Programme of Aid for Policies and Actions on Reproductive and Sexual Health and Rights in Developing Countries

CONCEPT NOTE FORM

Budget line 21.020703

Reference: EuropeAid/123767/C/ACT/Multi

Deadline for receipt of concept notes: 19 September 2006

| Name of applicant: | Joint United Nations Programme on HIV/AIDS |

| Dossier No |

At the Opening

(for official use only)
NOTICE

All personal data (such as names, addresses, CVs, etc.) mentioned in your concept note form will be processed in accordance with Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. Your replies to the questions in this form are necessary in order to assess your grant application and they will be processed solely for that purpose by the department responsible for the Community grant programme concerned. On request, you may be sent personal data and correct or complete them. For any question relating to these data, please contact the Commission department to which the form must be returned. Beneficiaries may lodge a complaint against the processing of their personal data with the European Data Protection Supervisor at any time (Official Journal L 8, 12.1.2001).

Please read and complete this form with all due care, in accordance with the guidelines for applicants. Please note that this Call follows the revised procedures introduced by the new Practical Guide to contract procedures for EC external actions as from 1st February 2006 available for consultation at the following address:

You will only be requested to submit a full application form if your concept note is pre-selected. Your full application will then undergo evaluation. The eligibility conformity check will only be performed for the full applications that are provisionally selected according to the score obtained after the technical evaluation, on the basis of the supporting documents requested by the Contracting Authority and the Declaration by the applicant signed and sent together with the concept note, and the second version sent together with the application form.
I. APPLICATION DATA SHEET

**Note:** The data on this page will be encoded in the Commission’s proposal database for use in processing the application and in establishing any future contract. This data must imperatively correspond to that eventually supplied in the full application form. It is the responsibility of the applicant to ensure that the data provided on this sheet are correct.

<table>
<thead>
<tr>
<th>Call for Proposal Reference</th>
<th>EUROPEAID/123767/C/ACT/MULTI - PROGRAMME OF AID FOR POLICIES AND ACTIONS ON REPRODUCTIVE AND SEXUAL HEALTH AND RIGHTS IN DEVELOPING COUNTRIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUDGET LINE 21.020703</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Applicant</strong></th>
<th><strong>Full Name</strong></th>
<th><strong>Joint United Nations Programme on HIV/AIDS</strong></th>
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<tbody>
<tr>
<td><strong>Acronym</strong></td>
<td>UNAIDS</td>
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<tr>
<td><strong>Legal Entity number/previous ongoing contract number</strong></td>
<td>Non-existent</td>
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<tr>
<td><strong>Nationality</strong></td>
<td>Republic of Moldova</td>
<td></td>
</tr>
<tr>
<td><strong>Legal Status and category</strong></td>
<td>International organization</td>
<td></td>
</tr>
<tr>
<td><strong>Date of establishment</strong></td>
<td>2004</td>
<td></td>
</tr>
<tr>
<td><strong>Official address</strong></td>
<td>UN House, 131, Str. 31 August 1989, Chisinau, MD 2012, Republic of Moldova</td>
<td></td>
</tr>
<tr>
<td><strong>Postal Address</strong></td>
<td>UN House, 131, Str. 31 August 1989, Chisinau, MD 2012, Republic of Moldova</td>
<td></td>
</tr>
<tr>
<td><strong>Contact person:</strong></td>
<td><strong>Telephone number:</strong> Country code + city code + number</td>
<td><strong>Fax number:</strong> Country code + city code + number</td>
</tr>
<tr>
<td></td>
<td>Gabriela Ionascu, Country Coordinator</td>
<td><strong>Telephone number:</strong> + 373 22 220045, 546554</td>
</tr>
<tr>
<td></td>
<td><strong>Fax number:</strong> + 373 22 220041</td>
<td><strong>E-mail:</strong> <a href="mailto:Gabriela.ionascu@un.md">Gabriela.ionascu@un.md</a></td>
</tr>
</tbody>
</table>

Any change in the addresses, phone numbers, fax numbers and in particular e-mail, must be notified in writing to the European Commission. The European Commission will not be held responsible in case it cannot contact an applicant.

