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United Nations Development Programme
Country: Tajikistan
Project Document

Project Title	Malaria Elimination in Tajikistan for 2009 - 2014
UNDAF Outcome(s):	Outcome 2.4. There is improved access for the vulnerable to quality basic services in health, education and social welfare Outcome 3. There is greater access for the most vulnerable to quality health care services and an improvement in health behaviours, thereby preventing and reducing communicable diseases
Expected CP Outcome(s):	Outcome 2: Sustainable and efficient multi-sectoral response structures are established to halt the spread of HIV/AIDS and TB epidemics and eliminate Malaria by 2015 in line with MDGs
Expected Output(s):	Output 2.3: Strengthened management of national malaria control programme results in interruption of local malaria transmission in Tajikistan
Implementing Agencies:	United Nations Development Program in Tajikistan
Responsible Agencies:	Ministry of Health, Republican Centre to Fight Tropical Diseases(RTDC), World Health Organization (WHO), Republican Centre for Formation of Healthy Lifestyle (RCFHS), Republican Centre for Preventive Disinfection (RCPD)

Brief Description

The project document provides a base for continuation of Malaria elimination project funded by GFATM Round 8 grant in October 2009 – September 2011. The project will continue with Phase 2 approval of continued funding by GFATM for period October 2011-September 2013. The overall goal of the project is to eliminate malaria infection through interruption of local malaria transmission. The proposed project is aimed at consolidating the achieved results of the ongoing reduction of Malaria infection. The project will scale up existing efforts of the malaria surveillance system, strengthening NCMP capacity, improving early detection and effective treatment as well as promotion of integrated vector control management. The general population in 41 project districts of the country will be targeted by the grant.

Programme Period: 2011-2013

Key Result Area: Reducing burden of
HIV, TB and Malaria

Atlas Award ID: 00058594

Start date: 1 October 2011
End Date: 30 September 2013

Management Arrangements DIM

Total resources required € 3 340 700

Total allocated resources: € 3 340 700

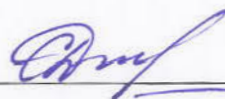
- Regular n/a
- Other: n/a

Donor: GFATM € 3 340 700

Unfunded budget: n/a

In-kind Contributions n/a

Agreed by National Coordination Committee on AIDS, TB and Malaria:



Agreed by UNDP:



I. SITUATION ANALYSIS

The Republic of Tajikistan is a country in transition in Central Asia. Tajikistan's economy is particularly susceptible to the global economic crisis, due to its reliance on labor migration. In 2008, 33% of the economically active population was engaged in external labor migration and remittances comprised approximately 50% of GDP. In 2009, a 30% decrease in remittance inflows is expected and will likely further increase the current rate of unemployment (presently at 33%, as stated by the World Bank¹). With the Human Development Index (HDI) of 0.580, the country is ranked 112th among 169 world countries listed by this indicator in the UNDP Human Development Report 2010.

Civil unrest and collapse of socio-economic previous relationships with neighbouring countries impacted to all fields of living including the health care. The Government commits and recognizes the human resource shortages and undertakes measures to strengthen the human capacity. Majority of socio-economic spheres in Tajikistan, in particular, healthcare system in the post-Soviet period has been severely affected by civil war, economic collapse, and a dramatic decline in health financing. Tajikistan's health sector budget is only 1.2% of GDP, which covers only 16% of total health sector expenditure². The government budget is not sufficient to cover all needs of building capacities.

MDG Achievement and Poverty Reduction: In 2000, The Republic of Tajikistan signed the UN Millennium Declaration. A detailed assessment of resources required for MDG achievement was completed by the Government, in partnership with UNDP, in 2005. The MDG Needs Assessment report provided a comprehensive analysis of development trends and major challenges and formulated key policy directions necessary to accelerate progress. It was identified that a large resource gap existed and concluded that donors would need to double the amount of aid to help the country to meet its MDG targets by 2015.

To identify and plan the country's development priorities alongside the national Millennium Development Goals (MDGs), the Republic of Tajikistan adopted its National Development Strategy (NDS) from 2007-2015. This strategy was further complemented by the Poverty Reduction Strategy, an implementation instrument for the NDS³. Since these strategies were developed, Tajikistan has faced unanticipated development challenges, notably arising from a compound water, energy and food crisis, and further exacerbated by the 2008-2009 global economic crisis.

For a decade, malaria was one of the major development challenges in Tajikistan, particularly along the Tajik-Afghan border. In 1997, the number of malaria cases reported reached its peak, when nearly 30, 000 cases were registered. However, in the last five years, the reported malaria cases have significantly reduced from 3588 cases in 2004 to 112 in 2010. This is largely attributed to the expansion of national malaria control efforts supported by the GFATM. To successfully eliminate Tajikistan's malaria threat, a sustainable strategy is required, moving from reactive activities designed to interrupt the spread of malaria to pro-active measures to prevent and eradicate the disease.

UNDP Country Office in Tajikistan became a Principal Recipient for GFATM Round 5 malaria grant, implementation of which began in 2006. Significant project achievements included the

¹ World Bank 2008

² Tajikistan Ministry of Health statistics 2008

³ The Government has initiated the process of creating a new Poverty Reduction Strategy (PRS). The new PRS will maintain continuity with its original 2007- 2009 priorities, as well as the goals of NDS and MDGs and should be developed by the end of 2009.

following: expanded access to early and reliable diagnosis; provision of anti-malaria treatment in malaria-affected areas; creation of a rapid response capability to cope with emergency situation; vector control activities (ITN distribution, indoor residual spraying of insecticide, larva-eater fish dissemination) in the endemic zones; and research and training for medical staff on epidemiology, diagnostic and malaria treatment. A partnership was built with the Ministry of Health, Republican Center to fight Tropical Diseases, other health care structures. Technical assistance was rendered by WHO. In addition, UNDP played a catalytic role in establishing cooperation in the area of malaria prevention with the bordering countries of Afghanistan, Kyrgyzstan and Uzbekistan through promoting information sharing of best practices. Namely, an agreement has been reached with the Government of Kyrgyzstan to provide health treatment in border territories. In 2010, a resolution for trans-boundary cooperation between Tajikistan and Afghanistan, targeted at strengthening of joint coordination efforts of two countries on malaria prevention was signed. In August 2011, a Regional Research and Practice Conference on the Elimination of Malaria was held in Sughd region, with the aim of increasing cooperation between regional neighbors and the sharing of knowledge on countries' successes and failures. It was widely attended, with national experts and government health officials from Armenia, Azerbaijan, Kyrgyzstan, Russia and Turkmenistan in addition to Tajikistan, and from the UNDP and WHO. The conference, ended with a joint resolution to strengthen cross-border cooperation and promote and intensify joint efforts for malaria elimination and prevention in all affected countries. Efforts shall be applied to continue this initiative.

During the implementation of Phase I of the Round 8 malaria grant, the country has achieved successful outcome of the project, where *P. Falciparum* incidence has been reduced to less than 0.02 per 100,000 populations in 2010 compared to year 2005 - 1.2 per 100.000 population and overall malaria incidence has decreased significantly, from 2,309 cases (out of them 81 *P.falciparum* cases) in 2005 to 112 cases (including 1 *P.falciparum* case, imported) in 2010. However, the difficult epidemiological situation in neighbouring countries and the limited government budget for malaria control activities could affect the sustainability of these outcomes.

There has been a decrease of malaria cases for the last years by 95.1% in comparison with 2005, particularly in the amount of *P.Falciparum* malaria infections. This is largely attributed to the effective implementation of complex malaria prevention interventions. Because of this sudden reduction of the malaria incidence, the malaria elimination regional strategy developed by the WHO for 2006-2015 became feasible and achievable target by 2015. Within the Phase I of Round 8 malaria project, a new National Programme on Interruption of Malaria Transmission in the Republic of Tajikistan for 2011-2015 was developed and approved. The main goal of the proposed strategy for 2011-2015 is to eliminate local transmission of malaria in the Republic of Tajikistan by 2015 and to maintain the free status in areas where malaria has been eliminated.

The UNDP supported NCC to develop the Request for Continued Funding for Round 8 Phase 2 for period October 2011- September 2013 to ensure sustainability of the results achieved to date as well as measures to eliminate *P.vivax* malaria in Tajikistan by 2015⁷.

II. STRATEGY

The UNDP country programme for the period of 2010-2015 aims to achieve the objectives set out in the National Development Strategy of the Republic of Tajikistan for the period up to 2015, in accordance with the Millennium Development Goals. The promotion of national development policies and programmes will be undertaken through a combination of policy support for the MDGs and capacity development support for service delivery, strategic planning, and resource mobilization. HIV/AIDS, Malaria and Tuberculosis will be one of the key focus area for future programme cycle. Particular attention will be given to the scaling up of proven successful initiatives, utilizing best practices and lessons learned to expand prevention programmes, access to

care and treatment, protection of rights of people affected by disease and promoting gender equality as a cross-cutting issue.

Additionally, the UNDP intends to maximize the potential of partnerships. This will be accomplished through strengthening the capacity of local counterparts and government personnel; expansion of partnership with domestic and international stakeholders and technical agencies; more effective use of existing UNDP country office implementation structures in cross cutting areas and continuing to advance effective coordination and collaboration with existing and future partners.

Taking into consideration the UNDP strategic programmes and plans, this project will aim at reducing transmission of *P. Vivax* malaria and maintaining the absence of transmission of *P.falciparum* malaria in Tajikistan.

The overall goal of the malaria control interventions is reflecting the regional malaria elimination strategy of WHO Europe and adopted in the RBM strategy of WHO and the Millennium Development Goals, namely to have halted by 2015 and begun to reverse the incidence of malaria and other major diseases. The project, also contributes to the achievement of one of the UNDAF outcomes stating "Improved access for the vulnerable to quality basic services in health education and social protection". The ultimate goal of the project is to interrupt the transmission of malaria by 2015 following by certification of malaria elimination. In areas where malaria had been eliminated, attention is given to maintaining the malaria-free status. Particular emphasis is also placed on tackling of the growing problem associated with imported malaria.

