PLAN OF OPERATIONS
SURINAME
OCTOBER 19, 2005

I. EXECUTIVE SUMMARY

Project name:	Support the National Strategic Plan for HIV/AIDS
Project number:	SU-T1007
Team members:	Antonio Giuffrida (RE3/SO3), project team leader; Donna Harris (COF/CSU), Ernest Massiah (SDS/SOC), Ethel Muhlstein (RE3/SO3), and Juan Pérez-Segnini (LEG/OPR).
Beneficiary:	Republic of Suriname
Executing agency:	Ministry of Health
Target Beneficiaries:	People Living with HIV/AIDS (PLWHA) and at Risk of Contracting HIV/AIDS
Financing:	IDB (JSF-JPO): US$750,000 Local: US$190,000 Total: US$940,000
Objectives:	The **general objective** of the proposed operation is to contribute to achieve the Millennium Development Goal (MDG) of halting HIV/AIDS epidemic and begin to reverse its spread by the year 2015. The **specific purpose** of this project is to reduce behaviors that are conducive to HIV/AIDS contagion, as well as stigma and discrimination for PLWHA.
Execution timetable:	Execution Period: 30 months Disbursement Period: 36 months
Special contractual conditions:	As a **condition prior** to the start of activities under Component 1, the Ministry of Health will appoint the Director of the National AIDS Program (NAP) (see ¶7.4).
Exceptions to Bank policies and procedures:	None.
Environmental and social review:	There are no foreseeable negative environmental or social impacts associated with the implementation of this technical cooperation (see ¶8.1).
Coordination with other Official Development Finance Institutions:	The NSP for a Multi Sectoral Approach to HIV/AIDS coordinates the various externally funded initiatives to fight the HIV/AIDS epidemic in Suriname (see ¶2.9).

II. BACKGROUND AND JUSTIFICATION

A. HIV/AIDS situation in Suriname

2.1 The first AIDS case was registered in 1983. In 1988 AIDS entered Suriname's list of the top ten leading causes of mortality as number 10.[1] Suriname is listed by CAREC as the 8th Caribbean country with the highest estimated cumulative number of AIDS cases. According to UNAIDS estimates, the 2003 adult HIV prevalence rate is 1.7.

2.2 Although reliable data about transmission modes is lacking, it is generally accepted that the majority of HIV+ persons have been infected by sexual contact, particularly heterosexual contact. Two recent studies recorded high seroprevalence among commercial sex workers (CSW) of 24% (2003) and men-who-have-sex-with-men (MSM) of 6% (2004).

2.3 The spread of HIV has been especially concentrated in the urban and semi-urban areas of Paramaribo and Wanica. This concentration coincides partly with the large population density in these areas (they make up 78% of the Surinamese population), and probably also with the lack of HIV testing facilities in the other districts. Suriname is now experiencing a generalized epidemic, and needs focused, immediate action to prevent an accelerated growth of the epidemic. Poverty, multiple partners, limited condom use, inadequate counseling and testing services, and lack of access to Antiretroviral (ARV) therapy are key factors fuelling the epidemic in Suriname.

2.4 Poverty and disease are commonly linked in a downward spiral. Poverty increases vulnerability to HIV infection, and the ill health and treatment costs associated with the diseases themselves lead to further impoverishment. Although poverty is a complex experience involving a lack of key capital assets (natural, financial, physical, human, and social), it is commonly viewed simplistically in economic terms with low income as a proxy indicator. Although poverty can result in increased exposure to the risk of infection there is debate about whether poorer individuals and communities are particularly vulnerable to HIV. However, having HIV/AIDS is well recognized to be a cause of individual, household, and national poverty, especially because the highest burden falls on the economically active age groups. The contribution of HIV/AIDS to household poverty is substantial and well documented. HIV/AIDS causes spending to rise, particularly on medical care and funerals. These expenses are immediate and unpredictable and commonly necessitate borrowing of money or selling of assets. Furthermore, HIV disease can reduce productive labor time and income by 67–83%.[2]

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[1] This section is based on the Situation and Response Analysis (SARA), Paramaribo, Suriname 2002.

[2] Bates I, Fenton C, Gruber J, et al. (2004) Vulnerability to malaria, tuberculosis, and HIV/AIDS infection and disease. Part 1: determinants operating at individual and household level. *The Lancet Infectious Diseases*, Vol. 4, pp. 267-277.

