

PART B – FULL APPLICATION FORM

**ONLY TO BE COMPLETED BY THE APPLICANTS WHO RECEIVE AN INVITATION TO
SUBMIT A FULL PROPOSAL**

Reference of the Call for Proposals	EuropeAid/129200/C/ACT/TPS
Title of the Call for Proposals	Non-State Actors and Local Authorities in Development – Local Authorities
Name of the applicant	Regione Toscana
Nr of the proposal¹	DC-NSAPVD/2010/65

I. THE ACTION²

1. DESCRIPTION

1.1. Title

Maternal and Child Health: Local Authorities and Decentralization of services in SADC Area

1.2. Location(s)

South Africa: Or Tambo district, Province of Eastern Cape
Tanzania United Republic of, Kondoa District Council in Dodoma Region,
Democratic Republic of Congo: **Ville de Kananga in Western Kasai Province**

1.3. Cost of the action and amount requested from the European Commission

Total eligible cost of the action (A)	Amount requested from the European Commission (B)	% of total eligible cost of action (B/Ax100)
EUR 1.300.000,00	EUR 975.000,00	75,00 %

¹ Proposal number as allocated by the European Commission and notified to the applicant at the time of the preselection of concept notes.

² For actions in the field of microfinance please make sure that the Application form contains all relevant information in line with the additional criteria and conditions set out in annex H to the Guidelines for grant applicants for this call for proposals

1.4. Summary (max 1 page)

Total duration of the action	36 months
Objectives of the action	<i>Overall objective(s) to reduce the morbidity and mortality due to HIV infection in rural areas, enhancing the role carried out by the local authorities in the reduction of poverty and in the quality management of the primary health care services. Specific objective(s) to facilitate the provision of innovative services on Anti-retroviral therapy (ART) and Preventing Mother-to-Child Transmission (PMTCT) for infant and mother on rural areas supporting the local authorities in the implementation of their own competences and empowering the communities to play a more meaningful role.</i>
Partner 1 - add as many rows as partners	Name: District of Or Tambo- EuropeAid ID nr (if available): ZA-2010-FIR-2206069357 Nationality: South African Type of actor (NSA or LA): Local Authorities
Partner 2 - add as many rows as partners	Name: Kondoa District Council -EuropeAid ID nr (if available): TZ-2010-DZA-2106059642 Nationality: Tanzanian Type of actor (NSA or LA): Local Authorities
Partner 3 - add as many rows as partners	Name: Ville de Kananga-EuropeAid ID nr (if available): CD-2013-CWU-2401640168 Nationality: Congolese Type of actor (NSA or LA): Local Authorities
Partner 4 - add as many rows as partners	Name: Ucodep- EuropeAid ID nr (if available): IT -2007-DOJ-2711198896 Nationality: Italian Type of actor (NSA or LA): Non-State Actor
Partner 5 - add as many rows as partners	Name: Centro Mondialità Sviluppo Reciproco (CMSR)- EuropeAid ID nr (if available): IT-2007-DOJ-2711198896 Nationality: Italian Type of actor (NSA or LA): Non-State Actor
Partner 6 - add as many rows as partners	Name: Cooperazione per lo Sviluppo dei Paesi Emergenti (Cospe) EuropeAid ID nr (if available): IT-2007-CSB-2711183306 - Nationality: Italian Type of actor (NSA or LA): Non-State Actor
Partner 7 - add as many rows as partners	Name: Small Projects Foundation (SPF) - EuropeAid ID nr (if available): ZA-2011-FDY-0610885746 - Nationality: South African Type of actor (NSA or LA): Non-State Actor
Target group(s) ³	Community Based Organisation(s); Illness affected people (Malaria, Tuberculosis, HIV/AIDS); Local authorities; Women; Young people; Children.
Final beneficiaries ⁴	Local Health Authorities; Health and Welfare Sector Education and Training Authorities; Community Health Workers; HIV/AIDS patients; Pregnant women; newborn babies; rural communities.
Estimated results	1) Improved capacities of decentralized local authorities – also through the creation of a network of local authorities at both national and international level - in health service planning, service delivery and adopting a multisectoral approach; 2) Level of health services improved with active involvement of communities; 3) Increased awareness and involvement of communities in HIV prevention.
Main activities	The Action is composed by: Transnational activities involve all the partners through an exchange of experience and capitalisation. In-country activities of innovative services in rural areas on ART and PMTCT in Congo DR, Tanzania and South Africa.

³ “Target groups” are the groups/entities who will be directly positively affected by the project at the Project Purpose level – See paragraph 2.3 in Section II for the list.

⁴ “Final beneficiaries” are those who will benefit from the project in the long term at the level of the society or sector at large.

If applicable, please specify all activities related to microfinance ⁵ .	The action does not foresee activities related to microfinance.
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Where applicable, clearly indicate the sector⁶, theme, or geographical area specified in the Call for Proposals to which the proposed action would apply: Sectors: Health, Government and civil society.

⁵ Only for objective 1

⁶ See the standard list of sectors in PADOR or in Annex MA to the guidelines for grant applicants.
EuropeAid/128815/C/ACT/Multi – Annex A – Grant application form

1.5. Objectives (max 1 page)

- *Describe the overall objective(s) to which the action aims to contribute towards and the specific objective(s) that the action aims to achieve.*

The Action aim as **overall objective(s) to reduce the morbidity and mortality due to HIV infection in rural areas, enhancing the role carried out by the local authorities in the reduction of poverty and in the quality management of the primary health care services.** The health and development status of people in sub-Saharan Africa continues to lag behind that of those in other regions. Morbidity and mortality due to HIV infection in rural areas remain high. The health related problems, including HIV infection and AIDS, hampered the difficulties to achieve on the targeted countries social, political and economic development. Reproductive health accounts for a significant proportion of the country's overall disease burden and has social implications beyond the burden of disease; that interventions for reproductive health are cost effective; and that gross inequalities in reproductive health status and the allocation of resources can and should be addressed. The health sector must meet increasing demands with resources that are often declining in real terms. As this is likely to continue, better management of primary health care services offers the possibility of improving the quality of these services and increasing the health status of the people. Yet sustainable quality improvements are rarely achieved because underlying managerial and planning weaknesses of local authorities that are not sufficiently addressed. These deficiencies often discourage health care workers from applying their skills and make it difficult for the health system to use effectively the external resources provided. In SADC countries wide-ranging decentralization has devolved to regional/provincial and district level both the authority and funding of health services opening new possibilities for health management initiatives. On this basis, it is essential that governments, working with key stakeholders including the private sector and civil society, own and drive programme planning and implementation. This needs to be supported with adequate human and financial resources and guided by time-bound population-based targets to ensure accountability and sustainability. The Action will contribute to the achievement of millennium goal 5 and 6.

The **specific objective(s) is to facilitate the provision of innovative services on Anti-retroviral therapy (ART) and Preventing Mother-to-Child Transmission (PMTCT) for infant and mother on rural areas supporting the local authorities in the implementation of their own competences and empowering the communities to play a more meaningful role.** The specific objective is related to the promotion of a standard of care for ART and PMTCT to which all women in reproductive age should have access with an integrated perspective of services management. Optimizing the impact of ART and PMTCT programmes requires that women of reproductive age, and especially pregnant women, as well as their partners, receive HIV prevention services; that pregnant women and mothers living with HIV receive longitudinal care, treatment and support, including sexual and reproductive health care for their own needs; that HIV-exposed children (all children born to HIV-infected mothers) receive essential postnatal care, including early diagnosis of HIV, to optimize their overall survival; and that children who become infected despite PMTCT interventions can access care and treatment. Only by supporting this comprehensive set of activities can ART and PMTCT programmes best achieve the fundamental goal of improving the AIDS-free survival of mothers and their children.

Building on the comprehensive and multisectoral approach to HIV/AIDS, the acceleration of ART and PMTCT to is linked to a district-driven delivery of a standard package of comprehensive services. However, these services are not available due to: poor management systems, inadequate human and physical resources and lack of coordination and integration of PMTCT with other health programmes at provincial level and inadequate human resources, limited geographical coverage, lack of proper monitoring and lack of communication at district level. Therefore local authorities have to be supported in developing and implementing district scale-up plans (including the primary health care level) that are aligned with the national plan and that clearly define district-specific population-based numerical targets and consider the district's epidemiological context and health delivery system capacity.

1.6. Relevance of the action (max 2 pages)

- *Provide a general presentation and an analysis of the problems and their interrelation at all levels.*

The Action focuses on three poor and marginalized rural areas in three SADC countries that are implementing health Sector Reform through **decentralization process**, with various similarities even if at different implementing stages. Experiences with decentralization have been mixed, and the principal lesson for the countries that have started earlier the process has been that decentralization requires time and patience. South Africa, and Tanzania decentralization process showed that human resources at the local level are poorly developed and unable to provide effective reproductive health services⁷. All the rural areas targeted have a **high poverty rate** (i.e. **Or Tambo District** that 64.5% live below the poverty line), **an elevate level of infant mortality rate** (UNICEF 2007 estimated in RDC IMR is 108, in Tanzania IMR is 68, in South Africa 46 per 1000 live births)⁸ **and maternal mortality rates** (UNICEF reported in RDC was 1300, in Tanzania is 568 per 100,000 live births in 2006), while **HIV infection continues to escalate** mainly in youth aged 15-24 years⁹ and in **newborns through mother-to-child transmission**¹⁰ (MTCT). Thus, there is a consistent need to implement appropriate comprehensive and innovative health services, for the local context, in order to achieve the basic human needs of the most marginalised groups on health care delivery system including the fight against HIV infection and AIDS.

One of the main aims of the **Southern African Development Community (SADC)** is to strengthen the regional economic and political integration. However, as the region progresses towards the achievement of this objective, it is hampered by the adverse effects of health related problems including HIV infection and AIDS on social, political and economic development. In view of the above situation the specific problems that should be addressed by the Action, quoted also by the *SADC Protocol on Health purposes and by the Regional Minimum Standards for Harmonised Approaches to Prevention of Mother to Child Transmission (PMTCT) in SADC Region* are: 1) **limited opportunities on exchange of experiences and shared approaches on HIV/AIDS** among different actors abroad and National levels, but also Regional/Province and other key actors of the SADC countries; 2) **ineffective governance, coordination and multisectoral policies**; 3) **efficiency and sustainability of the action** through the involvement in the methodology elaboration of local authorities and relevant local actors. The specific problems at **countries level** could be summarised as following: **1) At local authorities level (provincial, district and local level): a) Lack of clarified regulation framework** for Provincial Assembly to adequately implement their delegated competences on health sectors ; **b) Management and planning constraints**; **c) Lack of monitoring**; **d) Lack of coverures and limited availability of necessary equipment and supplies** mainly for rural health facilities; **e) inadequate transport facilities** at the district, ward and village level; **f) Lack of integration, coordination, multisectoral approach and communication**; **g) Human resources constraints**; **2) At community level: a) limited information and education behavior change** for prevention campaigns; **b) limited awareness, participation and direct involvement** of the entire community, people living with HIV and AIDS to favorite the access to the ART and PMTCT services; **c) missed liaisons strategy between formal health services and traditional practitioners**; **d) Lack of adequate service package and psychological support** for HIV-infected to women, infants and their families mainly because of limited skills and human resources; **e) persisting of stigma and discrimination.**; **f) Unavailability supplies and socio-economic constraints** that limit the access to the service for people living in village/rural areas; **g) Poor health care organization.**

- *Provide a detailed description and estimated number of the target groups and final beneficiaries.*

Target groups: Elected and executive representatives of National, Regional/Provincial Department of Health in the target countries and executive representatives at Health District level; Health District

⁷ Health Sector Reform How It Affect Reproductive Health by by Tania Dmytraczenko, Vijay Rao, and Lori Ashford p.4 Policy Brief, 2003.

⁸ In Eastern Cape Province in 2003 the mortality rate was 68.3 per 1000 live births source Aids care watch

⁹ Source Tanzania National AIDS Control Programme (NACP-MOHSW), [Tanzania Commission for AIDS\(TACAIDS-PMO\)](#)

¹⁰ In South Africa in 2008, an estimated 64.000 children are infected, 39.000 infected prenatally, and an additional 26 000 children were infected via breastfeeding (ASSA 2003). Main transmission of HIV in Tanzania is heterosexual intercourse or from mother to child ref. http://www.nacp.go.tz/about_us/HIV_AIDS_in_Tanzania.php. EuropeAid/128815/C/ACT/Multi – Annex A – Grant application form

technical staff of the 3 countries; NGOs, FBOs, CBO's, private sector and the patients. Others are families and communities that provide health services in the geographical areas identified by the intervention; Volunteers and mothers; youth (15-24 years), relevant stakeholders as well as traditional authorities. **Final direct beneficiaries:** in DRC are n. 42 elected representatives of the Provincial Assembly of Kasai Occidental and n. 20 decentralised authorities, 149 municipal authorities and at least n. 20 traditional leaders; n.34 health technical workers, CBOs and relevant stakeholders; In Tanzania, Kondo district in particular a total number of 120,468 people (20,070 expected pregnant women, 100,390 under five children attending antenatal care (ANC) and maternal child health (MCH) and approximately 85,120 patients attending outpatient department (OPD) in the selected health units will directly benefit from the Action. In South Africa, a total of 6.510 of pregnant women and infant affected by HIV will benefit to the improved services. **Indirect beneficiaries:** will be at least 300,000 the community members: peripheral health workers, existing community structures .They will benefit indirectly in terms of getting organisational and collective skills on how to prevent sanitation and hygiene related diseases at the basic level of the entire society.

- *Identify clearly the specific problems to be addressed by the action and the perceived needs and constraints of the target groups.*

The **transnational component** of the Action is relevant to the needs expressed at regional level because foresees: exchanges of best practices activities, capacity building of local authorities on the planning and management of HIV infection and AIDS services; the strengthening of institutional monitoring and evaluation mechanisms; the establishment and capitalization of innovative methodology for rural area that involve local communities in setting priorities, planning and managing of maternal and child care services. On countries level, the relevance of **in-country component:** The Action will address the following constraints of the target group and final beneficiaries: **a)** limited access to adequate health services through the improvement of service management and delivery and the enhancement of human resources skills; **b)** limited community awareness through information campaigns; **c)** community empowerment through the adoption of effective mechanism of participation.

- *Relevance of the action to the needs and constraints of the target country and the target groups/final beneficiary groups.*

The Action focuses on the role that the “**decentralisation of services**” and the “**participation of community**” play in the health care territorial services on HIV infection and AIDS for pregnant mother and infant in order to guarantee a better access in the rural areas. The action will be implemented with the involvement of different actors at the level of local authorities and other stakeholders in the targeted countries. The Action includes both *transnational* activities of exchanges with the participation of all partners' countries and *in-country* activities focused in each of the targeted provinces and district. The transnational activities is coherent with the international and SADC cooperation framework and priorities on HIV and AIDS. At local level the Action is coherent with the National and Provincial/Regional Strategy and the direct and active involvement of local communities will contribute to the definition of patients oriented sustainable services. At the same time the monitoring expert group team that will be established by the act.1.2 will assure that effective corrective measures will be adopted in the implementation of the Action.

- *Demonstrate the relevance of the action to the objectives of the Call for Proposals*

The action is relevant to the objectives 1 of the call for proposals and to its priorities as: **1)** it is improving the livelihood conditions in the targeted rural districts through **exchange of practices North-South** and **South-South** and establishing innovative services of primary health care in the targeted areas, with a focus on the management of maternal and infant health care services. Activities of direct exchange of experience north-south and south-south aim to share planning and management process and would like to establish innovative strategy and methodology for the areas of interventions (ref. objective 1 priority 1-4); **2)** the action foresees activity of **community empowerment and direct participation of the communities** and relevant stakeholders as NGO in the planning and management of the services of ART and PMTCT (ref. objective1 priority 2); **3)** the action, and more specifically the activity in Congo DR, will implement activities of capacity building towards the selected authorities with the direct involvement of the Region of Tuscany and of the other countries involved in the Action (ref. objective1 priority 3).

1.7. Description of the action and its effectiveness (max 10 pages)

The Action builds on successful development experiences which are not new in the target countries but are certainly innovative in the rural areas that constitute the intervention area.

FIGURE 1 – PROJECT COMPONENTS’ SCHEME

Component 0 - “Project governance and management”		
0.1 Establishment and functioning of a project coordination unit in Italy 0.2 Establishment and functioning of a project management unit in each country of intervention (South Africa, Tanzania, Congo)		
Component 1 - Transnational activities		
<u>1.1</u> Project launch seminar <u>1.2</u> Establishment of the project Steering Committee <u>1.3</u> Creation of a web portal and e-learning platform <u>1.4</u> Exchange seminar “Setting up of models for lessons learned” <u>1.5</u> Organisation and implementation of a study tour to Italy for public health officials <u>1.6</u> Final conference <u>1.7</u> Final publication		
Component 2 – In-country activities		
In-country activities in South Africa	In-country activities in Tanzania	In-country activities in Congo DR
2.1 Introduction of project to stakeholders and communities and establishment of project management committees 2.2 Community mobilisation 2.3 (A) + (B) Capacity building 2.4 Outreach programmes and awareness campaign 2.5 Voluntary Counselling and Testing (VCT) 2.6 Developing a routine PMTCT programme 2.7 Scaling up workshops 2.8 VCT Equipment and supply	2.1 Introduction of project to stakeholders and communities and establishment of project management committees 2.2 Community mobilisation 2.3 (A) + (B) Capacity building 2.4 Outreach programmes and awareness campaign 2.5 Voluntary Counselling and Testing (VCT) 2.6 Developing a routine PMTCT programme 2.7 Scale up workshops 2.8 VCT Equipment and supply	2.1 Introduction of project to stakeholders and communities and establishment of project management committees 2.3 (A) Capacity building 2.4 Outreach programmes and awareness campaign 2.7 Scale up workshops

- *Expected results*

The proposed action is designed as **global and comprehensive approach** to maternal and child health in close relationship with the role of local authorities and decentralization of services in SADC Area. It is built on the experience, knowledge and lessons learnt that the applicant and the partners have gained in the specific countries that are involved with a view to convey these elements in a model for scale up of prevention, treatment and care of HIV/AIDS.