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1. Legal entity number, if known, or, if the applicant is signatory to an on-going contract with EuropeAid Co-operation Office, reference number of such contract. If the applicant has never had a contract with EuropeAid Co-operation Office, please indicate "non-existent"

2. See guidelines, section 2.1.1, 3rd bullet point

3. E.g. non profit making and one of the categories indicated in the guidelines, section 2.1.1, 2nd bullet point

4. For all communications regarding the present call for proposals
Title of the Proposal

Improving access of the uprooted people and host communities in Moldova to reproductive and sexual health services and support

Please define the geographical scope of the proposed action according the following definitions and codes (the list of country and region codes can be found in section VI of the present concept note form):

- GLOBAL/MULTI-REGIONAL: Actions having a worldwide focus (i.e. involving ten or more countries situated in more than two regions) or where activities are foreseen in more than one region. Indicate the code "RDV" under the corresponding box. In the case of multi-regional actions, also indicate the codes of the regions involved and, in the last column, the codes of the main targeted countries;
- REGIONAL: Actions where activities are foreseen in more than one country within the same region. Indicate the region code under the corresponding box and the country codes of the main targeted countries in the last column;
- NATIONAL: Actions taking place in only one country. Indicate the country code under the corresponding box.

<table>
<thead>
<tr>
<th>Geographical scope of the proposed action</th>
<th>Main targeted countries</th>
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<tbody>
<tr>
<td>Global/Multi-Regional</td>
<td>National</td>
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<td></td>
<td>Regional</td>
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<td>MDA</td>
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</table>

| Total eligible cost of the Action         | 2,8 mln EUR             |
| Requested EU Contribution                 | 2,5 mln EUR = 89 % of total eligible costs |
| Duration                                 | 36 Months               |

5 The EC requested contribution expressed as a % of total eligible costs is calculated by dividing the amount requested from the EC by the amount of total eligible costs of the action and multiplying by 100.
II. CONCEPT NOTE FORMAT

1. Summary of the action

1.1 Brief description of the proposed action.

The below project is a joint UN initiative falling under the three priority objectives of the Programme of Aid for Policies and Actions on Reproductive and Sexual Health and Rights in Developing Countries. It has been developed on the financial and programmatic gaps identified within the framework of the Reproductive Health (RH) Strategy 2005 – 2015 for Moldova, including scaling up quality RH services and information to post-war conflict region of Transnistria.

The project aims at improving the access of uprooted people [refugees and asylum seekers (245), IDPs (up to 250,000), mobile populations, returnees and deported people] and host communities to quality sexual and RH and information, comprehensive community-based obstetrical care and gender-based violence prevention and management through strengthening the provision of evidence-based services in these areas, as well as youth friendly health services (YFHS) according to quality of care standards and protocols. Capacity building and knowledge generation shall be integral components of the project.

The project builds upon national plans and priorities, and shall assist Moldova in the achievement of the Millennium Development Goals (MDGs) of promoting gender equality (goal 3), improving maternal health (goal 5), and preventing the spread of HIV/AIDS (goal 6); as well as the ICPD goal of ensuring that “a full range of reproductive health services, including family planning, are accessible, affordable, acceptable, and convenient to all users”, as specified in the National Health Policy.

The project will benefit from the comparative advantage of technical knowledge, expertise, experience and established financial mechanisms of funding of such agencies and programmes as UN Population Fund (UNFPA), UN Fund for Children (UNICEF), World Health Organization (WHO), UN Joint Programme on HIV/AIDS (UNAIDS) and International Organization for Migration (IOM). UNAIDS has been delegated as a primary recipient of the funds to be channelled to other agencies based on their specialization in the relevant field.

In all the major areas of intervention proposed in this component, gender issues have been carefully considered. All activities will consider gender issues and will determine interventions adequate to male and female roles, and will look at responsibilities and opportunities from a social, cultural, and political perspective.

Various instruments for monitoring, evaluation and surveillance will be designed accordingly to provide gender disaggregated data and to determine gender focused interventions.

2. Relevance:

2.1 How relevant is your proposal to the needs and constraints of the target country(ies) or region?

The improvement of access of uprooted people and host communities to quality sexual and RH and services is an objective identified in a number of national and international strategic documents for Moldova, including the Economic Growth and Poverty Reduction Strategy (EGPRS), National Health Policy, Government RH Strategy, National HIV/AIDS Programme, National Human Rights Action Plan and the National Concept on YFHS.

Moldova’s health system is poorly prepared to address the issue of lifestyles and prevention of non-communicable diseases. Limited financing of health promotion and disease prevention activities translates in poor motivation and lack of incentives for primary health care workers to deliver preventive services and information for uprooted people and the host communities. Inadequate counselling and communication skills of primary health care providers and lack of educational materials for general population limit the effectiveness of health promotion. Inefficient strategies on healthy lifestyles and weak cross-sector cooperation in addressing public health issues in Moldova, particularly issues related to reproductive and sexual health, further hinders the implementation of health promotion initiatives.