B. National response to the HIV/AIDS epidemic

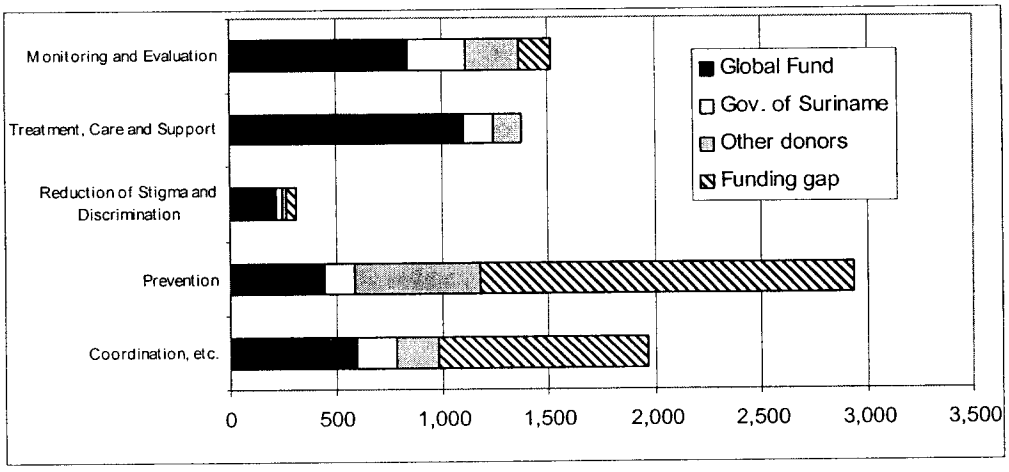
2.5 In 1989, the Ministry of Health (MOH) established the National AIDS Programme (NAP), which is responsible for national prevention programs focusing on public education, monitoring and surveillance. While the NAP continued operations over the past years, the response to the HIV/AIDS epidemic has so far been limited, leaning heavily on non-governmental organizations (NGO) efforts and leadership of individuals rather than a coordinated response based on a broadly accepted national policy.

2.6 In the face of an emerging global epidemic the MOH developed in 2002 a Situation and Response Analysis (SARA) and in the same year launched the process for the drafting of a multi sectoral plan to fight HIV/AIDS. The National Strategic Plan (NSP) for a Multi Sectoral Approach to HIV/AIDS 2004-2008 was completed in a broad-based consultative process, and approved by the Council of Ministers in June 2004.

2.7 The paramount goal of the NSP is to reduce the further spread of HIV/AIDS and minimize the negative consequences of HIV/AIDS on the community. Furthermore, five specific objectives have been formulated to achieve the above-mentioned goal: (i) develop and strengthen a mechanism for national coordination and multi sectoral response; (ii) reduce the risk of HIV infection among the general population and in specific vulnerable sub-groups; (iii) enhance social acceptance of People Living with HIV/AIDS (PLWHAs) and their active participation in all aspect of the national response; (iv) increase quality and length of life of PLWHAs; and (v) increase the availability of reliable information for effective development and monitoring of policy.

2.8 The NSP estimates that a total US$8,098,000 is required over the 2004-08 period of its implementation (see Figure II-1).

Figure II-1: Resources required for the implementation of the NSP (US$000)



C. International support and coordination with other donors

2.9 The NSP for a Multi Sectoral Approach to HIV/AIDS is the coordination mechanism adopted to articulate the various externally funded initiatives to fight the HIV/AIDS epidemic in Suriname. In 2004 the Global Fund approved a five-year US$4.6 million grant aimed to strengthen and accelerate access to high quality treatment for HIV/AIDS and support for PLWHA. The Joint Program for Reproductive Health in Suriname financed by the European Commission (EC) and implemented by United Nations Population Fund (UNFPA) provides Euro 1,700,000 over the 2003-2006 period to enhance the provision of reproductive health services and improve the institutional capacity of the MOH. The EC is also providing 560,000 Euro to finance a five-year STD/HIV project in the hinterland of the country through the Medical Mission.

2.10 The Pan-American Health Organization (PAHO) provides technical and advisory support to fight HIV/AIDS, but with limited financial resources (about US$60,000 per year). The Joint United Nations Programs on HIV/AIDS (UNAIDS) provides about US$50,000 per year to various small-scale projects. The United Nations Children fund (UNICEF) is financing a US$400,000 Adolescent and Life Skills Program in Suriname, which includes activities aimed at HIV/AIDS prevention. Finally, the United Nations Development Program (UNDP) provides approximately US$5,000 per year to fund the Leadership for Results Development program, which aims at scaling up the response to the fight of HIV/AIDS through building of leadership capacity.

2.11 The Governments of Brazil and Suriname signed in February 2005 a Protocol of Intentions aiming to share and exchange information, material and know-how in field of health and HIV/AIDS. Brazil's AIDS program is considered as a model for combating HIV/AIDS in developing countries and the implementation of this Protocol may help strengthen the Suriname's NAP.

D. Priority areas

2.12 The proposed operation will complement and enhance the national and external efforts to fight HIV/AIDS in Suriname focusing support to the three priority areas of the NSP, which show larger financing gaps (see Figure II-1): (i) coordination and policy formulation; (ii) stigma and discrimination; and (iii) prevention.

1. Coordination and policy formulation

2.13 International experience clearly indicates that an effective response to the HIV/AIDS epidemic requires a multi-sectoral response and strong partnership between Government, the private sector, trade unions, civil society, and religious organizations. The NAP currently operates under the Dermatological Services department at the MOH. Because of the insufficient capacity of this body, including inadequate human resources, equipment and infrastructure, the NAP is not able to effectively coordinate a multi-sectoral response to HIV/AIDS.

2.14 To bridge this gap in the national response, the MOH appointed a Working Group for the drafting of a comprehensive coordination model for Suriname. The Working Group developed an organizational model that includes a highly placed coordination office with a multi-sectoral National AIDS Commission (NAC) as the designated policy body. As a transition measure towards operationalization of the new structure, the MOH appointed a Steering Committee for HIV/AIDS to lead the implementation of the NSP.