The targets are based on proven epidemiological facts, such as the route and frequency of disease transmission cycles and demonstrated evidence based interventions. Given the uneven distribution of malaria burden throughout the country high priority target areas were identified, comprising of 41 districts with established high to medium risk of malaria transmission, to maximize the impact while optimizing resource usage. Special attention will be given 13 districts that are close to the Islamic Republic of Afghanistan. Health facilities in these districts will be provided with rapid diagnostic tests for early diagnostic and treatment purpose. There are six bridges connecting Tajikistan to Afghanistan. In addition, there are number of free trade zones on both sides of the border. The up-scaling and improved disease surveillance and monitoring of diagnostic and treatment services in this project will significantly enhance the goal of accurate diagnosis and prompt effective treatment, as well as epidemic response. In addition, the overall malaria morbidity and transmission will be substantially reduced. In addition, four mobile response teams will be supported under this project. Vector control interventions have shown to be an effective tool for prevention of malaria in Tajikistan. The project will pay special attention and promote integrated vector control interventions including environmental management. Behavioral change communication is considered to be an important vehicle to bring about a change in the malaria situation, as it empowers the population to make informed decisions and take ownership of the interventions. The Interventions aim at providing knowledge as well as behaviour change. Furthermore, this project will emphasize and actively promote the local community ownership of the malaria elimination intervention through regular coordination meetings as well as implementation and support of the malaria interventions.

The expected impact of preventive interventions on the target population is a rapid decline in incidence of malaria. The interventions of the proposed project will focus on reduction in number of malaria *foci* rather than malaria cases. The proposed implementation strategy will further strengthen the overall multi-sectoral response to malaria elimination through integration of services and pooling of resources (such as establishment national malaria advisory board and regional malaria task forces).

The impact indicators are the incidence of malaria in the target areas, which reflect the effectiveness of the preventative measures implemented, and enhanced public knowledge about control measures with demonstrated behaviour change in the target population, reflecting the acceptability of interventions and their effectiveness. In line with the WHO regional malaria elimination strategy, *P.falciparum* malaria was eliminated in the country by 2010 and *P. vivax* malaria is planned to be eliminated by 2015.

Objective 1: Strengthen the capacity of the NMCP to support malaria control policy development, planning, management, partnership and coordination.

(i) PR – UNDP the Republic of Tajikistan, SR: WHO, RTDC

(ii) Targeted populations: RTDC, Regional TDC, Malaria patients, Health workers at PHC level

This is a conditional objective on which all of the other strategic objectives depend. It is essential to bringing malaria control into the next phase of elimination in Tajikistan, to ensure the previous successes can be consolidated and the local transmission of malaria is further reduced to insignificant levels. The vigilant surveillance and mix of the most effective interventions that will be necessary to achieve this will require a stepping up in the capacity development of the NMCP. The capacity of the Tropical disease centre of MoH and local communities will be further strengthened to facilitate the execution of the malaria elimination interventions in the country.

In order to consolidate and maintain the positive results obtained during the implementation of Round 5 and Phase I in Round 8 of Malaria grants, it is crucial to further strengthen capacities of the specialized and general health services involved in malaria control and enhance capacity for decision-making regarding malaria elimination. Some important aspects in implementation and management of the project, notably responsibility, authority and accountability for work done, resources used and outputs/outcomes produced at all levels, will be regularly reviewed.

The project will be implemented in consultation and collaboration with existing and potential partners in order to enhance coordination and maximize the impact of assistance in the context of malaria elimination. Training is a key component of the proposed project. Although many training activities have been carried out during the implementation of the Round 5 and Phase I of Round 8 Global fund Malaria projects, however the existence of a high turnover of the health staff, training of the newly appointed personnel is needed. The already trained specialists should be acquainted with the new scientific data and approaches in field of malariology. The efforts will be focused on training/retraining of National/Regional/District Health authorities

Objective 2: Strengthen the national surveillance system, including epidemic forecasting, early warning and response.

(i) PR – UNDP, SR – WHO, RTDC

(ii) Targeted populations: RTDC, Oblast health authority, SES, PHC workers, Decision makers

Malaria surveillance defined as the systematic collection, analysis and interpretation of malaria-related data essential to planning, implementation, and evaluation of malaria control or elimination, aims to provide timely dissemination of relevant information to make informed decision. Tajikistan has malaria surveillance systems in place, which to great extent rely on physician and laboratory reporting and manual off-line analysis of data. During the pre-elimination stage a Malaria Elimination database has to be established. This database will serve as the national repository database for malaria elimination such as: national malaria case register, patient's record, lab register and entomology and vector control record. Currently malaria database is established in 36 districts, which serves as the national repository epidemiological and operational malaria database.

It is also envisaged to improve the database through installation of interactive GIS mapping system and to connect it with similar system developed for MoH by the World Bank. In future the project will improve malaria information and reporting system by developing/adopting key reporting forms such as: patient records, laboratory register, and entomology and vector control records. All malaria related information is collected and stored in the database at district, regional and national level. The information is analysed at national level on yearly basis and based on the information future activities' planning is made. There is an urgent need for further develop and expansion of the surveillance system to all malaria affected area with special focus on Tajik-Afghan frontiers. Surveillance is vital to ensure malaria elimination. Activities planned under this objective can be classified under the SDA 'prediction, early warning and response of epidemics'.

Objective 3: Improved coverage and quality of early diagnosis and prompt treatment services in the country

(i) PR – UNDP, SR: RTDC

(ii) Targeted populations – PHC workers, Malaria patients (Women and Children), rural community

The activities planned under this objective will cover two SDAs: case detection and prompt effective anti-malarial treatment. After analysis of implementation of the National Malaria Control Programme with dynamic decrease of malaria incidence rate, the problem on timely malaria case detection arisen. To solve the issue UNDP/PIU, in consultation with Republican Tropical Diseases Centre (RTDC) and following the recommendations of the International consultant, decided to use rapid diagnostic tests (RDT), which ensure timely and cost-effective case detection in the remote areas. RDT for *P. Vivax*, *P. falciparum* and mixed infection will be provided to the remote health facilities, where maintenance of microscopy laboratory is proven to be difficult. This method ensures rapid diagnostic and timely start of radical treatment. This method shall also allow preventing malaria dissemination in the country. However, according to the order of the Ministry of Health the malaria cases are officially registered only after laboratory confirmation. Therefore, at the same time, the blood slide of suspended patient is taken and sent to laboratory for confirmation. Considering the above mentioned it was decided to increase the number of procured and utilized RDT from 10,000 planned to 200,000. This approach is already used in 2011.

The expansion of malaria diagnostic centers is key to ensuring early diagnosis and prompt treatment. Since microscopic examination remains the gold standard method for malaria diagnosis, laboratory facilities both civilian and military health care facilities will be upgraded and provided necessary laboratory equipment and consumables. Furthermore, community health education activity would further contribute to the improvement of the early diagnoses and effective treatment of the malaria cases. The National Reference Laboratory at RTDC that has been established during round 5 will support the development of the quality assurance procedures and ensuring a good laboratory practice.

Objective 4: Promote integrated vector management based on indoor residual spraying, larvivorous fish, LLITNs and environmental management

(i) PR – UNDP, SR: RTDC and Communities programme of UNDP Tajikistan

(ii) Targeted populations – PHC workers, Malaria patients (Women and Children), rural community

Vector control is one of the most important interventions of the malaria elimination strategy especially during the attack phase of the malaria elimination interventions. To reduce transmission and the incidence of malarial infection, selective residual spraying will be applied in all the active

foci of malaria within project areas, particularly where *An. superpictus* is responsible for malaria transmission.

In Phase II, following the IC recommendations, who visited the country and conducted independent evaluation of the project, it was decided to replace the insecticide Alphacypermethrine 5% wettable powder (WP) with ICON 10% capsule suspension (CS) in Phase II. In addition, the efficacy duration of this insecticide on treated surface (even on smooth surface) remains for a longer period. Long experience of IRS activities implementation using Alphacypermethrine as well as research conducted by RTDC in Round 5 showed that the efficacy duration of Alphacypermethrine 5% on treated surface remains 2-2,5 months, while ICON capsule suspension is a more long-lasting formulation (According to WHO and international consultant, the residual effect of insecticides stays for 6 and more months). Utilization of this insecticide allows conducting IRS in May and its residual efficacy remains until the end of November, when the malaria transmission season ends. This would allow reducing the number of required spraying rounds from two to one and avoiding inconvenience to the population. In addition, in accordance with WHO recommendations, the insecticide utilized in the country for five years, should be replaced as the vectors can obtain resistance to it. Alphacypermethrine is used in the country for five years already. Therefore, ICON was suggested to be used in the next phase of the project. A research on residual effect and mosquitoes' resistance to the insecticide is implemented at national level. It is expected to procure 20 tons of insecticide ICON in each year for implementation of IRS in Phase II.

Antilarval measures, including distribution of gambusia fish, will be applied in rice fields and some of the stagnant water areas of the project sites. ITNs distribution is one of the effective vector control tools. Despite the considerable decrease of malaria prevalence the risk of reemergence of malaria outbreak in the country still exists considering the neighborhood of Afghanistan, Kyrgyzstan and Uzbekistan. For example, in the districts neighboring with Afghanistan (Parkhar, Shurabad, Hamadoni, Pyanj, Kumsangir and Shaartuz), located along the Tajik-Afghan border, malaria cases are registered every year, as the settlements on Afghan side are vulnerable to malaria. The existing healthcare system in Afghanistan is disrupted and malaria vector control activities in those districts are not conducted. In order to ensure a large-scale routine prevention in the population at highest risk, i.e. those located on the border with Afghanistan and other endemic countries, it was decided to increase the number of LLITNs from 50,000 to 100,000 for distribution in each year. This option would ensure coverage of above 60% of population at risk during the main malaria transmission season. This would ensure a high level of effective prevention throughout the transmission season. In 2011, 100,000 LLITNs instead of 50,000 planned were procured and are being distributed. In Phase II options for procurement of additional 50,000 ITNs for each year.

Irrigation in Tajikistan is important for the development of agriculture and the national economy. The total area equipped for irrigation is estimated at about 719 200 ha, which is 93.4% of the total cultivated area. About 33% of the total irrigated area (240 200 ha) is situated in the Syr Darya River basin and 67% (479 000 ha) in the Amu Darya River basin. As part of the economic reform, some farm land has been privatized since the end of the civil war. Consequently, the drainage system became private property. Today, around 60% of the drainage system belongs to private farmers (Dekhkan). According to the data of the Ministry of water and melioration, there is total of 6,183.9 Km of drainage system in Tajikistan. More than half of this (3695 km) belongs to private farmers. The project carries out environmental management including water management and environmental manipulations. Therefore, the project actively promotes integrated vector control through local administration (Hukumats), private farmers and communities effective integrated vector control management. UNDP Communities Programme capacities and experience in the field of sustainable land and water management is utilized to conduct interventions on environmental projects. Within this component cleaning of wetlands, drainage systems and water reservoirs conducted in 6 districts of Khatlon region. Continuation of the same activities in the districts identified by RTDC is envisaged in Phase II and implemented by the CP of UNDP.