The breakaway region of Transnistria is of particular concern in the context of the proposal. The unstable situation in the region has had a negative impact on the demographic and health status of the population. According to the RH Needs Assessment in Transnistria (November 2005), in 2003, the birth rate was 40% lower than in the rest of the country, and the mortality rate was higher. According to the data provided by the Transnistria local health authorities, the birth rate in 2004 was 7.9 per population of 1,000; while mortality rate was 12.9 per population of 1,000, leading to a natural growth of -5.1. The proposed action will attempt to remedy these shortcomings.

2.2 What are the problems to be resolved and the needs to be met?

The Health Reform process introduced the mandatory health insurance, decentralisation and emphasis on primary health care. However, overall spending on health remains low: budget allocations to the health sector declined by two thirds between 1993 and 2005. In 2005, health expenditure represented 4.3% of the GDP.

Recognized refugees hold health medical insurance, which entails them to be granted free access to health services on the same terms as nationals, while asylum seekers are assisted in this regard through available UNHCR sources. Majority of the refugees are in need of medical assistance. To meet the specific
needs of this vulnerable group (women and girls, single men), psychological counseling and regular information dissemination on prevention of STDs and HIV/AIDS, family planning counseling is a major demand. Health education services should be made available in the form of communication/conversations and distribution of leaflets on prevention of communicable diseases, conducting of trainings and lectures.

Both uprooted people and their host communities are affected by the low ratio of family doctors to served population, which per 1,000 people is 10 times lower in rural compared to urban areas. More so, 15% of villages have no doctors at all. During the last ten years, the number of both doctors and nurses in both urban and rural areas has declined by as much as 30% and 42%, respectively. Likewise, there are only 12 Youth Friendly Health Centers, which have to be integrated at the primary healthcare level. In Transnistria, there are 71 health care facilities, including district hospitals and polyclinics, SVAs (rural polyclinics), and rural FAPs (primary health care units, staffed merely by a nurse and a midwife).

Nationwide, maternal mortality was 22 deaths per 100,000 live births in 2005. The difference between urban and rural areas is almost twofold. Despite the fact that legislation in Moldova permits abortion on request, unsafe abortions account for 37.5% of all maternal deaths. Over 70% of abortions are performed by using outdated and intrusive methods. Abortion continues to be used as a method of fertility control, largely because of unintended, unwanted pregnancy and poor access to modern contraceptive methods. Abortions in Transnistria accounted for about 1.190 per 1,000 live births in 2005.

Besides highly-specialized hospital-based Obstetrical Units, very few other health facilities provide emergency obstetrical care in the country. People, including uprooted people, have relatively little access to knowledge and information about obstetrical danger signs, whom and where to go to in case of obstetrical emergencies. Besides, the knowledge of most of the other health workers is quite outdated.

The country levels of infant and under-5 mortality halved during 1990-2003 (to 14.3 and 17.8 per 1,000 live births in 2003). Transnistria registered an infant mortality rate of 29 per 1,000 live births in 2005.

In terms of annual HIV-incidence Moldova ranks third among CIS countries in 2004, up from fifth in 2003. Analysis of new cases by gender reveals a significant increase among women (45% of HIV cases in 2004). Sexual transmission of HIV has increased from 20% in 2001 to 56.3% in the first 6 months of 2005.

The preliminary data of the Demographic and Health Survey (2005) suggest low use of condoms – 7.4%. Availability and demand for condoms need to be strengthened in order to consolidate efforts to prevent HIV and sexually transmitted infections. More than half of young people did not use a condom during their first sexual intercourse and their knowledge on HIV is low. The RH Survey of 1997 estimated unmet need for contraceptives to be 29%. The unmet need is especially high in Transnistria, where there is no family planning network.

Moldova has emerged as one of the main countries of origin for trafficking in human beings, particularly young women for sexual exploitation. The full scale of trafficking from Moldova, however, remains relatively unknown because most victims are unwilling, scared or unable to report to the authorities what has happened to them, and trafficking remains an underground criminal activity.

### 2.3 Who are the actors involved (final beneficiaries, target groups)?

The direct beneficiaries of the project will be the refugees and asylum seekers, IDPs, residents of poor host communities, voluntary and involuntary returnees/deportees to Moldova, irregular migrants, and mobile populations. The target groups shall be medical professionals from the primary healthcare level, particularly staff of RH cabinets and YFHS Centres, social protection staff from district centres, and selected government officials. The ultimate beneficiaries shall be the poorest and most vulnerable groups in Moldova, including those residing in the post-war conflict region of Transnistria.