Expected results are described below:

1) Improved capacities of decentralized local authorities – also through the creation of a network of local authorities at both national and international level - in health service planning, service delivery and adopting a multisectoral approach. This will be done by transnational activities (from 1.1 to 1.7) and in-country activities 2.3 (A) and 2.7. These activities will target policy makers and local authorities personnel at national, provincial, district and local level and will provide them with significant exposure to high quality training, and exchange of experience and best practices. These activities will be also relevant in the creation of a Learning and exchange of experience network of local authorities thus proving space for capitalizing previous and/or foreign experiences. Attention will be given to the establishment of north-south and south-south bilateral exchanges and relationships focused on the specific needs of the beneficiaries. The applicant will contribute by making available its experience gained both at national and international level in adopting a multi-sectoral approach in health services delivery and assisting local authorities in implementing HIV prevention programmes.

Main outputs of these activities will be: (1) Shared knowledge of good practices in SADC areas and capitalisation of experience of Northern country on governance of health system with capacity building for at least n. 50 health officials at national, provincial and local level ; (2) Elaboration of innovative methodology on service delivery in rural areas; (3) Monitoring capacity on epidemiological data improved also with the involvement of communities actors; (4) Elected planning capacity improved in DRC for at least 42 deputies, 149 decentralised authorities, 20 traditional leaders and 20 relevant stakeholders; (5) e-learning platform created; (6) network of local authorities created by means of exchange seminars; (7) confrontation about maternal and child health among SADC local authorities established.

2) Level of health services improved with active involvement of communities. This will be done by activities 2.5, 2.6 and 2.8. These activities will allow key stakeholders to be engaged in the roll out of the services over the three year of the project. **Main output will be:** (1) management of the ART and PMTCT services improved in the Or Tambo District and in Kondo District (10 representatives from each administrative level in charge of HIV, PMTCT, maternal and child health (MCH) and 10 hospital and postnatal wards managers and clinic supervisors) ; (2) monitoring capacity on data collection and service delivery on ART and PMTCT improved; (3) technical knowledge of health worker (40 health staff, 40 lay councillor, 100 health workers), volunteers and community increased; (4) Coordination and multi-sectors approach effectively implemented.

3) Increased awareness and involvement of communities in HIV prevention. This will be done by activities 2.1, 2.2, 2.3 (B) and 2.4. These activities will allow the community and relevant stakeholders to identify the main problems connected to HIV as well as to suggest possible solutions. The project will provide the space to implement such solutions thus promoting ownership and awareness among communities. In addition, women, men and youth will be brought to have knowledge of the risks of untreated HIV and value of knowing HIV status in order to obtain treatment and protect significant others. Target groups and beneficiaries by means of peer education and awareness campaigns will be capacitated in rights, responsibilities and HIV literacy. **Main outputs will be:** (1) Raised awareness on HIV and AIDS between youth and communities; (2) raised awareness on HIV issues and possible solutions among communities for at least 300.000 communities members.

The opportunities **for replication and extension of the action results (multiplier effects)** are based on the wealth of knowledge and experience that will be created by implementation that can be used to help local authorities to plan and manage their scale up of HIV and ART services. This project identifies some of these invaluable lessons from the ground and builds a comprehensive approach readily available across the territories that are involved. By experimenting this approach in the ground through the in-country activities and by linking colleagues and organisations together through the transnational activities the collation and distribution of these models of care can be done at the appropriate levels. In addition to the comprehensive approach that is described below and that will be

necessary to implement the model to be scaled up in the three countries, the project will be focused on the creation of models to be scaled up on the basis of the specific needs of the target areas (rural areas). The establishment of a monitoring and evaluation task team will provide an overall assessment of the project and capitalisation of the experience and will ensure the dissemination of the lessons learned by a final publication. Specific “scaling up” national workshops (Activity 2.7) and a final conference (Activity 1.6) will be organised to ensure future replicability of the action.

To achieve the results above described the overall partnership of the Action is based on long lasting relationship among the applicant and the partners and among the integration of their competences and experiences:

- Region of Tuscany is the applicant and have experience on activities in support of decentralisation, in the support of services in development countries and in the establishment of long lasting network;
- Or Tambo District is cooperating with Region of Tuscany in other programme (health and local development)
- District of Kondoia is related through the activities realized by CMSR with Region of Tuscany (water and health)
- **Ville de Kananga** is cooperating with Region of Tuscany in decentralisation and development programme
- Ucodep, an Italian NGO, working with the Region of Tuscany, Or Tambo and **Ville de Kananga** on decentralisation and development programme
- CMSR, an Italian NGO working in the Dodoma Region(Kondoia District) since 1984, with permanent local staff and long lasting relationships with the Kondoia District;
- COSPE, Italian NGO, working in Swaziland and in charge of the coordination group of HIV and AIDS for Sub.Saharan Africa of Tuscany Region coordination table.
- SPF, South African NGO, has a long experience in working in PMTCT sector with local authorities and is already cooperating with the applicant and with Ucodep.

The starting point of the Action are the experience carried out at Tuscany Region level in the sector of health cooperation with African countries and the recommendations and guidelines arisen from such experience (exchanges activities implemented by area, with the involvement of LA and NSA in Burkina Faso and other ECOWAS countries, Tanzania and central Africa countries, Swaziland and South Africa) and on governance and decentralisation issues (in DRC and South Africa) as well as the expertise previously gained by the applicant and the Tuscan and local partners in the previous and ongoing joint projects.

- *Activities and their effectiveness.*

Component 0 - “Project governance and management”

This component refers to the overall governance and management of the project and will be undertaken throughout the entire life of the project. It is necessary to ensure the smooth implementation of the project. Main sub-activities will be: **0.1** Establishment and functioning of a project coordination unit in Italy that will be in charge of overall administrative and technical project coordination and management of the contract with EC; direct management of transnational activities; communication, exchange and management of the contract with the European Commission.; **0.2** Establishment and functioning of a project management unit in each country of intervention (South Africa, Tanzania, Congo). The three project management units will be in charge of office set-up; recruitment and appointment of personnel; technical and financial and administrative management of in-country activities. ***Human resources needed:*** Project coordination unit (Italy-based) N. 1 project supervisor (part-time), n. 1 project coordinator, n. 1 project assistant and n. 1 administration and finance manager and 1 web expert. Project management units based in the three African countries, each one will be composed of: n. 3 project supervisors part-time, n. 3 project managers and n. 3 administration/logistician managers. ***Role of the partners and associates:*** Tuscany Region will ensure the overall coordination and the management of the contract with the EC; Or Tambo District, Kondoia District and **Ville de Kananga** will ensure the overall supervision of activities and the necessary institutional support. UCODEP will be responsible for assisting the applicant technically and financially in the implementation and overall coordination of the project; it will be also responsible for assisting the applicant technically and financially in the management of in-country activities with the Or Tambo District in South Africa and **Ville de Kananga** in Congo DR. SPF will be responsible for

assisting the applicant technically in the management of in-country activities with the Or Tambo District in South Africa in cooperation with Ucodep. CMSR will be responsible for assisting the applicant technically and financially in the implementation of in-country activities with the Kondoa District in Tanzania. COSPE will be responsible for assisting the applicant technically and financially in the implementation of the transnational activities and in the capitalization of Swaziland good practices.

Component 1: Transnational activities

1.1 Project launch seminar: The project launch seminar will be necessary to promote knowledge, ownership and awareness among the project partner about the project strategy. It will also serve to identify key roles and responsibilities and establishing a Project Steering Committee. It will take place in a SADC country. The theme of the seminar will be focused on the existing SADC regional strategy for combating HIV/AIDS and the local contexts, with special reference to the methodologies used in planning, management and monitoring of ART and PMTCT protocols in rural areas. Specific issues to be addressed during the launch seminar will be: **1. Decentralization in planning and monitoring ART and PMTCT:** a) Exchanges on the methodologies adopted on monitoring and planning on ART and PMTCT; b) Exchanges on the policy and practices on services close to people; c) Decentralization and role of community on ART and PMTCT; d) improvement of the existing process of planning at provincial/regional level; e) Planning and management of ART and PMTCT services at district/municipal level through innovative methodology; f) task shifting to mobilize existing human resources; g) The creation of additional capacity through the establishment of new posts and a strong community engagement to support the health system; h) Concerted efforts to improve clinic infrastructure. **2. Quality of health services on ART and PMTCT:** a) Exchanges on practices on ART and PMTCT quality services and on their sustainability; b) Exchanges on the main constraints of the health servants and on system to strengthen their work ; c) Exchanges of practices on counseling (good practices: expert client; mother to mother etc.) and training methodologies; **3. Community participation:** a) Exchanges on methodologies and instruments to involve actively community on the ART and PMTCT services; b) Exchanges on the methodologies and instruments to increase the role and involvement of traditional authorities on the information and awareness work; c) Exchanges on methodologies and instruments of communities network and network of People Living with HIV) and other relevant stakeholders. The launch seminar will have a duration of three days. Participants will be: a representative of the national level, provincial, district and local level from South Africa, Tanzania and Congo DR; applicant and partner representatives; a representative of the donor; a representative of SADC “Combating HIV/AIDS programme”; a PMTCT expert/academic from either South Africa, Tanzania, Congo DR; 2 representative from internationally recognized HIV networks. Efforts will be done to maximise the promotion of the project launch seminar at learning institutions, international conference and seminars, HIV/AIDS related events in SADC area, with a view to link the project exchange activities to other relevant existing events. **Human resources needed:** N. 1 seminar chairperson; n. 2 professional group facilitators. **Role of the partners and associates:** Tuscany Region will coordinate the activity. COSPE will assist the applicant in implementation of the activity as well the other Tuscan partners far as South Africa, Congo DR Tanzania. Local partners and local associates will be directly involved in the organisation and participation to the seminar and identification of other participants and local experts.

1.2 Establishment of the project Steering Committee: This activity is necessary to provide the project with a Steering Committee that will be in charge of the governance and policy direction of the project. Specific tasks of the Steering Committee will be: a) Ensuring the guidance of the project; b) Providing scientific supervision of activities; c) Establishing an internal “monitoring and evaluation task team” in order to capitalize the lessons learned and creating models for the scaling up of the intervention. External evaluation expert will be hired by the project to assist the activities of the “monitoring and evaluation task team”. The Steering Committee will be composed by: a representative of each partner; a representative of the donor; it will be invite as observer a representative of SADC “Combating HIV/AIDS programme”; a PMTCT expert/academic from South Africa, Tanzania, Congo DR. The work of the Steering Committee will be to provide political address to strengthen the establishment of a lasting network. Electronic means and an ad hoc online platform will be used to support the activities of the Steering Committee. The Steering Committee will be officially establishes during the project launch seminar. A specific “monitoring and evaluation task team” plan will be produced after the seminar with a view to ensure that traditional monitoring and evaluation

activities will serve not only to assess the project but also for the scaling up of the HIV services. **Human resources needed:** External monitoring and evaluation expert. **Role of partners and associates:** Tuscany Region will coordinate the activity. COSPE will assist the applicant in the implementation of the activity, as well the other Tuscan partner with the Local partners that will be directly involved in the functioning of the Steering Committee.

1.3 Creation of a web portal and e-learning platform: The project foresees the creation of an open exchange and learning web portal with a view to facilitate the exchanges of all personnel involved in the project as well as maximising the dissemination of results. The web portal will be created and maintained to act as: **a)** cooperation tool between partners, other local authorities and experts; **b)** point of information for participating partners, local authorities, experts and stakeholders; **c)** dissemination tool of the project; **d)** gate to the e-Learning platform and the training material. The web site will provide an English interactive environment for the user through the multimedia on-line training material that will be uploaded. The activity includes web design, web development, translation, maintenance, daily content management. **Human resources needed:** N. 1 Expert web creation. **Role of partners and associates:** Tuscany Region will coordinate the activity. UCODEP with the Tuscan partner will assist the applicant in implementation of the activity. All partners and associate will participate in the e-learning exchange.

1.4 Exchange seminar “Setting up of models for lessons learned”: The exchange seminar “Setting up of models for lessons learned” will provide the space for presenting and discussing the mid-project evaluation that will be conducted by the “monitoring and evaluation task team”. The seminar will also serve to provide additional input to the results of the evaluation and for guiding the project. The presentations will take into consideration the following themes: **a)** Project services and outcomes (VCT, PMTCT, condom distribution, HIV/TB integration, ART); **b)** Providing ARV in the framework of maternal and child health. The seminar will have a duration of three days. The composition of participants will be as the act. 1.1. Efforts will be done to maximise the promotion of the project launch seminar at learning institutions, international conference and seminars, HIV/AIDS related events in SADC area, with a view to link the project exchange activities to other relevant existing events. The web portal will host the training material and other relevant documents with reference to this activity. **Human resources needed:** N. 1 conference chairperson; n. 2 professional group facilitators. **Role of the partners and associates:** Tuscany Region will coordinate the activity. COSPE will assist the applicant in the coordination and implementation of the activity. UCODEP and CMSR will cooperate with COSPE to facilitate the identification and logistics as far as South Africa, Congo DR Tanzania are concerned. Local partners and associates will be directly involved in the organisation and participation to the seminar and identification of other participants and local experts.

1.5 Organisation and implementation of a study tour to Italy for public health officials: This activity will serve to favour exchanges and north-south discussion on good practices and experiences with special reference to strategic planning and decentralisation of HIV/AIDS services at provincial level. The participants will be provided with direct exposure to the health service planning activities at regional, provincial and local level in Tuscany by means of presentations and bilateral meeting with the corresponding administrative level. At the end of the tour, participants will be able to: (1) Conduct education and training sessions for health personnel and others working in community settings; (2) Serve as advisors and resources to policy-makers, clinicians and others concerned with improving maternal and child health of communities; (3) Recommend educational materials for use in clinics, schools and other community-based institutions; (4) Develop strategies for informing their communities of the benefits of improving maternal and child health services and encouraging their use. Site visit will include: Regional Government of Tuscany, Department of Health, Community Development Culture and Education departments at provincial and municipal level, Livorno Municipality and Health Local Association of Livorno, local association of PLWA. This Study Tour will be designed for policy-makers and program officers from district and local levels in the countries that are involved. Participants will be n. 6 health officials (2 from each of the countries involved). The study tour will have a total duration of 5 days. **Human resources needed:** N. 1 driver; n. 2 translators; n. 1 logistics officer. **Role of the partners and associates** Tuscany Region will coordinate the activity. COSPE will assist the applicant in implementation of the activity. Local partners will be providing institutional support with the Tuscan partners.

1.6 Final conference : This activity will serve to share knowledge and good practices as well as capitalising the experience of northern countries on health system management and governance and making it available for the local partners. The final conference will take place towards the end of the

third year of the project (Tuscany is the proposed localisation). The final conference will be aimed at presenting and reflecting on the results of this project as well as providing a space for presenting the models to be scaled up and the results of the monitoring and evaluation task team. Participants will be: Participants will be: representatives of the national, provincial, district and local level from South Africa, Tanzania and Congo DR; applicant and partner representatives; a representative of the donor; a representative of SADC “Combating HIV/AIDS programme”. **Human resources needed:** N. 1 international expert (conference speaker); n. 1 conference chairperson; n. 2 translators. **Role of the partners and associates:** Tuscany Region will coordinate the activity. COSPE will assist the applicant in the implementation of the activity. Local partners and associates will be directly involved in the participation and identification of other participants and local experts.

1.7 Final publication: This activity will favour exchanges, south-south and north-south discussion on good practices and experiences as well as capitalisation of project results. Final publication, in English and French, will be aimed at providing models for scale up and replication of maternal and child HIV prevention, treatment and care with a view to create an open source document to spread the innovative models of care in and outside the involved countries. The final publication will reflect on the concepts of this project, its activities, its targets groups, experiences, results, conclusions and recommendations. The models of care will be selected among the ones that will be carried out within this project. Each model of care will be presented with an underlying structure that identifies: the problem addressed by the model; the aim of introducing the change or developing the model; description of the model; evidence of successful outcomes as result of implementation; details of the areas where the model is being implemented; useful tools will be added alongside the relevant text to support the spread of the model. The final publication will mainly comprise the activities carried out by the “monitoring and evaluation task team”. Therefore it will be elaborated by such team with the support of an evaluation expert. **Human resources needed:** N. 1 **Evaluation of Maternal and child HIV services expert.** **Role of the partners and associates:** Tuscany Region will coordinate the activity. UCODEP will assist the applicant in the implementation of the activity in cooperation with all the partners. Local partners will be directly involved in the activity by means of participation to the task team.

Component 2: In-country activities

The description of in-country activities that follows is applicable to the three countries - South Africa, Tanzania and Congo DR - as the comprehensive model proposed is built on an homogeneous structure. However, activities foreseen in South Africa and Tanzania will be aimed at experimenting a comprehensive HIV prevention system while activities in Congo DR will be mostly focused on the training of officials. Therefore, there are some differences between South Africa-Tanzania and Congo DR that are specified in the description of each activity and sub-activity.

2.1 Introduction of project to stakeholders and communities and establishment of project management committees: This activity is necessary to actively involve in the programme all relevant actors and stakeholders thus providing the favourable environment for its implementation. It is also necessary to create a project management committee in each country to provide governance and policy advice to the activities. It will take place in **South Africa, Tanzania and Congo DR**. Main sub-activities will be: **2.1.1** Initial meetings with Department of Health and health officials at all relevant levels. The purpose of the meetings is: share the overall objective and aims of the project; require assistance that will be needed; sign a Memorandum of Understanding with the relevant health department; introducing the creation of a project management committee in each country. **2.1.2** Initial meeting with stakeholders, communities and traditional leaders. The purpose of the meetings is: share the overall objective and aims of the project; inform them of what the project entails and its capacity building aspect; request another meeting with the existing community based organisations, support groups, health care workers, care givers, home based carers and other people who are playing an active role in the community; require assistance and involvement that will be needed from traditional leaders. **2.1.3** Establishment of a project management committee in each country. It will include the person in charge of the programme at the health facilities, the representatives of health district office, the representatives of local authorities, the traditional leaders (“chiefs”). It will provide governance and policy direction in each country. It will be in charge of validating (1) financial and progress reports and (2) monitoring and evaluation reports. It will meet every two months during the first year of the programme and quarterly during the second and third year. **Human resources needed:** In each country: n. 1 project manager. **Role of partners and associates:** Tuscany Region will ensure the overall supervision of the activity. UCODEP will assist the

applicant in the implementation of the activity in South Africa and Congo DR; CMSR will assist the applicant in the implementation of the activity in Tanzania. SPF will be responsible for assisting the applicant technically in the management of in-country activities with the Or Tambo District in South Africa in cooperation with Ucodep. Local partners and associates will be actively involved in the creation and implementation of the project coordination units and in the appointment of a executive referees and will ensure the necessary institutional support.

