plans.

Priority areas 2: Community outreach

Priority No:	BCC - Community outreach	Historical		Current		Country targets			
Indicator name	<i>No. of truck stop centres receiving IEC service</i>	2006	2007	2008	2009	2010	2011	2012	2013
A: Program target (from annual plans where these exist) Targets based on GLIA Strategic Plan					52	52	52	52	52
B: Extent of need already planned to be met through other programs					18	18	0	0	0
C: Expected annual gap in achieving plans					34	34	52	52	52
D: Round 8 proposal contribution to total need		<i>(i.e., can be equal to or less than full gap)</i>			18	18	36	36	36

Note: Line B refers to the 18 truck stop sites where GLIA is currently implementing HIV and AIDS activities under the World Bank Support Project.

Priority areas 3: Counselling and testing

Priority No:	Counseling and Testing	Historical	Current			Country targets			
Indicator name	<i>Number of Trucker drivers and surrounding communities tested for HIV</i>	2007	2008	2009	2010	2011	2012	2013	
A: Program target (from annual plans where these exist) Targets based on GLIA Strategic Plan		61,823	61,823	68,005	74,188	80,370	92,735	86,552	
B: Extent of need already planned to be met through other programs		18,547	18,547	20,402	22,256	24,111	27,820	25,966	
C: Expected annual gap in achieving plans				47,604	51,931	56,259	64,914	60,587	
D: Round 8 proposal contribution to total need		<i>(i.e., can be equal to or less than full gap)</i>		4,560	18,240	18,240	18,240	18,240	

Assumptions:

1. The target population figures are for truck drivers. Data for Uganda, Burundi, Rwanda and DRC has been sourced from the Long Distance Truck Drivers Associations in each country. Data for Kenya is an estimate calculated on the basis of registered long distance trucks.
2. The population of the commercial sex workers and surrounding communities at the truck stop centres is not included in the size of the target group. The size of these groups will be established through the planned mapping/survey of truck drivers in the GLR.
3. A survey in the Kenyan section of the northern corridor shows that 30% of the truck drivers know their HIV status. This factor has been used to estimate the number of truck drives planned to be reached by the current programmes at country level.

4.5. Implementation strategy

4.5.1. Round 8 interventions

Goal: Prevention of new HIV infections among vulnerable populations in the Great Lakes Region

This proposal contributes to the efforts of the six GLIA member states to reverse the HIV and AIDS epidemic in the Great Lakes Region. The proposal addresses HIV prevention among truck drivers and fisher folk, and communities interacting with these groups. The two groups have been identified as bridge populations transmitting HIV from high risk groups to the general population. Prevention of HIV infections among these groups, therefore, has a multiplier effect in the fight against the HIV epidemic.

The two cross border and mobile groups are poorly targeted by national level programmes. Programmes targeting the two groups are, to a large extent, not providing a full range of HIV prevention services and they do not adequately cover the geographical spread and cross border mobile characteristics of these groups. This proposal will provide comprehensive HIV prevention services to the selected target populations using two approaches:

- Scaling up of GLIA's existing programmes targeting truck drivers: GLIA is currently implementing a World Bank Support Project which provides HIV prevention services to cross border populations including long distance truck drivers in 18 sites. This proposal will scale the services provided to truck drivers, communities and other groups living around major truck stop centres across the six member countries.
- Piloting of interventions for HIV prevention among fisher folk: Fisher folk and communities living around fishing sites tend to have a higher HIV prevalence than the national average but the national HIV responses tend to focus less on this group. GLIA has identified the fisher folk, communities living around fishing sites and all other groups interacting with fisher folk as a priority group in its strategic plan 2008-2012. GLIA proposes to start developing HIV prevention interventions targeting this group under this proposal. The piloting of the interventions will enable GLIA to learn lessons that will enable the organisation to scale up HIV services along all border lakes in the GLR and to promote replication of the lessons by national HIV programmes. This proposals support the piloting of interventions for fisher folk at cross border lakes. However, after 2010, GLIA will seek funding from development partners including the GF to scale up interventions for this group based on the lessons learnt.

The implementation of this proposal will take into account GLIA's mandate and comparative advantage. GLIA will adopt the following approaches:

- Technical support: GLIA will provide technical support to NACs, MOHs, Ministries for Transport and Fisheries and other country level partners under this proposal. The technical support will focus on mainstreaming of HIV and AIDS and development of evidence based NSPs.
- Knowledge building and provision of data for programming: GLIA will carry out surveys on HIV and AIDS among truck drivers and fisher folk to generate data that will be utilised for planning at country and regional level. Further, GLIA will document best practices on HIV prevention among truck drivers and fisher folk that can be replicated at country level. This approach will also strengthen HIV and AIDS M&E in the region.
- Acting as a catalyst for provision of HIV services for cross border and mobile populations. This is a critical role of GLIA. In this proposal, GLIA will support a comprehensive package of HIV prevention services targeting truck drivers and fisher folk.

The proposal targets 18 truck stop sites selected based on the density of trucks parked overnight at the centre and 6 fishing sites selected based on the density of fishing boats, accessibility and existence of fishing associations. The selected sites are listed below:

Country	Truck Stop sites with over 100 trucks stopping for rest and overnight parking	Lake	Fishing site
Burundi	Bujumbura (Gare Routière)	Lake Tanganyika	Rumonge
	Kanyaru Haut		
DRC	Kavimvira	Lake Tanganyika	Kalemie
	Kamanyola		
	Kiroshe		
	Katana		
Kenya	Kisumu	Lake Victoria	Bondo
	Voi		
	Salgaa		
Rwanda	Kigali (MAGERWA)	Lake Kivu	Karongi
	Kagitumba		
Tanzania	Manyoni	Lake Victoria	Mwanza
	Singida		
	Kibaigwa		
	Isaka		
Uganda	Malaaba	Lake Victoria	Kasensero
	Rubaare		
	Jinja		

This proposal comprises two objectives and five service delivery areas geared towards the prevention of HIV infections among the targeted vulnerable groups. These are outlined below:

Goal	Objectives	Service Delivery Areas
Prevention of new HIV infections among vulnerable populations in the Great Lakes Region	1: To intensify prevention of HIV infections among truck drivers, fisher folk and surrounding communities	SDA 1.1: Policy development including workplace policy
		SDA 1.2: BCC-Community outreach
		SDA 1.3: Counselling and testing
	2: To strengthen planning of programmes for truck drivers, fisher folk and surrounding communities	SDA 2.1: Strengthening institutional capacity building

Objective 1: To intensify prevention of HIV infections among truck drivers, fisher folk and surrounding communities

This proposal will provide HIV prevention services to the selected target groups using two strategies:

- (i) Provision of comprehensive HIV prevention services: This proposal will focus on mainstreaming of HIV services in national sectoral policies and plans and work place policies of private sector firms; provision of information and education on safe sexual behaviour, treatment literacy and STI management; condom social marketing, prevention of mother to child transmission (PMTCT) and HIV counselling and testing services. The proposal will also support provision of counselling and testing services.
- (ii) All inclusive programming: This proposal targets truck drivers, fisher folk, communities living around truck stop centres and fishing sites and other groups interacting with the two main target groups including commercial sex workers, traders, boat owners, bar attendants among others. The all inclusive approach will ensure that the entire spectrum of the complex network of sexual relationships connected to truck drivers and fisher folk is targeted.

The proposal will scale up GLIA's current programme targeting truck drivers in 18 truck stop sites by a further 18 sites covering both the northern and central road transport corridors; and pilot provision of

HIV prevention services targeting fisher folk and communities at fishing landing sites in 6 selected sites located in three border lakes - Victoria, Kivu and Tanganyika.

Service Delivery Areas

SDA 1.1: Policy development including workplace policy

Activities

1.1.1: Support countries to mainstream HIV and AIDS in the transport and fishing sectors' policies and plans

The six GLIA member countries have clear policies on the mainstreaming of HIV and AIDS in the public sector. The ministries have varied capacities in mainstreaming of HIV and AIDS. In all the six countries, AIDS coordination focal points charged with the responsibility of mainstreaming HIV and AIDS in the ministry plans and activities have been established. However, these focal points are not effectively empowered to effectively mainstream HIV and AIDS. They are mainly staffed with junior officers who do not have access to policy decision makers. As a result, the mainstreaming of HIV and AIDS has been mainly focused on work place HIV activities. The NACs have taken steps to address the weaknesses of mainstreaming HIV and AIDS in the ministries through developing guidelines for mainstreaming and facilitating the mainstreaming processes. This support also varies from country to country. In most countries, the mainstreaming takes place within the context of the medium term expenditure framework.

This proposal supports the mainstreaming HIV and AIDS in the policies and plans of the transport and fishing sectors in the six-GLIA member states by providing technical support and critical data necessary for effective planning. This will ensure that the policies and sectoral plans address the HIV needs of the truck drivers, fisher folk and communities around the truck stop and fishing landing sites.

Mainstreaming of HIV and AIDS in the public sector planning is a key strategy for the multi-sectoral national AIDS responses in the six countries. However, there are variations on the extent to which HIV has been successfully mainstreamed in the target countries. Emphasis has so far been on providing work place HIV services targeting. There has been minimal focus on the external mainstreaming which would address the needs of the truck drivers and fisher folk among other groups.

The HIV mainstreaming process will be carried out through the following specific activities:

Specific activities

- *Conduct 2 reviews of HIV mainstreaming in sector policies and plans in the six GLIA Countries:* One review will be carried out in the transport sector and the other review will focus on the fishing sector. The reviews will identify the strengths and weaknesses in HIV mainstreaming in the two sectors and propose ways of strengthening current mainstreaming mechanisms. The review will also assess the variations among the six GLIA countries in mainstreaming HIV and AIDS in the transport and fishing sectors and proposal ways of harmonising the strategies adopted.
- *Conduct 4 consultative meetings on mainstreaming of HIV in the transport and fishing sectors in six GLIA Countries:* Consultative fora will be held with NACs, MoH, Ministries of Transport and Fisheries, private sector firms, truck drivers associations, civil society and other stakeholders to deliberate the findings and recommendations of the reviews conducted and propose measures that should be undertaken to improve HIV mainstreaming in the two sectors. 2 meetings (one for transport sector and the other for fishing sector stakeholders) will be held in the first year of this proposal after the completion of the review of HIV mainstreaming in sector policies and plans. 2 other meetings will be held in the third year of this proposal after the completion of a mid term review of HIV mainstreaming in the two targeted sectors.
- *Conduct 6 HIV mainstreaming planning meetings for transport sector stakeholders:* GLIA will follow up on the actions agreed on by countries during the consultative meetings by working with NACs and Ministries of Transport in each country to develop country specific HIV mainstreaming action plans. One planning meeting for stakeholders in the transport will be held to plan for HIV mainstreaming in the transport sector in each of the six GLIA member countries.
- *Conduct 6 HIV mainstreaming planning meetings for the fishing sector stakeholders:* One HIV mainstreaming planning meeting for fishing sector stakeholders will be held in each of the six GLIA member countries after the regional consultative meetings. The purpose of the meetings will be to

develop a country specific HIV mainstreaming in the fishing sector plan.