2.15 The establishment of an effective NAC and the strengthening of the National AIDS Program (NAP) represents a high priority for the Government as they are responsible for coordinating the implementation of the multi-sectoral efforts necessary for the implementation of the NSP.

2. Stigma, discrimination and supportive legislation

2.16 It is not uncommon that HIV+ persons lose their jobs as a result of their HIV+ status or are forced to surrender their children to others. As a member of the Caribbean Community (CARICOM), Suriname will partly benefit from the Pan Caribbean Partnership (PANCAP) against HIV/AIDS, which is supporting the drafting of specific anti-discrimination legislative reforms. However, as a former Dutch colony, Suriname's legal system is structurally different from the other CARICOM members and additional support is needed to adjust the legislation developed for the Caribbean region to the Surinamese legal system.

2.17 One expected result of the NSP is the development of a rights-based legislative framework for PLWHA, which will include a revision of the legislation on sexual conduct and offences, and development of appropriate legislation for the blood bank, laboratories, and other HIV/AIDS related health services.

3. Prevention and behavioral change

2.18 Prevention is the most important perimeter to contain the HIV/AIDS epidemic. The NSP calls for the design and implementation of large-scale Behavior Change Communication (BCC) interventions and prevention projects aimed to young persons, in particular girls, and other vulnerable populations, including CSW and MSM. Prevention programs will be incorporated in the Adolescent Life Skills Program (see ¶2.10), which will be incorporated in the formal curriculum of the primary, secondary and tertiary education cycles. National condom policy with effective condom promotion and distribution is another important tool.

E. Bank's Country and Sector Strategies

2.19 The **Bank's country strategy in Suriname** (GN-2080-1) sets out human resource development and social inclusion as one of its goals. This operation fits with this strategic goal, as health is an essential element of human resource development and a pre-requisite to productivity growth. The technical cooperation contributes to the implementation of the Bank's **Social Development Strategy** (GN-2241-1) in particular in priority area (iii): promote social inclusion and prevent social ills.

F. Links with Bank's programs in the health sector

2.20 The **Health Sector Facility (HSF)** SU-0028 (loan 1537/OC-SU)[3] approved in March 2004 a US$5 million sector facility aiming to improve health status in Suriname through the implementation of institutional reforms to increase the efficiency, equity and quality of primary health care services, particularly those directed to the poor. The Health Sector Facility (SU-0028; 1537/OC-SU) earmarked US$150,000 to develop and implement an HIV/AIDS treatment strategy. The proposed technical cooperation will enhance the Health Sector Facility scaling up activities aimed to fight HIV/AIDS.

III. PROGRAM DESCRIPTION

A. Program goal and purpose

3.1 The **general objective** of the proposed technical cooperation is to contribute to the achievement of the Millennium Development Goal of halting HIV/AIDS epidemic and begin to reverse its spread by the year 2015. The **specific purpose** of this project is to reduce behaviors that are conducive to HIV/AIDS contagion, as well as stigma and discrimination for PLWHA.

B. Components

3.2 To achieve the above stated objectives, the proposed technical cooperation will finance the following components:

1. Component 1 – Strengthening National AIDS Coordination

3.3 This component will strengthen the National AIDS Program (NAP) and the upcoming multi-sectoral National AIDS Commission (NAC).

[3] Previous Bank's operations include a loan, approved in 1987 to remodel and expand the district hospital in Nieuw Nickerie (503/OC-SU and 809/SF-SU) and the TC "Support for Health Sector Reform" (ATN/SF/JF-6223-SU) approved in 1998.

3.4 The component will finance: (a) long-term technical assistance to strengthen the NAP in HIV/AIDS prevention and monitoring and evaluation; (b) short-term technical assistance to support the establishment of the NAC; (c) the acquisition of office equipment and materials for the NAP and NAC; and (d) the implementation of the Protocol of Intentions between Brazil and Suriname in HIV/AIDS (see ¶2.11) to facilitate the exchange of experiences, material and know-how.[4]

3.5 Expected output:

a. Enhanced institutional capacity of the NAP in the area of prevention and monitoring and evaluation;

b. Establishment of an effective NAC with enhanced capacity of coordinating multi–sectoral response.

3.6 Activities:

a. **Long-term technical assistance** (two technical advisors) **to the NAP** to improve the capacity of implementing and executing the NSP. The two technical advisors will support the NAP in the areas of monitoring and evaluation and prevention;

b. **Short-term technical assistance to the NAC**. The short-term consultants (2 months time equivalent) to support the NAC starting up and the design of the NAP/NAC communication strategy;

c. **Workshops** to facilitate the establishment of the NAC and the participation of stakeholders in the national response to HIV/AIDS;

d. **Office equipment** for the NAP and NAC: computer, software, furniture, office supplies, communication equipment, etc;

e. **Travel expenses** for HIV experts between Brazil and Suriname to facilitate the transfer of experience, material and know-how between the two countries.