Objective 5: Provide the evidence required to allow appropriate and effective malaria elimination strategies through a program of needs-based operational research.

PR – UNDP, SR – RTDC and WHO

The activities planned under this objective form part of the supportive environment for the NMCP. The objective will cater for provision of evidence required for decision making; such evidence will be obtained through conducting demand-driven research emanating from research agenda raised by the NMCP and other stakeholders. In order to ensure that the control program is dynamic and responsive, research needs will be prioritized annually at a special workshop. In addition to conducting research, an appropriate package of capacity building activities will be planned and delivered. As a result of the work carried out under this objective, up-to-date information should be made available on the susceptibility status of parasites and vectors to drugs and pesticides, respectively. This information and that resulting from other studies should have a positive influence on policy and practice.

Objective 6: To scale up Behaviour Change Communication

i) PR – UNDP, SR: RTDC and Healthy Life Style centre.

(ii) Targeted populations – School children, pregnant women, malaria patients, rural community, Mass Media institutions

Community mobilization is an integral part of the proposed Malaria elimination project. The existing treatment and prevention interventions for strengthening community care and prevention will be expanded through the involvement of communities and their partnership with the formal and informal health sectors to empower them in their own health development. Teachers receive technical support (through the PHC and Health lifestyle network) to deliver malaria training modules to schoolchildren. They participate in the education of schoolchildren on malaria and its prevention, and influence parent behavioral change through schoolchildren for rapid response to fevers, early diagnosis and prompt treatment of malaria. Senior schoolchildren help detecting malaria at homes. Although round 5 and Phase I in Round 8 have reached more than 300,000 school children and some communities in the malaria affected districts, the comprehensive knowledge of the population in malaria affected areas remains still low. This output will be achieved through concerted behaviour change communication efforts involving both the mass media and community outreach through a package of IEC methodologies

This project will promote the personal protection interventions of malaria prevention, train community activists for malaria prevention and intensively disseminate relevant malaria prevention and treatment information among the communities and schoolchildren.

III. RESULTS AND RESOURCES FRAMEWORK

Intended Outcome as stated in the Country Programme Results and Resource Framework: Sustainable and efficient multi-sectoral response structures are established to halt the spread of HIV/AIDS and TB epidemics and eliminate Malaria by 2015 in line with MDGs

Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:

Indicator: prevalence of HIV among high risk groups, and incidence rate of TB and Malaria.

Baseline: Incidence of confirmed malaria cases in 2010 was less than 0.02 per 100,000 population.

Target: Malaria incidence rate is 0 per 100000 population.

Applicable Key Result Area (from 2012-2013 Strategic Plan): Reducing the Burden of HIV, TB and Malaria in Tajikistan

Partnership Strategy: Ministry of Health, Republican Centre to Fight Tropical Diseases, World Health Organization (WHO), Republican Centre for Formation of Healthy Lifestyle (RCFHL), Republican Centre for Preventive Disinfection (RCPD)

Project title and ID (ATLAS Award ID): TBD

INTENDED OUTPUTS	OUTPUT TARGETS FOR (YEARS)	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
<p>Output: Strengthened management of national malaria control programme results in interruption of local malaria transmission in Tajikistan</p>				
<p>Activity 1. Strengthen the capacity of the NMCP to support malaria control policy development, planning, management, partnership and coordination</p> <p>Baseline: 1.1) In 2010, 249 laboratory facilities sufficiently supplied with items for disease diagnosis, treatment and prevention, and implementing quality</p>	<p>Targets: 2011 year (Oct-Dec) 1.1) 12 new laboratory facilities established in 2011 and sufficiently supplied with items for disease</p>	<ul style="list-style-type: none"> Provision of fuel and maintenance for 25 vehicles Equip and Upgrade 5 malaria diagnostic laboratories at the 	<p>UNDP, National and regional TDCs/MoH of RT, WHO</p>	<p>Overheads: € 61,110.00 Account: 74500</p>

<p>control procedures;</p> <p>Indicator: 1.1) Number of health and laboratory facilities sufficiently supplied with items for disease diagnosis, treatment and prevention, and implementing quality control procedures;</p> <p>Baseline: 1.2) By the end of 2010, around 174,323 of slides taken and read</p> <p>Indicator: 1.2) Number of slides taken and read</p> <p>Baseline: 1.3) by the end of 2010, 2003 health authorities, laboratory staff, entomologists and health staff trained/re-trained in malaria case management, treatment and epidemic control and data collection, processing and analysis; coordination and partnership development</p> <p>Indicator: 1.3) Number of health authorities, laboratory staff, entomologists and health staff trained/re-trained in malaria case management, treatment and epidemic control and data collection, processing and analysis;</p>	<p>diagnosis, treatment and prevention, and implementing quality control procedures;</p> <p>2012 year 1.1) 299 laboratory facilities established in 2012 and sufficiently supplied with items for disease diagnosis, treatment and prevention, and implementing quality control procedures;</p> <p>2013 year 1.1) 310 laboratory facilities established and sufficiently supplied with items for disease diagnosis, treatment and prevention, and implementing quality control procedures;</p> <p>2011 year (Oct-Dec) 1.2) around 43000 slides taken and read</p> <p>2012 year 1.2) around 274,323 slides taken and read</p> <p>2013 year 1.2) 324,323 of slides taken and read</p> <p>2011 year (Oct-Dec) 1.3) 20 health authorities, laboratory staff, entomologists and health staff trained/re-trained in malaria case management, treatment and epidemic control and data collection, processing and analysis;</p> <p>2012 year 1.3) 580 health authorities, laboratory staff, entomologists and health staff trained/re-trained in malaria case management, treatment and epidemic control and data collection, processing and analysis;</p> <p>2013 year 1.3) 120 health authorities, laboratory staff, entomologists and health staff trained/re-trained in malaria case</p>	<p>district and health centre level</p> <ul style="list-style-type: none"> • Transportation cost of procured items • Training of health authorities at Oblast and District levels on malaria elimination strategies • Training for NMCP managers on Malaria elimination priorities. • NMCP staff will participate in international malaria conference • Trainings for entomologists (20 per training) will be conducted at national and regional level • End of project evaluation • International Trainings for entomologists and parasitologists • Refresher trainings for health workers on basic computer literacy, data, collection, entry, analysing and reporting • Organise semi-annual Malaria Partnership meetings at national level • Establish regional Malaria task force 		<p>Infrastructure and Other Equipment: € 25,000 Account: 72100 / 72200</p> <p>Procurement and Supply Management: € 3,750.00 Account: 72130</p> <p>Trainings: € 135,340.20 Account: 71400</p> <p>Planning and Administration: € 20,000 Account: 72100 / 74500</p> <p>Technical Assistance: € 11,237.88 Account: 71200</p> <p>Total for Activity 1: € 256,438.08</p>
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	management, treatment and epidemic control and data collection, processing and analysis;			
<p>Activity 2. Strengthening the national surveillance system, including epidemic forecasting, early warning and response</p> <p>Baseline: 2. 1,2) districts, where an epidemiological and operational malaria database existed and their capacities are adequate (a computer-based malaria information and reporting systems);</p> <p>Indicators: Number of districts, where an epidemiological and operational malaria database existed and their capacities are adequate (a computer-based malaria information and reporting systems);</p>	<p>Targets: 2012 year 41 districts, where an epidemiological and operational malaria database existed and their capacities are adequate (a computer-based malaria information and reporting systems); 2013 year 41 districts, where an epidemiological and operational malaria database existed and their capacities are adequate (a computer-based malaria information and reporting systems);</p>	<ul style="list-style-type: none"> • Technical Assistance (external) • Recruit 2 International experts to develop early warning system for one visit (20 working days) • Two National Consultants will be hired to facilitate and work with the international expert • Assess and stratify malaria foci • One national and three regional trainings for 20 participants each • Design and publication of weekly/monthly watch charts and epid cards, registration book for lab and etc. 	<p><i>UNDP, National and regional TDCs/MoH of RT, WHO</i></p>	<p>Technical Assistance: € 11,813.88 Account: 71200</p> <p>Monitoring and Evaluation: € 9,375.00 Account: 71600</p> <p>Training: € 26,203.26 Account: 71400</p> <p>Communication materials: € 18,800.00 Account: 74200</p> <p>Total for Activity 2: € 66.192.14</p>
<p>Activity 3. Improve the coverage and quality of early diagnosis and prompt treatment services in the country</p> <p>Baseline: 3.1) 778 people with P.vivax malaria receiving antimalarial treatment as per national guidelines;</p> <p>Indicators: 3.1) Number of people with P.vivax</p>	<p>Targets: 2011 year (Oct-Dec) 3.1) 10 people with P.vivax malaria receiving antimalarial treatment as per national guidelines 2012 year</p>	<ul style="list-style-type: none"> • Training of Laboratory staff on malaria microscopy • Training of laboratory staff on malaria microscopy at regional level • Procurement of microscopes • Procurement of RDT 	<p><i>UNDP, National and regional TDCs/MoH of RT</i></p>	<p>Training: € 146,881.96 Account: 71400</p> <p>Health products and health equipment: € 126,465.00</p>