- *Support 6 GLIA member countries to mainstream HIV in the transport sector:* The focus of this activity is to support GLIA member countries to implement the HIV mainstreaming plan. During the planning meetings, GLIA will agree on specific technical support that countries will require to effectively mainstream HIV and AIDS in the transport sector.
- *Support 6 GLIA member countries to mainstream HIV in the fishing sector:* GLIA will support member countries to implement the HIV mainstreaming plan developed during the country specific workshops. The support will focus on specific technical areas agreed on during the planning workshop. GLIA will provide support the implementation of the mainstreaming plans by providing technical support to the countries.
- *Carry out 4 reviews of the effectiveness of HIV mainstreaming in the transport and fishing sectors:* This proposal will support 2 mid term and 2 end of programme detailed outputs and outcome review of the effectiveness of HIV mainstreaming in sector policies and plans. The mid term review will inform adjustments to be made to the mainstreaming process by identifying key lessons and challenges facing HIV mainstreaming in the two sectors. The end of programme reviews will inform further development of new programmes. Two reviews will target the transport sector while two other reviews will focus on the fishing sector.

Implementation

This activity will be carried out by GLIA in collaboration with NACs in the six countries. GLIA focal point person in each NAC will facilitate the collaboration between GLIA and the ministries in charge of transport and fishing in each country. The primary target group for this activity will be senior policy makers and planning officers in the two sectors. Other stakeholders will be involved in establishing the HIV mainstreaming policy. These include the truck drivers associations, beach management units, lake management authorities, and CSOs and networks working in the transport and fishing sectors. The mainstreaming process will be carried out within the framework of the national policies and guidelines.

1.1.2: Develop HIV work place policies and programmes for private long distance truck companies

This proposal will support the strengthening or establishment of private truck companies policies for dealing with HIV in the work place. The initiative will focus on improvement of the working conditions of the drivers and establishment of work place HIV and AIDS programmes.

Specific activities will include the following:

- *Conduct 2 reviews of HIV work place programmes or practices of truck companies:* This review will focus on the impact of HIV on these firms and identify the practical steps that can be taken to enable private sector firms to address HIV at the work place. The first review will take place in year 1 and a follow up review will be undertaken in year 3 of this proposal.
- *Hold 5 consultative meetings or truck companies on HIV/AIDS mainstreaming in the Workplace:* Private long distance truck companies will be targeted to facilitate mainstreaming of HIV in work place policies. These firms vary in size, type of ownership and owners' interest in addressing HIV and AIDS among drivers. The truck companies will be sensitised on the findings of the review of HIV mainstreaming in policies and practices of the private firms. The purpose will be to equip the companies with evidence of the impact of HIV on businesses and to enable them to be receptive to the implementation of HIV workplace programmes.
- *Provide technical support to 18 truck companies:* Over the 5 year duration of this proposal, GLIA proposes to support 18 private trucking firms to develop and implement work place HIV policies and programmes. The proposal will target 3 firms per country. The firms will be supported to develop HIV prevention, care and treatment and impact mitigation policies and programmes. The prevention programmes will be linked to the comprehensive prevention services to be provided at truck stop centres through the support of this proposal.
- *Conduct 2 evaluations of the outcomes of mainstreaming of HIV in the work place:* This proposal will support the evaluation of the outcomes of mainstreaming HIV in the work place by trucking firms. Mid term and end term reviews will be carried out to assess the effectiveness of this intervention, develop lessons and inform development of further interventions. The first evaluation

will be carried out in year 3 and the second evaluation in year five of this programme. These evaluations will inform the improvement of private truck companies HIV work place programmes.

Implementation

GLIA will implement this activity in collaboration with the truck companies. GLIA will develop a database of private truck companies, make contacts with these firms and advocate for the mainstreaming of HIV and AIDS. Selected firms will be provided with technical support to develop HIV and AIDS work place programmes.

SDA 1.2: BCC-Community outreach

Activities

1.2.1: Conduct HIV prevention and treatment literacy education meetings for long distance truck drivers, fisher folk and surrounding communities

This proposal will provide information and education on HIV prevention and treatment literacy to truck drivers and surrounding communities in 18 truck stop centres along the northern and central transport corridor. Currently, GLIA is providing education on HIV prevention in 18 truck stop centres under the World Bank Support Project. This project will end in 2010 after which this proposal will increase coverage to 36 by taking up the World Bank supported centres. The 18 centres targeted under this proposal have been selected based on the average number of trucks that park in a centre in one night. The selected centres are those where an average of over 100 trucks are parked overnight

The proposal also targets fisher folk and communities in 6 selected fishing sites, one site per country. This is a pilot initiative. The lessons to be learnt will be replicated through national level programmes and by scaling up GLIA's programme.

Information and education on HIV prevention will be disseminated by social workers, community health workers and peer educators. Social workers will disseminate information on HIV prevention including counselling and testing, condom use and abstinence among other strategies, health workers will focus on treatment literacy, STI management, PMTCT and support the mobile CT services. Peer educators will reinforce the information provided by the social and health workers to foster behaviour change. Further, GLIA will collaborate with NACs and MoH to distribute condoms sourced by national programmes at the truck stop and fishing sites. Condom dispensers will be placed at strategic points at the truck stop and fishing centres. The methodology to be applied will ensure that target groups are not just recipients of the services but are involved in developing messages and actively organising the community meetings.

Specific activities

- *Develop an HIV communication strategy for the two targeted vulnerable groups:* A communication strategy will be developed to guide the development and delivery of HIV prevention information and education to truck drivers and fisher folk and surrounding communities. The communication strategy will clearly segment the information and education needs of the target audiences and the most appropriate sources of information for each group. The strategy will identify the type of messages relevant to truck drivers and fisher folk and surrounding communities and these messages should be delivered. This strategy will take into account the existing communication strategies in the individual countries and assess the IEC materials available in-country to ensure complementarity.
- *Develop a curriculum for HIV prevention:* A curriculum on HIV prevention tailored to the two target groups will be developed to guide implementation of the community HIV education strategy. This curriculum will form the basis for the development of education materials and designing of learning methodologies. This curriculum will form the basis for standardising the training of the social workers, health workers and peer educators.
- *Develop 3 HIV prevention information and education toolkits:* HIV education toolkits will be developed based on the curriculum. One toolkit consists of booklets, brochures, posters and other creative materials suitable for reinforcing public education. The materials will provide information on HIV prevention awareness, Counselling and Testing, STI Management and ART literacy among others. The toolkits will comprise materials meant for the trainers and those that will be disseminated to the target groups. These materials will be used to deliver key HIV prevention education during community meetings. The first toolkit will be developed in the first year of the programme, the second in the third year and the third in the fifth year.

- *Support the implementation of BCC activities by sub recipients:* This proposal will support the contracting of 3 sub recipients to implement this BCC component and the counselling and testing component outlined below. GLIA will select the sub recipients through an open tendering process. Qualifying organisations should have a track record in implementing BCC and CT activities targeting truck drivers, fisher folk or other vulnerable groups in the GLR. The organisations should also be able to implement activities in at least two GLIA member countries.
- *Hold 12 community educators training workshops:* 24 community health workers and 24 social workers will be trained on the curriculum and the toolkit for HIV prevention among truck drivers and fisher folk and surrounding communities in the first year of the project. These educators will cover 18 truck stop and 6 fishing sites. 1 community health worker and 1 social worker will be trained per site. The health workers will be trained to provide information and education in HIV treatment literacy and STI management and support the counselling and testing mobile units, social workers will focus on safe sexual behaviour and peer educators will reinforce prevention messages. There are also community educators currently covering the 18 centres under by the World Bank Support Project. These trainers will be trained in the third year of this proposal to integrate them into this programme. A total of 18 community health workers, 18 social workers will be trained to cover these additional sites.
- *Hold 12 peer educators training workshops:* Peer educators will be trained to reinforce the HIV prevention education to be provided through community meetings by community health and social workers. The peer educators will also play a key role in promoting access to counselling and testing services. They will be drawn from the target communities, truck drivers, fisher folk, fishing communities and commercial sex workers. A total of 168 peer educators will be trained in the first and second year of the programme. 4 peer educators will be selected per site comprising women, men, girls and boys. These educators will attend refresher training in the third of the programme.
- *Engage the 84 trained community health and social workers to conduct community education meetings:* The community health workers and social workers will mobilize the targeted groups to participate in sensitisation and education meetings. The education meetings will be held at the truck-stops and fishing landing centres targeting truck drivers and fisher folk, surrounding communities and all other groups that interact with the truck drivers and fisher folk including commercial sex workers, fishmongers, beer sellers and traders. The community health workers and social workers will be engaged on a full time basis to provide the comprehensive prevention package. It is envisaged that the community educators will hold 2 meetings every month. A detailed plan of the community meetings will be developed by the educators taking into account the local environment at each site. The community health workers and social workers will utilise drama and music to mobilize the community to participate in the education meetings. These meetings will also be linked to the counselling and testing services to be provided under this proposal. The workers will work with the counsellors and technicians providing Counselling and Testing to organise mobile CT events. The workers will play a key role in mobilising the community. These workers will also follow up on persons testing HIV positive and work with the counsellors to establish post test clubs. It is envisaged that the community health workers and social workers will be retained to provide HIV prevention services on a full time basis.
- *Carry out World AIDS Day events at the truck stop centres and fishing sites:* This proposal will support the World AIDS Day campaigns at the truck stop sites and fishing sites once every year. The communities living at these centres and the fisher folk and truck drivers will be mobilised for a one-off major awareness campaign aimed at fostering safe sexual behaviour among these target groups. The campaign will be organised in all the 6 fishing sites and 18 major truck stop centres. From the third year of this proposal, the World AIDS Day events will be held in an additional 18 centres that are currently covered by the WBSP.