2.2 Community mobilisation: This activity will serve to mobilise communities and individuals living in the identified sites to gain awareness of the problems they face in maternal and child health, HIV/AIDS and access to health services as well as creating a favourable environment for . It will take place in **South Africa** and **Tanzania** . This will be done by using PLA methodology that will target communities to take more responsibility and to play a more meaningful role. PLA will allow participants to identify constraints that face them, developing plans and take action through structured workshops. Such workshops will also ensure community support for the programme. Main sub-activities will be:

2.2.1 First PLA workshop for local authorities and local health departments officials in **South Africa** (15 people x 2 days) which will also serve as a training of trainers as the same officials will be involved as facilitators in the following PLA workshops.

2.2.2 N. 3 PLA workshops at community level in in **South Africa** and **Tanzania** . Each workshop will have a duration of 2 days, will be held twice a year and will be facilitated by n. 1 community mobilisation expert and by local authorities and local health departments officials in South Africa while in Tanzania it will have a duration of 6 days over the three years. It is expected that 50 community members in South Africa and 20 in Tanzania will take part to each workshop. Information coming from each workshop will serve ad qualitative baseline and will provide the project management committee with a community validated framework of the plan in that area.

Human resources needed: In each country: n. 1 Community mobilisation experts. **Role of partners and associates**: Tuscany Region will ensure the overall supervision of the activity. UCODEP will assist the applicant in implementation of the activity in South Africa; SPF will be responsible for assisting the applicant technically in the management of in-country activities with the Or Tambo District in South Africa in cooperation with Ucodep. CMSR will assist the applicant in the implementation of the activity in Tanzania. Local partners and associates will directly participate in the PLA workshops and will ensure the necessary institutional support.

2.3 Capacity building: This activity will consist in an intense capacity building effort and it is needed at all levels of health administration and services to address the multiple aspects of a comprehensive HIV treatment and prevention programme in a rural area. It will be divided in two sections: (A) ad hoc training targeting programme managers at local, district level, provincial level and health staff; (B) ad hoc training sessions targeting lay councillors, community health workers, community based organisations and support groups. Sections (A) will take place in the three countries while section (B) will take place in **South Africa** and **Tanzania**. **A specific description is given for the capacity building section (A) activity in Congo DR as it is specifically designed for the needs of that context.** Main sub-activities will be: (A) **2.3.1** Training of health officials and health programme managers at provincial, district and municipal level in **South Africa** and **Tanzania**. Ad hoc training will take place for 10 representatives from each administrative level in charge of HIV, PMTCT, maternal and child health (MCH) and 10 hospital and postnatal wards managers and clinic supervisors. Participants will be 20 in South Africa and 20 in Tanzania. Main subjects will be: international and national guidelines on HIV prevention, ARV, PMTCT; HIV epidemiology; tools for promoting HIV awareness; planning of health services with special reference to maternal and child health; tools for evaluating the implementation of ARV and PMTCT programmes; improving the performance of the ARV and PMTCT programmes. The training will have a participatory approach with a view to engage the managers in taking concrete actions during the project. The training will have a duration of 5 days over the three years; (A) **2.3.2** Training of health officials, health programme managers, members of government and public health technicians at, provincial, district and municipal level in **Congo DR**. Ad hoc training will take place for 42 political representatives at provincial level and 20 decentralised authorities on the following subjects: national strategic plan for combating HIV; strategic partnerships; health programmes management; HIV prevention. Ad hoc training will take place for 20 representatives of district level and local level on the following subjects: HIV epidemiology; history of HIV; strategies for combating HIV; HIV and human rights; social mobilisation; health programmes management; implementation exercises. Ad hoc training will take place for 20 public health

technicians. Main subjects will be: international and national guidelines on HIV prevention, ARV, PMTCT; HIV epidemiology; tools for promoting HIV awareness; planning of health services with special reference to maternal and child health; tools for evaluating the implementation of ARV and PMTCT programmes; improving the performance of the ARV and PMTCT programmes. All training sessions will have a duration of 4 days; **(A)2.3.3** Training of nurses and doctors: n. 40 health staff in **South Africa** and n. 60 in **Tanzania** will be trained in Counselling and testing; HIV care and treatment; TB treatment; ARV and PMTCT protocol, maternal and child health (MCH), data gathering. The training will be conducted by health professionals and will have a total duration of 10 days in South Africa and 15 days in Tanzania; **(A)2.3.4** Mentorship of pharmacist: one pharmacist will be appointed in **South Africa** and will undergo a paid apprenticeship and will be mentored to perform most of the functions of public health clinic pharmacists, including dispensing HIV/AIDS medicines. The mentor will be provided by the programme for a total amount of 10 days during the first year.

(B) 2.3.5 Training of lay councillors. N. 20 lay councillors in **South Africa** and **Tanzania** will be trained in voluntary counselling and testing (VCT) and withdrawal of blood (by means of pricking a finger), the training will have a 3 days duration and will be conducted by a health professional. A one day workshop will be conducted in **Tanzania** to sensitize n. 25 stakeholders (Counsellors, Head of Departments, representatives from NGOs and CBOs working in the same area and religious leaders) on VCT services; **(B)2.3.6** Accredited training of n. 50 community health workers in **South Africa** and **Tanzania**.

“Community health worker” is an umbrella concept for all the community/lay workers in the health sector. They provide prevention, care and support services to PLWHV. Community health workers in South Africa and Tanzania will be provided with accredited training in: PMTCT; Voluntary Counselling and Testing (VCT); Anti-Retrovirals (ARV) adherence; TB/HIV training; Gardening and Nutrition; peer education; palliative care; pediatric and mother care. The training will be conducted by experts in the sectors and will have a duration of 5 days. The candidates to be trained will be identified with the support of communities during the first PLA workshop. Criteria for identification will be: integrity; being trusted by the community; already being engaged in providing some help in the community; ability to talk to people. In South Africa the 50 Community health workers will be employed full-time by the programme and will have a crucial role in the implementation of the following activity; **(B)2.3.7** Training of community based organisations and support groups in **South Africa** and **Tanzania**. In order to provide demand-responsive services to their members and to manage their organizations in a participatory way, capacities and skills of CBOs and support groups have to be enhanced to better assume key development responsibilities and to achieve recognition and vertical integration into existing institutional settings. They will be strengthened by training and mentorship. The training will have a comprehensive approach and will address technical and managerial skills as well as group facilitation and conflict management. N. 60 CBOs members will be trained in each country. The training will be accompanied by mentoring and will have a duration of 18 days over the 3 years. Both training and mentorship will be conducted by a professional expert. Training of n. 50 peer educators in **Tanzania** on life skills and reproductive health in order to reduce prevalence of HIV infection and AIDS. The training will be conducted by a reproductive health expert and will have a duration of 5 days. **Human resources needed:** In each county: n. 1 HIV health programmes expert; n. 1 HIV epidemiology expert; n. 1 pharmacist; n. 1 health services planning expert; n. 1 maternal and child HIV prevention expert; n. 1 ARV and PMTCT expert. **Role of partners and associates:** Tuscany Region will ensure the overall supervision of the activity. UCODEP will assist the applicant in implementation of the activity in South Africa and Congo DR; SPF will be responsible for assisting the applicant technically in the management of in-country activities with the Or Tambo District in South Africa in cooperation with Ucodep. CMSR will assist the applicant in the implementation of the activity in Tanzania. Local partners and associates will be directly involved in the capacity building and will ensure the necessary institutional support.

2.4 Outreach programmes and awareness campaign

This activity will serve to identify those areas likely to have a higher incidence of infection and specific sites within these areas where aids prevention and awareness campaign should be focused. It will be conducted in **South Africa, Tanzania** and **Congo DR**. It will be coordinated by a HIV/AIDS prevention campaign expert. Main sub-activities will be: **2.4.1**Implementation of a community based AIDS prevention programme. (1) Meetings with local organizations and community leaders to favor the community’s acceptance of the intervention and to identify n. 15 community peer educators; (2)

Baseline surveys will be conducted by the 15 peer educators in the identified sites and events where people meet new sexual partners (tavern, churches, schools, post offices etc.); (2) planning of the outreach programme (in coordination with the awareness campaign at district level) by using baseline results; (3) outreach programme implementation by the 15 peer educators through innovative techniques such as singing, role-playing, outreach visits, disseminated messages about using condoms, getting tested and reducing the number of sexual partners; **2.4.2** Implementation of a community based HIV literacy programme for young girls (age 12-15) through interactive workshops with the young girls, the school teachers and parents. (1) Meetings with local organizations and community leaders to favour the community's acceptance of the intervention; (2) Identification of 6 schools, meetings with the school principal to provide permission and identify n.2 science teachers (per school) to be part of the programme; implementation of the workshops (2 days per each school); **2.4.3** Implementation of awareness campaign at district level. The HIV/AIDS prevention campaign expert will work closely with the institutions at district level to plan the campaign and to provide them with the basic instrument and tools to plan campaigns in the future. The campaign will then be conducted by the districts on their territories. **Human resources needed:** In each country: n. 1 HIV/AIDS prevention campaign expert; n. 15 peer educators. **Role of partners and associates:** Tuscany Region will ensure the overall supervision of the activity. UCODEP will assist the applicant in the implementation of the activity in South Africa and Congo DR; SPF will be responsible for assisting the applicant technically in the management of in-country activities with the Or Tambo District in South Africa in cooperation with Ucodep. CMSR will assist the applicant in the implementation of the activity in Tanzania. Local partners and associates will be directly involved in the planning and implementation of awareness campaign and will ensure the necessary institutional support.

2.5 Voluntary Counselling and Testing (VCT): This activity will serve to mobilise all sexually active people to be tested for HIV/AIDS and TB thus creating the conditions to drastically reduce the transmission by developing a routine PMTCT programme (activity 2.6). It will be implemented in **South Africa** and **Tanzania**. The activity will be carried out on a six-monthly basis with a view to address all the people that are progressively getting pregnant and/or infected. Main sub-activities will be: **2.5.1** The 50 trained community health workers will operate at village level to get young and adult women / men to go for counseling and testing. Particular attention will be paid to address pregnant women. This will be done by door to door visits. On this occasion the community health workers will provide information about HIV and the related possibility to reduce mother to child transmission and will invite the people to undergo a counseling session and go to the nearest clinic for testing. Particular attention will be paid to focus on the whole family and not only on pregnant women. Special efforts will be done to schedule testing at the clinic and to accompany pregnant women to the clinic if necessary. The community health workers will also inform the people about the next visit at the village of the VCT mobile unit and will schedule an appointment for those who are not able to reach the clinic. **2.5.2** The VCT mobile unit composed by a nurse and a lay councilor will be visiting all villages of the target area (1 day per month) and practice VCT. Each person who test HIV positive will be referred to the clinic where confirmatory blood test will be done. All pregnant women attending antenatal care service who test HIV-negative will be offered a follow-up test at 34 weeks pregnancy (according to PMTCT protocol). **Human resources needed:** In each country: n. 50 community health workers. **Role of partners and associates:** Tuscany Region will ensure the overall supervision of the activity. UCODEP will assist the applicant in the implementation of the activity in South Africa; SPF will be responsible for assisting the applicant technically in the management of in-country activities with the Or Tambo District in South Africa in cooperation with Ucodep. CMSR will assist the applicant in the implementation of the activity in Tanzania. Local partners and associates will be directly involved in the monitoring and supervision of the activity and will ensure the necessary institutional support.

2.6 Developing a routine PMTCT programme: This activity is necessary to develop the roll out of routine PMTCT programme in the target areas on the basis of the most recent national protocols for the Prevention-of-Mother-to-Child-Transmission of HIV (PMTCT). It will be implemented in **South Africa** and **Tanzania**. Main sub-activities will be: **2.6.1** Implementation of PMTCT protocol at clinic and at hospital level. Candidates to start ARV treatment will undergo a preparedness process through several sessions with the counsellors and the nurses at clinic level. Patients will be required to select a person close to them who will act as their treatment assistant. A home visit is performed to verify physical address and do a brief evaluation of the social support received by the patient. A selection committee comprised of clinic staff, service users and other community members anonymously

reviews clinical and social issues for each candidate and determines if they are ready to start ART or if they should be referred back to counselling and education; **2.6.2 Adherence support.** The 50 trained community health workers will provide adherence support to pregnant women and babies who are on ARV treatment at village level and refer them to the nearest clinic in case any difficulty arise. A patient-centred approach will be used and patients will be encouraged to take responsibility for their medication and their own health. Adherence to tablets will be verified by regular pill counts on return dates at clinics. Pill boxes and printed material will be provided as adherence-aids; **2.6.3 Decentralised drug management.** The initial phases of the programme will require an intensive effort to improve drug supply and management and the introduction of the pharmacist (in South Africa) will be critical in improving the pharmaceutical services. His/her responsibilities will include managing the stock of drugs in the clinics including ARVs as well as drugs for TB and other opportunistic infections. He/she will be responsible for ensuring minimum stock levels, maintaining stock cards, placing orders and following up on deliveries. The pharmacist will be also in charge of HIV medicines to make sure that they are available and packaged for each patient; **2.6.4 Simplifying Anti-retroviral Therapy (ART).** Data gathering activity will be implemented by nurses at clinic level and transmitted to the hospital. This will allow all patients to receive individually formulated combinations of the same drugs that will be delivered at the village clinics every month by the mobile unit. On this occasion a doctor will be present in the mobile unit and will provide the necessary technical support to the personnel of the clinic. **Human resources needed:** In each country: n. 50 community health workers. N. 1 pharmacist. **Role of partners and associates** Tuscany Region will ensure the overall supervision of the activity. UCODEP will assist the applicant in the implementation of the activity in South Africa; SPF will be responsible for assisting the applicant technically in the management of in-country activities with the Or Tambo District in South Africa in cooperation with Ucodep. CMSR will assist the applicant in the coordination and implementation of the activity in Tanzania. Local partners will be directly involved in the monitoring and supervision of the activity and will ensure the necessary institutional support.

2.7 Scaling up workshops: This activity is necessary to start a process of scale up at district and provincial level of the outcomes and results achieved by the project. It will be implemented in **South Africa, Tanzania and Congo DR.** This will be done by organizing and implementing workshops that will bring together the local, district and provincial level. Such workshops will be aimed at officially presenting the outcomes of the activities carried out at community level and ensuring that they will be included into the official planning of the local authorities. At least one workshop per year will be implemented. **Human resources needed:** No additional human resources will be needed. **Role of partners and associates:** Tuscany Region will ensure the overall supervision of the activity. UCODEP will assist the applicant in the implementation of the activity in South Africa; SPF will be responsible for assisting the applicant technically in the management of in-country activities with the Or Tambo District in South Africa in cooperation with Ucodep. CMSR will assist the applicant in the implementation of the activity in Tanzania. Local partners will be directly involved in the organisation and implementation of the activity as well as ensuring the participation of the relevant actors. They will also ensure the necessary institutional support. Associates will also have a crucial role by participating in the identification of issues to be addressed.

2.8 VCT Equipment and supply: This activity is necessary to provide the target areas with the necessary equipment and supply to ensure the correct implementation of the project. It will be implemented in **South Africa and Tanzania.** Equipment and supply to be provided by the project have been defined on the basis of the specific needs of the target areas. N. 1 VCT mobile unit will be provided to South Africa and n. 26 solar panels for delivery rooms will be provided to Tanzania. **Human resources needed:** No additional human resources will be needed. **Role of partners and associates:** Tuscany Region will ensure the overall supervision of the activity. UCODEP will assist the applicant in the implementation of the activity in South Africa; SPF will be responsible for assisting the applicant technically in the management of in-country activities with the Or Tambo District in South Africa in cooperation with Ucodep. CMSR will assist the applicant in the implementation of the activity in Tanzania. Local partners will ensure the necessary institutional support.

1.8. Methodology (max 4 pages)

The methods of implementation are based on the main guiding principles that are recognised at international level as “multisectoral approach”. They are described below.

Scale-up to achieve national coverage and universal access. The project is based on the assumption that PMTCT programmes need to be scaled up to prevent HIV infection among women of reproductive age, unintended pregnancies among women living with HIV and mother-to-child transmission from women living with HIV to avert hundreds of thousands of new HIV infections among children; to identify and treat pregnant women needing antiretroviral therapy for their own health; and to provide care, support and treatment for children and families. To achieve this, coordinated partnerships at all levels, additional resources, decentralization of care and innovative health care delivery methods are urgently needed. **Country ownership and accountability:** it is essential that governments, working with key stakeholders including the private sector and civil society, own and drive programme planning and implementation. This needs to be supported and guided by time-bound population-based targets to ensure accountability and sustainability. **Emphasizing the participation of people living with HIV and communities:** the participation of peers, especially health workers, women living with HIV, lay counsellors, could provide opportunities to engage male partners, families and communities as a whole in implementing programmes and is important for increasing uptake of services and accelerating scale up. **Coordinated and sustained partnerships:** long-term effective partnerships between national governments, international and national partners, civil society are crucial to harmonize and sustain action towards common goals and targets. **Delivering a comprehensive package of services,** including links between services and integration with maternal, newborn and child health services is important to achieve the goal of eliminating HIV among infants and young children. Specifically, PMTCT should be strongly linked to HIV care and antiretroviral therapy and integrated into existing maternal, newborn and child health services, other sexual and reproductive health programmes, services for sexually transmitted infections and voluntary counselling and testing services targeting most at-risk groups. **Giving priority to providing antiretroviral therapy to eligible pregnant women:** improving overall maternal and child survival requires intensifying focus on improving access to antiretroviral therapy for pregnant women living with HIV who need it for their own health, thereby providing highly effective PMTCT interventions for women with the highest risk of transmission. Currently, this subset of women has low access to antiretroviral therapy in most settings, and additional effort and resources will be required to make operational the links between PMTCT and antiretroviral therapy towards the goal of achieving universal access to treatment for pregnant women living with HIV.