2. Component 2 – Stigma and discrimination reduction

3.7 The goal of the component is to reduce stigma and discrimination for PLWHA through the enactment of a new rights-based legal framework on HIV/AIDS. The component will finance technical assistance provided by a legal firm to draft a new HIV/AIDS legislation for Suriname, as well as draft new legislation and regulations for safe blood bank. Special attention will be given to Moral Act, HIV/AIDS in the workplace and anti discrimination laws. The component will also finance workshops and consultations involving all key stakeholders to ensure a broad consensus on the new legal framework. Further, the component will

[4] Article IV of the Protocol specifies that the Governments of Brazil and Suriname may use resources from an international organization and establish partnership with international organizations for the implementation of this Protocol.

finance a national information campaign aimed to inform the general public regarding the preparation of the new HIV/AIDS legal framework and reduce stigma and discrimination for PLWHA.

3.8 Expected outputs:

a. Definition of a consented rights-based legal framework on HIV/AIDS;

b. Increased acceptance of PLWHA in society and their active participation in all aspects of the response to HIV/AIDS.

3.9 Activities:

a. **Technical assistance** provided by a legal firm to support the development of a human rights-based legislative framework for HIV/AIDS;

b. **Workshops** for public consultations and consensus building during the preparation of the new legal framework;

c. **Information campaign** aimed to the general public aimed to reduce stigma and discrimination for PLWHA.

3. Component 3 - Scaling up prevention

3.10 The goal of the component is to reduce the risk of HIV infection among the Surinamese population. The component will finance the design, implementation and analysis of Behavior Surveillance surveys (BSS). BSS are a monitoring and evaluation methodology designed to track trends in HIV/AIDS knowledge, attitudes, risk behavior and exposure to interventions in selected segments of the population. The component will finance two rounds of BSS for each of the main at risk populations: youth, MSM, CSW, health workers and prisoners. The second round will be administrated about two years after the first round, to identify and evaluate behavioral changes and estimate the impact of the various interventions, including the prevention projects financed by the component. The component will also support the dissemination of BSS survey's findings in a way that is accessible to the general public. The dissemination will aim to raise awareness and ultimately to promote behavior change and reduce stigma and discrimination.

3.11 The technical cooperation will finance the implementation of HIV/AIDS prevention projects aimed at young persons (in particular girls), and other vulnerable populations, including CSW, MSM, health workers and prisoners. The HIV/AIDS prevention projects will be developed and implemented by governmental and non-governmental organizations (NGOs). The component will also provide seed money to finance innovative research on HIV/AIDS prevention produced by graduate students at the University of Suriname. Finally, the implementation of this component will be complemented by the development of a multi–lingual educational/prevention material targeted at different target groups with high-risk behavior, financed through the Global Fund to fight AIDS, Tuberculosis and Malaria.

3.12 Expected outputs:

a. Quantitative information regarding trends in HIV/AIDS knowledge, attitudes, risk behavior and exposure to interventions in selected segments of the population.

b. Activities directed to increased awareness regarding HIV/AIDS risk safer sex practices, which reduce the risk of HIV/AIDS transmission;

3.13 Activities:

a. **BSS surveys on HIV/AIDS knowledge.**[5] The component will finance two rounds of BSS for the following at risk populations: MSM, CSW, health workers, and inmates, as well as their analysis. The component will finance the second round of the BSS on youth as well as its analysis.[6] To allow the impact evaluation of the prevention projects aimed to specific at-risk population financed by the Component (see point **c** below), the first data collection of the BSS module related to the same at-risk population should take place before the implementation of the prevention projects and the second round after the execution of the prevention projects.

b. **Dissemination of BSS results**. The component will finance the production of a popularized and easily accessible version of the BSS analysis aimed to a general audience together. The dissemination will be done through various media (e.g. leaflets, posters, radio and TV messages) together with HIV/AIDS prevention messages.

c. **Design and implementation of prevention projects**. The component will finance prevention projects prepared by NGOs and governmental agencies and other public central or decentralized agencies. Tentatively the project will provide financing for 12 prevention projects in the areas of youth (4 projects) MSM, CSW health workers and inmates populations (2 projects each).

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[5] The design of the BSS will follow the guidelines developed by Family Health Internationals. See http://www.fhi.org/en/HIVAIDS/pub/guide/bssguidelines.htm

[6] The first round of the BSS for youth is financed by the UNFPA project (see ¶2.9).

Guidelines for the selection of the prevention project have been agreed with the Government.

d. **Research on HIV/AIDS prevention**. This activity will provide incentives (about US$300) to graduate students at the University of Suriname to engage in original research in the area of HIV/AIDS prevention. Guidelines for awarding the research have been agreed with the Government.

4. Component 4 - Program administration

3.14 The component will finance the hiring of a Project Assistant and administrative support for the Project Execution Unit (PEU), as well as the final evaluation and the final financial audits of the project.

IV. Cost and Financing

A. Summary cost table

SUMMARY BUDGET				
Component	**JSF**	**Local**	**Total**	**Total (%)**
1. Component 1: Strengthening National AIDS Coordination	137,000	20,000	157,000	17%
2. Component 2:Stigma and discrimination reduction	170,000	15,000	185,000	20%
3. Component 3: Scaling up prevention	383,000	70,000	453,000	48%
4. Component 4: Administration	58,500	85,000	143,500	15%
5. Contingencies	1,500	0	1,500	0%
GRAND TOTAL	**750,000**	**190,000**	**940,000**	**100%**
	80%	20%		

4.1 The total cost of the operation is estimated to be $940,000 of which $750,000 will be drawn from the Japan Special Fund Poverty Reduction Program (JSF-JPO) and the remaining $190,000 will be provided by the Ministry of Health in kind. A detailed budget is attached to this document as **Annex A.**

B. Sustainability

4.2 The technical cooperation will finance investment activities that will not generate significant recurrent operational costs; thus, the activities financed by the technical cooperation will not create problems of sustainability.