GLIA will identify 3 civil society sub recipients with appropriate linkages and track record to implement this activity in the six targeted countries. The Coos to be identified should, preferably, be able to implement this activity in more than two countries in the Great Lakes Region.

SDA 1.3: Counselling and testing

Activities

1.3.1: Establish counselling and testing centres at the truck stop and fishing sites

A survey done in Kenya in 2006 on mapping of transactional sex along the northern corridor truck stop

centres showed that about 62% of the truck drivers do not know their HIV status and only 32% use condoms regularly during transactional sex. Data on people counselled and tested for HIV by national programmes however is not disaggregated by occupation and social economic status. The number of truck drivers accessing CT services cannot be ascertained from the national data. A study on the impact of HIV on fishing communities in Uganda also showed limited access of these communities to counselling and testing services. In Lake Victoria, only 8% of those interviewed received information on HIV from counselling and testing centres.

This proposal will support the provision of counselling and testing services to both truck drivers and fisher folk and communities around the truck stop and fishing centres. Currently, truck stop centres and fishing sites are underserved by national programmes. Most of the counselling and testing centres are based in the health facilities near the truck stop and fishing sites. The distance and time for opening these facilities makes the facilities to be inaccessible to long distance truck drivers and fisher folk.

In Kenya there are 23 CT sites in the districts along the Northern Transport Corridor. Most of these are at health facilities. There is one main CT centre at Mulolongo targeting long distance truck drivers. This centre also services as an HIV and AIDS knowledge room. In Uganda, there are 8 CT centres along the transport corridor also based at health facilities. In the DRC, there are 3 CT centres also based at health facilities along the Uvira-Goma section of the transport corridor. In Burundi 2 CT there are 2 CT centres based at the health facilities at Kayanza and Kobero.

This proposal will adopt a strategy of establishing CT centres that targeting drivers and fisher folk, commercial sex workers and communities living at the truck stop and fishing sites. The sites will therefore be opened at the appropriate time and will be linked to other HIV services especially care and treatment and mitigation of HIV impact. This strategy will complement the national CT services.

This proposal will establish 14 counselling sites to provide CT services to truck drivers and fisher folk. The testing sites will be established at strategic points along the transport corridors. The strategic sites have been selected based on the number of trucks that park at the centre overnight. In the fishing sites, a total of 6 sites, 1 CT centre per fishing site, will be established in each site making them a total of 6 sites. These centres will target both the fisher folk and all the other groups interacting with fisher folk (CSWs, Fish Traders, Processors, Beer sellers etc. The sites will also target the community living around the fishing sites.

These CT sites to be supported by this proposal will be distributed as follows:

Country	Truck Stop Centre where CT centres will be established (sites with the CT site number indicated)	Lake	Fishing site
Burundi	Bujumbura (Gare Routière) (CT Site No.1)	Lake Tanganyika	Rumonge (CT site No. 1)
	Kanyaru Haut		
DRC	Kavimvira (CT site No. 2)	Lake Tanganyika	Kalemie (CT site No. 2)
	Kamanyola		
	Kiroshe		
	Katana		
Kenya	Kisumu	Lake Victoria	Bondo (CT site No. 3)
	Voi (CT site No. 3)		
	Salgaa (CT site No. 4)		
Rwanda	Kigali (MAGERWA)	Lake Kivu	Karongi (CT site No. 4)
	Kagitumba (CT site No. 5)		
Tanzania	Manyoni (CT site No. 6)	Lake Tanganyika	Mwanza (CT site No. 5)
	Singida		
	Kibaigwa		
	Isaka		
Uganda	Malaaba	Lake Victoria	Kasensero (CT site No. 6)
	Jinja (CT site No. 8)		

	Rubaare	
Total CT sites	8	6
Total CT sites for truck stop and fishing sites		14

The CT sites at truck stop centres and fishing sites will be operated in a way that reaches these groups. The CT services in these sites will be available in the appropriate hours of day including late at night when the truck drivers require the services. The CT sites will be established within the national framework and protocols of each country. The national protocols, standards and quality assurance and reporting mechanisms of each country will be adhered to. The centres will provide data to the national M&E system of each country as well as to GLIA.

A strong linkage with the national CT programme in each country. This proposal will support the establishment of the site and equipping these sites with personnel and human resources required. The national programme will provide counselling and testing kits. The CT sites to be established at the truck stop sites and fishing sites will therefore be included in the national aggregate of CT sites and be supplied with CT testing kits as part of the national programme. GLIA and the organisations selected as sub recipients will work closely with the MoHs to ensure that the HIV test kits for the CT sites under this proposal are included in the national counselling and testing plan. HIV test kits for 4,560 tests will be required from the national programmes in the six countries in year 1 of this proposal. From year 2 to year 5 of the proposal to fifth year of this proposal, HIV test kits for 18,240 tests will be required annually.

The counselling and testing services will be fully integrated to the national programme. The CT sites will be linked into the national referral and psycho social support system for people testing for HIV and AIDS. Each site will develop a referral system which connects a chain of health facilities found along the transport corridors will be established to ensure that truck drivers have access to care and treatment services. The sites, with the assistance of the community educators, will develop linkages with organisations of PLWHAs to support persons testing positive. The centres will also submit reports to the national programme in each country according to the country specific reporting requirements. The sites will also report to GLIA to facilitate reporting to the Global Fund. This will strengthen the linkage between these sites to the national programmes and promote their sustainability in the long run.

A strong linkage will be established between the CT services and the BCC community outreach activities. The community educators will sensitise truck drivers, fisher folk, community around at the truck stop centres and fishing sites and other specific groups including commercial sex workers to seek CT services. The community educators and peer educators will also facilitate the establishment of post test clubs, out of school youth clubs targeting young women and men. Post test clubs will support persons from the community around these sites that test positive for HIV. The post test clubs will be linked to the CT and to the health centres around the truck stop and fishing centres. The community educators will also mobilise communities living in truck stop and fishing sites away from where the CT sites will be established to seek CT services during mobile CT outreach activities. The CT staff and the community educators will collaborate to ensure that the mobile CT activities are successful.

Specific activities

- *Hire premises and runs 14 CT centres:* The proposal will support the renting of the premises to house the counselling and testing centres. The premises will be based within the truck stop and fishing sites which are, in most cases, trading centres. This will ensure that counselling and testing services are provided at the appropriate time. Premises to house 14 counselling and testing sites will be rented.
- *Procurement of equipment for 14 CT centres:* The counselling and testing sites will be equipped appropriately. Equipment to be procured includes computers, printers, photocopiers and furniture.
- *Engage staff to provide counselling and testing services in 14 centres:* Relevant staff will be deployed at CT sites to provide services on a full time basis and at appropriate time when truck drivers and commercial sex workers can access the centres. Staff for each site will include 1 laboratory technician and 1 counsellor, 2 support staff.
- *Establish and facilitate the functioning of 42 post test clubs:* This will be a critical follow up activity to the counselling and testing process. Post test clubs for persons testing positive will be formed to provide psychosocial and support, act as a forum for treatment literacy sensitisation. The clubs will link members to associations of PLWHAs providing economic empowerment of persons testing

HIV positive. The purpose is to have these associations support affected families to mitigate the impact of HIV and AIDS. Post test clubs will also facilitate the referral of persons testing positive to health facilities providing care and treatment. These clubs will comprise of members of the communities living around truck stop and fisher folk and fishing centres. Truck drivers who test positive will be supported by the chain of counselling and testing units to be established at various points of the transport corridors. At least 1 post test clubs will be established at the selected 18 truck stop centres supported in this proposal in the first 2 years and in another 18 truck stop sites after year 3 of the programme. At least 1 post test club will be established in each of the 6 fishing sites. These clubs will be linked to the associations of PLWHAs to enable the members to access more services including support for HIV impact mitigation and to ensure the sustainability of their functioning.

Implementing organisations

GLIA, as the principal recipient for this proposal, will identify an appropriate organisation to serve as the sub recipient to implement BCC community outreach and counselling and testing activities. The sub recipient will be an organisation with capacity to implement the activities in at least three countries to ensure cross border issues are addressed effectively. It is therefore envisaged that two sub recipients will be selected to implement the activities. The sub recipients will have extensive experience in implementing similar services. The implementation of the BCC community outreach and Counselling and Testing will be linked. Hence, these activities will be implemented by the same sub recipient.

Strong linkages with national programmes will be developed to ensure effective implementation of these activities. GLIA will work with NACs and MOH to ensure that these activities take into account the national BCC community outreach and counselling and testing programmes. This collaboration will ensure that this proposal is implemented within the framework of the national guidelines and strategies for BCC and counselling and testing. The national quality assurance systems especially for counselling and testing will also cover the centres to be set up under this proposal.

1.3.2: Conduct mobile counselling and testing events along the northern and central transport corridors

Mobile counselling and testing services have been successfully piloted along the northern corridor in Kenya and to some extent in Uganda. The Global Fund Round 7 for Kenya supports the provision of mobile Counselling and Testing services in Kenya targeting commercial sex workers. This proposal will replicate the lessons learnt from these mobile CT initiatives by providing mobile counselling and testing to all parts of the northern corridor and central corridor. Mobile CT will not be undertaken at the fishing sites given that GLIA is piloting the provision of HIV services to the fishing communities at this stage.

Each of the 8 CT sites to be established at truck stop centres will operate a mobile CT services unit to reach out to the communities and other categories of groups at other truck stop centres. The staff providing CT services will liaise with the community educators to organise the mobile counselling and testing events in truck stop sites. The community educators will mobilise communities around these centres to attend the mobile CT events. The community educators will also follow up on persons testing positive to form post test clubs and facilitate the referral to health centres.

Specific activities

- *Hold planning meetings with key stakeholders:* The community educators and the CT staff will meet with community leaders and staff of local health facilities to plan for the mobile CT events. The planning will involve identification of suitable days and venue for the events, mobilisation of community members and follow up of persons testing HIV positive.
- *Mobilise communities around truck stop centres sites:* This activity will commence with the mobilization of communities and truck drivers to attend the mobile CT events. This mobilization will be carried out through the local communication structures. Community educators will play a key role in mobilising the communities.
- *Conduct mobile counselling and testing service:* Each CT site will be assigned satellite truck stop centres to cover through mobile counselling and testing. Each centre will be expected to carry out

at least 1 mobile counselling and testing event per quarter.

Implementation

Mobile CT activities will be carried out by the staff of the CT centres to be established under this proposal in collaboration with the community educators. Local community leaders will be involved in the planning and mobilizing the community to participate in these events.