If the action is the prolongation of a previous action

The project is intended to build on the results of a previous action, namely, the experience carried out by the Africa Board on HIV/AIDS that was created within Tuscany Region in 2006 and that include local authorities, NGOs and associations based in Tuscany and already working on HIV/AIDS prevention in African countries. Tuscany Region has provided funds and guidance for those organisations willing to engage in joint projects thus creating a wealth of knowledge and experience as well as a strong network among all north and south actors involved. The projects and workshops carried out (in Burkina Faso, Tanzania, Swaziland) have involved more than 100 African institutions. During a final workshop held in Florence on March 22nd 2010, experimented approaches, indicators and recommendations were discussed and systematised in a document: *“Global Action against HIV/AIDS: objectives, principles and recommendations”*.

These recommendations (listed below) have been included in this project proposal:

- **Promote the full integration of HIV/AIDS services in local health care systems,** as a part and a means of their full development.
- **Support decentralization of services, from the national/regional levels towards peripheral centres,** strengthening the weakest links in the system, by improving infrastructure, developing local capacities and skills.
- **Develop effective monitoring and evaluation systems for Universal Access programmes,** devoting special attention to the use of homogeneous indicators and tools and to the training of

local staff. **Support organizations and groups of People Living With HIV (PLHIV)**, in order to develop capacity, initiative and skills, in the struggle to affirm their rights, to remove any form of stigma and discrimination, to overcome all cultural, social and economic barriers that may limit their access to services

- **Shift the focus of actions and services for awareness creation education and counselling from the individual to the family**, in order to support women's initiatives and ensure access to prevention and care services for the entire family, based on the family's specific conditions and needs
- **Promote the integration of HTC, PMTCT, ART, joint HIV/TB treatment, psycho-social support services**, in order to improve follow up and ensure that care is provided in a complete and continuous manner, throughout the different stages of the life of HIV-positive persons and the families affected.
- **Increase the involvement of non-medical staff in the management of peripheral services** (expert clients, mother-to-mother counsellors, peer educators, community caregivers) **and ensure that all of them receive adequate training**, in order to reduce the pressure on medical staff and improve the quality and cover of counselling, follow up, nutritional and psycho-social support
- **Strengthen civil society organizations and community networks capable of providing adequate support to vulnerable persons and families**, in the context of home care, nutritional support and psycho-social support.

If the action is part of a larger programme, explain how it fits or is coordinated with this programme or any other possibly planned project. Please specify the potential synergies with other initiatives, in particular from the European Commission

The Action is **complementary** with several cross-cutting actions covered in the targeted countries by the EU as decentralisation; strengthen local actor's capacity and technical cooperation. In addition, it will create synergies with the following strategies and programmes: 1) In South Africa with the Country Strategy Paper of EU of 2007-2013 and with the Multiannual Indicative Programme (focal area 2), with the HIV/AIDS Programme of Italian Cooperation, with funded Programme of Regional Government of Tuscany (www.netsafrica.org) and with the main strategies at national and provincial level. 3) In RDC with the Programme of support to the local governance in the 10th EDF of EU, with a programme to support decentralisation through the strengthening of capacity of Provincial Assembly in Nord Kivu and Western Kasai funded by a private donors and Regional Government of Tuscany.

The Programme is in line with the "Action Against AIDS" and with the capitalisation promoted by the network of European Union (EU) Delegations in Southern Africa.

The procedures for follow up/monitoring and internal/external evaluation

As the organizational structure section below explains, the Action foresees an internal monitoring that will be implemented during the overall period using specific formats that will be submitted by the PMU every month. The format will be elaborated following the proposal of the "monitoring team" established during activities 1.2. This will allow the project manager to monitor the overall implementation of the Action (transnational and in-country components) and at the same time will provide data and methodologies that will be elaborated by the team for the capitalisation of the good practices. A Quarterly Monitoring Report (QMR) will be elaborated, where operational data will be aggregated, summarized and converted into more general information on the Action progress towards its expected results. Thus the QMR will link monitoring and evaluation aspects. The mid-term and final evaluations will complement the M&E system and will be conducted by the team.

The results of the M&E exercise will be shared with the partners and the associates in specific meetings. The main findings made by the M&E system with their considerations and recommendations will be presented at the final seminar and will be summarized in the final publication.

Role and participation in the preparation and implementation of the action of the various actors and stakeholders

During the definition of the Action several key actors to provide sustainability joined the partnership as associates. The associates will develop a key role, for their experience and the opportunity to be

favourite the replication of the methodologies and tools elaborated during the Action in the transnational activities and in the implementation of the countries activities.

According to the activities the Action will involve different actors and stakeholders.

The role of the applicant and partner have been described in par. 1.7. The applicant and the partners have identified jointly the activities foresee by the Action. Other relevant actor and stakeholders are:

Local authorities at regional level and at district level: their role is essential to provide improved health services. They are the main counterpart of the Action because the Action intends to straghten their capacities in order to provide better service and replicate the activities once the Action is over. A Memorandum of Understanding (MoU) will be signed at the beginning of the Action to insure the commitment by the actors. The MoU will report the responsibilities and duties of the Province and District and Region of Tuscany.

Local Communities at village level: they will be an active actor of participation activies. The communities activities will be introduced to the village government with the assistance of the local authorities and in cooperation with the private actors working already in the fields (NGOs, other programme ect)

Other relavant stakeholders as **WHO, SADC and Programma at National and Local Level.** The coordination with them will be essential to create synergy, to avoid overlapping of activities and to favourite capitalisation of the practice.

Organisational structure and team proposed for implementation of the action

Project coordination unit – Italy based composed of:	
POSITION	RESPONSIBILITY
Project supervisor (part-time)	This position will be covered by internal personnel of applicant organisation. Overall supervision and coordination of the project. Monitoring and evaluation. Liaison with other local authorities.
Project coordinator	Administration, grassroots coordination and management of the project. Supervision of project members.
Project assistant	Management of transnational activities.
Administration and finance manager	Overall financial control and management of funds. Reconciliations and financial reports.
Expert web	Responsible for the e-learning platform
N. 3 Project management units (based in South Africa, Tanzania and Congo DR) each one composed of:	
POSITION	RESPONSIBILITY
Project supervisor (part-time)	This position will be covered by internal personnel of local partner organisations. Overall supervision and coordination of in-country activities in the country. Monitoring and evaluation. Liaison with other local authorities.
Project manager	Administration, grassroots coordination and management of the project at country level. Liaison with local authorities, stakeholders, community members. Supervision of project members. Training and facilitation of skills interventions.
Administration and finance manager	Financial control and management of funds at country level. Reconciliations and financial reports.

The main means proposed for the implementation of the action (equipment, materials and supplies to be acquired or rented);

The correct implementation of the project will require the establishment of an office in each of the country involved. Therefore the mean proposed for implementation are:

- purchase of n.2 vehicles that is necessary to allow the project staff to implement activities in a vast territory;
- office furniture;
- computers and communication equipment.

The project will also provide equipment to target areas in South Africa and Tanzania in order to meet the specific needs of the local beneficiary hospitals/clinics, namely:

- n. 1 VCT mobile unit in South Africa to be used both as clinic for those areas which are not served by basic health services and to be used as main mean to provide all clinics of the target area with personalized ART provision. This will serve to get services close to beneficiaries.
- n. 26 solar panels with capacity of six head lamps in 26 delivery rooms of the selected health facilities in the district in Tanzania. The implementation will involve procurement of solar panels at reasonable prices in order to provide enough power of light in the selected health facilities. The installation of solar energy and the availability of constant light will induce the morale of health providers and encourage the pregnant mothers to attend MCH services before and during deliveries. Qualified personnel in solar energy provision will be utilised in all process of implementation. The provided light will give a room to MCH providers and nurses to offer services in sanitary and hygienically conditions. Apart from solar panels, other electrical supplies and materials will be provided by the project.
- Training material for the awareness campaign
- Publication

- *the attitudes of all stakeholders towards the action in general and the activities in particular;*

From the past interventions by the applicant and by the partners the stakeholders involved in the actions have been demonstrate notable interest in cooperation as instrument to improve the livelihood of the targeted areas. A participatory approach has been used to maximise the active involvement of all stakeholders and local groups in project design. As a result, the project has the commitment of all the major stakeholders, access to a range of local and international expertise and strong institutional and community involvement at the grassroots level thanks to the already existent relationship between Tuscan and local partners.

1.9. Duration and indicative action plan for implementing the action

The duration of the action will be 36 months.

Applicants should not indicate a specific start up date for the implementation of the action but simply show "month 1", "month 2", etc.

Applicants are recommended to base the estimated duration for each activity and total period on the most probable duration and not on the shortest possible duration by taking into consideration all relevant factors that may affect the implementation timetable.

The activities stated in the action plan should correspond to the activities described in detail in section 1.7 above. The implementing body shall be either the applicant or any of the partners, associates or subcontractors. Any months or interim periods without activities must be included in the action plan and count toward the calculation of the total estimated duration of the action.

The action plan for the first 12 months of implementation should be sufficiently detailed to give an overview of the preparation and implementation of each activity. The action plan for each of the subsequent years may be more general and should only list the main activities foreseen for those years. To this end, it shall be divided into six-month interim periods (NB: A more detailed action plan for each subsequent year will have to be submitted before receipt of new pre-financing payments, pursuant to Article 2.1 of the General Conditions of the grant contract).

The action plan will be drawn up using the following format:

Year 1													
Activity	Semester 1						Semester 2						Implementing body
	1	2	3	4	5	6	7	8	9	10	11	12	
<i>Preparation</i> Activity 0.1 Establishment and functioning of a project coordination unit in Italy	•	•											Tuscany Region, Ucodep, Cospe, Cmsr, Tuscan associates
<i>Execution</i> Activity 0.1 Establishment and functioning of a project coordination unit in Italy			•	•	•	•	•	•	•	•	•	•	Tuscany Region, Ucodep, Cospe, Cmsr, Tuscan associates
<i>Preparation</i> 0.2 Establishment and functioning of a project management unit in each country of intervention (South Africa, Tanzania, Congo)	•	•											Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga , Ucodep, SPF, Cospe, Cmsr, local associates
<i>Execution</i> 0.2 Establishment and functioning of a project management unit in each country of intervention (South Africa, Tanzania, Congo)			•	•	•	•	•	•	•	•	•	•	Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga , local associates
<i>Preparation</i> 1.1 Project launch seminar			•	•	•								Tuscany Region, Cospe,
<i>Execution</i> 1.1 Project launch seminar						•							Tuscany Region, Cospe,
<i>Preparation</i> 1.2 Establishment of the project Steering Committee			•	•	•								Tuscany Region, Cospe
<i>Execution</i> 1.2 Establishment of the project Steering Committee						•							All partners, all associates
<i>Preparation</i> 1.3 Creation of a web portal and e-learning platform					•	•							Tuscany Region, Ucodep, CMSR, Cospe, all associates
<i>Execution</i> 1.3 Creation of a web portal and e-learning platform							•	•	•	•	•	•	Tuscany Region, Ucodep, CMSR, all associates
<i>Preparation</i> 2.1 Introduction of project to stakeholders and communities and establishment of project management committees			•	•									Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga , Ucodep, Cospe, Cmsr, SPF, local associates
<i>Execution</i> 2.1 Introduction of project to stakeholders and communities and establishment of project management committees					•	•	•						Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga , Ucodep, Cospe, Cmsr, SPF, local associates

Year 1													
Activity	Semester 1						Semester 2						Implementing body
	1	2	3	4	5	6	7	8	9	10	11	12	
<i>Preparation</i> 2.1 Community mobilisation						•	•						Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga , Ucodep, Cospe, Cmsr, SPF. local associates
<i>Execution</i> 2.2 Community mobilisation							•					•	Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga , Ucodep, Cospe, Cmsr, SPF. local associates
<i>Preparation</i> 2.2 (A) + (B) Capacity building (SA + TZ)							•	•	•				Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga , Ucodep, Cospe, Cmsr, SPF. local associates
<i>Execution</i> 2.3 (A) + (B) Capacity building (SA + TZ)										•	•	•	Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga , Ucodep, Cospe, Cmsr, SPF. local associates
<i>Preparation</i> 2.3 Outreach programmes and awareness campaign							•	•	•				Tuscany Region, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Execution</i> 2.4 Outreach programmes and awareness campaign										•	•	•	Tuscany Region, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Preparation</i> 2.4 Voluntary Counselling and Testing (VCT)								•	•	•			Tuscany Region, Or Tambo District, Kondo District, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Execution</i> 2.5 Voluntary Counselling and Testing (VCT)										•	•	•	Tuscany Region, Or Tambo District, Kondo District, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Preparation</i> 2.5 Developing a routine PMTCT programme									•	•	•	•	Tuscany Region, Or Tambo District, Kondo District, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Execution</i> 2.6 Developing a routine PMTCT programme											•	•	Tuscany Region, Or Tambo District, Kondo District, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Preparation</i> 2.6 Scale up workshops							•	•					Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga , Ucodep, Cospe, Cmsr, SPF. local associates
<i>Execution</i> 2.7 Scale up workshops									•	•			Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga , Ucodep, Cospe, Cmsr, SPF. local associates
<i>Preparation</i> 2.8 VCT Equipment and supply						•	•	•	•				Tuscany Region, Or Tambo District, Kondo District, Ucodep, Cospe, Cmsr, SPF.
<i>Execution</i> 2.8 VCT Equipment and supply										•	•	•	Tuscany Region, Or Tambo District, Kondo District, Ucodep, Cospe, Cmsr, SPF.

For the following years (Semesters):					
Activity	3	4	5	6	Implementing body
<i>Execution</i> Activity 0.1 Establishment and functioning of a project coordination unit in Italy	●	●	●	●	Tuscany Region, Ucodep, Cospe, Cmsr, SPF.
<i>Execution</i> 0.2 Establishment and functioning of a project management unit in each country of intervention (South Africa, Tanzania, Congo)	●	●	●	●	Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga
<i>Preparation</i> 1.4 Exchange seminar “Setting up of models for lessons learned”		●			Tuscany Region, Cospe
<i>Execution</i> 1.4 Exchange seminar “Setting up of models for lessons learned”			●		Tuscany Region, Cospe
<i>Preparation</i> 1.5 Organisation and implementation of a study tour to Italy for public health officials	●	●			Tuscany Region, Cospe
<i>Execution</i> 1.5 Organisation and implementation of a study tour to Italy for public health officials			●		Tuscany Region, Cospe
<i>Preparation</i> 1.6 Final conference			●		Tuscany Region, Cospe
<i>Execution</i> 1.6 Final conference				●	Tuscany Region, Cospe
<i>Preparation</i> 1.7 Final publication				●	Tuscany Region, Ucodep
<i>Execution</i> 1.7 Final publication				●	Tuscany Region, Ucodep
<i>Preparation</i> 2.7 Community mobilisation	●	●	●	●	Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga , Ucodep, Cospe, Cmsr, SPF. local associates
<i>Execution</i> 2.2 Community mobilisation	●	●	●	●	Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga , Ucodep, Cospe, Cmsr, SPF. local associates
<i>Preparation</i> 2.8 (A) + (B) Capacity building (SA + TZ)	●		●		Tuscany Region, Or Tambo District, Kondo District, Ucodep, Cospe, Cmsr, SPF. local associates

For the following years (Semesters):					
Activity	3	4	5	6	Implementing body
<i>Execution</i> 2.3 (A) + (B) Capacity building (SA + TZ)		•		•	Tuscany Region, Or Tambo District, Kondo District, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Preparation</i> 2.9 (A) + (B) Capacity building (DRC)	•		•		Tuscany Region, Ucodep, Ville de Kananga, SPF. local associates
<i>Execution</i> 2.3 (A) + (B) Capacity building (DRC)	•	•	•	•	Tuscany Region, Ucodep, Ville de Kananga, SPF. local associates
<i>Preparation</i> 2.10 Outreach programmes and awareness campaign	•		•		Tuscany Region, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Execution</i> 2.4 Outreach programmes and awareness campaign		•	•		Tuscany Region, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Preparation</i> 2.11 Voluntary Counselling and Testing (VCT)	•				Tuscany Region, Or Tambo District, Kondo District, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Execution</i> 2.5 Voluntary Counselling and Testing (VCT)	•	•	•	•	Tuscany Region, Or Tambo District, Kondo District, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Preparation</i> 2.12 Developing a routine PMTCT programme	•				Tuscany Region, Or Tambo District, Kondo District, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Execution</i> 2.6 Developing a routine PMTCT programme	•	•	•	•	Tuscany Region, Or Tambo District, Kondo District, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Preparation</i> 2.13 Scale up workshops	•		•		Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga, Ucodep, Cospe, Cmsr, SPF. local associates
<i>Execution</i> 2.7 Scale up workshops	•		•		Tuscany Region, Or Tambo District, Kondo District, Ville de Kananga, Ucodep, Cospe, Cmsr, SPF. local associates

1.10. Sustainability (max 3 pages)

Describe the main preconditions and assumptions during and after the implementation phase.