### 2.4 What are the objectives and expected results?

The goal of this three-year proposal shall be securing the right of every woman, man and adolescent to reproductive and sexual health of good quality, with particular emphasis on uprooted people, returnees, irregular migrants, mobile populations and victims of gender-based violence.

The priority objectives of the project are as follows:

1. **All individuals, especially the vulnerable ones, enjoy improved access to reproductive and sexual health services of good quality**

   **Expected results**:
   - Mechanisms strengthened for functional supervisory and monitoring systems, including quality assurance in comprehensive RH services delivery, and for RH commodity security;
   - Improved access of vulnerable groups, specifically the uprooted people and poor host communities, to high-quality community-based obstetrical services, and enhanced obstetrical care delivery system;
   - Improved RH services to returnees and mobile populations, while building migration health management capacities of the government.

2. **People of reproductive age adopt safe behaviours and seek health commodities and information on HIV/AIDS/STIs and Reproductive Health**

   **Expected results**:
- HIV/AIDS prevention and care programmes are made available to high-risk and especially vulnerable groups;
- Increased availability of counselling and information services on sexual and reproductive health for young people.

3. Vulnerable groups, including uprooted people, enjoy improved access to quality social protection services, as well as systems to prevent and protect from violence, abuse, exploitation and discrimination

Expected result:
- Institutional capacity strengthened in selected regions to ensure effective prevention, monitoring, protection and support systems addressing gender-based violence.

2.5 What is the added value of the action (what adds the action by reference to (central or local) government action and actions implemented by non state actors)?

The action shall build upon, *inter alia*, national plans and priorities, contributing to the implementation of the EGPRS, National Health Policy, RH Strategy, National HIV/AIDS Programme, National Human Rights Action Plan and National Concept on YFHS. The implementation of the project shall consolidate the capacity and activity of the RH cabinets’ network, the Sexual and Reproductive Health Centres, and YFHS Centres, building upon lessons learnt and replicating best practices to other vulnerable regions of Moldova.

The project shall benefit of the technical expertise of UN Agencies, and shall be implemented in close coordination with interventions funded by other donors, to address programmatic and financial gaps and avoid overlaps.

3. Methodology and Sustainability:

3.1 What are the main project activities?

Activities under Objective 1:
- For the development of the legal and regulatory framework, support to development of Strategy on RHCS and Factsheet on condom quality control, as well as to elaboration of legal and regulatory framework on marketing of breastmilk substitutes in line with WHO recommendations will be provided.
- For capacity building, cascade training of midwives, obstetricians, and general emergency room staff from rural areas, will be organized in emergency obstetrical and neonatal care; trainings for staff of future FP cabinets and SRH Centres in Transnistria will be undertaken; experience sharing on Pre-departure Health Services, as well as capacity building activities for Consular staff and Migrant Associations in key destination countries on migration and health will be organized; advocacy activities aimed at including migrants/mobile populations in strategic planning on RH and HIV/AIDS, as well as HIV Screening & Awareness trainings for border guards will be undertaken.
- For the development of support materials, support will be provided for update and enforcement of the Safe Abortion Guidelines.
- Direct support to services will be provided through scaling up the outreach work with families and communities in maternal, neonatal and child health; extending the logistic and management information system to Transnistria for monitoring the distribution of free-of-charge contraceptives; provision of basic medical equipment for FP cabinets and new SRH Centres in Transnistria; establishing Screening & Counselling Services on Migrant Health and provision of medical support to the Rehabilitation Centre for Victims of Trafficking.

Activities under Objective 2:
- For the development of the legal and regulatory framework, a condom situation assessment will be undertaken and a Condom Promotion Strategy will be developed.
- Capacity building activities will be organized for YFHS providers in working with uprooted adolescents.
- Support materials on working with uprooted adolescents for YFHS will be elaborated and disseminated.
- Access to services will be strengthened through specific targeting and improving referral system among the YFHS network and other service providers working with uprooted adolescents and creation of self-support groups of uprooted people affected by HIV/AIDS.
- In support of IEC efforts, condom social marketing campaign will be developed; a Life-Skills training film on migration & health will be disseminated; behaviour change communication activities, including for inducing demand for YFHS, among uprooted adolescents will be organized.