Objective 2: To strengthen planning of programmes for truck drivers, fisher folk and surrounding communities

This proposal will provide data on HIV and AIDS epidemic among the truck drivers and fisher folk to improve the planning of national programmes targeting these groups. GLIA will work with NACs in the member countries to develop evidence based national plans and programmes that are well targeted at these two groups.

SDA 2.1: Strengthening institutional capacity building

Activities

2.1.1: Conduct a survey on HIV epidemic and map long distance truck drivers in the GLR

The study on HIV epidemiological and HIV response analysis carried out by GLIA in 2007 found out that data on the cross border and mobile groups is limited. Reliable and recent data on the size of truck drivers and the extent of HIV epidemic among cross border and mobile groups, including truck drivers and fisher folk is not available. National M&E systems do not disaggregate HIV and AIDS data from these groups. The few studies carried out on HIV and AIDS epidemic among these groups are limited in scope; they were carried out at different times and focus of different indicators making comparability of data difficult.

This lack of data on truck drivers and fishing communities is one of the reasons why countries are not able to develop evidence based national HIV and AIDS plans. Secondly, the lack of data has also impacted in the definition of the outcomes and impact targets for this proposal. NACs in all the six GLIA member countries have acknowledged this data gap and mandated GLIA to establish a regional database and knowledge management centre to support countries with data on all the eight selected vulnerable groups. This proposal will do comprehensive epidemiological, HIV response survey, behaviour surveillance survey and mapping of truck drivers and the communities that interact with them in the northern and central road transport corridors to support evidence based strategic and programme planning in the six countries

The survey will seek to provide data on:

- Extent of HIV epidemic among the long distance truck drivers and all other categories of groups that interact with them
- The size of the long distance truck drivers population in the GLR
- Patterns of movement of the drivers and commercial sex workers
- Sexual behaviour of long distance truck drivers and all other groups at truck stop centres
- Scope, focus and duration of current HIV and AIDS programmes targeting long distance truck drivers

The findings of this study will be used to establish the outcome level baseline for this proposal and set targets for the next five years. A follow up study will be carried out in year 5 to measure the outcome of this proposal.

Key activities will include:

- *Conduct 2 epidemiological and HIV response analysis; and mapping study of truck drivers in the GLR:* The first study will be carried out in year 1 and second study in year 5 of this proposal. This will be a scientific study to be carried out in all the six GLIA member countries.
- *Hold 2 workshops to disseminate the findings of the surveys:* This workshop will bring together key NACs, MoH, Ministries of Transport, Long Distance Truck Drivers Associations, Truck Companies, Civil Society Organisations providing HIV services to long distance truck drivers and other

stakeholders to deliberate on the findings of this study and develop actions that should be taken to utilise the findings. The dissemination workshop will be the first step towards improvement of national and programmes targeting long distance truck drivers.

2.1.2: Conduct surveys on HIV epidemic among fisher folk and fishing communities

As indicated in the above activity, HIV and AIDS data on fisher folk and fishing communities is equally lacking in the GLR. Most of the HIV studies done in the fishing sector are focused on specific lakes (fishing areas). There is no comprehensive survey that provides data on HIV and AIDS among fishing communities across the GLR which can be used to develop comprehensive national plans. This study will be designed to focus on similar issues as that of long distance truck drivers:

- The Extent of the HIV and AIDS epidemic among fisher folk and communities living at fishing sites
- Fisher folk and fishing communities sexual behaviour to focusing on the drivers of the epidemic
- Analysis of the scope, focus and duration of all programmes targeting fisher folk and fishing communities
- Mapping of fisher folk, fishing landing sites and fishing communities to provide accurate data on the population size and movement of fisher folk in the lakes.

This survey will form the basis for establishing the outcome baseline and targets for this proposal. The study will therefore be carried out in Year 1 of this proposal. A follow up study will be carried out in year 5 of this proposal to measure the extent of achievement of the outcome targets.

Specific activities

- *Conduct 2 epidemiological and HIV response analysis; and mapping survey of fisher folk and fishing communities in the GLR:* This will be a field study aimed at providing data on the status of HIV among fisher folk and fishing communities.
- *Hold 2 workshops to disseminate the findings of the survey:* This workshop will bring together NACs, Ministries in charge of fishing in the GLR countries, the associations of fisher folk, civil society organisations providing HIV services to this group and other stakeholders to develop actions that utilise the findings of the study. The dissemination workshop will enhance the improvement of national plans and programmes to effectively target fisher folk and fishing communities. GLIA will also use these findings to provide support to countries to develop evidence based national plans.

Implementation:

GLIA will engage the services of a professional research firm to carry out the study for the long distance truck drivers and fisher folk and fishing communities. The research firm will design the survey, collect data, analyse the data and report to GLIA. Given the scope and complexity of this study, GLIA will form a technical group comprising M&E officers at NACs and Research experts drawn from the region to advise on all aspects of the design – from the design to the reporting phase.

2.1.3: Support NACs to develop evidence based national plans

GLIA will provide technical assistance to NACs to develop evidence based national HIV strategic plans. Most of the GLIA member states will be developing their third generation multi-sectoral HIV strategic plan in the next five years. GLIA will support NACs to ensure that these plans have strategies that target truck drivers and fishing communities that are evidence based. The HIV surveys to be carried out on the two groups will form a basis for this support. GLIA will work with NACs during the strategic planning for Kenya, Burundi, Rwanda and DRC. GLIA will support Tanzania to refocus its strategic plan during the JAPR process.

Specific activities

- *Hold consultations with NACs:* GLIA will hold consultations with NACs to identify the specific technical support required in the development of NSPs. The two institutions will agree on clear terms of reference for the technical support required.
- *Provide technical support to NACs according to the terms of reference:* GLIA will engage an expert in addressing HIV and AIDS among vulnerable groups, specifically truck drivers and fisher folk to support NACs during the development of the NSPs.

2.1.4 Conducting best practices sharing workshops

This proposal will support the documentation and sharing of what works and what doesn't in programming for the prevention of HIV and AIDS among truck drivers and fisher folk. As part of GLIA's mandate to build knowledge on prevention of HIV among cross border populations, GLIA will identify the specific aspects of this proposal that should be disseminated as best practices document these and hold regional meetings to share the practices with a wide range of stakeholders.

Specific activities to be carried out include:

- *Document best practice cases in delivery of HIV services to truck drivers and fisher folk:* GLIA will identify specific interventions for documentation as case studies. The interventions will be selected based on the results achieved during the implementation of this proposal. The documentation process will utilise the case study approach where by GLIA will carry out an in-depth study of the intervention to demonstrated what works well.
- *Conduct 1 meeting to disseminate best practices:* A meeting for stakeholders will be held to disseminate the best practices and lessons learnt during the implementation of this proposal. Stakeholders to attend the meetings include NACs, CCMs, MoH, Ministries of Transport and Fisheries in the region, CSOs and private sector networks.
- *Develop 1 publication of HIV best practices annually:* The best practices identified will be documented and developed into a publication. The Publications will be distributed to a wide range of stakeholders to support the replication of the best practices.

GLIA will implement this activity by commissioning a technical expert to carry out the best practice case studies. The criteria for selection of the cases to be studied and the framework for conducting the case studies will be developed to guide the field work.

4.5.2. Re-submission of Round 7 (or Round 6) proposal not recommended by the TRP

If relevant, describe adjustments made to the implementation plans and activities to take into account each of the 'weaknesses' identified in the 'TRP Review Form' in Round 7 (or, Round 6, if that was the last application applied for and not approved).

GLIA submitted a GF proposal for Round 6 applications which was not successful. The GF identified the weaknesses in this proposal: GLIA has taken into account these comments during the development of this Round 8 proposal and taken measures to mitigate the weaknesses identified by the TRP in the round 6 proposal.

Weaknesses identified by the TRP in the Round 6 proposal	Measures taken to mitigate the Round 6 weaknesses in the Round 8 proposal
No clear or detailed description of the program's goals, objectives and service delivery areas.	The program goal, objectives, service delivery areas and activities in this proposal have been described in details and they are effectively linked.
No description on how this proposal will be implemented in the 5 GLIA countries, or any clear description of the added value of a regional approach.	The process for implementation of this proposal has been described. GLIA will be responsible for implementing most of the policy, planning and M&E activities and sub recipients will implement the HIV prevention information and education and mobile CT components.
The institutional capacity of the GLIA is not demonstrated in the proposal.	The capacity of GLIA has been demonstrated under section 2 of this proposal. GLIA has developed its capacity to manage and implement programmes in the last three years. Over 5 technical staff with competencies in the specialized HIV and AIDS areas have been recruited. The GLIA Council of Ministers has been

	functional, holding its meetings as required to provide direction to the institution. The GLIA Executive Committee, which comprises of Directors of NACs in the region, oversees its operations. The Executive Committee reports to the Council of Ministers. The organization is currently implementing a World Bank Support Programme. Under this programme GLIA has developed programme management system including sub grantee management. The systems developed have enabled GLIA to meet the World Bank grant management requirements.
The approach does not appear to be sound.	The approach adopted in this proposal is guided by the GF proposal guidelines for Round 8. The approach also is based on the GLIA strategic plan which has been endorsed by all member countries.
The analyses of the programmatic and financial gaps are incomplete. They are too general and do not provide a clear picture of the program or of the financial needs and resources in the region and they do not take into account the program activities in each country.	<p>Programmatic gap analysis for this proposal is based on a comprehensive epidemiological analysis of HIV epidemic among vulnerable groups in the GLR. The analysis underlines the lack of up to date comprehensive data that is comparable across all the countries This is an issue this proposal will also address.</p> <p>The financial gap analysis has been developed based on the GLIA strategic plan resource requirements. Countries do not disaggregate financial allocation according to target groups; also evidence that there are few programmes targeting these groups implies that there are limited resources dedicated to these groups. It is on this basis that the financial resource gap analysis is based on GLIA strategic plan resource needs.</p>
The proposal does not provide information on how to avoid the potential risk of the duplication of activities already funded by the Global Fund in GLIA countries, e.g. training, drugs for opportunistic infections and Monitoring and Evaluation (M&E) system.	This proposal is in line with the mandate of GLIA – addressing HIV issues of cross border mobile populations. It also takes measures to link this with the country level efforts in a complementary and synergistic manner. This is to ensure that whereas the proposal supports specific cross border populations, it also aligns to the national level national responses.
The proposal focuses in particular on mobile populations in the region, but no information is provided on how to reach these populations or how they would benefit from the project.	There are clear strategies developed for delivering each activity to reach the two key target groups – truck drivers and fisher folk. The strategies are relevant and well tailored to the local context.
The budget breakdown by implementing entities is not available as implementing partners have not yet been identified.	The budget has been broken down by implementing entity and expenditure category.