Main preconditions and assumption during and after the implantation phase include:

Social and economic conditions remain stable, this is the general assumption the will allow the project to be carried out. Local authorities see a need for building HIV/AIDS competence and will participate in project interventions: essential to actively engage local authorities in project activities and future health service planning improvements. Communities sees a need for building HIV/AIDS competence and will participate in project interventions: also essential to actively promote their role and engage them in taking actions. In South Africa Dep. of Health and CSOs take over personnel costs (health workers and pharmacist) after the implementation of the project: this assumption is related to health personnel that will be paid by the project. In Tanzania Dep. of Health and CSOs are willing to establish a dialogue that will bring them to amply health personnel: this will be essential to ensure active involvement of the health personnel that will be trained in this country and to make their contribution to the service more effective. In Congo DR Dep. of Health and government are willing to empower their personnel and existent structures on the basis of project outcomes: essential to make the capacity building component which is extremely significant in this country more effective. Organisations, communities and individuals are willing to work together to combat HIV/AIDS: essential to ensure a transversal and multisectoral approach to the identifies problems in each target area. Community and district stakeholders are willing and committed to increase their capacity, skills and performance in combating HIV/AIDS: also essential to make outcomes at government level really coherent with local needs. Sufficient trainers and facilitators are available and people attend workshops and meetings: this will serve to provide high quality training and extensive outreach of trainees. Willingness of people to go for VCT: essential to make the services really close to people and to overcome cultural difficulties and social stigma.

Provide a detailed risk analysis and possible contingency plans. This should include at least a list of risks associated for each action proposed accompanied by relevant corrective measures to mitigate such risks. A good risk analysis would include a range of risk types including physical, environmental, political, economic and social risks.

The following risk analysis lists the risks divided by categories (physical; environmental; political; economic; social) each one followed by contingency plan. The level of risk (low; medium; high) and the action to which is applicable (transnational activities = "A"; in-country activities = "B") are also defined.

Physical risks. (1) Adequate transport to training venues and meetings is lacking and unreliable (low, A-B); (2) Department of Health not in a position to supply ARVs or medical supplies for kits (low, B).

Contingency plans: (1) Capacity of project coordination and management team of programming seminar agenda and logistics well in advance in order to always have a contingency logistical plan in case of difficulties. (2) Constant monitoring and close relationship is done at the appropriate level of health service to ensure adequate medical supply. **Environmental risks.** (1) Climatic conditions prevent correct implementation of projects activities and disrupt training events through poor attendance (medium, A-B). **Contingency plans:** (1) Project coordination and management is flexible enough to reduce environmental influence on project activities. **Political risks.** (1) Local authorities at national, provincial, district and local level demonstrate no acceptance and understanding of proposed multisectoral approach and are not willing to link project outcome to their health service planning activities (low, A); (2) Local authorities at district and municipal level are not committed to reduce HIV transmission and show no commitment in campaigning (low, A-B); (3) Key departmental officials see the intervention as a threat (low, B); (4) Political conflict over control of resources and activities undermines project implementation (low, B); (5) Key stakeholders withdraw or lose commitment to the programme (low, B). **Contingency plans:** (1) All partners work in close cooperation between each other to reduce the risk and to promote understanding of the importance of project approach towards HIV/AIDS issues at all political levels; (2) Implementing agent and partners promote ownership of project activities at political level; (3) Implementing agent works in close cooperation with local partners to promote correct understanding of the project by officials; (4) Implementing agent works in close cooperation with local partners to promote conflict management practice; (5) Implementing agent works in close cooperation with local partners to stimulate active

involvement by all actors. **Economic risks.** (1) Economic instability prevent the correct implementation of projects activities (low, A-B). **Contingency plans:** (1) Project coordination and management is sufficiently flexible to adapt to economic changes. **Social risks.** (1) Miscommunication and misinformation around the project may lead to disruption of project initiatives (low, A-B); (2) Government officials are not willing to engage in activities that could be in opposition to social and cultural background in their own countries (medium, A-B); (3) Established NGOs / CBOs working in the area could resist project activities (low, B); (4) Social stigma, cultural backlash could occur, specifically with regard to empowerment of women (medium, B); (5) Men in the community are resistant and/or indifferent to engagement with project activities (high, B); (6) Capacity and ability to manage conflict in communities is weak (medium, B); (7) Attendance of people at workshops and meetings is poor as a result of conflict with other meetings (high); (8) Peer educators don't conduct training properly or don't arrive for meetings (low, B). **Contingency plans:** (1) Project coordination and management is sufficiently prepared to perceive elements of miscommunication and misinformation and related consequences and intervene timely to promote correct information around the project; (2) Partner of the project works in close cooperation between each other to reduce these risks and to promote understanding of the importance of project approach towards HIV/AIDS issues at all political levels; (3-8) Implementing agent and partners are working closely to promote active involvement of the communities thus favoring social acceptance of the intervention.

Explain how sustainability will be secured after completion of the action. This may include aspects of necessary measures and strategies built into the action, follow-up activities, ownership by target groups, etc. In so doing, please make a distinction between the following 3 dimensions of sustainability: Financial sustainability (financing of follow-up activities, sources of revenue for covering all future operating and maintenance costs, etc.); Institutional level (which structures would allow, and how, the results of the action to continue to be in place after the end of the action? Address issues about the local "ownership" of action outcomes); Policy level where applicable (what structural impact will the action have - e.g. will it lead to improved legislation, codes of conduct, methods, etc.).

Financial sustainability. The project will ensure sustainability at financial level by focusing both on human resources and financial resources. Key human resources at various health sector levels will be provided with high quality capacity building. These people will have a crucial role after the project implementation in the design, implement and follow-up of future continuation, activities and projects. The project will also focus attention on financial resources. The project will provide financial coverage of health personnel whereas the **Department of health at provincial level has guaranteed that 50% of these personnel will be taken over by the end of the project** (this will happen in South Africa) thus ensuring financial sustainability of human resources. Moreover, efforts will be done to ensure a similar engagement in Tanzania, thus proving a sustainable optimization of those who have undergone the trainings in this country. **The involvement of local partner is the monitoring and capitalization of good practices activities will also increase their capacity to planning services and to optimize the allocation of financial resources.** In addition to **the provision of agreements with the appropriate administrative level to ensure the sustainability of human resources** involved in the project, elements of financial sustainability will be provided by the implementation of activities itself at country level. This will be done by implementing **resource mobilisation through the strategic planning process.** This will take place in the following ways: **(1) involving key multi-sectoral and multi-level partners in the planning process.** Potential partners in the multisectoral approach will be involved in the project (different government sectors, community organisations and NGOs, including associations of PLWHAs, academic and research institutions, the private sector, and international donors). This will ensure 'ownership' both of the process and of the outputs. Involvement of key stakeholders in formulating the strategic plan is an important step towards mobilising the financial and human resources of the different partners towards implementation. Targeted communities will participate at relevant stages of the planning process. They will need to play a decisive role in fighting HIV/AIDS because of their capacity for social mobilisation, their awareness of the local cultural and social context, and their daily influence on the lives of their members. The active participation of development partners in the national strategic planning process will ensure coherence and maximise the benefits to the target area of resources allocated by the project. **(2) Optimising existing resources.** Use of project resources will be done in accordance to relevance of the intervention to specific needs, cost-effectiveness, priority-driven. **(3) Mobilising additional resources.** During project implementation efforts will be done to involve all major stakeholders in the strategic planning process; ensure that scarce resources are channelled to the highest priorities, and to the most cost-effective strategies and approaches; identifying and mobilising new partnerships;

developing technical resource networks; fundraising from donors for future continuation. Involving donor as potential resource partners in the implementing process will also ensure 'ownership' of the resulting strategic and action plans and a greater willingness to contribute resources for the implementation of activities. It will also make the same donors more receptive to requests for additional funds to expand the response.

Institutional sustainability. The project will ensure sustainability at institutional level by promoting the role of national, provincial district and local managers in supporting strategic planning for a multisectoral approach towards HIV/AIDS. This will be mainly done through transnational activities but also through capacity building during in-country activities. During the project implementation **health officials at various levels will be engaged in defining the planning process** and possibly launching, supporting and implementing the plan in their own country thus creating the institutional basis for HIV/AIDS response. **The focus of the planning process will be different between the national, provincial, district and municipal levels.** At the national level, the planning process will establish broad goals and objectives; determine specific national level programme roles, such as policies and national-level system support; demonstrate leadership in defining HIV/AIDS as a national priority; facilitate multi-sectoral coordination and mobilise national and external resources. At the provincial and district levels, planning will be based on the local situation and environment. Steps that will be taken to engage managers in formulating the plans will include: re-examine international strategic principles and guidelines (SADC strategies); re-examine the national guiding principles; define the priority areas for a national response; set objectives in priority areas; develop strategies to reach objectives in priority areas; develop a strategic framework for the national response; examine the strengths and weaknesses of proposed strategies; revise objectives and strategies, where necessary; plan flexible management and funding to ensure support for emerging strategies. Institution will be sustained in these activities by the experience of Tuscany Region that will provide them with exposure to its procedures and successes in strategic planning in health sector and by linking the project to the results of its previous activities in sustaining the health sectors in various African countries.

Policy level. The project will ensure sustainability at policy level by ensuring high-level political leadership. The viability and sustainability of the project will largely depend on the extent to which the response to HIV is built into the national development framework. The multisectoral approach of the project will create a transnational Steering Committee with overall responsibility for guiding the , project in close relationship with different levels of government, participation from sector Ministries, PLWHAs and from other civil society groups and the private sector. **At (1) national level, the Steering Committee** will establish linkages to the appropriate ministries at country level to ensure that project outcomes and results are mainstreamed into the various sectoral programmes and development programmes. **At (2) provincial level,** the project will establish a close cooperation with provincial government to be used as an intermediary governing structure between national and district levels thus promoting project outcomes and results to provincial-level officials as they have varying degrees of responsibility for planning, allocating resources, and ensuring results. The project will also pay attention **at (3) district-level** as this response will represent a critical operational strategy because it prioritises delivery of interventions by stakeholders at the local level. At district-level the project will: establish an inter-sectoral district HIV/AIDS management unit with a common goal to mobilise for action against AIDS, and a composition similar to that of the transnational Steering Committee; conduct a district-wide situational analysis that mobilises stakeholders and helps to shape information for strategic planning; develop a district-wide strategic plan that prioritises interventions for specific target communities, defines sectoral responsibilities, develops necessary delivery and resources that can be transferred down to implementers at community level; ensure that district management units are responsible for monitoring and evaluating the impact of resources. **At (4) municipal level** the project will provide methodologies for participatory development and new opportunities for establishing partnerships between service providers and communities. Key partners to involve to provide sustainability at policy level will be: religious and traditional leaders, NGOs, CBOs, community committees/structures, and community development associations.

1.11. Logical framework

Please fill in Annex C¹¹ to the Guidelines for applicants.

2. BUDGET FOR THE ACTION

Fill in Worksheet 1 of Annex B to the Guidelines for applicants covering the **total eligible costs** of the action for the total duration of the action and for its first 12 months. For further information see the Guidelines for Grant applicants (Section 1.3. and 2.1.4).

Please note that the cost of the action and the EU contribution requested must be expressed in EUR
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Any variation of more than 20% between the amount of the EC contribution indicated in the detailed budget in Annex B and the initial estimate contained in the Concept Note must be justified in this section (see section 2.2.5 of the guidelines).

3. EXPECTED SOURCES OF FUNDING

Fill in Worksheet 2 of Annex B to the Guidelines for applicants to provide information on the expected amount and percentage of financing per source for the action, i.e. the requested EC contribution, applicant's contribution, any other donors' contributions, etc.

¹¹ Explanations can be found at the following address:
http://ec.europa.eu/europeaid/multimedia/publications/publications/manuals-tools/t101_en.htm

4. APPLICANT'S EXPERIENCE OF SIMILAR ACTIONS

Maximum 1 page per action. Please provide a detailed description of actions managed by your organisation over the past three years. This information will be used to assess whether you have sufficient and stable experience of managing actions in the same sector and of a comparable scale to the one for which you are requesting a grant.

Project title:		Sector:121, 122			
Location of the action	Cost of the action (EUR)	Lead manager or partner	Donors to the action (name) ¹²	Amount contributed (by donor)	Dates (from dd/mm/yy to dd/mm/yy)
South Africa	850.000,00	Lead Manager: Region of Tuscany	Regione Toscana Fondazione Monte dei Paschi di Siena	Regione Toscana 250.000,00 Fondazione Monte dei Paschi di Siena 600.000,00	October 2007 – June 2011
Objectives and results of the action					
<p>The aim of the partnership program between the Nelson Mandela Children Fund, Meyer Children's Hospital and the Region of Tuscany is to "improve the welfare and health condition of orphans and vulnerable children through an innovative support at the level of community and strategies of economic empowerment targeted to OVC and their communities. "</p> <ul style="list-style-type: none"> • Strengthening the capacity of families to face the effects of HIV and AIDS through increased assistance and prevention, psychosocial and education support for OVC, safety / child protection and poverty reduction. • Strengthen the Community Support Systems through the establishment of the capacity and community structures to identify the problems of OVC, plan action, take measures, monitor and evaluate these measures, connecting the communities with external resources. • Strengthening the response of the local administration influencing the process of integrated development programs to do that all the problems of children are adequately coped, to improve the delivery of services by assisting local administrations in creating public-private partnerships with NGOs, companies and other non-governmental bodies. • Strengthen the Local Health Services by supporting primary health care centers and local hospitals in the implementation of prevention programs and therapeutic for HIV / AIDS through training activities for the health professionals. This particular result is the fundamental objective of the partnership with the Anna Meyer Children's Hospital of Florence. <p>The project is implemented in two phase: The first phase in cooperation with the Nelson Mandela Children Funds supported local organization working on the filed of HIV/AIDS The second phase in cooperation with the Ngo Ucodep and Small Project Foundation will realize intervention, in strict cooperation with the Or Tambo District and Eastern Cape Province to fight HIV.</p>					

¹² If the Donor is the European Commission or an EU Member States, please specify the EU budget line, EDF or EU Member State.
 EuropeAid/129200/C/ACT/TPS

Project title: Decentralisation and Local Development Policies in South Africa - A Network of Tuscan and South African Local Governments NETSAFRICA		Sector: 151, 16, 332,430, 321			
Location of the action	Cost of the action (EUR)	Lead manager or partner	Donors to the action (name)¹³	Amount contributed (by donor)	Dates (from dd/mm/yy to dd/mm/yy)
South Africa	4.000.000,00	Lead manager : Regione Toscana	Italian Ministry of Foreign Affaires and Region of Tuscany	Italian Ministry Foreign Affairs Euro 2.800.000,00 Regione Toscana Euro 1.200.000,00	October 2008 – 2011
Objectives and results of the action					
<p>The project has been launched in the framework of the relations between the Italian Ministry of Foreign Affairs and the South African Ministry of Foreign Affairs. The general objective of the Project is to improve the Capacities of the Department of Cooperative Government & Traditional Affairs (COGTA) in supporting the process of strengthening of local authorities with particular attention to participation and strengthening of disadvantaged groups. The project also aims to improve and support four municipalities in policy formulation, management of local essential services and promotion of economic development. The theme of participation and gender mainstreaming are the cutting issues of the program. The action will also strengthen the roles of local governments in the promotion of local development initiatives, and developing an active policy that can lead to a better use of financial funds coming from the international community.</p> <p>The program could be summarized in three phases:</p> <ul style="list-style-type: none"> - Exchange of good practices and mutual knowledge through a series of seminars: after the initial analysis of context, in the framework of the program have been organized several occasions to meet and exchange best practices developed in different areas of specialization of each actor involved. -Technical assistance for local planning and implementation of five local initiatives: the partnership between different actors materialized in the development of a programming document and the launch of pilot initiatives with a plafond of 500,000 Euros available in each of four local partners (Metropolitan Municipality of Ekurhuleny, Metropolitan Municipality of Buffalo City, Rural District of Medtsweding, Rural District of OR Tambo). -Capitalization of experiences: the gradual acquisition and sharing of data and information of the program has allowed to outline the main achievements of the program. 					

¹³ If the Donor is the European Commission or an EU Member States, please specify the EU budget line, EDF or EU Member State.
EuropeAid/129200/C/ACT/TPS

Project title: Support for the process of democratization in the Democratic Republic of Congo through institutional reinforcement of the 11 Provincial Assemblies		Sector¹⁴: 151, 430			
Location of the action	Cost of the action (EUR)	Lead manager or partner	Donors to the action (name)¹⁵	Amount contributed (by donor)	Dates (from dd/mm/yy to dd/mm/yy)
Democratic Republic of Congo	430.000,00	UCODEP	Fondazione Monte dei Paschi di Siena, Regione Toscana	Fondazione Monte dei Paschi di Siena Euro 330.000,00 Regione Toscana Euro 90.000,00 Ucodep Euro 10.000,00	November 2008-Avril 2011
Objectives and results of the action					
<p>The project aims to <i>promote the decentralization process underway in the DRC as an instrument of good governance for the reconstruction of a peaceful and democratic country</i>. In particular, this initiative follow three objectives: (i) improve and strengthen political management and technical skills of the Members of Provincial Assembly and local administrative staff in 11 provinces, (ii) promote a process of decentralization through training activities in the provinces of North Kivu and Western Kasai, (iii) start pilot projects to fight poverty in West Kasai and North Kivu.</p> <p>The activities are the following: 1. Identification, in cooperation with the Ministry of Decentralization and with the Provincial Assemblies, of the contents of the four training modules (Parliamentary Law; Fiscal Decentralization; Participation, Local Planning); 2. Sharing Terms of Reference of a joint team of experts responsible for the development of modules in Tuscany and in the Democratic Republic of Congo; 3. Identification of technical referees of the Tuscany Region contributing to support in the development of modules; 4. Sharing of the content of the modules with the partners of the program; 5. Realization of a package of CDs containing national legislation and training modules to spread among elected provincial assemblies; 6. Training of trainers for all the 11 Provinces with the participation of the Tuscan experts (experts from the Region of Tuscany competent Departments and from the Tuscan Universities); 7. Realization of two training session for all the elected by the trainers and the experts in Nord Kivu and Western Kasai opened also to local authorities, traditional leaders and civil society.8. Identification during the training session in the Nord Kivu and Western Kasai of two pilot initiatives to be implemented in their territories.</p> <p>Main findings: 1)Training modules elaborated and shared with the Decentralisation Ministry; 2. Trained N.33 elected and administrative officer of the Provincial Assemblies; 3)Implemented training for the benefit of the elected of Nor Kivu and West Kasai and for relevant stakeholders; 4)Pilot activities to fight poverty identified with a participatory approach and implemented in Nord Kivu and West Kasai.</p>					

¹⁴ See the standard list of sectors in PADOR or in Annex LA to the guidelines for grant applicants

¹⁵ If the Donor is the European Commission or an EU Member States, please specify the EU budget line, EDF or EU Member State.