<p>malaria receiving antimalarial treatment as per national guidelines</p>	<p>3.1) 938 people with P.vivax malaria receiving antimalarial treatment as per national guidelines;</p> <p>2013 year</p> <p>3.1) 988 people with P.vivax malaria receiving antimalarial treatment as per national guidelines</p>	<ul style="list-style-type: none"> • Transportation cost of procured items • Strengthen capacity of the PHC workers on using RDT • Seventeen 3-day trainings per year (1 national and 16 regional), 20 participants each • Training for health personnel in Army forces health facility 		<p>Account: 72300</p> <p>Procurement and Supply Management:</p> <p>€ 9,950.07</p> <p>Account: 72130</p> <p>Total for Activity 3:</p> <p>€ 283,297.03</p>
<p>Activity 4. Promoted integrated vector management based on indoor residual spraying, lavrirous fish, LLITNs and environment management</p> <p>Baseline:</p> <p>4.1) 115,638/82% of houses in the areas at risk of malaria transmission that were sprayed with insecticide;</p> <p>Indicators:</p> <p>4.1) Number and % of houses in the areas at risk of malaria transmission that were sprayed with insecticide;</p> <p>Baseline:</p> <p>4.2) 139,413 LLITNs distributed to people at risk;</p> <p>Indicators:</p> <p>4.2) Number and % of LLITNs distributed to people at risk;</p> <p>Baseline:</p> <p>4.3) 126 malaria foci identified in the country in 2010</p>	<p>Targets:</p> <p>2011 year (Oct-Dec)</p> <p>4.1) 141,286/100% of houses in the areas at risk of malaria transmission that were sprayed with insecticide;</p> <p>2012 year</p> <p>4.1) 141,286/100% of houses in the areas at risk of malaria transmission that were sprayed with insecticide;</p> <p>2013 year</p> <p>4.1) 141,286/100% of houses in the areas at risk of malaria transmission that were sprayed with insecticide</p> <p>2012 year</p> <p>4.2) 50,000 LLITNs distributed to people at risk in 2011;</p> <p>2013 year</p> <p>4.2) 50,000 LLITNs distributed to people at risk;</p> <p>2011 year (Oct-Dec)</p> <p>4.3) <100 malaria foci identified in the country</p> <p>2012 year</p>	<ul style="list-style-type: none"> • Procurement of sprayers and spare parts • Procurement of protective clothes • Transportation cost of procured items • Hiring temporary IRS team • Training for disinstructors • Procurement of mosquitoes nets • Training team leaders for bed-net distribution, health education and monitoring. • Conduct sleeping group survey • Distribution of G.fish • Training for community leaders on integrated vector control • 	<p><i>UNDP, National and regional TDCs/MoH of RT</i></p>	<p>Health product and health equipment</p> <p>€ 1,008,180.00</p> <p>Account: 72300</p> <p>Procurement and supply management</p> <p>€ 36,090.56</p> <p>Account: 72130</p> <p>Human resource:</p> <p>€ 102,048.00</p> <p>Account: 71400</p> <p>Trainings:</p> <p>€ 88953.06</p> <p>Account: 71400</p> <p>Monitoring and Evaluation:</p> <p>€ 32,150.00</p> <p>Account: 71600</p> <p>Planning and Administration:</p>

<p>Indicators: 4.3) Number of malaria foci identified in the country</p>	<p>4.3) <80 malaria foci identified in the country 2013 year 4.3) <20 malaria foci identified in the country</p>			<p>€ 150,000.00 Account: 72100 / 74500</p> <p>Total for Activity 4: € 1,417,421.62</p>
<p>Activity 5. Provide the evidence required to allow appropriate and effective malaria control strategies responsive to the Malaria elimination context through of program of needs-based operational research</p> <p>Baseline: Five operational researches conducted</p> <p>Indicators: Number of operational researches conducted during the year</p>	<p>Targets: 2012 year Two operational researches are conducted</p> <p>2013 year Carry out operation research on insecticide resistance in sentinel sites</p>	<ul style="list-style-type: none"> • RDT operational research • Training of NMCP on Monitoring of Insecticide resistance • Carry out operation research on insecticide resistance in sentinel sites 	<p><i>UNDP, SR: WHO</i></p>	<p>Monitoring and Evaluation € 19,732.4 Account: 71600</p> <p>Trainings: € 7,117.04 Account: 71400</p> <p>Total for Activity 5: € 26,849.44</p>
<p>Activity 6. To scale up Behaviour Change Communication through the media and community mobilization strategy</p> <p>Baseline: 6.1) 88.6% of population in the malaria transmission area having correct knowledge on malaria prevention;</p> <p>Indicator: 6.1) % of population in the malaria transmission area having correct knowledge on malaria prevention;</p> <p>Baseline:</p>	<p>Targets: 2011 year (Oct-Dec) 6.2) 4 500 school children in the malaria epidemic regions (15 districts) receiving malaria prevention education provided by school teachers and community based organizations</p> <p>2012 year 6.2) 36 000 school children in the malaria epidemic regions (15 districts) receiving malaria prevention education provided by school teachers and</p>	<ul style="list-style-type: none"> • Presentations on malaria prevention are broadcasted by TV and radio • Training of Community mobilizers • Awareness Campaigns • Awareness Campaigns • Training for School teachers • Design and development of IEC materials 	<p><i>UNDP, SR: RTDC and Healthy Life Style centre</i></p>	<p>Communication materials: € 132385.20 Account: 74200</p> <p>Trainings: € 59483.80 Account: 71400</p> <p>Total for Activity 6:</p>

<p>6.2) 22,209 of school children in the malaria epidemic regions (15 districts) receiving malaria prevention education provided by school teachers and community base organizations</p> <p>Indicators:</p> <p>6.2) Number of school children in the malaria epidemic regions (15 districts) receiving malaria prevention education provided by school teachers and community base organizations</p>	<p>community based organizations 2013 year</p> <p>6.1) 93% of population in the malaria transmission area having correct knowledge on malaria prevention</p> <p>6.2) 18000 school children in the malaria epidemic regions (15 districts) receiving malaria prevention education provided by school teachers and community based organizations</p>			<p>€191,869.00</p>
<p>Activity 7. PR implementation unit</p>		<ul style="list-style-type: none"> • Development of human resources capacity • Develop and implement comprehensive integrated monitoring and evaluation program • Strengthening management capacities for effective Malaria control 		<p>Human resource: € 502,837,58 Account: 71400</p> <p>Overheads: € 3715.20 Account: 74500</p> <p>Planning and Administrations: € 67,142.86 Account: 72100 / 74500</p> <p>Trainings: € 13,916.00 Account: 71400</p> <p>Monitoring and Evaluation: € 18,720.00 Account: 71600</p> <p>Total for Activity 7: € 606,331.64</p>
<p>Activity 8. RTDC costs, human resources - strengthen</p>		<ul style="list-style-type: none"> • Development of human 		<p>Human resource:</p>

management capacities, M&E		<p>resources capacity</p> <ul style="list-style-type: none"> Develop and implement comprehensive integrated monitoring and evaluation program 		<p>€ 191,824.08</p> <p>Account: 71400</p> <p>Overheads: € 11,250.00 Account: 74500</p> <p>Technical Assistance: € 12,857.04 Account: 71200</p> <p>Monitoring and Evaluation: € 57,819.46 Account: 71600</p> <p>Total for Activity 8: € 273,750.58</p> <p>PR (PSC - 7%): € 218,550.47</p> <p>Total for 2012-2013: € 3,340,700.00</p>
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IV. ANNUAL WORK PLAN

Year: 2011

EXPECTED CP OUTPUTS and indicators including annual targets	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
<p>Malaria Elimination in Tajikistan</p> <p>Output: Strengthened management of national malaria control programme results in interruption of local malaria transmission in Tajikistan</p> <p>Baseline:</p> <p>1. 1.1) In 2008 167 laboratory facilities sufficiently supplied with items for disease diagnosis, treatment and prevention, and implementing quality control procedures; 1.2) within the R5 program by the end of 2008 around 158,068 of slides taken and read 1.3) by the end of 2008, 795 health authorities, laboratory staff, entomologists and health staff trained/re-trained in malaria case management, treatment and epidemic control and data collection, processing and analysis;</p> <p>2. 13 districts, where an epidemiological and operational malaria database existed and their capacities are adequate (a computer-based malaria information and reporting</p>	Activity 1: Strengthen the capacity of the NMCP to support malaria control policy development, planning, management, partnership and coordination								
	Provision of fuel and maintenance for vehicles	X	X	X	X	RCFTD		IA: RCFTD IA code: 003204 Account: 73400	\$56,046.88
	Equip and Upgrade 8/24 malaria diagnostic laboratories at the district and health centre level	X				UNDP		IA: UNDP IA code: 001981 Account: 72200	\$37,500.00
	Establishment of 12 Malaria diagnostic laboratories at district and health centre levels			X		UNDP		IA: UNDP IA code: 001981 Account: 72300	\$56,250.00
	Procurement and supply management costs of malaria program	X				UNDP		IA: UNDP IA code: 001981 Account: 72100	\$5,625.00
	Three NMCP staff participate in international Malaria conference		X			UNDP		IA: UNDP IA code: 001981 Account: 72100	\$14,062.50
	Establish four M&E units at national and regional level	X	X	X		RCFTD		IA: RCFTD IA code: 003204 Account: 71400	\$10,968.75
	Recruit international consultant to develop the national M&E system for Malaria elimination				X	UNDP		IA: UNDP IA code: 001981 Account: 71200	\$17,000.00
	Mid-term project evaluation			X		UNDP		IA: UNDP IA code: 001981 Account: 71200	\$16,875.00
	Strengthening Supervision of SRs' activities	X		X		RCFTD		IA: RCFTD IA code: 003204 Account: 71400	\$11,812.50