4.5.3. Lessons learned from implementation experience

How does the implementation strategy draw on lessons learned from program implementation (whether Global Fund grants or otherwise)?

GLIA will apply to this proposal three key lessons learnt from the implementation of the WBSP:

- Data on HIV epidemics is critical for planning at regional and national level. This lack of adequate, comprehensive data that is comparable across the six countries is a major challenge to effective planning for provision of HIV services to truck drivers and fisher folk. This proposal seeks to address this issues by conducting comprehensive surveys to enable countries develop evidence based and well targeted programmes.
- All inclusive programmes for truck drivers and fisher folk are more effective – Truck drivers and fisher folk interact with several other populations including commercial sex workers, beer sellers, traders and communities living around the truck stop and fishing centres. An effective programme therefore has to be all inclusive by targeting all the groups that interact with the truck drivers and fisher folk. This is the approach adopted in this proposal.
- Provision of HIV services using local networks that have direct contact to cross border populations is more effective – GLIA has been implementing the WBSP using local CSO networks that work directly with the truck drivers. This mechanism will be maintained under the proposal by working with CSO sub recipients to deliver HIV prevention services to truck drives and fisher folk.

4.5.4. Enhancing social and gender equality

Explain how the overall strategy of this proposal will contribute to achieving equality in your country in respect of the provision of access to high quality, affordable and locally available prevention, treatment and/or care and support services.

(If certain population groups face barriers to access, such as women and girls, adolescents, sexual minorities and other key affected populations, ensure that your explanation disaggregates the response between men and women, and girls and boys).

This proposal targets vulnerable groups which, based on the nature of their occupations, are not easily reached by national programmes. The truck drivers and fisher folk have limited access to HIV prevention, care and treatment and mitigation services given the mobility of their occupations. This proposal, in its entirety, therefore addresses the inequalities in the provision of HIV services to the two primary target groups.

The proposal also targets commercial sex workers – a group that is highly stigmatized and is difficult to reach given the overt nature of the occupation. However, this group is a critical source of HIV infections at the truck stop and fishing sites.

This proposal will support the following responses targeting women:

- The policy on mainstreaming of HIV and AIDS in the transport and fishing sectors will take into account the impact of HIV and AIDS on women and men. This will ensure that strategies for mainstreaming that effectively reach both men and women are developed.
- Training of community health and social workers: These community HIV educators will be trained on gender sensitive methodologies. The training will focus the specific ways of addressing HIV among women and men and how messages targeting the two groups should be packaged and delivered.
- Community HIV education meetings: In organising these meetings, the health and social workers will take into account the different ways in which men and women are mobilised to attend such meetings. Women will be mobilised using women groups, religious gatherings and other social structure in which women are the dominant group.
- Peer educators: Both men and women, girls and boys peer educators will be trained. This will ensure that each of these groups can be specifically reached.
- The location of the counselling and testing sites will enhance access of the women, men, girls and boys to this service. The CT sites will be located in premises that allow for confidentiality.
- IEC materials will be gender sensitive: the materials will be developed in way that targets women and men effectively. These materials will be pre-tested with women, men, girls and boys before they are finalised.

- Desegregation of survey data based on sex and age: The design of the surveys on truck drivers and fisher folk will take into account sex and age as key variables. The analysis of the data from these surveys will also identify the HIV epidemiology among women and men and girls and boys.
- Indicators will be disaggregated by sex and age to assess the progress made in reaching men, women, girls and boys.

4.5.5. Strategy to mitigate initial unintended consequences

If this proposal (in s.4.5.1.) includes activities that provide a disease-specific response to health system weaknesses that have an impact on outcomes for the disease, explain:

- the factors considered when deciding to proceed with the request on a disease specific basis; and
- the country's proposed strategy for mitigating any potentially disruptive consequences from a disease-specific approach.

This proposal does not provide disease specific response to the health systems weaknesses. The proposal complements national responses by addressing cross border groups

4.6. Links to other interventions and programs

4.6.1. Other Global Fund grant(s)

Describe any link between the focus of this proposal and the activities under any existing Global Fund grant. (E.g., this proposal requests support for a scale up of ARV treatment and an existing grant provides support for service delivery initiatives to ensure that the treatment can be delivered).

Proposals should clearly explain if this proposal requests support for the same interventions that are already planned under an existing grant or approved Round 7 proposal, and how there is no duplication. Also, it is important to comment on the reason for implementation delays in existing Global Fund grants, and what is being done to resolve these issues so that they do not also affect implementation of this proposal.

GLIA is not implementing any Global Fund grant currently.

4.6.2. Links to non-Global Fund sourced support

Describe any link between this proposal and the activities that are supported through non-Global Fund sources (*summarizing the main achievements planned from that funding over the same term as this proposal*).

Linkage between the GLIA GF Round 8 proposal and the World Bank Support Project

GLIA is currently implementing the World Bank Support Project. The goal of this project is to contribute to the reduction of HIV infections and to mitigate the socio-economic impact of the epidemic in the Great Lakes Region by developing regional collaboration and implementing interventions that can add value to the efforts of each individual country.

The objectives of the project are twofold:

- Establishment of HIV/AIDS prevention, care, treatment, and mitigation programs for mobile and vulnerable groups such as refugees, transport sector workers, and highly affected and infected populations in each of the GLIA Member States
- Enhancement of prospects for coordinated approaches addressing HIV/AIDS prevention, care, treatment and mitigation among the GLIA Member States

The project has four components:

- Component 1: HIV and AIDS support to refugees, affected areas surrounding the refugee communities, internally displaced people and returnees
- Component 2: Support to HIV and AIDS related networks which include networks in the transport sectors
- Component 3: Support to regional health-sector collaboration
- Component 4: Management, capacity strengthening, monitoring and evaluation

This proposal is linked to the WBSP through the scaling of HIV prevention services targeting long distance truck drivers. The WBSP is covering 18 truck stop sites. This proposal will target a further 18 sites in year 1 and 2. From year 3 to 5, this proposal will take up the 18 truck stop sites currently covered by the WBSP. This proposal therefore requests funding to scale up the existing WBSP.

Linkages between GLIA Round 8 Proposal and the Regional Outreach Addressing AIDS Through Development Strategies (ROADS) Project funded by USAID

The Regional Outreach Addressing AIDS through Development Strategies (ROADS) project is designed to demonstrate improvements in HIV/AIDS prevention as well as providing care and support services to mobile populations and communities along transport corridors in the USAID/East Africa region. The ROADS project targets long distance truckers passing along the Northern Corridor from Mombasa through Nairobi, Busia/Malaba to Kampala, Katuna/Gatuna and onwards to Kigali. The project will use a variety of methodologies in the Safe-T-Stop sites to promote behaviour change, including training peer facilitators selected by the truck drivers and using them as agents of change.

In collaboration with FHI and ROADS project partners, Solidarity Centre engages unions and trade associations of truck drivers, other transport workers, and school teachers along the transport corridor to implement a comprehensive approach to HIV/AIDS prevention, care and support and a strategy for coordination of efforts and optimization of resources. Truck drivers and their assistants are the primary target groups for AIDS prevention and care programming. The prime objective of the project is to reduce the sexual transmission of HIV among truck drivers and their assistants and improve access to HIV/AIDS services. The communities living in the Safe-T-Stop towns will be reached through additional HIV/AIDS programming implemented by other ROADS project partners.

The project employs the following key strategies:

- Improving the ability of unions to provide HIV/AIDS interventions targeting truck drivers
- Designing and carrying out a Study Circle/peer education program
- Enhancing risk and stigma reduction strategies among truck drivers and host communities
- Advocating for policy and legislative change
- Appropriate capacity building interventions in partner organizations

GLIA will build linkages with this short term project by replicating lessons learnt from the Safe T Stops approach. GLIA will complement the activities of this project with additional services not supported by the ROADS project including mobile counselling and testing. However, this proposal does not request funding to link or scale up activities of the ROADS Project. The proposal will only apply lessons learnt from this project to improve its effectiveness.

4.6.3. Partnerships with the private sector

(a) The private sector may be co-investing in the activities in this proposal, or participating in a way that contributes to outcomes (even if not a specific activity). If so, summarize the main contributions expected over the proposal term, and how these contributions are important to the achievement of the planned outcomes and outputs.

*(Refer to the [Round 8 Guidelines](#) for a **definition of Private Sector** and some examples of the types of financial and non-financial contributions from the Private Sector in the framework of a co-investment partnership.)*

GLIA will seek partnership with the private sector in the implementation of this proposal. The private sector will not be co-investing in this proposal but will participate in mainstreaming HIV in the work place. The private long distance truck firms will participate in the development of HIV work place policies and addressing the work environment issues that make the truck drivers and fisher folk vulnerable to HIV infection. The firms will also implement policies to support truck drivers and fisher folk living with HIV and AIDS.

(b) Identify in the table below the annual amount of the expected contribution. *(For non-financial contributions, please attempt to provide a monetary value if possible, and at a minimum, a description of that contribution).*

Population relevant to Private Sector co-investment <i>(All or part, and which part, of proposal's targeted population group(s)? →</i>		Not applicable					
Contribution Value (in USD or EURO) <i>Refer to the Round 8 Guidelines for examples</i>							
Organization Name	Contribution Description <i>(in words)</i>	Year 1	Year 2	Year 3	Year 4	Year 5	Total

4.7. Program Sustainability

4.7.1. Strengthening capacity and processes to achieve improved disease outcomes

The Global Fund recognizes that the relative capacity of government and non-government sector organizations (including community based organizations), can be a significant constraint on the ability to reach and provide services to people (e.g., home-based care, outreach prevention, orphan care, etc.).

Describe how this proposal contributes to the strengthening and/or further development of public, private and community systems to ensure improved health service delivery and outcomes.

→ Refer to country evaluation reviews, if available.

This proposal targets vulnerable groups which, based on the nature of their occupations, are not easily reached by national programmes. The truck drivers and fisher folk have limited access to HIV prevention, care and treatment and mitigation services given the mobility of their occupations. Due to the nature of their activities, commercial sex workers and surrounding communities are also at risk.

The sustainability of the interventions will mainly depend on strong networks that GLIA would have established with the six countries involved. The lessons learnt through implementation of this proposal will be replicated by national programme to make the interventions more sustainable.