V. Executing Agency and Mechanism

A. The beneficiary and executing agency

5.1 The beneficiary of the technical cooperation is the Republic of Suriname and the

executing agency will be the Ministry of Health (MOH).

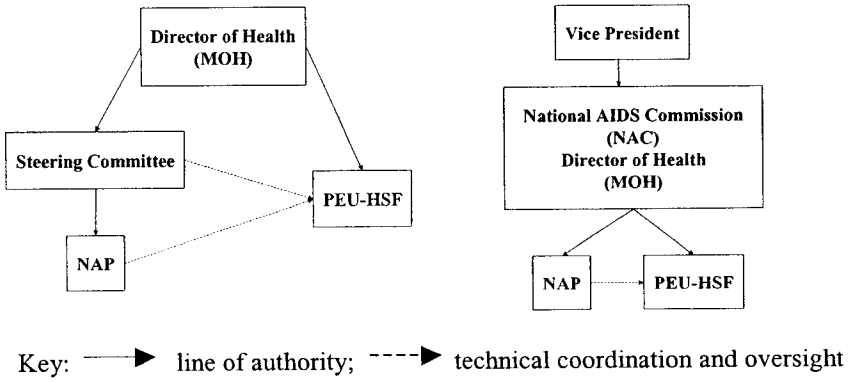
B. Program execution and administration

5.2 The Project Execution Unit of the IDB funded Health Sector Facility (PEU-HSF) (1537/OC-SU; SU-0028) at the MOH will be responsible for the administration, procurement, and reporting to the Bank of project activities. While executing agency capacity has been problematic in Suriname, the experience of the MOH in the execution of the Health Sector Facility has been positive and the proposed technical cooperation will utilize this small and agile structure. The PEU-HSF will: (i) contract services and purchase goods identified in the program; (ii) assist and monitor the execution of the project; (iii) present periodic reports to the MOH and the Bank on the progress of the execution; (iv) prepare and submit disbursement requests to the Bank and the corresponding justification of expenses; (v) prepare and submit to the Bank the final financial statements regarding project's expenses, and the semi-annual Revolving Fund Status Reports; and (vi) maintain an adequate documentation and filing system.

5.3 Existing staff of the PEU-HSF and the additional administrative support financed by the technical cooperation (see ¶3.14) will perform the above-mentioned activities with the support of NAP staff and in collaboration with the Global Fund PEU. The Operational Regulations of the Health Sector Reform (HSF) (1537/OC-SU; SU-0028) will govern the execution of the technical cooperation.

5.4 The PEU-HSF will operate under the direction of the Director for Health, the highest-ranking technical officer in the MOH. The Director of the NAP will be responsible for the overall technical coordination and oversight to the program and day-to-day supervision of the consultants hired under the technical cooperation. The Steering Committee for HIV/AIDS, appointed to lead the implementation of the NSP, will be superseded by the NAC (see ¶2.14). The Steering Committee and the upcoming NAC will provide technical advice to the PEU-HSF and will ensure effective coordination between the activities financed under the technical cooperation and the other activities implemented as part of the NSP. The Program Organization Structure is depicted in Figure IV-1.

Figure IV-1: Program Organization Structure



C. Program implementation readiness

5.5 To ensure program implementation readiness, the project team, in collaboration with the local counterpart team, has developed draft terms of reference (TOR) for consulting services and for the implementation of the activities financed under the technical cooperation. The appointment of the Director of the NAP is required prior to beginning the activities financed under Component 1 (see ¶7.4).

D. Procurement

5.6 The PEU-HSF will be responsible for contracting the services and acquiring the goods needed for the implementation of the program following the Bank's procurement policies and procedures.[7] The thresholds in project procurement are the following:

	International Competitive Bidding	National Competitive Bidding	*Shopping* with minimum 3 quotation
Goods	≥US$100,000	US$25,000–US$100,000	<US$25,000
Consulting Services: Shortlist Entirely National Consultants		<US$100,000	

5.7 The tentative procurement plan is attached as **Annex B**.

E. Revolving fund

5.8 A revolving fund of up to 10% of project financing (US$75,000) will be established to provide liquidity, which will enable to pay eligible expenses chargeable to the technical cooperation project. The requested amount is justified by the numbers and amount of contracts expected to be disbursed (see Annex A). The PEU will be responsible for presenting to the Bank of semiannual reports on the status of the revolving fund within 60 days of the end of each semester.

F. Execution and disbursement schedule

5.9 The execution period will be 30 months, with 36 months allowed for disbursement. RE3/SO3 has technical responsibility of the technical cooperation project. COF/CSU maintains basic responsibility for contract monitoring and disbursements authorization.