Title of the project : The training of health managers at the Uganda Martyrs University to improve the management of health services in Uganda				Sector: 121, 122	
Location of the action	Cost of the action (EUR)	Lead manager or partner	Donors to the action (name)¹⁶	Amount contributed (by donor)	Dates (from dd/mm/yy to dd/mm/yy)
Uganda	Euro 288.451,00	Lead Manager: CUAMM	Main donors: Italian Ministry Foreign Affairs, Regione Toscana,	Ministero degli Affari Esteri Euro 125.020,00 Regione Toscana Euro 88.971,00	3 years 2008-2011
Objectives and results of the action					
<p>General objective: Improve the management capacity of health services in Uganda in line with the principles and addresses of the Health Sector Strategic Plan and the Poverty Eradication Action Plan. Specific objective: To consolidate and promote the Faculty of Health Sciences of Uganda Martyrs University, with particular attention to its teaching skills and research and concrete support at the Ugandan health system, improving management capacity of the structures promoting health and improving performance. Target group and beneficiaries are the following: Participants at the courses of Master in Health Services Management; Diploma in Health Services Management Diploma in Health Promotion & Education and Certificate in Health Services Management (approx 70 per year) course participants of the Certificate in Health Records Management for Short Courses in Hospital Management and Health Management Subdistrict (a.c. 80 per year); The staff of the Faculty of Health Sciences (the stable nucleus 4 units with the addition of visiting teachers). The indirect beneficiaries of the initiative are: The Ugandan health institutions both public and private non-profit</p> <p>Main activities: Provide teaching staff with experience in systems management Health; Realize three missions to support the educational activities of faculty (Professors from faculties of Tuscany.); Ensure classrooms furnished and equipped with computer equipment; Ensure books for the faculty library and subscriptions to scientific magazines; Provide scholarships for students; Ensure financial support for the preparation of students dissertations.</p> <p>Results achieved: N. 51 students qualified for the courses a.a. 2008-2009 (total);N. 81 students enrolled for at. A. 2009-2010 (total);N. 58 licenses for 90 copies of books purchased for the library faculty; N. 180 books donated at students; N. 2,820 total hours of lessons made and c.a. 400 hours of tutorials; N. 32 scholarships, N. 40 contributions paid for the final dissertation; N. 1 video made ad hoc on the project activities ("A Place to Grow");N. 1 Study Day on project activities implemented in Siena.</p>					

¹⁶ If the Donor is the European Commission or an EU Member States, please specify the EU budget line, EDF or EU Member State.
EuropeAid/129200/C/ACT/TPS

Title of the project : Support at the services of paediatric antiretroviral therapy and at the prevent mother to child HIV / AIDS in rural areas, Swaziland			Sector: 121,122		
Location of the action	Cost of the action (EUR)	Lead manager or partner	Donors to the action (name)¹⁷	Amount contributed (by donor)	Dates (from dd/mm/yy to dd/mm/yy)
Swaziland	72.700,00 euro	Cospe and AOU Meyer/Regione Toscana	Region of Tuscany; A.O.U Meyer; Cospe; Good Shepherd Hospital	Regione Toscana Euro 50.000,00 Aou Meyer 10.000,00 Cospe 11.350,00 Good Shepherd Euro 1.350,00	12 months 2009-2010
Objectives and results of the action					
<p>Improving the access to services of paediatric anti-retroviral therapy and prevention of mother to child transmission of HIV in rural communities in Lubombo Region, Swaziland</p> <ul style="list-style-type: none"> • Two rural clinics in the Lubombo Region are able to offer qualified services of paediatric ART and prevention of mother to child transmission of HIV. • Support at the strategic planning of PMTCT and ART services in the Lubombo Region • The quality and the coverage of information, of the monitoring and support for mothers and children infected with HIV is suitable at the need of 4 rural communities in Lubombo Region • Staff training of rural clinics 					

¹⁷ If the Donor is the European Commission or an EU Member States, please specify the EU budget line, EDF or EU Member State.
EuropeAid/129200/C/ACT/TPS

Project title: Seenet: a trans local network for cooperation between Italy and South East Europe			Sector (see section 2.2 of section II): Government and Civil Society		
Location of the action	Cost of the action (EUR)	Lead manager or partner	Donors to the action (name)	Amount contributed (by donor)	Dates
Albania, Bosnia and Herzegovina, Croatia, Macedonia, Montenegro, Serbia and Kosovo	11.040.000,00	Lead manager: Regional Governments of Tuscany Partner: Regions Emilia Romagna, Friuli Venezia Giulia, Piedmont, Marche, Veneto, the Autonomous Province of Trento, UCODEP (Italy)	Italian Ministry of Foreign Affairs	4.335.000,00 EUR	November 2009 – November 2012
Objectives and results of the action					
<p>The Programme aims to foster dialogue among states, institutions and local communities in the South East Europe (SEE) for the effective development of the territories involved in the Programme and in a long-term partnership at regional level and with the Italian system of decentralized cooperation. The support to the 47 SEE local authorities partners will focus on:</p> <ol style="list-style-type: none"> 1. Favour the South East European Programme partners' territories access to European Union pre-accession funds and to national and international funds for local development; 2. Encourage the adoption and development of innovative programs and services on territorial valorisation and management, economic development and social and territorial and social planning by the institutional and territorial subjects from South East Europe as Programme partners. <p>Programme working strategy is based on the network work among Italian and Balkan institutions in the complex process of SEE countries integration into European Union. In particular, the network will focus on supporting the government capacities of partner public administrations, offering concrete opportunities to work on specific topics following the EU standards. At the same time, initiative aims to create a permanent system of cooperation between Italian regional cooperation subjects trying to improve the effectiveness and efficiency of interventions, increase their ability to impact the local priorities and make sustainable the territorial partnerships. This process will be developed through two different types of actions, which are complementary and synergic:</p> <ul style="list-style-type: none"> • Horizontal actions, that are a set of activities, closely integrated with the other actions of the Program, that will benefit all local partners who are going to work on components such as: A) Institutional Building, B) Information and dissemination, C) Research D) Partnerships between South East Europe Local Authorities; • Vertical actions, organized in main thematic sectors to develop networking between many partners / territories with direct effect in the areas of Southeast Europe. The vertical actions constitute a tool available to partners in order to affect the dynamics of the territory, focusing on the work in the network with other subjects on a priority topic. Within these actions, Balkan partners, together with other actors of their own territory, will be asked to work on the formulation and implementation of local policies about specific issues. Nine territorial initiatives have been identified that will focus on the following topics: <ul style="list-style-type: none"> ▪ Valorisation of cultural tourism (2 actions – 1 of these is in BiH); ▪ Valorisation of rural areas and natural environment (3 actions - 2 of these are in BiH); ▪ SME support and cross-border entrepreneurial cooperation (2 actions - 1 of these is in BiH); ▪ Territorial planning and social services (2 actions). 					

II. THE APPLICANT

EuropeAid ID number¹⁸	IT-2008-GGK-1106317443
Name of the applicant:	Regione Toscana

1. IDENTITY

Information requested under this point need only be given in cases where there have been modifications or additions as compared to the information given in the Concept Note Form.

Postal address:	50139 Firenze, Via Taddeo Alderotti 26 N
Telephone number: Country code + city code + number	+39 0554383225
Mobile: Country code + number	+39 3334468648
Fax number: Country code + city code + number	+390554383262
Contact person for this action :	Tommaso Pucci
Contact person's email address :	tommaso.pucci@regione.toscana.it
E-mail address of the Organisation	
Website of the organisation:	http://www.regione.toscana.it/

¹⁸ See footnote 1

2. INFORMATION WITH REGARD TO ACTIONS IN THE FIELD OF MICROFINANCE

As foreseen in annex H of the Guidelines for grant applicants (under ‘additional eligibility criteria’), please supply hereafter all relevant information with regard to in-house technical staff of the applicant organisation with sector-specific experience and expertise.

III. PARTNERS OF THE APPLICANT PARTICIPATING IN THE ACTION

1. DESCRIPTION OF THE PARTNERS

This form must be completed for each partner organisation within the meaning of section 2.1.2 of the Guidelines for Applicants. You must make as many copies of this table as necessary to create entries for more partners.

Partner 1	
EuropeAid ID number^[1]	ZA-2010-FIR-2206069357
Full legal name	District of Or Tambo Municipality
Nationality^[2]	South African
Experience of similar actions, in relation to the role played in the implementation of the proposed action	Project “Netsafrica – Decentralisation and local development policies in South Africa – A network of South African and local governments”) lead by the Tuscany Region and co-financed by Tuscany Region and Italian Ministry of Foreign Affairs.
History of cooperation with the applicant	<p>Since 2008 the District of Or Tambo id partner in the decentralised cooperation project “Netsafrica – Decentralisation and local development policies in South Africa – A network of South African and local governments”) lead by the Tuscany Region and co-financed by Tuscany Region and Italian Ministry of Foreign Affairs. The project among the other objectives aims at enhancing the capacity of Gauteng and Eastern Cape provinces and of at least 4 local, district or metropolitan municipalities within the same provinces in the formulation of policies and implementation of initiatives to fight poverty and ensure access to basic services.</p> <p>Meanwhile the Or Tambo District Municipality is cooperating in the implementation of the Goleama Programme on the field of HIV that is targeting the Inghuza Hill municipality.</p>

[1] See footnote 1.

[2] The statutes must make it possible to ascertain that the organisation was set up by an act governed by the national law of the country concerned. In this respect, any legal entity whose statutes have been established in another country cannot be considered an eligible local organisation.

Partner 2	
EuropeAid ID number¹⁹	TZ-2010-DZA-2106059642
Full legal name	Kondoa District Council
Nationality²⁰	Tanzanian
Experience of similar actions, in relation to the role played in the implementation of the proposed action	Through Government support the District has well established structures under health and water sectors, which deals with health initiatives and water and sanitation in their respective areas. The District the capacity on terms of professionalisms and expertise. They have enough capacity on monitoring and follow-up during implementation of the proposed Action. This will be in collaboration with the Applicant. Facilitate training component to the beneficiaries. Mobilise community to participate in the implementation of the proposed Action
History of cooperation with the applicant	Since 2003 Kondoa District Council is collaborating with the Applicant in the field of HIV/AIDS prevention and control, Water and Sanitation and Health Care Delivery system. During implementation, technical staff from Kondoa District Council were involved in different project activities of the Applicant.

¹⁹ See footnote 1.

²⁰ The statutes must make it possible to ascertain that the organisation was set up by an act governed by the national law of the country concerned. In this respect, any legal entity whose statutes have been established in another country cannot be considered an eligible local organisation.

Partner 3	
EuropeAid ID number²¹	CD-2013-CWU-2401640168
Full legal name	Ville de Kananga
Nationality²²	Congolese
Experience of similar actions, in relation to the role played in the implementation of the proposed action	The Ville de Kananga is divided in health areas (zones de santé) that are implementing HIV fights through the Programme National to fight HIV (PLNS). The Ville the Kananga has the capacity on terms of professionalisms and expertise to supervise the project in collaboration with the Applicant. Facilitate training component thought the mobilisation of the beneficiaries.
History of cooperation with the applicant	<p>The Ville de Kananga has cooperating in the project of the Tuscany Region in support of the decentralization process and democratization in DRC. The aim of the project was to sustain the decentralisation process strengthening the capacity of the elected and officials of the Western Kasai Province on the following topics: a) Fiscal Decentralization; b) Participation and participatory approach; c) Plan of local development. The project foresaw also the implementation of a pilot activity in the Ville de Kananga with the aim to support local economies and mainly small private companies and cooperatives working in agriculture production chains.</p> <p>The Ville de Kananga is also implementing a project funded by the EU in partnership with Oxfam Italia on sanitation and waste management</p>

²¹ See footnote 1.

²² The statutes must make it possible to ascertain that the organisation was set up by an act governed by the national law of the country concerned. In this respect, any legal entity whose statutes have been established in another country cannot be considered an eligible local organisation.

Partner 4	
EuropeAid ID number²³	IT-.2007-DOJ-2711198896
Full legal name	UCODEP
Nationality²⁴	ITALIAN
Experience of similar actions, in relation to the role played in the implementation of the proposed action	<p>Ucodep is working in South Africa, in Or Tambo District Municipality and in the Inghuza Hill Municipality since 2005. Ucodep has an operative office based in Buffalo City Municipality.</p> <p>Ucodep, since 2008, is working in Congo DR, and has an operative office in Kinshasa.</p> <p>The most important experiences in the field of decentralisation and health implemented by Ucodep are:</p> <p>Sub-Saharan Africa:</p> <p>2010-2011 Goleama Project-Second phase. The project started in 2007 by the Region of Tuscany and the Nelson Mandela Children Fund will implement action in the Or Tambo District to reduce HIV effects. The main activities foresee are capacity building for health staff and communities and awareness campaigns. The second phase of Goleama will be implemented with the support of the Small Projects Foundation. Euro 250.000</p> <p>2008-2011 Netsafrica- Decentralisation and Local Development Policies in South Africa - A Network of Tuscan and South African Local Governments. Ucodep is working as partner and responsible for the Operative Secretariat of the Programme and in charge of the mobilization of South African and Tuscan partners. One of the area targeted by the action is Or Tambo District Municipality. Euro 4.000.000,00</p> <p>2008-2011 Support for the process of democratization in the Democratic Republic of Congo through institutional reinforcement of the 11 Provincial Assemblies. Euro 430.000,00</p> <p>2008-2011 Integrated Development Programme in Haut Knam Camerun. The Programme in partnership with Tuscan and Cameroonians LA foresee action to support capacity building of local municipality (Bakou and Banwa) to support participative community action and to implement small pilot project in the field of basic health services, development and water. Euro 100.000,00</p> <p>Other areas:</p> <p>Decentralisation:</p> <p>2010-2011 Seenet II. South Eastern Europe – The second phase of the SEENET Network, under the ownership of the Tuscan Region, is cofounded by Ministry of Foreign Affairs It involves about 47 Local Authorities in South Eastern Europe and 6 Italian regions in a series of actions directed toward the reinforcement of the public administrations for the planning and establishment of local development politics, which address the themes of the valorisation and management of the territory, economic development and territorial and social planning. Euro 11.000.000,00</p> <p>2003-2006 South Eastern Europe – SEENET, local governments as the driving force of development</p>

²³ See footnote 1.

²⁴ The statutes must make it possible to ascertain that the organisation was set up by an act governed by the national law of the country concerned. In this respect, any legal entity whose statutes have been established in another country cannot be considered an eligible local organisation.

	<p>The local authorities that were involved numbered 21 and were situated in Albania (Scutari Area), Bosnia-Herzegovina (Canton of Sarajevo, Canton of Herzegovina-Neretva, Municipalities of Livno, Trebinje, Nevesinje, Sanski Most, Prijedor, Tuzla, cities of Mostar and Sarajevo), Croatia (Istrian Region, Cities of Pisino, Rovigno, Varazdin and town of Verteneglio), Kosovo (Town of Pec/Peja), Macedonia (City of Skopje) and Serbia (Cities of Kraguievac, Nis, Town of Vozdovac). Perhaps the most significant element of SEENET is the important opportunity it provided to promote a dialogue between various local subjects, including the administrations and the various associations involved.</p> <p>Euro 4.234.000,00</p> <p>2004-2005 first phase and 2009-2010 second phase Latin America – The Urbal ProgramThe Urbal program has been established in Latin America with the objective of reinforcing the processes of decentralized cooperation between European and Latin American territories in the field of urban politics. The project currently underway has a two year duration, it is financed by the European Union and is coordinated by the City of Arezzo in collaboration with UCODEP, with the Town of Lille Métropole, and with 5 Latin American towns dispersed among Perù (Surco), Ecuador (Cuenca), Argentina (General Pico and Tres de Febrero) and Chile (Arica).</p> <p>Middle East – The Med Cooperation Program.The Med Cooperation program (www.medcooperation.org) is a decentralized cooperation program in effect since 1999 among local authorities companies in Israel, Palestine and Tuscany, thanks to the contributions of the Tuscan Region – a promoter of the program -, the European Union, the Monte dei Paschi foundation and various local Tuscan authorities. The objective is that of contributing to the promotion of dialogue and peace between the two conflicting populaces by way of decentralized cooperation and through the valorisation of the resources of territory's cultural patrimony.</p> <p>Health:</p> <p>Dominican Republic-Education and Health. The three year project founded by the Italian Ministry of Foreign Affairs aimed mainly to the improvement of capacity of collecting data and monitoring to improve the health services provided by hospital and base health centres. The trainings have benefited 430 doctors, 200 nurses, 60 data collecting technician and 24 health manager. In the same countries a three year project with Unicef has been implemented to fight the spread of HIV/AIDS and other sexual transmission diseases with a work that has targeted 4400 people.</p> <p>2007-2009 Serbia – Support to mental Health Center. In the city of Nis with funds provided by the Region of Tuscany. The main aims of the project was to change the vision and the organization of the center from a mental care services to an integrated care services.</p> <p>2004-2006 Palestine-Strengthening health services. The project funded by the emergencies resources of the Italian Cooperation aimed to create a primary health care center in Biddo Cis-Giordania and to provide training to the doctors also thanks the support of doctors from the Arezzo Health Hospital.</p>
<p>History of cooperation with the applicant</p>	<p>Since their institutions, UCODEP participates to the roundtables foreseen by the Cooperation System of the Tuscany Region. The Applicant represents also one of the main financing body of the projects implemented by UCODEP in South Africa and RDC too in programme to support decentralisation and access to services.</p>

Partner 5	
EuropeAid ID number ²⁵	IT-2007-DOJ-2711198896
Full legal name	Centro Mondialità Sviluppo Reciproco - CMSR
Nationality ²⁶	Italian
Experience of similar actions, in relation to the role played in the implementation of the proposed action	<p>Thanks to the presence of a CMSR office based in Dodoma and in consideration of its mission, CMSR has been working in the field of fighting HIV/AIDS since 1997. Relevant areas of interventions about HIV/AIDS control and prevention have been addressed. The implementation has been focusing mainly in the following areas: establishment of Voluntary Counselling and HIV testing (VCT) services in urban and at village level, management of Sexually Transmitted Infections and Reproductive Tract Infections (STIs/RTIs) using syndromic approach, food support to Orphans and Vulnerable Children (OVC) and People Living with HIV/AIDS (PLHA), training for local personnel (Clinicians, Nurses, Mother and Child Health - MCH providers, non health-staff, peer educators among women and young people) and awareness campaign (Information Education Communication/Behaviour Change Communication - IEC/BCC) especially among women and young people.</p> <p>The interventions have been carrying out in 5 of the 6 districts of Dodoma Region, namely Dodoma Municipality, Bahi, Kondoa, Mpwapwa and Chamwino.</p> <p>Here below the main and last projects implemented in Tanzania in close collaboration with the Ministry of Health/National AIDS Control Programme (NACP), the Regional Administrative Secretary (RAS) of Dodoma Region and the District Councils through Health, Community Development, Women and children development and Culture departments, Tanzanian and Italian NGOs and Associations and local CBOs.</p> <p>UKIMWI – 3 years (2001- 2005) Project on AIDS prevention and control strategies in Dodoma Region funded by the Italian Ministry of Foreign Affairs;</p> <p>PASS-AIDS – 3 years (2005 – 2008) Project on the decentralized implementation of VCT centres and other facilities (STIs/RTIs, MCH and reproductive health) funded by the Tanzanian Foundation of Civil Society</p> <p>FOOD SUPPORT PROGRAMME – food support to vulnerable and orphaned by AIDS children and PLWHA funded by World Food Programme (WFP). Since 2004 CMSR has been receiving funds each year in order to improve the foreseen activities.</p> <p>CMSR intervenes also in Italy in the field of education and prevention through awareness campaigns in Livorno among pupils and students.</p> <p>The last project, entitled FOR A FUTURE WITHOUT AIDS, was</p>

²⁵ See footnote 1.