3. 3.1) 635 people with P.vivax malaria receiving antimalarial treatment as per national guidelines;	Semi-annual Malaria partnership forum	X		X		UNDP	IA: UNDP IA code: 001981 Account: 72100	\$8,437.50
	Establish regional Malaria task force	X	X			UNDP/RCFTD	IA: UNDP/RCFTD IAcode: 001981/003204 Account: 72100	\$4,687.50
	Regional malaria elimination conference	X				UNDP/RCFTD	IA: UNDP/RCFTD IAcode: 001981/003204 Account: 72100	\$30,000.00
4. 4.1) 80.000/57% of houses in the areas at risk of malaria transmission that were sprayed with insecticide; 4.2) 60,000 LLITNs distributed to people at risk; 4.3) 247 malaria foci identified in the country in 2007	GMS (7%)							\$18,848.59
	Sub-total for Activity 1							\$288,114.22
Activity 2: Strengthen the national surveillance system, including epidemic forecasting, early warning and response								
5. Five operational researches conducted	Office equipment (computer, software IT, printer, copy machines, scanners) for 21 centers are procured	X				UNDP	IA: UNDP IA code: 001981 Account: 72200	\$35,578.13
	Strengthen early warning mechanisms through monitoring of weather conditions and screening of malaria foci		X			RCFTD	IA: RCFTD IA code: 003204 Account: 72100	\$14,062.50
6. 6.1) 80% of population in the malaria transmission area having correct knowledge on malaria prevention; 6.2) Number of school children in the malaria epidemic regions (15 districts) receiving malaria prevention education provided by school teachers and community base organizations	Support to four emergency response team at Oblast level	X	X	X		RCFTD	IA: RCFTD IA code: 003204 Account: 72100	\$40,500.00
	Establish buffer/emergency stocks of Malaria health commodities to confront epidemics	X				UNDP	IA: UNDP IA code: 001981 Account: 72300	\$117,750.00
	Training for 120 parasitologists and epidemiologists	X	X			RCFTD	IA: RCFTD IA code: 003204 Account: 72100	\$30,000.00
Indicators: 1. 1.1) Number of health and laboratory facilities sufficiently supplied with items for disease diagnosis, treatment and prevention, and implementing quality control procedures; 1.2) Number of health authorities, laboratory staff, entomologists and health staff trained/re-trained in malaria case management, treatment and epidemic control and data collection, processing and analysis; 1.3) Number of slides taken and read	Design and publication of printing weekly watch charts and epidemiological cards	X				UNDP/RCFTD	IA: UNDP/RCFTD IAcode: 001981/003204 Account: 74200	\$14,062.50
	GMS(7%)							\$17,636.72
Sub-total for Activity 2							\$269,589.85	
Activity 3: Improve coverage and quality of early diagnostics and prompt treatment services in the country								
	Four trainings for 40 laboratory staff on malaria microscopy	X	X			RCFTD	IA: RCFTD IA code: 003204 Account: 72100	\$66,000.00

2. Number of districts, where an epidemiological and operational malaria database existed and their capacities are adequate (a computer-based malaria information and reporting systems);	Set up/upgrade supervision and quality control systems for laboratory and their functioning	X	X	X	---	RCFTD	GFATM	IA: RCFTD IA code: 003204 Account: 71600	\$6,187.50	
	Five national lab specialist to conduct quarterly quality control field visits	X	X	X	---	RCFTD		IA: RCFTD IA code: 003204 Account: 71600	\$8,860.50	
	3.1) Number of people with P.vivax malaria receiving antimalarial treatment as per national guidelines;	Twelve 3-day trainings for 750 PHC workers on epidemiology, prevention and treatment.	X	X	---	---		RCFTD	IA: RCFTD IA code: 003204 Account: 71600	\$68,588.00
	4. 4.1) Number and % of houses in the areas at risk of malaria transmission that were sprayed with insecticide;	Three 5-day training for 60 health personnel in Army forces health facility	X	---	---	---		RCFTD	IA: RCFTD IA code: 003204 Account: 72100	\$15,000.00
	4.2) Number and % of mosquito nets distributed to people at risk;	Design and publication of national legislation papers	X	I.	II.	---		UNDP	IA: UNDP IA code: 001981 Account: 74200	\$32,812.50
	4.3) Number of malaria foci identified in the country	Field M&E visits TDC	X	X	X	---		RCFTD	IA: RCFTD IA code: 003204 Account: 71600	\$8,437.50
	5. Number of operational researches conducted during the year	GMS (7%)								\$14,412.02
6. 6.1) % of population in the malaria transmission area having correct knowledge on malaria prevention;	Sub-total for Activity 3								\$220,298.02	
6.2) Number of school children in the malaria epidemic regions (15 districts) receiving malaria prevention education provided by school teachers and community base organizations	Activity 4: Promote integrated vector management based on indoor residual spraying, larvivorous fish, LLITNs and environmental management									
Targets: 1.1) 12 new laboratory facilities established in 2011 and sufficiently supplied with items for disease diagnosis, treatment and prevention, and implementing quality control procedures; 1.2) 86000 of slides taken and	Procurement of 40 t of insecticides for IRS		X	---	---	UNDP	GFATM	IA: UNDP IA code: 001981 Account: 72300	\$902,900.00	
	Procurement of sprayers and spare parts			X	---	UNDP		IA: UNDP IA code: 001981 Account: 72300	\$115,000.00	
	Procurement and supply management costs		X	---	---	UNDP		IA: UNDP IA code: 001981 Account: 72100	\$159,435.00	
	Temporary IRS teams will be hired locally to conduct 2 rounds of IRS	X	---	---	---	RCFTD/SC		IA: RCFTD/SC IAcode: 003204/002960 Account: 71400	\$42,187.50	

<p>read</p> <p>1.3) 425 health authorities, laboratory staff, entomologists and health staff trained/re-trained in malaria case management, treatment and epidemic control and data collection, processing and analysis;</p> <p>2) 41 districts, where an epidemiological and operational malaria database existed and their capacities are adequate (a computer-based malaria information and reporting systems);</p> <p>3) 3.1) 1185 people with P.vivax malaria receiving antimalarial treatment as per national guidelines ;</p> <p>4) 4.1) 141,286/100% of houses in the areas at risk of malaria transmission that were sprayed with insecticide;</p> <p>4.2) 50,000 LLITNs distributed to people at risk in 2011;</p> <p>4.3) <100 malaria foci identified in the country</p> <p>5) One operational research is conducted</p> <p>6) 6.1) 85% of population in the malaria transmission area having correct knowledge of malaria prevention</p> <p>6.2) 18 000 school children in the malaria epidemic regions (15 districts) receiving malaria prevention education provided by school teachers and community based organizations</p>	50 000 bed nets are procured and distributed. During the distribution preference shall be given to pregnant women and children under 5. Data on children shall be provided in gender-disaggregated format.		X			UNDP/SC	IA: UNDP IA code: 001981 Account: 72300	\$630,000.00	
	Conduct KAP survey to identify the population awareness level			X		RCFTD/SC	IA: RCFTD/SC IAcode: 003204/002960 Account: 72100	\$23,437.50	
	Distribution of G. fish to 4,000 ha of Rice fields in 8 districts	X				SC	IA: RCFTD IA code: 003204 Account: 71200	\$11,250.00	
	Hire international technical agency to conduct operational research on larvivorous fish efficacy in Malaria control	X				UNDP	IA: UNDP IA code: 001981 Account: 71200	\$16,875.00	
	Hire 8 national consultants for 4 months/year and national study coordinator for 18 months to supervise the implementation of the OR	X				UNDP/RCFTD	IA: UNDP/RCFTD IAcode: 001981/003204 Account: 71300	\$1,134.45	
	Train 40 community leaders on integrated vector control	X				UNDP	IA: UNDP IAcode: 002960 Account: 71300	\$8,439.00	
	Six sub-projects conducted in malaria-prone areas on efficient environmental management of land and water		X			UNDP	IA: UNDP IAcode: 002960 Account: 72600	\$104,800.00	
	GMS(7%)								\$141,082.09
	Sub-total for Activity 4								\$2,156,540.54
	Activity 5: Provide the evidence required to allow appropriate and effective malaria elimination strategies through a program of needs-based operational research								
Carry out operation research on insecticide resistance in sentinel sites			X			RTDC	IA: RTDC IA code: 003204 Account: 71200	\$9,375.00	
Technical assistance	X					UNDP	IA: UNDP IA code: 001981 Account: 71200	\$58,875.00	
GMS (7%)								\$4,777.50	

Sub-total for Activity 5						\$73,027.50		
Activity 6: To scale up Behaviour Change Communication through the media and community mobilization strategy								
Presentations on malaria prevention are broadcasted by TV and radio	X	X	X		HLS//SC	GFATM	IA: HLS/SC IAcode: 003993/002960 Account: 74200	\$24,562.00
Three 2-day Trainings for 60 community mobilizers are conducted		X	X		HLS//SC		IA: HLS/SC IAcode: 003993/002960 Account: 71200	\$8,439.00
2 day training for 300 school teachers on behavior change communication on malaria prevention, referral of suspected children to the nearest Health facility	X				HLS//SC		IA: HLS/SC IAcode: 003993/002960 Account: 72100	\$16,410.00
Design and development of 2 mln. of IEC materials		X			UNDP		IA: UNDP IA code: 001981 Account: 74200	\$93,750.00
Technical assistance	X				HLS//SC		IA: HLS/SC IAcode: 003993/002960 Account: 74200	\$43,221.00
GMS(7%)						\$13,046.74		
Sub-total for Activity 6						\$199,428.74		
Activity 7: PR costs								
Development of human resources capacity (PIU staff salary, procurement and transportation of vehicles)	X	X	X	X	UNDP	GFATM	IA: UNDP IA code: 001981 Account: 61300/71400	\$350,294.84
Develop and implement comprehensive integrated monitoring and evaluation program (administrative expenses, vehicle maintenance, participation of two PIU project staff in international Malaria conference)	X	X	X	X	UNDP		IA: UNDP IA code: 001981 Account: 73400/72100	\$43,723.83
Strengthening management capacities for effective Malaria control	X	X	X	X	UNDP		IA: UNDP IA code: 001981 Account: 71600	\$13,046.00
GMS(7%)						\$28,494.53		

Sub-total for Activity 7							\$435,559.20	
Activity 8: RTDC costs, human resources - strengthen management capacities, M&E								
Development of human resources capacity (RTDC salary)	X	X	X	X	RCFTD	GFATM	IA: RCFTD IA code: 003204 Account: 71400	\$135,143.00
Develop and implement comprehensive integrated monitoring and evaluation program (administrative expenses)	X	X	X	X	RCFTD		IA: RCFTD IA code: 003204 Account: 71600	\$37,212.50
GMS (7%)							\$12,064.89	
Sub-total for Activity 8							\$184,420.39	
G. TOTAL							\$3,826,978.46	