G. Administration and financial control

5.10 For the management of the project's financial resources, the PEU-HSF will open separate and specific commercial bank accounts for managing the Bank's and local counterpart funds. The PEU-HSF will maintain adequate financial and accounting records of the funds and internal control systems to allow for verification of transactions, identification of the sources and uses of project funds. The PEU-HSF will provide documentation to verify transactions and to facilitate

[7] See http://ops.iadb.org/ros/prm/

timely preparation of financial statements and reports.

5.11 Project financial and accounting records will be arranged so that: (i) the sums received from the various sources can be identified; (ii) project expenses are reported in accordance with the chart of accounts approved by the Bank, with distinction made between Bank resources and funds from other sources; and (iii) the necessary details are included to identify goods acquired and services contracted, as well as their use.

H. Financial statements and external audit

5.12 The executing agency will submit to the Bank a final financial statement related to the project expenditures incurred and charged to the IDB contribution and local counterpart funds (Document AF-100, Paragraph 2.01(b)) within 90 days of the last disbursement. The costs of the audit are included in the cost table of the program and will be financed with technical cooperation resources.

5.13 It is envisaged the same firm of independent auditors hired to audit the financial statement of the Health Sector Facility (1537/OC-SU; SU-0028) will audit the technical cooperation financial statements. To be acceptable to the Bank, the terms of reference of the independent auditors should be based on the terms of reference previously approved by the Bank (Document AF-400). In the selection and hiring of the firm, procedures established in the external audit procurement guidelines (Document AF-200) will be utilized.

VI. MONITORING AND EVALUATION

A. Monitoring and evaluation

6.1 The **logical framework,** attached as **Annex C,** and the PPMR system for non-reimbursable technical cooperations will be used as tools for monitoring and evaluation of the pace of execution of the TC.

6.2 Baseline data will be defined based on the information collected by the 1st module of the BSS. To permit the correct evaluation of the prevention projects financed under the technical cooperation project, the data collection of the first BSS module should take place before the implementation of the prevention projects related to the same at-risk population (see ¶ 3.13).

6.3 A technical mission will be conducted when the results of the first round of the BSS are available and/or at least 5 proposals of prevention projects are submitted. The mission will define the baseline based on the results of the BSS models, refine the indicators for the Logical Framework, gauge progress in the execution of the project, and will provide technical support as required.

6.4 A **final evaluation** will be conducted by an independent consultant hired specifically for this purpose and financed as part of the project.

VII. PROGRAM BENEFITS AND RISKS

A. Program benefits and developmental impact

7.1 The technical cooperation will support the achievement of the goal of the 2004-2008 NSP for HIV/AIDS: reduce the further spread of HIV/AIDS and mitigate its negative impact on the population of Suriname. Therefore, the overall social impact of the technical cooperation is expected to be highly positive.

B. Risks

7.2 Though limited, there is a risk related to the coordination among the various national and international sources of financing of the NSP for HIV/AIDS. In order to mitigate such risk, the PEU-HSF will operate under the direction of the Director for Health, the highest-ranking technical officer in the MOH and under the overall technical coordination and oversight of the NAP Director and of the NCA, which is responsible for the implementation of the NSP.

7.3 The main institutions involved in the project implementation are weak and absorptive capacity for new programs and initiatives is low. This situation constrains the execution of the Bank's portfolio in general. This project will mitigate this particular factor by utilizing the PEU-HSF, which has developed a significant experience in the execution of IDB-financed projects (see ¶5.2).

7.4 The Steering Committee for HIV/AIDS currently leading the NAP, and an *ad hoc* management structure is currently in place. The Bank and the Government agreed that adequate leadership at the NAP is necessary for the successful implementation of Component 1. Therefore, the Bank and the Government agreed that the MOH would appoint a NAP Director, as a **condition prior** to initiating activities under Component 1.

7.5 Finally, the implementation of Component 2 contains some intrinsic risks, as the enactment of a new legal framework requires political decisions that are outside the control of the technical cooperation. To mitigate this risk, technical cooperation activities will support consensus-building among stakeholders.

VIII. ENVIRONMENTAL AND SOCIAL IMPACT AND PROPOSED ACTIONS

8.1 There are no foreseeable negative environmental or social impacts associated with the implementation of this technical cooperation. This technical cooperation was reviewed SDS/ENV, which provided its no-objection.

IX. CERTIFICATION

9.1 The Chief of the Japanese Special Fund certifies that sufficient resources exist in the JSF-JPO Fund, up to the equivalent of US$750,000, available to finance the activities described and budgeted in this Plan of Operations for the technical cooperation Support the National Plan for HIV/AIDS (SU-T1007).

Nov 7, 2005

Goro Mutsuura, RE2/FSS
Japanese Special Fund

DETAILED BUDGET
SUPPORT THE NATIONAL STRATEGIC PLAN FOR HIV/AIDS
(SU-T1007)