²⁶ The statutes must make it possible to ascertain that the organisation was set up by an act governed by the national law of the country concerned. In this respect, any legal entity whose statutes have been established in another country cannot be considered an eligible local organisation.

	funded by the Italian Ministry of Foreign Affairs.
History of cooperation with the applicant	<p>Since their institutions, CMSR participates to the roundtables foreseen by the Cooperation System of the Tuscany Region, as the Africa Desk, its specific Working Groups on HIV/AIDS, Support to decentralization and Local Authorities, Water Resources, and the related projects. The Applicant represents also one of the main financing body of the projects implemented by CMSR both in Tanzania and in Italy too.</p> <p>CMSR is the leading body (chef de file) of the 3 HIV/AIDS Working Group's projects which are working at different stages at the moment.</p> <p>The first one, entitled <i>Sustain to the global action against AIDS in Sub-Saharan Africa</i>, foresaw south-south and north-south exchanges of experiences and good practices through 4 international workshops held in Burkina, Tanzania, Swaziland and Italy with guests also from Senegal, Chad, Rwanda, Kenya and South Africa. The participants were members of Local Authorities, representatives of NGOs, CBOs, Women groups, PLHA associations, etc.</p>

Partner 6	
EuropeAid ID number²⁷	IT-2007-CSB-2711183306
Full legal name	Cooperazione per lo Sviluppo dei Paesi Emergenti - COSPE
Nationality²⁸	Italian
Experience of similar actions, in relation to the role played in the implementation of the proposed action	<p>The most important actions implemented by Cospe in Swaziland:</p> <p>Community-based response to HIV/AIDS in rural areas of Lubombo Region– Swaziland- 2008-2011. Cofinanced by the European Commission The project aims at reducing the incidence and impact of HIV/AIDS in the poorest region of Swaziland, through a comprehensive and community-based approach which takes into account prevention, treatment, and impact mitigation. The project addresses the most vulnerable segments of the Swazi society, who are located in rural communities (where 70% of the Country’s population lives).</p> <p>Conservation and promotion of the natural resources in the Shewula Community, Lubombo Region – Swaziland 2003-2007. Co-financed by Italian Ministry of Foreign Affairs The overall objective of the project is to contribute to the improvement of Shewula community living conditions through the conservation and sustainable management of the environmental heritage and to increase the capacity of Shewula community to preserve and utilise the natural resources through sustainable community-based management</p> <p>Water: Community Goods For All.2008-2010. Co-financed by Tuscany Authorities Region. The projects aims to improve the conditions of access to water and the competences of water resources management of the populations in Burkina Faso, Senegal, Mali, Central African Republic, Swaziland and Tanzania</p> <p>Community empowerment for the access to water and sanitation facilities in the Lubombo Region. 2008-2011 Co-financed by Italian Ministry of Foreign Affairs The project aims to secure access to safe water and basic sanitation to 15 communities of the Lubombo Region.</p>
History of cooperation with the applicant	<p>Cospe and Tuscany Region have been working together in preparing and implementing a lot of projects. The most actions implemented in cooperation are:</p> <ul style="list-style-type: none"> • CE- Urbal Programme. Phase I and II. 2005-2012 • Ce Med Cooperation Programme. 2003-2009 • CE Partneship for Peace Programme. 2005-2011

²⁷ See footnote 1.

²⁸ The statutes must make it possible to ascertain that the organisation was set up by an act governed by the national law of the country concerned. In this respect, any legal entity whose statutes have been established in another country cannot be considered an eligible local organisation.

Partner 7	
EuropeAid ID number²⁹
Full legal name	Small Projects Foundation
Nationality³⁰	South African
Experience of similar actions, in relation to the role played in the implementation of the proposed action	<p>SPF has 20 year of experience in managing project in the sector of HIV/AIDS. Follows a list of project carried out by SPF as implementing agency in the sector of HIV prevention in Eastern Cape Province and other countries in Africa :</p> <ul style="list-style-type: none"> • CBO Capacity Building and Mentorship • Empilisweni HIV/AIDS Care • Ghana AIDS Programme • Phelophepa / SPF HIV/AIDS Action Programme • PE HTA Survey • High Transmission Area Project – Duncan Village • High Transmission Area Project – Mdantsane • High Transmission Area Project – Fort Grey • Libode HIV/AIDS Action Project • National AIDS Day • National Condom Week • National Quilt Project • Income Generating Project • Fort Grey HTA Baseline Survey (PLACE) • NDA/EU AIDS Action Programme • One to One ART Support Programme – Port Elizabeth • One to One ART Support Programme – Uitenhage • VCT and PMTCT Project <p>Methodology :</p> <p>In the last twenty years, the Foundation has been involved in numerous HIV/AIDS developing a methodology for community driven projects. Through this involvement, it has built up considerable experience in what is a new approach to infrastructure and community development. Methodology used in the projects is based on:</p> <ol style="list-style-type: none"> 1. Creating the Task Space (creating the space and time in which to share needs, values, constraints, thoughts, reflections and evaluate). 2. Sharing the Tools (sharing the mental models, values physical resources, tools and local knowledge and reflections). 3. Questioning and listening, role-playing and brain-storming (Creative Play), where we test options and actions together. 4. Setting Goals (where we develop a plan). 5. Putting into action (where we implement).
History of cooperation with the applicant	SPF has initiated its collaboration with Tuscany Region in 2010 by drafting the proposal of the project “Support to Ward Based Planning for Buffalo City Municipality in South Africa “ in the framework of the project “Netsafrica - decentralisation and local development policies in South Africa – A network of Tuscan and South African local governments” which is promoted by Tuscany Region and that was initiated in 2008.

²⁹ See footnote 1.

³⁰ The statutes must make it possible to ascertain that the organisation was set up by an act governed by the national law of the country concerned. In this respect, any legal entity whose statutes have been established in another country cannot be considered an eligible local organisation.

2. PARTNERSHIP STATEMENT

A partnership is a relationship of substance between two or more organisations involving shared responsibilities in undertaking the action funded by the European Commission (Contracting Authority). To ensure that the action runs smoothly, the European Commission requires all partners to acknowledge this by agreeing to the principles of good partnership practice set out below.

1. All partners must have read the application form and understood what their role in the action will be before the application is submitted to the European Commission.
2. All partners must have read the standard grant contract and understood what their respective obligations under the contract will be if the grant is awarded. They authorise the lead applicant to sign the contract with the European Commission and represent them in all dealings with the European Commission in the context of the action's implementation.
3. The applicant must consult with his partners regularly and keep them fully informed of the progress of the action.
4. All partners must receive copies of the reports - narrative and financial - made to the European Commission.
5. Proposals for substantial changes to the action (e.g. activities, partners, etc.) should be agreed by the partners before being submitted to the European Commission. Where no such agreement can be reached, the applicant must indicate this when submitting changes for approval to the European Commission.
6. Where the Beneficiary does not have its headquarters in the country where the action is implemented, the partners must agree before the end of the action, on an equitable distribution of equipment, vehicles and supplies for the action purchased with the EU grant among local partners or the final beneficiaries of the action.

I have read and approved the contents of the proposal submitted to the European Commission. I undertake to comply with the principles of good partnership practice.

Name:	MOABI ESCORT MOLEKO
Organisation:	OR TAMBO DISTRICT MUNICIPALITY
Position:	Acting Municipal Manager
Signature:	
Date and place:	Mthatha, 16 June 2010

2. PARTNERSHIP STATEMENT

A partnership is a relationship of substance between two or more organisations involving shared responsibilities in undertaking the action funded by the European Commission (Contracting Authority). To ensure that the action runs smoothly, the European Commission requires all partners to acknowledge this by agreeing to the principles of good partnership practice set out below.

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3. The applicant must consult with his partners regularly and keep them fully informed of the progress of the action.
4. All partners must receive copies of the reports - narrative and financial - made to the European Commission.
5. Proposals for substantial changes to the action (e.g. activities, partners, etc.) should be agreed by the partners before being submitted to the European Commission. Where no such agreement can be reached, the applicant must indicate this when submitting changes for approval to the European Commission.
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I have read and approved the contents of the proposal submitted to the European Commission. I undertake to comply with the principles of good partnership practice.

Name:	Gervas Amata
Organisation:	Kondoa District Council
Position:	Ag District Executive Director
Signature:	
Date and place:	18-06-2010, Kondoa

2. PARTNERSHIP STATEMENT

A partnership is a relationship of substance between two or more organisations involving shared responsibilities in undertaking the action funded by the European Commission (Contracting Authority). To ensure that the action runs smoothly, the European Commission requires all partners to acknowledge this by agreeing to the principles of good partnership practice set out below.

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9. The applicant must consult with his partners regularly and keep them fully informed of the progress of the action.
10. All partners must receive copies of the reports - narrative and financial - made to the European Commission.
11. Proposals for substantial changes to the action (e.g. activities, partners, etc.) should be agreed by the partners before being submitted to the European Commission. Where no such agreement can be reached, the applicant must indicate this when submitting changes for approval to the European Commission.
12. Where the Beneficiary does not have its headquarters in the country where the action is implemented, the partners must agree before the end of the action, on an equitable distribution of equipment, vehicles and supplies for the action purchased with the EU grant among local partners or the final beneficiaries of the action.

I have read and approved the contents of the proposal submitted to the European Commission. I undertake to comply with the principles of good partnership practice.

Name:	Antoinette Kapinga
Organisation:	Ville de Kananga
Position:	Maire
Signature:	
Date and place:	Kananga, 19/02/2013

2. PARTNERSHIP STATEMENT

A partnership is a relationship of substance between two or more organisations involving shared responsibilities in undertaking the action funded by the European Commission (Contracting Authority). To ensure that the action runs smoothly, the European Commission requires all partners to acknowledge this by agreeing to the principles of good partnership practice set out below.

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3. The applicant must consult with his partners regularly and keep them fully informed of the progress of the action.
4. All partners must receive copies of the reports - narrative and financial - made to the European Commission.
5. Proposals for substantial changes to the action (e.g. activities, partners, etc.) should be agreed by the partners before being submitted to the European Commission. Where no such agreement can be reached, the applicant must indicate this when submitting changes for approval to the European Commission.
6. Where the Beneficiary does not have its headquarters in the country where the action is implemented, the partners must agree before the end of the action, on an equitable distribution of equipment, vehicles and supplies for the action purchased with the EU grant among local partners or the final beneficiaries of the action.

I have read and approved the contents of the proposal submitted to the European Commission. I undertake to comply with the principles of good partnership practice.

Name:	ROBERTO BARBIEIR
Organisation:	UCODEP
Position:	DIRECTOR-INTERNATIONAL COOPERATION
Signature:	
Date and place:	FLORENCE, 22-06-2010

2. PARTNERSHIP STATEMENT

A partnership is a relationship of substance between two or more organisations involving shared responsibilities in undertaking the action funded by the European Commission (Contracting Authority). To ensure that the action runs smoothly, the European Commission requires all partners to acknowledge this by agreeing to the principles of good partnership practice set out below.

13. All partners must have read the application form and understood what their role in the action will be before the application is submitted to the European Commission.
14. All partners must have read the standard grant contract and understood what their respective obligations under the contract will be if the grant is awarded. They authorise the lead applicant to sign the contract with the European Commission and represent them in all dealings with the European Commission in the context of the action's implementation.
15. The applicant must consult with his partners regularly and keep them fully informed of the progress of the action.
16. All partners must receive copies of the reports - narrative and financial - made to the European Commission.
17. Proposals for substantial changes to the action (e.g. activities, partners, etc.) should be agreed by the partners before being submitted to the European Commission. Where no such agreement can be reached, the applicant must indicate this when submitting changes for approval to the European Commission.
18. Where the Beneficiary does not have its headquarters in the country where the action is implemented, the partners must agree before the end of the action, on an equitable distribution of equipment, vehicles and supplies for the action purchased with the EU grant among local partners or the final beneficiaries of the action.

I have read and approved the contents of the proposal submitted to the European Commission. I undertake to comply with the principles of good partnership practice.

Name:	Guido Frati
Organisation:	Centro Mondialità Sviluppo reciproco – CMSR
Position:	President
Signature:	
Date and place:	Livorno, 21/06/2010

2. PARTNERSHIP STATEMENT

A partnership is a relationship of substance between two or more organisations involving shared responsibilities in undertaking the action funded by the European Commission (Contracting Authority). To ensure that the action runs smoothly, the European Commission requires all partners to acknowledge this by agreeing to the principles of good partnership practice set out below.

19. All partners must have read the application form and understood what their role in the action will be before the application is submitted to the European Commission.
20. All partners must have read the standard grant contract and understood what their respective obligations under the contract will be if the grant is awarded. They authorise the lead applicant to sign the contract with the European Commission and represent them in all dealings with the European Commission in the context of the action's implementation.
21. The applicant must consult with his partners regularly and keep them fully informed of the progress of the action.
22. All partners must receive copies of the reports - narrative and financial - made to the European Commission.
23. Proposals for substantial changes to the action (e.g. activities, partners, etc.) should be agreed by the partners before being submitted to the European Commission. Where no such agreement can be reached, the applicant must indicate this when submitting changes for approval to the European Commission.
24. Where the Beneficiary does not have its headquarters in the country where the action is implemented, the partners must agree before the end of the action, on an equitable distribution of equipment, vehicles and supplies for the action purchased with the EU grant among local partners or the final beneficiaries of the action.

I have read and approved the contents of the proposal submitted to the European Commission. I undertake to comply with the principles of good partnership practice.

Name:	Federica Masi
Organisation:	COSPE
Position:	General Secretary
Signature:	
Date and place:	Florence, 22/06/2010

2. PARTNERSHIP STATEMENT

A partnership is a relationship of substance between two or more organisations involving shared responsibilities in undertaking the action funded by the European Commission (Contracting Authority). To ensure that the action runs smoothly, the European Commission requires all partners to acknowledge this by agreeing to the principles of good partnership practice set out below.

1. All partners must have read the application form and understood what their role in the action will be before the application is submitted to the European Commission.
2. All partners must have read the standard grant contract and understood what their respective obligations under the contract will be if the grant is awarded. They authorise the lead applicant to sign the contract with the European Commission and represent them in all dealings with the European Commission in the context of the action's implementation.
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6. Where the Beneficiary does not have its headquarters in the country where the action is implemented, the partners must agree before the end of the action, on an equitable distribution of equipment, vehicles and supplies for the action purchased with the EU grant among local partners or the final beneficiaries of the action.

I have read and approved the contents of the proposal submitted to the European Commission. I undertake to comply with the principles of good partnership practice.

Name:	PAUL CROMHOUT
Organisation:	SMALL PROJECTS FOUNDATION
Position:	Director
Signature:	
Date and place:	East London, 29 March 2012

IV. ASSOCIATES OF THE APPLICANT PARTICIPATING IN THE ACTION

This section must be completed for each associated organisation within the meaning of section 2.1.2 of the Guidelines for Applicants. You must make as many copies of this table as necessary to create entries for more associates.