Year: 2012

EXPECTED CP OUTPUTS and indicators including annual targets	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
<p>Malaria Elimination in Tajikistan</p> <p>Output: Strengthened management of national malaria control programme results in interruption of local malaria transmission in Tajikistan</p> <p>Baseline:</p> <p>5. 1.1) In 2008 167 laboratory facilities sufficiently supplied with items for disease diagnosis, treatment and prevention, and implementing quality control procedures; 1.2) within the R5 program by the end of 2008 around 158,068 of slides taken and read 1.3) by the end of 2008, 795 health authorities, laboratory staff, entomologists and health staff trained/re-trained in malaria case management, treatment and epidemic control and data collection, processing and analysis;</p> <p>6. 13 districts, where an epidemiological and operational malaria database existed and their capacities are adequate (a computer-based malaria information and reporting systems);</p> <p>7. 3.1) 635 people with P.vivax malaria receiving antimalarial treatment as per national</p>	Activity 1: Strengthen the capacity of the NMCP to support malaria control policy development, planning, management, partnership and coordination								
	Support to operations of the NMCP	X	X	X	X	RCFTD	GFATM	IA: RCFTD IA code: 003204 Account: 73400	€30,555.00
	Equip and Upgrade 5 malaria diagnostic laboratories at the district and health centre level	X				UNDP		IA: UNDP IA code: 001981 Account: 72200	€25,000.00
	Transportation cost of procured items	X				UNDP		IA: UNDP IA code: 001981 Account: 72100	€3,750.00
	Training for Health Authorities		X			RCFTD		IA: RCFTD IA code: 003204 Account: 72100	€4,041.32
	Training for NMCP managers	X				RCFTD		IA: RCFTD IA code: 003204 Account: 72100	€11,842.80
	International Malaria conference		X			UNDP		IA: UNDP IA code: 001981 Account: 72100	€15,762.00
	Training for entomologists	X				RCFTD		IA: RCFTD IA code: 003204 Account: 72100	€12,913.48
	International Trainings for 3 entomologists and 3 parasitologists	X				RCFTD		IA: UNDP IA code: 001981 Account: 72100	€31,950.00
	Training of health workers			X		RCFTD		IA: UNDP IA code: 001981 Account: 72100	€8,082.64
Semi-annual Malaria Partnership forum	X		X		RCFTD	IA: UNDP IA code: 001981 Account: 72100		€13,518.40	
Establish regional Malaria task force	X	X		X	RCFTD	IA: UNDP IA code: 001981	€3,868.08		

guidelines;								Account: 72100	
8. 4.1) 80.000/57% of houses in the areas at risk of malaria transmission that were sprayed with insecticide;	GMS (7%)							€11,289.86	
4.2) 60,000 LLITNs distributed to people at risk;	Sub-total for Activity 1							€172,573.58	
4.3) 247 malaria foci identified in the country in 2007	Activity 2: Strengthen the national surveillance system, including epidemic forecasting, early warning and response								
5. Five operational researches conducted	Technical Assistance (2 International experts to develop early warning system)		X			UNDP	GFATM	IA: UNDP IA code: 001981 Account: 72100	€ 11,813.88
	Training for 80 parasitologists and epidemiologists	X				RCFTD		IA: RCFTD IA code: 003204 Account: 72100	€ 8,004.54
	Training materials	X				UNDP		IA: UNDP IA code: 001981 Account: 72400	€ 9,400.00
6. 6.1) 80% of population in the malaria transmission area having correct knowledge on malaria prevention;	GMS(7%)							€2,045.29	
6.2) Number of school children in the malaria epidemic regions (15 districts) receiving malaria prevention education provided by school teachers and community base organizations	Sub-total for Activity 2							€31,263.71	
	Activity 3: Improve coverage and quality of early diagnostics and prompt treatment services in the country								
	Training of Laboratory staff on malaria microscopy		X	X		RCFTD	GFATM	IA: RCFTD IA code: 003204 Account: 72100	€ 21,199.18
	Training of laboratory staff on malaria microscopy at regional level	X		X		RCFTD		IA: RCFTD IA code: 003204 Account: 72100	€ 17,278.56
	Procurement of microscopes	X				UNDP		IA: UNDP IA code: 001981 Account: 72300	€ 28,125.00
	Procurement of RDT	X				UNDP		IA: UNDP IA code: 001981 Account: 72300	€ 98,340.00
	Transportation cost of procured items	X				UNDP		IA: UNDP IA code: 001981 Account: 72100	€ 8,974.85
	Strengthen capacity of the PHC workers on using RDT		X			RCFTD		IA: RCFTD IA code: 003204 Account: 72100	€ 15,313.28
	Technical assistance (International consultant will be working for strengthening laboratory system (microscopy and bacteriology, QA, networking)	X	X	X	X	UNDP		IA: UNDP IA code: 001981 Account: 72100	€ 8,480.00
Indicators:									
5. 1.1) Number of health and laboratory facilities sufficiently supplied with items for disease diagnosis, treatment and prevention, and implementing quality control procedures;									
1.2) Number of health authorities, laboratory staff, entomologists and health staff trained/re-trained in malaria case management, treatment and epidemic control and data collection, processing and analysis;									
1.3) Number of slides taken and read									
6. Number of districts, where an epidemiological and operational malaria database existed and their capacities are adequate (a									

7. 3.1) Number of people with P.vivax malaria receiving antimalarial treatment as per national guidelines;	computer-based malaria information and reporting systems);	Training of health staff	X	X	X	X	RCFTD	GFATM	IA: RCFTD IA code: 003204 Account: 72100	€ 28,070.56
	Training for Army force health personnel			X			RCFTD		IA: RCFTD IA code: 003204 Account: 72100	€ 7,117.04
GMS (7%)										€16,302.89
8. 4.1) Number and % of houses in the areas at risk of malaria transmission that were sprayed with insecticide;	Sub-total for Activity 3									€249,201.36
4.2) Number and % of mosquito nets distributed to people at risk;	Activity 4: Promote integrated vector management based on indoor residual spraying, larvivorous fish, LLITNs and environmental management									
4.3) Number of malaria foci identified in the country	Procurement of sprayers and spare parts	X					UNDP	GFATM	IA: UNDP IA code: 001981 Account: 72300	€ 27,500.00
5. Number of operational researches conducted during the year	Procurement of protective clothes	X					UNDP		IA: UNDP IA code: 001981 Account: 72300	€ 7,140.00
7. 6.1) % of population in the malaria transmission area having correct knowledge on malaria prevention;	Transportation cost of procured items	X					UNDP		IA: UNDP IA code: 001981 Account: 72100	€ 21,090.56
6.2) Number of school children in the malaria epidemic regions (15 districts) receiving malaria prevention education provided by school teachers and community base organizations	Hiring temporary IRS team	X					SR		Account: 71400	€ 51,024.00
	Orientation training for disinfectors			X			SR		Account: 72100	€ 17,106.74
	Procurement of mosquito nets					X	UNDP		IA: UNDP IA code: 001981 Account: 72300	€ 223,000.00
	Training team leaders for bed net distribution, health education and monitoring.					X	SR		Account: 72100	€ 4,237.28
	Conduct sleeping group survey	X					SR		Account: 72100	€ 16,075.00
	Training for team of G.fish operational research	X	X			X	SR		Account: 72100	€ 23,915.64
Targets:										
1.1) 12 new laboratory facilities established in 2011 and sufficiently supplied with items for disease diagnosis, treatment and prevention, and implementing quality control procedures;										
1.2) 86000 of slides taken and read										
1.3) 425 health authorities, laboratory staff, entomologists										

5) and health staff trained/re-trained in malaria case management, treatment and epidemic control and data collection, processing and analysis; 41 districts, where an epidemiological and operational malaria database existed and their capacities are adequate (a computer-based malaria information and reporting systems);	Mosquito fish distribution		X	X		SR		Account: 72100	€ 7,500.00
	Training for community leaders on integrated vector control	X				UNDP		IA: UNDP IA code: 001981 Account: 72100	€ 7,770.24
	Small grant for CSOs and CBOs		X			UNDP		IA: UNDP IA code: 001981 Account: 72600	€ 75,000.00
GMS (7%)									€33,695.16
Sub-total for Activity 4									€515,054.62
Activity 5: Provide the evidence required to allow appropriate and effective malaria elimination strategies through a program of needs-based operational research									
7) 4.1) 1185 people with P.vivax malaria receiving antimalarial treatment as per national guidelines ; 4.2) 50,000 LLITNs distributed to people at risk in 2011; 4.3) <100 malaria foci identified in the country	RTD operational research	X				RCFTD		IA: RCFTD IA code: 003204 Account: 72100	€ 7,232.00
	Training of NMCP on Monitoring of Insecticide resistance		X			RCFTD	GFATM	IA: RCFTD IA code: 003204 Account: 72100	€ 7,117.04
	Carry out operation research on insecticide resistance in sentinel sites		X			RCFTD		IA: RCFTD IA code: 003204 Account: 72100	€ 6,250.20
GMS (7%)									€1,441.95
Sub-total for Activity 5									€22,041.19
Activity 6: To scale up Behaviour Change Communication through the media and community mobilization strategy									
5) One operational research is conducted 6) 6.1) 85% of population in the malaria transmission area having correct knowledge of malaria prevention 6.2) 18 000 school children in the malaria epidemic regions (15 districts) receiving malaria prevention education provided by school teachers and community based organizations	Presentations on malaria prevention are broadcasted by TV and radio	X	X	X	X	HLS		IA: HLS IA code: 003993 Account: 74200	€ 9,978.60
	Training of Community mobilisers	X	X		X	HLS	GFATM	IA: HLS IA code: 003993 Account: 71200	€ 10,628.70
	Awareness Campaigns	X	X			HLS		IA: HLS IA code: 003993 Account: 74200	€ 11,760.00
	Awareness Campaigns		X	X		HLS		IA: HLS IA code: 003993 Account: 74200	€ 11,200.00

Training for School teachers	X	X			HLS		IA: HLS IA code: 003993 Account: 72100	€ 17,201.88
Design and development of IEC material	X				UNDP		IA: UNDP IA code: 001981 Account: 74200	€ 56,468.00
GMS (7%)								€8,206.60
Sub-total for Activity 6								€125,443.78
Activity 7: PR costs								
Development of human resources capacity (PIU staff salary, procurement and transportation of vehicles)	X	X	X	X	UNDP		IA: UNDP IA code: 001981 Account: 61300/71400	€ 251,418.79
Develop and implement comprehensive integrated monitoring and evaluation program (administrative expenses, vehicle maintenance, participation of two PIU project staff in international Malaria conference)	X	X	X	X	UNDP	GFATM	IA: UNDP IA code: 001981 Account: 73400/72100	€ 42,387.03
Strengthening management capacities for effective Malaria control	X	X	X	X	UNDP		IA: UNDP IA code: 001981 Account: 71600	€ 9,360.00
GMS(7%)								€21,221.61
Sub-total for Activity 7								€324,387.43
Activity 8: RTDC costs, human resources - strengthen management capacities, M&E								
Development of human resources capacity (RTDC salary)	X	X	X	X	RCFTD		IA: RCFTD IA code: 003204 Account: 71400	€ 102,340.56
Develop and implement comprehensive integrated monitoring and evaluation program (administrative expenses)	X	X	X	X	RCFTD	GFATM	IA: RCFTD IA code: 003204 Account: 71600	€ 34,534.73
GMS (7%)								€9,581.27
Sub-total for Activity 8								€146,456.56
G. TOTAL								€1,586,422.23

XL. MANAGEMENT ARRANGEMENTS

Programme Management Level

As a Principal Recipient of the GFATM Malaria grants, UNDP in Tajikistan is considered to be an implementing organization at the Programme Management level, which, in its turn, closely collaborates with the National Coordinating Committee (NCC) as a Government Coordinating Agency. Involvement of the NCC and UNDP Country Office will foster national ownership and ensure UNDP's accountability for programming activities and results and the use of resources. The project is part of Country Programme Action Plan and will be implemented under the Direct Implementation Modality (DIM).