Component/Activity	Stipend per month	Months	JPO-JSF	GSU	TOTAL	JPO-JSF %
1. Component 1: Strengthening National AIDS Coordination						
1.1 Technical Advisors on M&E based at NAP	$1,500	24	$36,000			
1.2 Technical Advisors on Prevention based at NAP	$1,500	24	$36,000			
1.3 Consultant to support NAC set-up	$1,500	2	$3,000			
1.4 Communication support NAP/NAC			$10,000			
1.5 Equipments and material to support NAP/NAC			$20,000	$20,000		
1.6 Workshops for NAC start-up	$1,000	4	$4,000			
1.7 Suriname-Brazil exchange	$3,500	8	$28,000			
Total Component 1			$137,000	$20,000	$157,000	18%
2. Component 2:Stigma and discrimination reduction						
2.1 Legal Firm	$5,000	12	$60,000			
2.2 Workshops for consensus building	$1,000	10	$10,000	$15,000		
2.3 Information campaign and communication/dissemination support for legal framework			$100,000			
Total Component 2			$170,000	$15,000	$185,000	24%
3. Component 3: Scaling up prevention						
3.1 BSS surveys and analysis			$130,000	$20,000		
3.2 Dissemination of BSS results			$10,000			
3.3 Prevention projects implemented by NGOs and governmental agencies	$20,000	12	$240,000			
3.4 Research on HIV/AIDS prevention	$300	10	$3,000			
3.5 Multi – lingual prevention material			$0	$50,000		
Total Component 3			$383,000	$70,000	$453,000	53%
4. Component 4: Administration						
4.1 Project Assistant and administrative support to the PEU-HSF	$1,500	24	$36,000			
4.2 Auditing	$7,500	1	$7,500			
4.3 Monitoring and Evaluation			$15,000	$50,000		
4.4 Project support costs				$35,000		
Total administration			$58,500	$85,000	$143,500	7.8%
5. Contingencies			$1,500		$1,500	0.2%
GRAND TOTAL			$750,000	$190,000	$940,000	100%

PROCUREMENT PLAN
SUPPORT THE NATIONAL STRATEGIC PLAN FOR HIV/AIDS
(SU-T1007)

Principal Project Procurement	Financing Sources		Procurement Method[1]	Prequalification YES/NO	Specific Procurement Notice (Tentative Publication Date)	Status[2]
	IDB (%)	Local/ Other (%)				
1. GOODS						
o Good 1						
▪ Computers, software and office equipment						
▪ Amount: US$ 20,000	**100%**		**SHO**	**NO**	**1st trimester 2006**	**Pending**
2. CONSULTING SERVICES						
o Consulting Services 1						
▪ Monitoring and Evaluation Technical Advisors						
▪ Individual consultant			**SHO**			
▪ Amount: US$36,000	**100%**		**SENC**	**NO**	**October 2005**	**Pending**
o Consulting Services 2						
▪ Prevention Technical Advisors						
▪ Individual consultant			**SHO**			
▪ Amount: US$36,000	**100%**		**SENC**	**NO**	**October 2005**	**Pending**
o Consulting Services 3						
▪ Legislative framework for HIV/AIDS						
▪ Firm			**SHO**			
▪ Amount: US$60,000	**100%**		**SENC**	**NO**	**1st trimester 2006**	**Pending**
o Consulting Services 4						
▪ Information campaign and communication/dissemination support for legal framework						
▪ Firm			**SHO**			
▪ Amount: US$100,000	**100%**		**SENC**	**YES**	**3rd trimester 2006**	**Pending**
o Consulting Services 5						
▪ BSS module and analysis. 5 Bidding processes (1 per population group): youth, CSW, MSM, health workers and prisoners.						

[1] *Notes*: **ICB**: International Competitive Bidding; **NCB**: National Competitive Bidding; **LIB**: Limited International Bidding
SSS: Single-source selection; **SHO**: Shopping with minimum 3 quotation; **FA**: Force Account; **SENC:** Shortlist Entirely National Consultants.

[2] *Terminology to be used:* Pending/In Process/Awarded/Cancelled

▪ Firm ▪ Amount (estimated): US$26,000 each US$130,000 in total	**100%**		**SHO SENC**	**YES**	**1st-2nd trimester 2006**	**Pending**
o Consulting Services 6 ▪ Prevention projects implemented by NGOs and governmental agencies. 12 Bidding processes ▪ Firm ▪ Amount (estimated): US$20,000 each US$240,000 in total	**100%**		**SHO SENC**	**YES**	**1st trimester 2006**	**Pending**
o Consulting Services 7 ▪ Project Assistant ▪ Individual consultant ▪ Amount (estimated): US$36,000	**100%**		**SHO SENC**	**YES**	**October 2005**	**Pending**
o Consulting Services 8 ▪ Final evaluation ▪ Individual consultant ▪ Amount (estimated): US$15,000	**100%**		**SHO SSS**	**YES**	**3rd trimester 2007**	**Pending**
o Consulting Services 9 ▪ Auditing ▪ Firm ▪ Amount (estimated): US$7,500	**100%**		**SHO SSS**	**YES**	**4th trimester 2007**	**Pending**

LOGICAL FRAMEWORK
SUPPORT THE NATIONAL STRATEGIC PLAN FOR HIV/AIDS
(SU-T1007)