Activities under Objective 3:
- Capacity building activities will be undertaken for professionals coming in contact with victims of Sexual and Gender-Based Violence (SGBV). In addition, income-generation activities will be organized for uprooted people affected by HIV/AIDS.
- In order to improve the provided services, a management information system on SGBV will be developed and support to two model Centres for rehabilitation of victims of SGBV will be provided. In addition, contraceptives for free of charge distribution to most vulnerable categories will be procured.
3.2 **Who will be your main implementing partners, what is the length of your relationship with them and how will they be involved in the project?**

The Government of Moldova and UN Agencies in Moldova have a history of effective collaboration that has yielded important results. The project shall build upon effective partnerships with public institutions and civil society: the Ministry of Interior shall be an important partner in identifying and working with uprooted people; the Ministry of Health and Social Protection will play a key role in working with health care workers; civil society will be an important partner in implementing outreach activities and grass-roots work with communities.

3.3 **How will the project achieve sustainability?**

The present project proposal is fully aligned with the National RH Strategy, the National AIDS Programme, the EGPRS Paper currently under implementation and the MDGs. It builds upon existing health, education and social protection systems. Moreover, the project will promote the establishment of partnerships within the public and civil society. In terms of financial sustainability, the Government committed itself to assigning increased personnel and resources to promoting reproductive and sexual health. Following the completion of this project, the Government and the local health authorities will continue the implementation of activities.

3.4 **Will it have multiplier effects?**

The action shall initiate new services and shall build upon existing ones, scaling up geographical coverage and replicating best practices to other regions. Upon the completion of the project, the knowledge generated in its framework shall serve as basis for integration of new services and capacity building activities into existing primary healthcare and social protection services, and shall have the potential to be further replicated with the overall aim to ensure nationwide coverage.

4. **Operational capacity and expertise:**

4.1 **What is the experience of your organisation in project management?**

UNAIDS in partnership with UNDP and other UN agencies is contributing to the development efforts of countering the spread of HIV/AIDS since 1999. It is managing the HIV/AIDS theme group, which is an effective instrument for coordination of the UN contribution to the national goals. More specifically, 12 projects have been implemented by UNAIDS, with the administrative and financial support of UNDP since 1999. UNAIDS Moldova has also implemented a series of PAF projects over the few years of its work in the country. PAF Projects are approved on a year basis, depending on the available resources and the specific country needs.

The UNAIDS project management capacity is strengthened by UNDP administrative system, on which it relies. As per the Global Agreement between the two agencies, UNDP provides administrative and financial services to UNAIDS to effectively and transparently manage resources. In Moldova, during 2005 UNDP managed resources worth 6,792,794 USD (out of which 1,697,226 represent own funds and 5,095,568 are donor resources). In addition, in 2005 alone, UNDP processed 1,107,617 USD worth of financial transactions on behalf of other UN agencies, and as of 13 September, this figure has already increased to 1,237,383 USD for the current year, as well as numerous goods and services contracts. The UNDP office in Moldova was established in 1993 and consists of 28 staff members.

4.2 **What is the experience of your organisation and your partner(s) of the issues to be addressed?**

The UNFPA project portfolio has included 5 projects aiming to assist the Government of Moldova in ensuring good RH for the population. UNFPA has supported RH service delivery points and the FP cabinet network; providing technical assistance, education and information materials and RH commodities, and has supported knowledge generation and capacity building activities.

The country office of the WHO is running many projects at the same time, including Making Pregnancy Safer (MPS) for almost a decade, as reflected in the biannual collaborative agreements (BCA) in the country. Another relevant ongoing program is for HIV/AIDS/STI, operating for the last couple of years. By and large, it includes technical assistance and expertise, capacity building, and policy development, among other.

UNICEF Moldova is a leading agency at country level in preventing HIV infection among children and young people, including most-at-risk and especially vulnerable adolescents. It has supported the development of the national network of YFHS, drawn from the best international and national practices that provide young people with an array of health, social, psychological, and informational services.