The project will be implemented by UNDP through its Project Implementation Unit for GFATM grants using well-developed and transparent financial, accountability, procurement and supply chain management tools, and project management that facilitate the implementation of a variety of projects managed by UNDP in the country.

The UNDP in Tajikistan represents the Executive party at the Program management Level, which is ultimately responsible for the project, and its results and quality of services provided to target beneficiaries. The UNDP role is to ensure that the project is focused throughout its life cycle on achieving its objectives and delivering outputs that will contribute to higher level outcomes and impact, which was agreed with GFATM on the Performance-based framework.

The Senior Beneficiary in the Project Board is considered to be the NCC, which in turn represents the multi-sectoral composition of target beneficiaries, including national structures responsible for control of TB, civil society organizations and communities and peoples affected by diseases. NCC is responsible for validating the needs and for monitoring that the solution will meet those needs within the constraints of the project. The role represents the interests of all those who will benefit from the project, or those for whom the deliverables resulting from activities will achieve specific output targets.

Within the GFATM-funded projects UNDP in Tajikistan also acts as the Senior Supplier. UNDP represents the interests of the parties which provide funding and/or technical expertise to the project (designing, developing, facilitating, procuring, implementing). All programmatic, logistical, administrative and finance support for project implementation will be provided with the existing programme, finance & administration structure of the UNDP Country Office.

Local Fund Agent (Finconsult LLC) will play the role of project assurance, implementing independent periodical review of grant implementation and verification of financial and programmatic reports and data submitted by UNDP CO to the donor. In addition to LFA the Programme Unit of UNDP CO, with assigned Programme Analyst and Programme Associate will play quality control functions to ensure timely implementation of reporting, monitoring and evaluation activities and provide technical oversight and support to the project staff.

Project Management Level

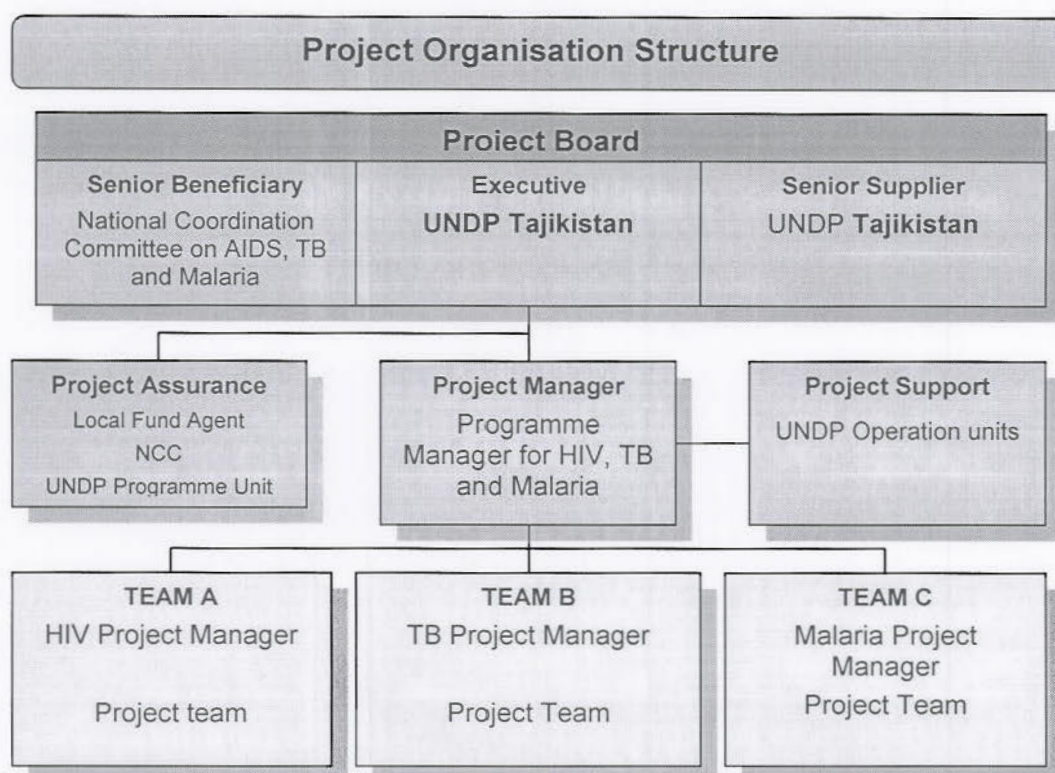
The Project Management Level consists of Project management team and Project Support teams, including Malaria project team, and cross-cutting teams on M&E, operations and communication and training, that also serve the needs of other two clusters on HIV and Tuberculosis.

The HIV/AIDS, TB and Malaria Programme Manager (International P5 level) has have the authority to run the project on a day-to-day basis on behalf of the UNDP Management. The Deputy Programme Manager assist the Programme Manager in coordinating the work of three projects, with direct responsibilities for overseeing work of cross-cutting units (communication, training, M&E, etc). The Malaria Project Manager is responsible for day-to-day management and decision-making for the project. The Project Manager's prime responsibility is to ensure that the project produces the results specified in the project document, to the required standard of quality and within the specified constraints of time and cost.

The project teams including cross-cutting clusters will provide project administration, management and technical support to the Project Manager as required by the needs of the Malaria project or Project Manager.

For details on organisational structure of the project please see the chart below. Detailed organigramme of the Program Implementation Unit is enclosed in Annexes

Organizational chart for UNDP HIV/AIDS, TB and Malaria Control Programme



Implementation arrangements for Sub-recipients

The procedures for selecting SRs depend on the type of SR (governmental entity, UN agency, non-governmental or private sector organization) and thus must be looked at individually.

The selection of governmental and UN agency SRs is considered a programming decision and is therefore governed by the Programme and Project Management provisions in UNDP's Programme and Operations Policies and Procedures. The Country Office must conduct technical and financial capacity assessments of the proposed SR (including an assessment of procurement capacity, if applicable) and adopt appropriate measures to address any weakness in capacity. The selection and the capacity assessments are reviewed by the Local Programme Advisory Committee. Once approved, the Country Office enters into a model Letter of Agreement tailored for GFATM projects.

The procedures in the Contract, Asset and Procurement Management section of UNDP's Programme and Operations Policies and Procedure govern the selection of NGOs and private sector entities. However, the selection of NGO's that have been named as potential SR's in the grant proposal approved by the Global Fund and have been named as SR in the project document signed by UNDP will be governed by the same procedures applicable for the selection of Government entities subject to some additional safeguard measures, including:

- Detailed capacity assessment of SR.
- Value for money assessment of SR proposal cleared by PSO in Copenhagen
- Approval by LPAC

More detailed description of the procedures for selection of SRs is available in Operation Manual for projects financed by the GFATM for which UNDP is Principal Recipient.

Main Project Sub-recipients and Descriptions of Inputs by Partners

Preliminary sub-recipients were identified at the small groups meetings during the original and Phase II proposal development process where objectives and activities were determined taking into account the scope and content of these activities. The main criteria for selection of sub-recipients included: the

organizational mandate, previous experience and areas of expertise. The nomination was approved by the NCC meeting.

1. Republican Tropical Disease Centre (RTDC) is one of the departments of the MoH of the Republic of Tajikistan. RTDC is the main sub-recipient of malaria grant and responsible for planning, policy development and monitoring and evaluation of the NMCP. It has successfully implemented all set activities. Therefore, in Phase I of Round 8, RTDC will continue to implement IRS, monitoring and evaluation, training of health workers, and vector control activity. RTDC will be the main sub-recipient in surveillance and coordination with other government institution and neighbouring countries.
2. WHO, which is one of the SR of round 5 has been supporting the NMCP in capacity development in M&E planning IRS activity and operational research. In accordance with objectives of the Round 8 proposal to GFATM and activities envisaged in the work plan and budget for Phase II, WHO shall contribute into implementation of Objectives 1, 2 and 5. Assistance shall be provided in recruitment of external experts for technical assistance in conducting researches, end of project evaluation and establishing of early warning system.
3. Republican Centre for Healthy Lifestyle (RCHLS) – is a department of the MoH. It has strong presence in the entire district in the country and has enough capacity to implement the planned activities (the capacity assessment report is enclosed). RCHLS centre is responsible for awareness raising, policy development, and monitoring and evaluation of the IEC activity of MoH. RCHLS centre has implemented successfully, several awareness raising activities under GFATM grants in Tajikistan. In this programme RCHLS centre will participate in the development and dissemination of IEC materials.

In the process of program implementation, there may arise a need to select additional sub-recipients. The Principal Recipients will determine the capacity of sub-recipients through a transparent competitive process (if applicable through applying procurement or micro-capital grants procedures) or through sound programmatic management decision (for Government and UN agencies). Interested organizations will be required to present the areas of their expertise and prove that they have the capacity both for quality project implementation and financial management. Selection of SRs will be implemented according to policies and operation procedures of UNDP and will follow the principles of competitiveness, transparency and efficiency.

Partnership with other stakeholders and technical agencies

For effective coordination with other stakeholders and partners in the country, UNDP will continue building partnerships with key agencies both from the Government and international community, as well as community based organizations.

Wherever feasible UNDP will also utilise existing implementation capacities available with other UNDP programmes, such as Communities programme and its area offices in the regions, as well as capacities of other projects of UNDP working in a cross cutting areas of poverty reduction, community mobilisation and awareness raising, infrastructure rehabilitation and reconstruction. Such integrated approach in implementation of project will allow reduce operation costs, efficiently already existing capacities instead of building parallel structures and ensure more comprehensive response to the needs of communities.