	Associate 1
Full legal name	Livorno Municipality
EuropeAid ID number: ³¹	
Nationality ³²	Italian
Legal status ³³	Local Authority
Official address	Piazza del Municipio n. 1 57123 Livorno - Italy
Contact person	Antonella Panza – responsible for decentralized cooperation
Telephone number: country code + city code + number	+39 0586 820163
Fax number: country code + city code + number	+30 0586 820623
E-mail address	apanza@comune.livorno.it
Number of employees	around 1200
Other relevant resources	none
Experience of similar actions, in relation to role in the implementation of the proposed action	<p>Partner in the project on “Contrast to dependence on psychotropic substances, held in Serbia in collaboration with UNOPS, ARCI Association and the Public Health Local Association of Livorno.</p> <p>Member of REVES Network, the European Network of Cities and Regions for the Social Economy, with the objective of developing common policies for a socially sustainable local development and the struggle for social inclusion.</p>
History of cooperation with the applicant	<p>The Municipality is part of the international cooperation system of the Tuscany Region. It participates to the Africa desk promoted by the Region, to its working Groups on AIDS and on Sustain to decentralization and Local Authorities.</p> <p>It also take part to the CMSR’s projects funded by the Region, according to the Protocol on cooperation between Dodoma Region and the Province and Municipality of Livorno, in the framework of the twinning experiences among similar actors promoted by the Tuscany Region</p> <p>cooperazione in Tanzania.</p>

³¹ If existing. Associates do not need to register in PADOR

³² See footnote 17

³³ E.g. non profit making organisation, governmental body, international organisation

	Associate 2
Full legal name	Azienda USL 6 di Livorno
EuropeAid ID number: ³⁴	
Nationality ³⁵	Italian
Legal status ³⁶	Public Health local association
Official address	Via di Monterotondo 49, 57128 Livorno - ITALY
Contact person	Andrea Grillo
Telephone number: country code + city code + number	+390586223707
Fax number: country code + city code + number	+390586223742
E-mail address	a.grillo@usl6.toscana.it
Number of employees	4200
Other relevant resources	none
Experience of similar actions, in relation to role in the implementation of the proposed action	The ASL 6 is part of the regional health system of Tuscany which foresees the specific sector of international health cooperation. Through it, the USL 6 participates as leading agency or as partner a huge amount of projects both in Africa and in Latin America also through the employment of health staff in order to realize exchange of experiences among different actors.
History of cooperation with the applicant	<p>The ASL 6 is part of the Cooperation System of Tuscany Region and participates to the round tables and particular working groups according to its mission.</p> <p>The Tuscany Region represents also the financing body of many projects led by the ASL 6 or where it participates actively as partner.</p> <p>With CMSR, the ASL 6 is also part of the Technical Committee of the Forum on Peace and International Cooperation promoted by the Province of Livorno. The framework of this Assembly is represented by the Cooperation System of Tuscany region which is the referral administrative level for the Provinces.</p>

³⁴ If existing. Associates do not need to register in PADOR

³⁵ See footnote 17

³⁶ E.g. non profit making organisation, governmental body, international organisation
EuropeAid/129200/C/ACT/TPS

	Associate 3
Full legal name	Province of the Eastern Cape - Department of Health
EuropeAid ID number: ³⁷	
Nationality ³⁸	South African
Legal status ³⁹	Local Authority
Official address	Ingxowa Eyodwa/Private Bag, X0038, Bisho 5605 South Africa
Contact person	Siyanda Manana
Telephone number: country code + city code + number	+27 40 608 1114
Fax number: country code + city code + number	+27 40 608 1118
E-mail address	siyanda.manana@impilo.ecprov.gov.za
Number of employees	1223
Other relevant resources	Public funding
Experience of similar actions, in relation to role in the implementation of the proposed action	<p>The Department is engaging in several programmes aimed at combating HIV/AIDS:</p> <p>VCT programme: The goal of this programme is to provide access to voluntary counselling and testing through a public health-non-governmental sector partnership to an adult population between the ages of 15 – 49, focusing on rural communities and facilitating behaviour change and HIV prevention. Voluntary counselling and testing is available at 893 facilities in the province that includes 93 hospitals, 32 community health centers, 722 clinics (98%), 160 mobile clinics and 46 non-governmental organizations. During the first quarter, 59 539 people received pre-test counselling, 42 253 agreed to be tested and 11 830 tested positive.</p> <p>PMTCT programme:</p> <p>The goal of the programme is to provide management of HIV positive pregnant women and prevent the transmission of HIV from mothers to children during pregnancy, child birth and breast feeding. The effectiveness of the</p>

³⁷ If existing. Associates do not need to register in PADOR

³⁸ See footnote 17

³⁹ E.g. non profit making organisation, governmental body, international organisation

	<p>programme depends on the women's HIV status being known. Pregnant women who are HIV positive require special and unique management challenges. These include expanded Voluntary Counselling and Testing services, HIV testing for pregnant women, provision of single dose nevirapine to the mother during labour and the infant within 72 hours of life, monitoring and where necessary, provision of highly active anti-retroviral therapy, counselling regarding infant feeding and strengthening of antenatal, during labour and post-delivery care programmes.</p> <p>These services are offered at 722 clinics and 92 hospitals. During the first quarter, 35 776 first visits of anti-natal clients were recorded, 23 281 underwent tests and 4 936 tested positive. The number of babies tested at 12 months were 1 136, and 247 babies tested positive.</p>
<p>History of cooperation with the applicant</p>	<p>The Eastern Cape province is partner in the programme "Netsafrica - decentralisation and local development policies in South Africa – A network of Tuscan and South African local governments" which is promoted by Tuscany Region and that was initiated in 2008.</p>

	Associate 4
Full legal name	Hingquza Hill local municipality
EuropeAid ID number: ⁴⁰	
Nationality ⁴¹	South African
Legal status ⁴²	Local Authority
Official address	Po Box 11 Hingquza Hill South Africa
Contact person	Mr <i>Lateka Tobala</i>
Telephone number: country code + city code + number	+27 44 608 3456
Fax number: country code + city code + number	+27 44 56 7889
E-mail address	latekatobala@yahoo.com.uk
Number of employees	84
Other relevant resources	Public funding
Experience of similar actions, in relation to role in the implementation of the proposed action	The local municipality together with its Department of Health is engaged in supporting the local health facilities and dispensing ARV from the provincial level.
History of cooperation with the applicant	Hingquza Hill municipality is partner in the programme “Netsafrica - decentralisation and local development policies in South Africa – A network of Tuscan and South African local governments” which is promoted by Tuscany Region and that was initiated in 2008.

⁴⁰ If existing. Associates do not need to register in PADOR

⁴¹ See footnote 17

⁴² E.g. non profit making organisation, governmental body, international organisation
EuropeAid/129200/C/ACT/TPS

	Associate 5
Full legal name	Forum Sida « FOSI »
EuropeAid ID number: ⁴³	
Nationality ⁴⁴	DRC
Legal status ⁴⁵	Plate –Forme des ONG /ASBL
Official address	Q/ Volcan,Concession de l’Hopital Général de Goma
Contact person	Dr. Augustin MBULA ITANGILWA (Coordonnateur Provincial)
Telephone number: country code + city code + number	+243 994016929
Fax number: country code + city code + number	
E-mail address	kahorhjack@yahoo.fr
Number of employees	07
Other relevant resources	Financement de Médecins du Monde France, Cordaid...
Experience of similar actions, in relation to role in the implementation of the proposed action	Activities : advocacy activities for the ONG members of the platform. Elaboration of strategique plan, strenghtening of the Ngo membres
History of cooperation with the applicant	The Platform attended the training to the Provincial Assembly in Goma held in the framework of the project of Ucodep and Tuscany Region in RDC .

⁴³ If existing. Associates do not need to register in PADOR

⁴⁴ See footnote 17

⁴⁵ E.g. non profit making organisation, governmental body, international organisation
EuropeAid/129200/C/ACT/TPS

	Associate 6
Full legal name	Programme National Multisectoriel de Lutte contre le Sida « PNMLS »
EuropeAid ID number: ⁴⁶	
Nationality ⁴⁷	CONGOLAISE
Legal status ⁴⁸	Décret présidentiel n°004 du 17 mars 2004
Official address	34, avenue de la Fronitière Q.Katindo Gauche, Commune de Goma /GOMA Nord Kivu
Contact person	Aubin MONGILI NKOLI
Telephone number: country code + city code + number	+243.81 222 5656/+243.998 1979 10
Fax number: country code + city code + number	
E-mail address	aubinmonge@gmail.com
Number of employees	14 personnes
Other relevant resources	Funds World Bank through MAP Programme
Experience of similar actions, in relation to role in the implementation of the proposed action	Prevention and treatment activities in the framework of local, provincial and national Programme to fight HIV/AIDS. The PNMLS provide the training to the actors working on the field of HIV, prepare and provide the training material and create the base for the monitoring.
History of cooperation with the applicant	The Platform attended the training to the Provincial Assembly in Goma held in the framework of the project of Ucodep and Tuscany Region in RDC

⁴⁶ If existing. Associates do not need to register in PADOR

⁴⁷ See footnote 17

⁴⁸ E.g. non profit making organisation, governmental body, international organisation
EuropeAid/129200/C/ACT/TPS

	Associate ⁷
Full legal name	Good Shepherd Hospital
EuropeAid ID number: ⁴⁹	
Nationality ⁵⁰	Swaziland
Legal status ⁵¹	Public Hospital
Official address	Good Shepherd Hospital PO Box 2 Siteki, Swaziland
Contact person	Dr David Mamvura
Telephone number: country code + city code + number	+268 3434133
Fax number: country code + city code + number	+268 3434133
E-mail address	shepherd@realnet.co.sz
Number of employees	7 doctors, 15 nurses
Other relevant resources	All capital expenditure (equipment, buildings, vehicles etc.) is from funds generated by the Catholic Church. The Government pays the staff salaries.
Experience of similar actions, in relation to role in the implementation of the proposed action	Located near the eastern border of Swaziland in Siteki, the Good Shepherd Hospital is a 125-bed rural hospital run by the Catholic Diocese in partnership with the Government. The Board governs the hospital and the Bishop acts as patron. The Management Board (consisting of the Administrator, the Medical Superintendent, the Chief Matron, and the Principal of the Nursing School) oversees the day-to-day running of the hospital. GSH is the sole hospital responsible for the health care of the Lubombo Region, making up around 1/3rd of the land area of Swaziland. The catchment area comprises of 350,000 people predominantly from the rural community. The hospital oversees the running of 20 rural clinics engaged in ART

⁴⁹ If existing. Associates do not need to register in PADOR

⁵⁰ See footnote 17

⁵¹ E.g. non profit making organisation, governmental body, international organisation

	and PMTCT protocols.
History of cooperation with the applicant	The Hospital is cooperating with Tuscany Region and Cospe since 2007 through intervention aimed at providing ART and reducing HIV transmission.

	Associate 8
Full legal name	Tanzania Public Health Association – Central Zone Chapter
EuropeAid ID number: ⁵²	
Nationality ⁵³	Tanzanian
Legal status ⁵⁴	Non profit-making Organisation
Official address	PO Box 181
Contact person	Dr Jacob Chembele
Telephone number: country code + city code + number	+255 26 2324149-50
Fax number: country code + city code + number	+255 26 2324149-50
E-mail address	jchembele@yahoo.com
Number of employees	15
Other relevant resources	Private Sectors, Subscription fees and Local Donors
Experience of similar actions, in relation to role in the implementation of the proposed action	Facilitating capacity building to health workers on Voluntary Counselling and Testing, Home Based Care, HIV/AIDS prevention in the framework of local and international programmes.
History of cooperation with the Applicant	Since 2003 TPHA is collaborating with CMSR in the field of HIV/AIDS prevention and control. During implementation, technical staff from TPHA Central zone were involved in different project activities of CMSR-Tanzania

⁵² If existing. Associates do not need to register in PADOR

⁵³ See footnote 17

⁵⁴ E.g. non profit making organisation, governmental body, international organisation
EuropeAid/129200/C/ACT/TPS

	Associate ⁹
Full legal name	AFRICARE - COPE
EuropeAid ID number: ⁵⁵	
Nationality ⁵⁶	Tanzanian
Legal status ⁵⁷	Non profit-making Organisation
Official address	PO Box 347
Contact person	Datus Ng'wanangwa
Telephone number: country code + city code + number	+255 26 2352282 Cell phone: +255 787 273282
Fax number: country code + city code + number	+255 26 2352282
E-mail address	datusng'wanangwa@yahoo.com
Number of employees	12
Other relevant resources	USAIDS and PEPFAR
Experience of similar actions, in relation to role in the implementation of the proposed action	AFRICARE-COPE is working in the field of HIV infection and AIDS specifically with orphanage vulnerable children in Dodoma Region including Kondoa District where the implementation of the proposed action will take place. They have enough capacity on implementation and monitoring of similar action in relation to role in implementation of the proposed action
History of cooperation with the applicant	Since 2005 AFRICARE-COPE is collaborating with the Applicant in the field of HIV/AIDS prevention and control, and Health Care Delivery system. During implementation, technical staff from AFRICARE – COPE will be involved in different project activities of the Action

⁵⁵ If existing. Associates do not need to register in PADOR

⁵⁶ See footnote 17

⁵⁷ E.g. non profit making organisation, governmental body, international organisation
EuropeAid/129200/C/ACT/TPS

	Associate 10
Full legal name	Community-Based Health Initiatives (CBHI)
EuropeAid ID number: ⁵⁸	
Nationality ⁵⁹	Tanzanian
Legal status ⁶⁰	Non profit-making Organisation
Official address	PO Box 450– Kondo, Dodoma
Contact person	Hamisi Ntomola Juma
Telephone number: country code + city code + number	+255 26 2360378 - Cell phone: +255 784 469 377
Fax number: country code + city code + number	+255 26 2360378
E-mail address	jhamisi49@yahoo.com
Number of employees	6
Other relevant resources	USAIDS
Experience of similar actions, in relation to role in the implementation of the proposed action	CBHI is working in the field of HIV infection and AIDS specifically with orphanage vulnerable children in Dodoma Region including Kondo District where the implementation of the proposed action will take place. They have enough capacity on implementation and monitoring of similar action in relation to role in implementation of the proposed action
History of cooperation with the applicant	Since 2008 CBHI is collaborating with the Applicant in the field of HIV/AIDS prevention and control, and Health Care Delivery system. During implementation, technical staff from CBHI will be involved in different project activities of the Action

⁵⁸ If existing. Associates do not need to register in PADOR

⁵⁹ See footnote 17

⁶⁰ E.g. non profit making organisation, governmental body, international organisation
EuropeAid/129200/C/ACT/TPS

V.1. CHECKLIST FOR THE FULL APPLICATION FORM-OBJECTIVE 1

EuropeAid/129200/C/ACT//TPS - Non-State Actors and Local Authorities in Development — Local Authorities

BEFORE SENDING YOUR PROPOSAL, PLEASE CHECK THAT EACH OF THE FOLLOWING COMPONENTS IS COMPLETE AND RESPECTS THE FOLLOWING CRITERIA :	To be filled in by the applicant	
Title of the Proposal: Maternal and Child Health: Local Authorities and Decentralization of services in SADC Area	Yes	No
PART 1 (ADMINISTRATIVE)	•	
1. The correct grant application form, published for this call for proposals, has been used	•	
2. The declaration by the applicant has been dully filled in and signed and has been sent together with the full application.	•	
3. The proposal is typed and is in English, French, Spanish or Portuguese	•	
4. One paper original is included		Submitted by email
5. An electronic version of the proposal (CD-Rom or USB) is enclosed		Submitted by email
6. Each partner has completed and signed a partnership statement and the statements are included. Please mark "non applicable" (NA) if there is no partner.	•	
7. The budget is presented in the format requested, is expressed in EUR and is enclosed	•	
8. The logical framework has been completed and is enclosed	•	
PART 2 (ELIGIBILITY)	•	
9. The duration of the action is equal to or lower than 60 months (the maximum allowed)	•	
10 The duration of the action is equal to or higher than 24 months (the minimum allowed)	•	
11. The requested contribution is equal to or higher than 500 000 EUR (the minimum allowed)	•	
12. The requested contribution is equal to or lower than 1.500 000 EUR (the maximum allowed)	•	
13. The requested contribution by a European LA of association of LA is equal to or less than 75% of the total eligible costs (maximum percentage allowed).	•	
14. The requested contribution by a partner country's LA of association of LA is equal to or less than 90% of the total eligible costs (maximum percentage allowed).	NA	
15. The EU contribution requested does not vary by more than 20% from the estimation presented in the corresponding Concept Note or a justification has been provided under part B, section I.2 of the Full Application Form	•	
16. Applicant and partners are registered in PADOR and all supporting documents have been uploaded. In case a derogation is being requested, Annex MB and all supporting documents are being sent with the Full Application.	•	

V.2. CHECKLIST FOR THE FULL APPLICATION FORM- OBJECTIVES 2 & 3

EuropeAid/129200/C/ACT//TPS - Non-State Actors and Local Authorities in Development — Local Authorities

BEFORE SENDING YOUR PROPOSAL, PLEASE CHECK THAT EACH OF THE FOLLOWING COMPONENTS IS COMPLETE AND RESPECTS THE FOLLOWING CRITERIA :	To be filled in by the applicant	
Title of the Proposal:	ber States es.	Yes No
PART 1: ADMINISTRATIVE		
1. The correct grant application form, published for this call for proposals, has been used		
2. The declaration by the applicant has been dully filled in and signed and has been sent together with the full application.		
3. The proposal is typed and is in English, French, Portuguese or in Spanish (or German for objective 2)		
4. One paper original is included		
5. An electronic version of the proposal (CD-Rom or USB) is enclosed		
6. Each partner has completed and signed a partnership statement and the statements are included. Please indicate “Not applicable” (NA) if you have no partner		
7. The budget is presented in the format requested, is expressed in EUR and is enclosed		
8. The logical framework has been completed and is enclosed		
PART 2: ELIGIBILITY		
9. The duration of the action is equal to or lower than 36 months (the maximum allowed)		
10. The duration of the action is equal to or higher than 12 months (the minimum allowed)		
11. The requested contribution is equal to or higher than 100.000 EUR (the minimum allowed)⁶¹		
12. The requested contribution is equal to or lower than 1.000.000 EUR (Objective 2) / 750.000 (Objective 3)		
13. The requested contribution is equal to or lower than 75%⁶² of the total eligible costs (minimum percentage required)		
14. The EU contribution requested does not vary by more than 20% from the estimation presented in the corresponding Concept Note or a justification has been provided under part B section I.2 of the Full Application Form		
15. Applicant and partners are registered in PADOR and all supporting documents have been uploaded. In case a derogation is being requested, Annex MB and all supporting documents are being sent with the Full Application.		