Further, the proposal is also developing a strong system for delivering HIV prevention services to vulnerable cross border mobile populations which national programmes have not effectively targeted in the past. These systems can be utilized by national and regional programmes to continue providing HIV services.

4.7.2. Ensuring alignment

Describe how this proposal's strategy:

- integrates within broader developmental frameworks such as Poverty Reduction Strategies, the Highly-Indebted Poor Country (HIPC) initiative and the Millennium Development Goals, and other important initiatives such as the 'Global Plan to Stop Tuberculosis 2006-2015' for HIV/TB collaborative activities; and
- complements other regional initiatives for the target population(s).

This proposal has taken the following steps to ensure alignment to country level responses:

1. This proposal is aligned to the country National HIV and AIDS Responses in the six GLIA member countries. The national HIV plans of these countries are aligned to the national development or poverty reduction strategies and to the Millennium Development Goals. The proposal will therefore contribute to the attainment of the national and MDG goals. It will also contribute to the achievement of the universal access to HIV services targets in the six GLIA member countries through scaling up of HIV services targeting truck drivers and fisher folk.
2. The proposal will conduct comprehensive surveys and mapping of fisher folk and truck drivers to provide the data that countries need to effectively target the two vulnerable groups. This complements data available at the country level.
3. The proposal is also designed to ensure that all the services to be supported take into account national systems and programmes. For instance, the HIV prevention information and education will take into account the national level communication strategies in place. The curriculum for HIV prevention information and education for truck drivers and fisher folk will be developed in consultation with the national level policies to ensure harmonization with the curricula that may exist at country level.
4. GLIA and NACs will work in close collaboration to mainstream HIV in the transport and fishing sectors and in the work place. This process will be directed by the existing HIV mainstreaming guidelines recommended by national HIV responses. GLIA will support the use of these guidelines to ensure these sectors effectively reach out to truck drivers and fisher folk.
5. There are also deliberate measures taken to align this proposal to national M&E systems. National M&E systems will be used to measure the outcomes and impact of this proposal by providing data on the impact and outcome indicators for this proposal. GLIA will work with national M&E to ensure that the national systems disaggregate data to report on the impact and outcome indicators in this proposal.

4.8. Measuring impact

4.8.1. Impact Measurement Systems

Describe the strengths and weaknesses of the systems used to track or monitor achievements towards the program's outcomes and measuring impact on the diseases.

Where one exists, refer to a recent national or external evaluation of any relevant impact measurement system(s) in your description.

GLIA will use existing M&E structures in the countries to track or monitor the outcomes and impact of this proposal. These country level M&E systems have the following strengths and weaknesses:

Strengths:

- Countries have evaluation instruments that will collect data and report on the outcome and impact indicators of this proposal. These tools include the DHS, BSS and Sentinel Surveillance. Countries have been carrying out these surveys consistently.
- Capacity building for M&E systems at country level has been an on-going exercise over the last five years with the purpose of enabling countries to “know their HIV epidemic”. This proposal will benefit from these on-going efforts to track the outcomes and impact of HIV on the truck drivers and fisher folk.
- The M&E systems have identified truck drivers and fisher folk as vulnerable groups that should be monitored. This is a positive development that enhances monitoring of the outcomes of this proposal.

Weaknesses

- Although the national M&E systems have identified fisher folk and truck drivers as vulnerable groups, the systems currently do not disaggregate data according to the vulnerable groups. It is

therefore difficult to measure the impact of the HIV epidemic among the truck drivers and fisher folk.

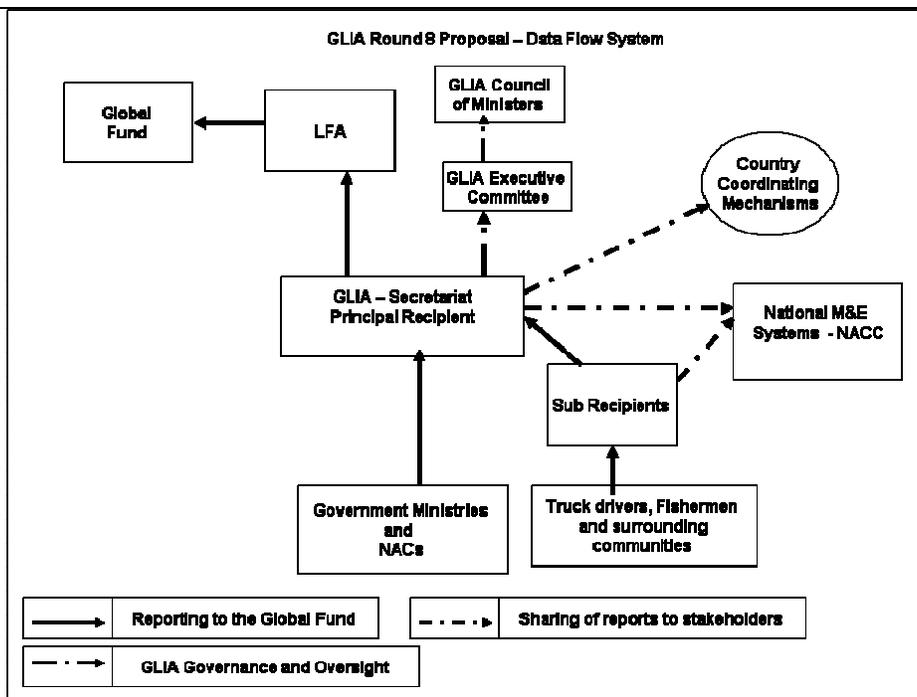
- The instruments/surveys for measuring outcome and impact indicators for this proposal are not carried simultaneously across all the six GLIA member countries. The difference in the timing of the DHS and BSS makes it difficult to compare the data from each country. Further, DHS across countries tend to have variations. It is for this reason that GLIA proposes to carry out a BSS survey to measure the outcome of this proposal.
- National M&E systems do not collect data on HIV services provided to truck drivers and fisher folk regularly. As a result, there is a gap in the data available on these groups in the region. It is therefore difficult to set baselines and targets for the impact and outcomes of interventions targeting the two groups.

4.8.2. Avoiding parallel reporting

To what extent do the monitoring and evaluation ('M&E') arrangements in this proposal (*at the PR, Sub-Recipient, and community implementation levels*) use existing reporting frameworks and systems (including country reporting channels and cycles)?

GLIA will adopt M&E arrangements for this proposal which relies on existing reporting frameworks and systems in the following ways:

- GLIA has an existing HIV M&E system and it is based on the 12 components of a functional HIV M&E system. This system will be adapted to meet the GF requirements as a Principal Recipient. This system will spell out the M&E and reporting guidelines for the sub recipients and partners implementing activities at community level. This system will spell out the M&E and reporting guidelines for the sub recipients and partners implementing activities at community level.
- The M&E system will be aligned to the current GLIA M&E framework and national M&E systems in the six GLIA countries. Community level implementers and sub recipients will report to GLIA as the PR. GLIA will in turn be required to submit reports to the National Executive Committee and Country Focal Points who play a critical role in the management of GLIA. The GLIA Executive Committee, which comprises NAC directors, will play an oversight role for this proposal. This committee will therefore review the reports and provide guidance to GLIA to promote effective implementation of the project. The GLIA focal persons in each country will ensure that the data on GLIA activities feeds into the country M&E system. This process will enable GLIA to avoid parallel reporting while at the same time providing reports on this proposal to member country M&E systems.
- A diagrammatic representation of the proposed M&E arrangements for this proposal are shown in the figure below:



The diagram above shows that:

- (i) GLIA will collect process and output data on the activities it will be implementing directly. Sub recipients will be responsible for collecting data and reporting on activities they will be implementing directly.
- (ii) Both sets of data will be managed by GLIA secretariat. At the secretariat, the reports will be consolidated to develop the programme progress update report.
- (iii) The programme update report will be submitted to the LFA and Global Fund. The reporting schedule will be established in the contract between the Principal Recipient and the Global Fund.
- (iv) The GF report will be submitted to GLIA Executive Committee to enable the committee play its oversight role effectively.
- (v) GLIA will share the report with the NACs, CCM. This will serve the purpose of informing the two stakeholders of the progress made in implementing the Global Fund Programme. This will promote partnership between GLIA and country level partners.

4.8.3. Strengthening monitoring and evaluation systems

What improvements to the M&E systems of PRs and SRs are included in this proposal to overcome gaps and/or strengthen reporting, including reporting into the impact measurement systems of the countries targeted in this proposal?

→ *The Global Fund recommends that 5% to 10% of a proposal's total budget is allocated to M&E activities, in order to strengthen existing M&E systems.*

- This proposal will support the development of an integrated M&E system for the PR and sub recipients. The integrated M&E systems will focus on reporting in both activities and outputs of this proposal within a clear framework that enhances accountability and promotes programme performance. This system will be linked to the national level M&E system to avoid double reporting and to share information. This will enable GLIA as the PR and the sub recipients to track the performance of this proposal and meet the GF reporting requirements.
- Secondly GLIA will work closely with NACs to ensure national M&E systems collect and disaggregate data for truck drivers and fisher folk and other groups interacting with the two target groups, including commercial sex workers. This will enable GLIA to use national M&E systems to report on the

outcome and impact of this proposal and to align this proposal to the national AIDS responses.

- Thirdly, this proposal will carry out surveys on truck drivers and fisher folk to generate baseline data that will be used to form a basis for measuring outcomes of this proposal. The proposed surveys will be conducted in close consultations with NACs and will complement country level outcome and impact measurement efforts. Follow up surveys will be done to determine progress, using a standard protocol for BSSs in mobile populations that GLIA has developed in collaboration with UNHCR and the World Bank.
- GLIA will work closely with NACs to influence the focus of the DHS to ensure that the survey focuses on vulnerable groups and provide data that can be disaggregated for truck drivers and surrounding communities.

4.9. Implementation capacity

4.9.1. Principal Recipient(s)

Describe the respective technical, managerial and financial capacities of each Principal Recipient to manage and oversee implementation of the program (or their proportion, as relevant).

In the description, discuss any anticipated barriers to strong performance, referring to any pre-existing assessments of the Principal Recipient(s) other than 'Global Fund Grant Performance Reports'. Plans to address capacity needs should be described in s.4.9.6 below and included (as relevant) in the work plan and budget.