IOM deals with the entire spectrum of migrant and mobile populations and during all phases of mobility. More so, IOM has been mandated as the convening agency on population mobility by UNAIDS. At the global level, IOM has implemented over 100 HIV projects on all continents, and is currently administrating one in Moldova.
### III. CHECKLIST

Before sending your concept note, please check that each of the following components is complete and respects the following criteria:

<table>
<thead>
<tr>
<th>Component Description</th>
<th>To be filled in by the applicant</th>
<th>To be filled in by the Contracting Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Concept Note is drafted following the published format for this Call for proposals and is complete.</td>
<td>X</td>
<td>Yes</td>
</tr>
<tr>
<td>2. An electronic version (Cd-Rom or USB memory stick) is enclosed.</td>
<td>X</td>
<td>Yes</td>
</tr>
<tr>
<td>3. The Concept Note is typed and is in English.</td>
<td>X</td>
<td>Yes</td>
</tr>
<tr>
<td>4. One original is included</td>
<td>X</td>
<td>Yes</td>
</tr>
<tr>
<td>5. The action will be implemented in (an) eligible country(ies).</td>
<td>X</td>
<td>Yes</td>
</tr>
<tr>
<td>6. The duration of the action is equal to or lower than 60 months (the maximum allowed)</td>
<td>X</td>
<td>Yes</td>
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<tr>
<td>7. The requested contribution is equal to or higher than 1.000.000 EURO (the minimum allowed)</td>
<td>X</td>
<td>Yes</td>
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<tr>
<td>8. The requested contribution is equal to or lower than 2.500.000 EURO (the maximum allowed)</td>
<td>X</td>
<td>Yes</td>
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<tr>
<td>9. The requested contribution is equal to or lower than 90% of the total eligible costs (maximum percentage allowed)</td>
<td>X</td>
<td>Yes</td>
</tr>
<tr>
<td>10. The Declaration by the applicant has been filled in and has been signed</td>
<td>X</td>
<td>Yes</td>
</tr>
<tr>
<td>11. The Applicant has submitted only one proposal under the present call for proposals</td>
<td>X</td>
<td>Yes</td>
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</table>
### IV. DECLARATION BY THE APPLICANT

**A. The applicant declares that:**
- It has the sources of financing and professional competence and qualifications specified in section 2.3 of the Guidelines for Applicants.
- It undertakes to comply with the principles of good partnership practice foreseen in section III.2 of the grant application form.
- It is directly responsible for the preparation and management of the action with its partners, and is not acting as an intermediary.
- It and its partners do not fall in any of the categories (a) to (f) list in section 2.1.1(2) of the Guidelines for Applicants.
- If selected, it is in a position to deliver in the second phase, immediately upon request, the supporting documents stipulated under point 2.4 of the Guidelines for Applicants.
- Any translated supporting documents that the Applicant may provide under the second Phase of the present call are faithful translations of the original documents.

Furthermore, the applicant declares that:

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<tr>
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<th>To be filled in by the applicant</th>
<th>To be filled in by the Contracting Authority</th>
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<tbody>
<tr>
<td>1. It is eligible in accordance with the criteria set out under point 2.1.1 of the guidelines.</td>
<td>Yes</td>
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<tr>
<td>2. Partner 1 is eligible (in accordance with the criteria set out under point 2.1.2 of the guidelines.) (if any)</td>
<td>Yes</td>
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<tr>
<td>3. Partner 2 is eligible (in accordance with the criteria set out under point 2.1.2 of the guidelines.) (if any)</td>
<td>Yes</td>
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<tr>
<td>4. Partner 3 is eligible (in accordance with the criteria set out under point 2.1.2 of the guidelines.) (if any)</td>
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<tr>
<td>4. Partner 4 is eligible (in accordance with the criteria set out under point 2.1.2 of the guidelines.) (if any)</td>
<td>Yes</td>
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</table>

**B. SIGNATURE:**

I, the undersigned and person responsible in the applicant organisation for the concept note, certify that the information given in this Declaration is correct.

Date: 14 September, 2006

Name: Gabriela Ionascu

Position: UNAIDS Country Coordinator

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Where there are no partners involved in the proposed action, indicate N/A.
## V. ASSESSMENT GRID
**(FOR THE USE OF THE CONTRACTING AUTHORITY ONLY)**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. The Deadline has been respected</td>
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<tr>
<td>2. The Concept Note form satisfies all the criteria mentioned in the Checklist (Section III of the Concept Note form).</td>
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<tr>
<td>The verification of the Checklist has been conducted by ........</td>
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**DECISION 1:** The Committee has decided to recommend the Concept Note for Evaluation after having passed the Administrative check.  
(If not, reasons must be encoded in the Administrative check Grid in CRIS, in the Administrative Check report in CRIS, and in the letters sent out to applicants).

**DECISION 2:** The Committee has approved the Concept Note and asked the pre-selected applicant to submit a full proposal after having pre-selected the best Concept Notes.  
(If not, reasons must be encoded in the Concept Note Evaluation Grid in CRIS – this includes the evaluation sheet for assessors and delegations, in the Concept Note Evaluation report and in the letters sent out to applicants.)