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
GOAL			
HIV/AIDS epidemic halted by 2015 and begun to reverse the spread of HIV/AIDS among Surinamese population.[1]			
PURPOSE	BY THE END OF PROJECT		FROM PURPOSE TO GOAL
1. Behaviors that are conducive to HIV/AIDS contagion, as well as stigma and discrimination for PLWHA have been reduced among the Surinamese population	1.1 HIV knowledge (comprehensive), among women aged 15-24, increases from X to Y[2] 1.2 HIV knowledge, among women aged 15-24, that a healthy-looking person can transmit HIV, increases from X to Y[3] 1.3 HIV knowledge, among women aged 15-24, that condom use is effective for HIV prevention, increases from X to Y [4]	1.1 BSS and Final Evaluation report. 1.2 BSS and Final Evaluation report. 1.3 BSS and Final Evaluation report.	Efforts to fights HIV/AIDS epidemic sustainable and political commitment maintained Knowledge of HIV/AIDS risks is conducive to safer behaviors The new frame of law on HIV/AIDS is correctly interpreted and implemented

[1] Millennium Development Goal No. 6.
[2] Baseline and target will be revised according to the information collected through the 1st BSS module, to be defined as described in paragraph 6.3. Most recent data refers to year 2000 (the 2000 level for this indicator was 27%). Source: UNICEF-UNAIDS-WHO database.
[3] Baseline and target will be revised according to the information collected through the 1st BSS module, to be defined as described in paragraph 6.3. Most recent data refers to year 2000 (the 2000 level for this indicator was 70%). Source: UNICEF-UNAIDS-WHO database.
[4] Baseline and target will be revised according to the information collected through the 1st BSS module, to be defined as described in paragraph 6.3. Most recent data refers to year 2000 (the 2000 level for this indicator was 58%). Source: UNICEF-UNAIDS-WHO database.

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
	1.4 A new frame of law on HIV/AIDS, which ensure protection against discrimination against people living with HIV has been enacted [5]	1.4 Official Gazette and Final Evaluation report.	
COMPONENTS	BY THE END OF PROJECT		FROM COMPONENTS TO PURPOSE
1. Strengthening National AIDS Coordination: 1.1 The national multi-sectoral coordination and expanded response to HIV/AIDS is effective and efficient	1.1 National AIDS Program (NAP) is restructured with a Director and technical advisors in the areas of preventions and monitoring and evaluation appointed by the end of 2006 1.2 National AIDS Committee (NAC) operational by the end of 2006 1.3 HIV/AIDS is integrated in the policy documents and work plans of the Ministries of Health, Education, Social Affairs Regional Development, Labor, Finance and Internal Affairs in 2005 [5]	1.1 Documents of institutions (articles, regulations and decisions etc.) and Final Evaluation report. 1.2 Documents of institutions (articles, regulations and decisions etc.) and Final Evaluation report. 1.3 Documents of institutions (articles, regulations and decisions etc.) and Final Evaluation report.	HIV/AIDS is Government priority, which is seen in the increase of government funding of NSP Sustainable empowerment of respective NGO's and government agencies Sustainable structures and mechanisms for effective and efficient monitoring and evaluation of the NSP National AIDS Committee (NAC) established by July 2006

[5] Indicator derived from the Logical Framework of the National Strategic Plan for a Multi Sectoral Approach to HIV/AIDS 2004-2008.

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
2. Stigma and discrimination reduction			
2.1 Produce a new rights-based legal framework on HIV/AIDS.	2.1 By end of 2006 a new frame of law on HIV/AIDS, which ensure protection against discrimination against people living with HIV, has been drafted [5]	2.1 Legal Firm and other consultants reports	The Government and the Parliament are politically committed to enact the new HIV/AIDS frame of laws.
3. Scaling up prevention			
3.1 Produce reliable quantitative information about HIV/AIDS knowledge, risk practices and attitudes in specific at-risk population groups in Suriname	3.1 5 BSS modules conducted: youth, MSM, CSW, health workers and inmate populations.	3.1 Consultants reports and Final Evaluation	Better information allows improving the effectiveness of the efforts to fight the HIV/AIDS epidemic
3.2 Design and implement HIV/AIDS prevention programs.	12 HIV/AIDS Prevention programs implemented by NGOs and governmental agencies.	3.2 Consultants reports and Final Evaluation	The prevention programs are effective in reducing risk behaviors, stigma and discrimination

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
ACTIVITIES			
Component 1			
1.1 Technical advisors M&E hired	1.1 US$36,000	*For all activities:*	
1.2 Technical advisors Prevention hired	1.2 US$36,000		
1.3 Support to NAC establishment provided	1.3 US$3,000	• Reports from the PEU-HSF	
1.4 Communication support to NAC/NAP provided	1.4 US$10,000	• Consultant reports and products	
1.5 Workshop for NAC establishment organized	1.5 US$4,000		
1.6 Office equipment procured	1.6 US$20,000		
1.7 Surinam-Brazil exchanges performed	1.7 US$28,000		
Component 2			
2.1 Legal firm hired	2.1 US$ 60,000		
2.2 Workshops for consensus building organized	2.2 US$ 10,000		
2.3 Information campaign performed	2.3 US$ 100,000		
Component 3			
3.1 BSS surveys and analysis completed	3.1 US$130,000		
3.2 BSS results disseminated	3.2 US$10,000		
3.3 Prevention projects (12) implemented	3.3 US$240,000		
3.4 Research on HIV/AIDS prevention finances	3.4 US$3,000		
Component 4			
4.1 Program assistant and project support provided	4.1 US$36,000		
4.2 Financial audits performed	4.2 US$7,500		
4.3 Final evaluation performed	4.3 US$15,000		