PR 1	Great Lakes Initiative on AIDS
Address	
<p>GLIA will be the PR for this proposal given its regional coverage. The technical, managerial and financial capacities of GLIA to manage this proposal are outlined below:</p> <p>(i) Managerial capacity</p> <p>GLIA has a strong governance and management organs in place. These organs have been established through the GLIA convention which is ratified by all the six GLIA member states. The organs have also been functional, with the governing committees meetings as stipulated in the convention. The key management organs of GLIA include the Council of Ministers, Executive Committee, Secretariat and Focal Points. GLIA is in the process of establishing the Partnership Consultative Group.</p> <p>The GLIA Executive Committee which comprises directors of NACs in the member countries is a critical organ for this proposal. This committee will assess the performance of GLIA in managing and implementing this proposal and will also link this proposal to country level AIDS responses. These governance structures have so far played their oversight function effectively under the World Bank Support Project.</p> <p>(ii) Technical capacity</p> <p>The GLIA secretariat, which is responsible for day-to-day execution of GLIA activities, implementation and financial reports, monitoring and reports, has staff with relevant professional qualifications and experience in planning, implantation and evaluation of complex programmes.</p> <p>The staff establishment for GLIA includes the Executive Secretary supported by core professional staff including the Technical and Planning Director, a Monitoring and Evaluation Coordinator, a GLIA Country Focal Point Liaison Officer and three programmes coordinators. These professionals have demonstrated their capacity by effectively managing the World Bank Support Project. GLIA has focal point persons located in each NAC to coordinate its activities and ensure effective implementation. GLIA also has access to technical support in specialized areas that complements its internal capacity. UNAIDS, UNHCR, World Bank, and WHO among other specialized agencies provide technical support to GLIA.</p> <p>GLIA has developed programme management systems including a sub grant management policies and procedures which will be critical for this proposal. GLIA has experience in managing and implementing programmes directly and through sub grantees.</p> <p>GLIA has also developed a strong M&E systems that supports its current projects. This system is aligned to the national M&E systems and seeks to build data and knowledge at a regional level to support</p>	

programming for cross border HIV and AIDS issues. This system will be adapted to support this proposal.

(iii) Financial capacity

GLIA has a sound financial management system that provides the GLIA management with accurate and timely information regarding resources and expenditures. The financial management system includes financial planning and budgeting, disbursement of funds, accounting, financial reporting, and auditing. It will facilitate timely preparation of periodic accounting statements and reports for the various parties that have an interest in the activities of GLIA and the national units (offices of the GLIA Country Focal Points) linked to it.

The system uses International Accounting Standards (IAS) that reliably record and report all assets and liabilities and financial transactions of GLIA and provide sufficient financial information for managing and monitoring activities. For this purpose, the GLIA secretariat is fully computerized with a server on a computer network with network management software e-mail and secure broadband internet access.

The financial staff of GLIA consists of a Director, Finance and Administration, Finance Officer, and a Procurement Officer. The internal auditor ensures accountability and transparency in the operations of the organisation.

The GLIA Executive Secretariat has the overall responsibility for financial management and carrying out the day-to-day financial tasks of accounting, management of funds, disbursement, and procurement. It has been supported by a fiduciary management agency during the first year.

Once a year, an audit is carried out of the previous financial year by an accounting firm selected by international tender. A letter of opinion is formulated by auditors and recommendations are made on internal auditing. These reports are sent to the GLIA Executive committee and Council of Ministers, and to the World Bank.

GLIA has a procurement system in place which meets the World Bank Requirements. This system has been operational for the last three years. Its functionality has been demonstrated by the amount of procurement that GLIA has done using this system.

4.9.2. Sub-Recipients	
(a) Will sub-recipients be involved in program implementation?	<input checked="" type="radio"/> Yes
	<input type="radio"/> No
(b) If no , why not?	
TWO PAGE MAXIMUM	
(c) If yes , how many sub-recipients will be involved?	<input checked="" type="radio"/> 1 – 6
	<input type="radio"/> 7 – 20
	<input type="radio"/> 21 – 50
	<input type="radio"/> more than 50
(d) Are the sub-recipients already identified? <i>(If yes, attach a list of sub-recipients, including details of the 'sector' they represent, and the primary area(s) of their work over the proposal term)</i>	<input type="radio"/> Yes [Insert Annex Number for list]
	<input checked="" type="radio"/> No

Answer question 4.9.4 to explain

- (e) **If yes**, comment on the relative proportion of work to be undertaken by the various sub-recipients. If the private sector and/or civil society are not involved, or substantially involved, in program delivery at the sub-recipient level, please explain why.

4.9.3. Pre-identified sub-recipients

Describe the past **implementation experience** of key sub-recipients. Also identify any challenges for sub-recipients that could affect performance, and what is planned to mitigate these challenges.

4.9.4. Sub-recipients to be identified

Explain why some or all of the sub-recipients are not already identified. Also explain the transparent, time-bound process that the Principal Recipient(s) will use to select sub-recipients so as not to delay program performance.

GLIA proposes to identify the sub recipients for this proposal after the evaluation of the proposal by Global Fund TRP for the following reasons

- The regional coverage of this proposal requires an elaborate process for identifying sub recipients that can cover the six countries. This process requires substantial financial resources and length consultations with country partner which would impact on the design of the proposal at this stage.
- At the time of developing this proposal, GLIA consulted extensively with the NACs and CCMs in the six countries to ensure alignment of the proposal with the national AIDS responses. This ensures that sub recipients will focus on areas that NACs and CCMs have prioritised.
- GLIA has experience of selecting sub-recipients under the World Bank Support Project. The guidelines used under the WBSP will be applied to select sub recipients for proposal to ensure this process is carried out in a transparent manner.

GLIA will be seeking sub recipients for the BCC community outreach and Counselling and Testing service deliver areas. Sub recipients will be identified through an open tendering process. This will include:

- (i) Development of the terms of reference and call for proposal documents based on this proposal. The guidelines for application by interested organisations will also be finalized including the assessment criteria. The guidelines and criteria will take into account the project implementation requirements of the Global Fund. Organisations qualifying as sub recipients will be expected to have a sound track record in providing similar HIV services and have the capacity to implement the project in at least two of the GLIA member countries.
 - (ii) The call for proposals will be advertised widely in the six GLIA countries. A system for easy access to the application documents will be devised including downloading documents from the GLIA website.
 - (iii) Applicants will be assessed by applying the guidelines and criteria. Both technical, organisational and project implementation capacity of the applicants will be assessed to select sub recipients. The selected organisations will be contracted as sub recipients.
- The selection of sub recipients will be done according to the procurement systems. An evaluation committee will be put in place to evaluate the proposals and its recommendations will be presented to the GLIA EC for approval. Organisations approved by GLIA Executive Committee will be contracted as sub recipients.

4.9.5. Coordination between implementers

Describe the system that will be used for coordination between Principal Recipients, and then between

the Principal Recipient(s) and key sub-recipients to ensure timely and transparent program performance.

Comment on factors such as:

- How Principal Recipients will interact where their work is linked (*e.g., a government Principal Recipient is responsible for procurement of pharmaceutical and/or health products, and a non-government Principal Recipient is responsible for service delivery to, for example, hard to reach groups through non-public systems*); and
- The extent to which other partners may provide support for program implementation (*e.g., by providing management or technical assistance in addition to any assistance requested to be funded through this proposal, if relevant*).

GLIA is the only principal recipient for this proposal. The organisation will also implement several service delivery areas of this proposal. This implementation will be done using the existing GLIA structures at country level including the focal point persons appointed by the country NACs. The GLIA Executive Committee comprises of directors of NACs who will assess the performance of GLIA. GLIA will also work with country level stakeholders to ensure effective collaboration and ownership of the activities by partners.

GLIA will appoint civil society sub recipients to implement the BCC community outreach and Counselling and Testing service delivery areas. GLIA will adopt the system for sub recipient management developed under the WBSP to coordinate and monitor the sub recipients appointed under this proposal. Clear guidelines for performance management by both GLIA and the sub recipients will be outlines in the contract between the PR and SRs and in the M&E framework for the project.

4.9.6. Strengthening implementation capacity

The Global Fund encourages efforts to strengthen government, non-government and community based implementation capacity to support improved outcomes for the three diseases.

If this proposal is requesting funding for management and/ or technical assistance to ensure strong program performance, summarize:

- (a) the assistance that is planned;**
- (b) the process used to identify needs within the various sectors;
- (c) how the assistance will be obtained on competitive, transparent terms; and
- (d) the process that will be used to evaluate the effectiveness of that assistance, and make adjustments to maintain a high standard of support.

*** (e.g., where the applicant has nominated a second Principal Recipient which requires capacity development to fulfill its role; or where community systems strengthening is identified as a "gap" in achieving national targets, and organizational/management assistance is required to support increased service delivery).*

Given that the sub recipients for this proposal have not been selected and GLIA itself has no GF grant currently, specific implementation capacity building needs have not been identified. However, this proposal will support two generic implementation capacity building needs:

- (i) Development of sub recipients' management systems: Technical support will be required to assist GLIA develop comprehensive guidelines for sub recipients' management that meet the requirements of the GF. The guidelines will incorporate relevant guidelines under the WBSP.
- (ii) Development of M&E system for this proposal: GLIA will require technical support to develop an M&E system, plan and tools for monitoring this proposal at PR and SR levels. The M&E systems will be linked to national level M&E system. Sub recipients implementing this proposal will also be trained to operationalise the M&E system.

These needs have been selected based on the general assessment of the processes for implementation of this proposal. More detailed of capacity needs for sub recipients will be identified once they are

selected.

The technical assistance planned will be obtained through open tendering process. The needs for technical assistance will be advertised in the print media in all the six countries. The applications will be evaluated through an open and transparent system and technical experts meeting the requirements will be selected.

The required technical support will be based on clear terms of reference including a clear set of performance indicators. This will enable GLIA to track the performance of the technical assistance required and assess its quality.

4.10. Management of pharmaceutical and health products

4.10.1. Scope of Round 8 proposal

Does this proposal seek funding for any pharmaceutical and/or health products?	<input type="radio"/> No → <i>Go to s.4B if relevant, or direct to s.5</i>
	<input type="radio"/> Yes → <i>Continue on to answer sections 4.10.2</i>

5. Funding request

5.1. Program financial gap analysis

→ Summary Information provided in the table below should be explained further in sections 5.1.1 – 5.1.3 below.

Clarified Table 5.1.