It was agreed in UNDP that for such activities as construction/rehabilitation of health care facilities and buildings and for implementation of environmental management

XLI. MONITORING FRAMEWORK AND EVALUATION

Please refer to the Deliverable Description to complete this component of the template.

Suggested text to be adapted to project context

UNDP will implement its programme based on best practices in results-based management. Monitoring and reporting of all projects will be fully integrated with ATLAS, UNDP's financial and project management module. In addition to internal programme and individual project annual reviews, formal independent mid-

term and end-term evaluations and programme audits will be scheduled and conducted. UNDP will endeavour to collect and report all project and programme data in gender-disaggregated format.

UNDP monitoring and evaluation approach – Country programme level

The UNDP overall Monitoring and Evaluation (M&E) system is based on long-term and medium-term planning of activities, reliable approaches to management of sub-projects, detailed account of implemented activities, quarterly reports on indicators, and descriptive reports on implemented activities and obtained results. Strengthening the M&E system will be led through an ongoing assessment of M&E plans, monitoring progress achieved towards program indicators, needs assessment, strategy reviews, and prioritizing program interventions accordingly. UNDP works directly with project implementing partners to ensure joint coordination and support.

Monitoring and evaluation will be made at the following levels:

1. **Internal Monitoring and Evaluation:** Malaria project has its own Monitoring and Evaluation Plan which was developed for consolidated proposal and approved by GFATM. Performance Based framework and M&E Plan of GFATM Malaria project serve as the basis for development of the project objectives, indicators and targets mentioned in the project's RRF, along with the Approved Budget, Annual Work Plan (AWP), and Quarterly Progress Report, and serve as references for monitoring and evaluation activities. This will be supplemented with NCC meetings (conducted at least bi-annually), LFA semi-annual reviews and random on-site verification visits and regular site visits of the project M&E team (conducted jointly with partners). Accountability for internal monitoring and evaluation activities lies with UNDP's PIU (UNDP's Programme analyst, Project Manager and the M&E team of the project).
2. **Monitoring and Evaluation of Country Programme Outcomes:** The purpose of this assessment will be to determine progress made towards targeted indicators and targets achieved according CPAP M&E framework.
3. **External Project-End Evaluation:** A project-end evaluation of the project will be conducted by independent international and national experts, who will assess the effectiveness of the programme and provide recommendations for its improvement.

1. Routine monitoring of project implementation:

During implementation of previous GFATM grants, PIU developed and adopted standard monitoring checklist, in order to justify effective project process are in place. Program monitoring and site visits in the area of implementing program will be conducted jointly with partners and Sub-recipients representatives in regular base.

Regular information about the implementation of grant's activities and the results obtained will be provided to the Project PIU by the sub-recipient organizations on the basis of reports from the final recipients of the grant (implementing organizations). Sub-recipient organizations will provide to the PIU a summary report for each component of the project based on Standard Reporting Form.

The PIU will summarize and analyze data collected by the sub-recipient and will transfer the general report to the Global Fund and the National Coordination Committee (NCC).

The following indicators will be monitored:

- Morbidity and Mortality rate of the malaria affected areas of Tajikistan
- LLN Coverage
- Early diagnosis and Prompt treatment
- Integrated vector management activity
- Malaria prevention education companying

Coordination and implementation of the M&E system will be ensured through the network of central, regional and district level Tropical Centres.

2. Monitoring and evaluation of programme outcomes:

PR will plan and organize the joint assessment with the NCC members including MoH and Development Partners to determine progress made towards targeted indicators. Repeated KAP surveys will be conducted in order to ensure target achievements. Resources allocated through the Global Fund will be used to strengthen the national monitoring and evaluation system. Strengthening an evidence base of effective national response to Malaria will be done through improved malaria case reporting and operational researches by providing refresh trainings.

Annual reports on the programme implementation will be published and disseminated among the stakeholders (NCC, MoH, local and international NGOs, international organizations, donors and UN agencies).

3. End of Project Evaluation

Evaluation of the project results will be carried out in the end period of the grant implementation by independent national and (or) international experts. The final programme report on the end of project evaluation will describe programme implementation process, incorporating the results from the external evaluations. The final report should be discussed with key partners and presented to the NCC. During the end of project evaluation, the key indicators will be evaluated based on comparative data from different sources and on the basis of performance reviews conducted in the form of evaluation missions and visits.

4. Reporting requirements

Disbursement Requests and Progress Updates

The PR should submit reports no later than 45 days after the close of the agreed upon periods. These periods are either quarters or semesters, depending on the grant. Country Offices are encouraged to report by semesters as this will decrease the number of reports. However, Country Offices in Additional Safeguards countries are required to report quarterly (see section 3, supra).

Periodic reports are submitted on a template provided by the GFATM called Disbursement Request and Progress Update. They contain (i) a summary of financial activity during the quarter in question and cumulatively from the beginning of the Programme until the end of the reporting period; and (ii) a description of progress towards achieving the agreed-upon milestones set forth in Annex A to the Grant Agreement. The PR must explain in the report any variance between planned and actual achievements for the period in question.

The due dates for the reports correspond to the PR's fiscal calendar. Since all UNDP offices have the same fiscal calendar, the reports are due on the following dates:

SEMI-ANNUAL:

Period Covered By Report	Disbursement Request and Progress Update Due Date
01 Jan – 30 June	14 Aug
01 July – 31 Dec	14 Feb

Annual Reports

The PR must submit an annual financial and programmatic monitoring report no later than 45 days after the close of its fiscal calendar. Under UNDP's fiscal calendar, the annual reports are due on February 14 and would cover the preceding fiscal year (January 1- December 31). The report should cover financial and programmatic progress during the year in question and must be in format acceptable to GFATM.

More detailed description of Planned M&E activities as well as M&E capacities for implementation of Malaria Elimination Project is provided in annexes

XLII. LEGAL CONTEXT

If the country has signed the Standard Basic Assistance Agreement (SBAA), the following standard text must be quoted:

This project document shall be the instrument referred to as such in Article 1 of the SBAA between the Government of Tajikistan and UNDP, signed on 1 October 1993 by the Deputy Chairman of the Council on Minister on behalf of the government and Associate Administrator of UNDP.

Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the executing agency and its personnel and property, and of UNDP's property in the executing agency's custody, rests with the executing agency.

The executing agency shall:

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

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

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

The legal arrangement of this projects are also based on the UNDP-GFATM grant agreement for the grant number TAJ-809-G08-M, that is a non-standard cost-sharing agreement developed by UNDP LSO. Standard Grant Agreement is supplemented by the face sheet of the grant agreement for each individual grant, which indicated programme start and end dates, total amount approved dates for conditions precedent to disbursement. (Note: this project document will come in force upon signature of the the Grant Agreement between UNDP and GFATM, expected in beginning of November 2011. LPAC approval of the project is, therefore, conditional to the final approval of grant by the donor).

The Agreement with GFATM also include number of attachments such as: Annex A to the Agreement is the Programme Implementation Abstract that provides general description of goals, objectives, targeted beneficiaries and planned activities, as well as conditions precedent to disbursement; Performance-based framework for year 1 and 2 and sets forth the main objectives of the programme, baseline, indicators and targets to be achieved as well as reporting periods. PBF serves as a basis for performance assessment of UNDP and decisions for next disbursements.

Consolidated work plan and budget is an inalienable part of the Grant Agreement for grant TAJ-809-G08-M and provides detailed description of project expenditures for the first two years of the programme and indicative budget for the Phase 2 of the project proposal.

Agreements with Sub-recipients will be based on standard UNDP agreements tailored for GFATM-funded projects. Form of the agreement will depend on the type of the SR entity (Letter of Agreement for Government and UN agencies, Project Cooperation Agreement for NGOs. For organizations selected through micro-capital grant procedure, the standard micro-capital grant agreement for non-credit activities will be used).

XLIII. ANNEXES

Attachment 1. Grant Agreement between UNDP and GFATM with attachments (Annex A, Performance Framework, detailed budget and work plan).

Attachment 2. RISKS LOG

Attachment 3. Organizational Chart of UNDP/PIU and Terms of Reference of project staff.

Attachment 4. Capacity Assessment of SRs

Attachment 5. M&E Plan for the consolidated project

ANNEX 2

Identification of risks

OFFLINE RISK LOG



Project Title: Malaria Elimination in Tajikistan for 2009-2014	Award ID:	Date:
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#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	High turn over of qualified staff due to low salary	Constantly	<i>Organizational</i>	The trained and experienced staff leaves for better conditions, trainings for new staff are organized which takes time. Lack of qualified staff reflects on the quality/result of work performed P = 3 I = 5	Trainings for new staff organized, and financial support is provided to key staff through salary payment from Project budget	UNDP/PIU staff and SRs	PR		Decreased
2	Low material and technical base of health facilities	Regular monitoring	<i>Organizational</i>	Most of the health facilities are in bad conditions, especially laboratory facilities (lack of sewerage system, water, bad light and etc), which lead to low quality of malaria diagnostic, detection and treatment P = 5 I = 4	Some health facilities are rehabilitated with the grant funds	UNDP/PIU staff and SRs	PR		Due to lack of funds the situation remains without changes
3	Climate change	2007	Environmental	Global warming leads	Expansion of vector	UNDP/PIU	Mass		Increased

				to extension/prolongation of malaria transmission season and favorable conditions for malaria vector's breeding P = 4 I = 4	control activities (gambusia fish distribution and IRS) in the areas at risk	and RTDC	media and WHO reports		
4	Import of malaria cases from neighboring countries and migration of malaria vectors	Regular monitoring	Regulatory	Imported cases, considering the favorable conditions in our country (availability of malaria vectors, stagnant ponds and etc.), can lead to spread and appearance of local foci P = 4 I = 3	Conducting of vector control activities jointly with neighboring countries	UNDP/PIU and RTDC	PR	Annually	Complex vector control activities implemented jointly with Kyrgyzstan. Collaboration with Afghanistan and Uzbekistan is to be established
5	Growing inflation and continued economical crisis	2008	Financial	Stress of money which can affect the implementation of planned activities P = 2 I = 2	During the project development this risk was taken into consideration and some measures were taken	UNDP/PIU	UNDP/PIU	2009	Decreased