Program financial gap analysis (same currency as identified on cover page of Proposal Form)								
Note → Adjust headings (as necessary) in tables from calendar years to financial years (e.g., FY ending 2007; etc) to align with national planning and fiscal periods								
	Actual		Planned		Estimated			
	2006	2007	2008	2009	2010	2011	2012	2013
Program funding needs to deliver comprehensive prevention, treatment and care and support services to target populations								
Line A → Provide annual amounts	0	0	7,984,700	17,002,096	13,067,508	12,901,465	11,483,054	6,700,592
<i>(combined total need over R8 proposal term)</i>								
Current and future resources to meet financial need								
Applicant source B1 : Loans and debt relief (<i>provide name of source</i>)	0	0	0	0	0	0	0	0
Applicant source B2 National funding resources	0	0	0	0	0	0	0	0
Applicant source B3 Private Sector contributions (national)				0	0	0	0	0
Total of Line B entries → Total current & planned own resources:	0	0	0	0	0	0	0	0
External source C 1 (<i>provide source name</i>) World Bank Support Project (budget for component supporting truck drivers)	0	0	1,000,000	1,000,000	1,000,000	0	0	0
External source C2 (<i>provide source name</i>)	0	0	0	0	0	0	0	0

Program financial gap analysis <i>(same currency as identified on cover page of Proposal Form)</i>								
Note → Adjust headings (as necessary) in tables from calendar years to financial years (e.g., FY ending 2007; etc) to align with national planning and fiscal periods								
	Actual		Planned		Estimated			
	2006	2007	2008	2009	2010	2011	2012	2013
External source C3 Private Sector contributions (International)				0	0	0	0	0
Total of Line C entries → Total current & planned EXTERNAL (non-Global Fund grant) resources:	0	0	1,000,000	1,000,000	1,000,000	0	0	0
Line D: Annual value of all existing Global Fund grants for same disease: Include unsigned 'Phase 2' amounts as "planned" amounts in relevant years	0	0	0	0	0	0	0	0
Line E → Total current and planned resources (i.e. Line E = Line B total+ Line C total + Line D Total)	0	0	1,000,000	1,000,000	1,000,000	0	0	0
Calculation of gap in financial resources and summary of total funding requested in Round 8 <i>(to be supported by detailed budget)</i>								
Line F → Total funding gap (i.e. Line F = Line A – Line E)	0	0	6,984,700	16,002,096	12,067,508	12,901,465	11,483,054	6,700,592
Line G = Round 8 funding request <i>(same amount as requested in table 5.3 for this disease)</i>				5,671,822	5,152,215	5,098,756	4,421,380	6,700,592

Part H – 'Cost Sharing' calculation for Lower-middle income and Upper-middle income RCM applicants where the proposal requests funding for national programs through a common Principal Recipient

In Round 8, the total maximum funding request for HIV in Line G is:

- (a) *For **Lower-Middle income countries**, an amount that results in the Global Fund's overall contribution (all grants) to the national program reaching not more than 65% of the national disease program funding needs over the proposal term; and*
- (b) *For **Upper-Middle income countries**, an amount that results in the Global Fund overall contribution (all grants) to the national program reaching not more than 35% of the national disease program funding needs over the proposal term.*

Line H → Cost Sharing calculation as a percentage (%) of overall funding from Global Fund

$$\text{Cost sharing} = \frac{(\text{Total of Line D entries over 2009-2013 period} + \text{Line G Total}) \times 100}{\text{Line A.1}}$$

--

%

5.1.1. Explanation of financial needs – **LINE A** in table 5.1

Explain how the annual amounts were:

- developed (e.g., through costed national strategies, a Medium Term Expenditure Framework [MTEF], or other basis); and
- budgeted in a way that ensures that government, non-government and community needs were included to ensure fully implementation of country's disease program strategies.

The annual amounts are based on the costing of GLIA strategic plan 2008-2012. The strategic plan estimates the financial resources required in the next five year to implement the activities aimed at achieving GLIA's strategic objectives. The financial resource requirements will be reviewed annually. The costing of the strategic plan takes into account the partnership implementation (with NACs, private sector and civil society organisations) modalities adopted by GLIA.

5.1.2. Applicant funding – '**LINE B**' entries in table 5.1

Explain the processes used to:

- prioritize financial contributions to the program; and
- ensure that resources are utilized efficiently, transparently and equitably, to help implement treatment, prevention, care and support strategies included in this program.

GLIA does not have its own funding source

5.1.3. External funding *excluding Global Fund* – '**LINE C**' entries in table 5.1

Explain any changes in contributions anticipated over the proposal term (*and the reason for any identified reductions in external resources over time*). Any current delays in accessing external funding identified in table 5.1 should be explained (including the reason for the delay, and plans to resolve the issue(s)).

Contribution of the World Bank Support Project component that targets truck drivers

5.2. Detailed Budget

Suggested steps in budget completion:

1. **Submit a detailed proposal budget in Microsoft Excel format as a clearly numbered annex.** Wherever possible, use the same numbering for budget line items as the program description. **For guidance on the level of detail required** (or to use a template if there is no existing in-country detailed budgeting framework) **refer to the budget information available at the following link:** <http://www.theglobalfund.org/en/apply/call8/multiple/#budget>
2. Ensure the detailed budget is consistent with the detailed workplan of program activities.
3. From that detailed budget, **prepare a 'Summary by Objective and Service Delivery Area'** (section 5.3)
4. From the same detailed budget, **prepare a 'Summary by Cost Category'** (section 5.4); and
5. Do not include any RCM operating costs in Round 8. This support is now available through a separate application for funding made direct to the Global Fund (and not funded through grant funds). The application is available at: <http://www.theglobalfund.org/en/apply/mechanisms/>

5.3. Summary of detailed budget by objective and service delivery area

Summary budget by Service Delivery Area						
Service Delivery Area (SDA)	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
BCC - community outreach and schools	2,521,728	1,918,416	1,911,173	1,735,207	1,790,074	9,876,598
Policy development including workplace policy	529,900	1,734,500	1,838,025	1,480,050	1,880,365	7,462,840
Programme management and Administration cost	623,594	488,599	655,298	555,803	693,008	3,016,302
Strengthening institutional capacity building	1,686,800	175,700	257,985	193,270	1,859,320	4,173,075
Testing and Counseling	309,800	835,000	436,275	457,050	477,825	2,515,950
Grand Total	5,671,822	5,152,215	5,098,756	4,421,380	6,700,592	27,044,765

5.4. Summary of detailed budget by cost category *(Summary information in this table should be further explained in sections 5.4.1-5.4.3 below)*

Summary budget by cost category	Year 1	Year 2	Year 3	Year 4	Year 5	Total 5 years
Human Resources	212,100	848,400	222,705	233,310	243,915	1,760,430
Technical & Management Assistance	70,000	1,284,600	1,422,330	1,413,060	1,477,290	5,667,280
Training	687,800	736,400	569,730	200,640	339,710	2,534,280
Health Products and Health Equipment	0	0	0	0	0	0
Pharmaceutical Products (Medicines)	0	0	0	0	0	0
Procurement and Supply Management Costs (PSM)	0	0	0	0	0	0
Infrastructure and Other Equipment	126,000	0	0	0	0	126,000
Communication Materials	613,100	52,400	55,020	57,640	60,260	838,420
Monitoring and Evaluation (M&E)	1,890,200	143,700	568,620	150,180	2,131,375	4,884,075
Living Support to Clients/Target Population	0	0	0	0	0	0
Planning and Administration	2,072,622	2,086,715	2,260,351	2,366,550	2,448,042	11,234,280
Overheads	0	0	0	0	0	0
Other	0	0	0	0	0	0
TOTAL	5,671,822	5,152,215	5,098,756	4,421,380	6,700,592	27,044,765

5.4.1. Overall budget context

Briefly explain any significant variations in cost categories by year, or significant five year totals for those categories.

The variations in year 2 and 4 for SDA 2.1 are due to the strategic planning cycle of the six GLIA countries. GLIA will be supporting countries developing new NSPs to develop evidence based strategies for targeting truck drivers and fisher folk. There is no country preparing an NSP during year 2 and 4.

The higher proportion of this budget allocated to M&E reflects the core mandate of GLIA. GLIA supports countries to address cross border vulnerable groups through the provision of up to date data on the HIV epidemic among these groups. Lack of data on truck drivers and fisher folk is a challenge across all countries and this proposal will be addressing this gap.

5.4.2. Human resources

In cases where '*human resources*' represents an important share of the budget, summarize: (i) the basis for the budget calculation over the initial two years; (ii) the method of calculating the anticipated costs over years three to five; and (iii) to what extent human resources spending will strengthen service delivery.

Useful information to support the assumptions to be set out in the detailed budget includes: a list of the proposed positions that is consistent with assumptions on hours, salary etc included in the detailed budget; and the proportion (in percentage terms) of time that will be allocated to the work under this proposal.

→ *Attach supporting information as a clearly named and numbered annex*

Human resources do not represent an important share of this budget.

5.4.3. Other large expenditure items

If other 'cost categories' represent important amounts in the summary in table 5.4, (i) explain the basis for the budget calculation of those amounts. Also explain how this contribution is important to implementation of the national disease program.

→ *Attach supporting information as a clearly named and numbered annex*

Planning and administration

This cost category has the largest budget due to the nature of the implementation modalities adopted in this proposal. Key budget items in this category include

- (i) The cost of planning for all the activities in this proposal. Given that GLIA is a regional organisation, the organisation will plan most of the major activities in collaboration with NACs, MoH, Ministries of Transport and Fisheries among other stakeholders.
- (ii) The cost of planning for activities at community level including BCC community outreach and mobile counselling and testing.
- (iii) The cost of management, planning, implementation, monitoring and reporting by sub recipients who will be implementing the BCC and Counselling and Testing activities

Technical and management assistance

There are two types of TA to be supported by this proposal. The technical support that GLIA will be providing to countries and the TA that GLIA will require to effectively implement this proposal. This is in line with GLIA's strategic approach of providing technical assistance to countries to effectively provide HIV services to the vulnerable groups.

Proposal checklist

Section	Document description	Annex Number
Section 3.2	GLIA Strategic Plan 2008-2012	Annex 1
Section 4.1	Rapid Analysis of HIV epidemiological and HIV response data about vulnerable populations in the Great Lakes Region of Africa, 2007	Annex 2
Section 4.1	Fergusson and Morris, Mapping transactional sex on the northern corridor highway of East Africa, 2006	Annex 3
Section 4.1	Impact of HIV and AIDS on fishing communities in Uganda, a situational analysis, 2004	Annex 4
Section 4.2	Maps of Lake Victoria, Lake Kivu and Lake Tanganyika	Annex 5
Section 4.8	GLIA M&E Implementation Manual	Annex 6
Section 4.9	GLIA Operations Manual	Annex 7