

Joint Project Document

Country: Tajikistan

Project Title

UN Joint Advocacy Project on HIV (UN JAP)

UNDAF Outcome:

Outcome 2.4. There is improved access for the vulnerable to quality basic services in health, education and social protection

UNDAF Outputs:

Output 4a. 3.2 Medical staff including health authorities, health care providers, physicians are skilled and knowledgeable in the management, detection, quality treatment of HIV/AIDS/STI/TB/Malaria and provision of evidence-based services through standards, training modules and protocols, available at facility levels.

Output 4a. 3.5. Increased awareness and understanding among at-risk groups, community and civil society members, opinion-leaders and decision-makers, about positive behaviours and policies in prevention, treatment, counselling and care, and living with infectious diseases

Output 4b 2.1 At-risk children, PLWHIV, women emigrants and refugees' needs are assessed and results used in targeting assistance.

Expected JP Output:

Strengthened UN and national capacities for strategic planning, resource mobilisation and management of gender-sensitive and human rights-responsive National HIV/AIDS program

Implementing Partners:

UNAIDS, UNDP, UNICEF, UNFPA

Responsible Parties:

UN Agencies, NCC on HIV, TB and Malaria, MoH, State Committee of Youth, Sport and Tourism, Ministry of Justice, Republican HIV/AIDS Centre, CSOs

Fund Management Option

Parallel Funds

Brief Description

In 2014-2015 the UN Joint Advocacy Project will continue assisting the UN Theme Group on HIV in coordination of UN technical support to improve national capacity for effective planning, management and monitoring of HIV/AIDS programmes and to contribute to national priorities in HIV prevention, treatment and care to achieve targets of MDG 6. The participating UN agencies of the UN JAP will also jointly finance some activities that do not necessarily fall under a single agency's mandate or technical expertise and thus benefit from collective efforts. These activities include specific researches for evidence creation and evidence-based policy advocacy, communication in one voice, mainstreaming human rights and gender in HIV programming, technical assistance to the government in strategy development, monitoring, reporting, and ensuring financial sustainability for the national AIDS programme. Above all, as this phase of the project covers an important period for Tajikistan in the context of GFATM funding, UN JAP will provide support to the development of the new National strategic Plan and its budgeting, which is also a prerequisite for application to the Global Fund, the development of the Concept Note for application to the Global Fund and its costing, and the implementation of key activities within a capacity development and transition plan for the Government to become a Primary Recipient of Global Fund resources. Lastly, UN JAP will continue to advocate and assist facilitating the scale up of UN Cares programme within UN system as per the unified learning strategy agreed in the framework of the Joint UN Programme of Support (JPS) on AIDS, which was signed by all UN agencies in 2010.

UNDAF Programme Period: 2014 - 2015

Project Start date: 01.01.2014

Project End Date: 31.12.2015

Management Arrangements: Parallel funds

- Total resources required: \$541,010.40
- Total allocated resources for 2014: \$252,374
- Resources to be mobilized in 2015: 288,636.40
 - UNAIDS 61050 - Parallel funds
 - UNDP: 129324 - Polled funds
 - UNICEF 27000 - Parallel funds
 - UNFPA 33500 - Parallel funds
 - To be determined \$1,500

In-kind Contributions: n/a

Agreed by UNAIDS:

Agreed by UNDP:

Agreed by UNFPA:



Agreed by UNICEF:

Laylee Moshiri
Representative

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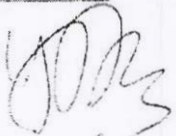
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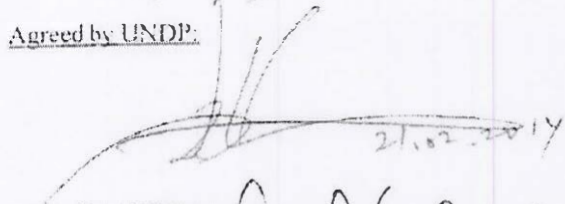
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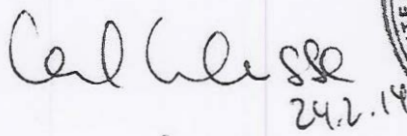


Agreed by UNDP:



21.02.2014

Agreed by UNFPA:

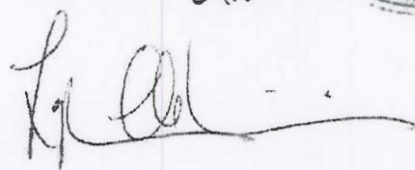


24.2.14



Agreed by UNICEF:

Laylee Moshiri
Representative



I. SITUATION ANALYSIS

To date the national statistics confirm 5382 cases of HIV officially registered from beginning of epidemic in Tajikistan, which makes around 45.4 cases per 100000 population. Estimations of national expert agencies are twice higher with latest figures showing around 12000 people living with HIV in the country.

There were no behavioral and sentinel studies among the general population, therefore, the reference indicators on HIV prevalence among pregnant women (approx. 0.02 – 0.05%) are used to assess HIV burden on the country population. The epidemic is viewed as "concentrated" among the key population groups at the highest risk of HIV transmission, including injecting drug users (IDUs), sex workers (SW), men having sex with other men (MSM) as well as imprisoned people. Data about prevalence of HIV among most at risk groups are still limited, as sentinel surveillance is conducted in 12 pilot sites only and once in 2 years. The last sentinel surveillance in 2011 showed HIV prevalence among injecting drug users (IDUs) and sex workers (SW) as 13.5% and 3.7% respectively.

The national sentinel and routine registration data are showing slow but still positive results of nation-wide HIV prevention activities. There is stable decrease of share of IDUs among the total number of new HIV cases (59.3% in 2010, 38.3% in 2012 and only 13.8% in 2013). Drop in new HIV cases among IDUs occurs despite increasing percentage of IDUs accessing testing services (14% in 2013). 58.4% of IDUs can correctly indicate ways of HIV transmission, and around 69% of IDUs confirm use of sterile syringe and needles during the last injection.

Coverage of SW with prevention services is rather high, making around 63% of sex workers who received HIV prevention services in 2013 and 27% SW received HIV counseling and testing. However, despite reported high coverage, the level of knowledge of SW about HIV remains moderate - only 33.7% of SW could correctly indicate ways of HIV transmission and prevention methods.

Scanty figures of HIV detection among other groups of population (labor migrants, pregnant women, etc) confirm positive effect of nationwide prevention program during the last decade, and support WHO findings that vulnerability of other groups of population to HIV (e.g. labor migrants, prisoners, etc) can be explained by risky behavior, such as drug abuse and unsafe sex contacts with most-at-risk population groups.

The major finding of WHO mid-term program review mission is that injecting practice remains the main driver of HIV epidemic in the country. In general, drug users make more than 53.5% of all 5382 known HIV cases registered in the country until 1 October 2013 (National AIDS Center data). At the same time scarce surveillance data for another population group - MSM create a need for deeper research in this field, to clarify actual epidemic impact and the extent of vulnerability of this group. According to the National report on HIV/AIDS (2012) official routine testing data report only 12 HIV positive cases among 879 MSM tested for HIV, that makes only 0.31% of all registered cases of HIV/AIDS. At the same time, the data of the first and only sentinel surveillance implemented among MSM in Dushanbe in 2011 showed around 1.5% of HIV prevalence among this group.

Mass testing among prisoners conducted in 2010 showed HIV prevalence of 8,5%. It is assumed that vulnerability of prisoners to HIV is explained by presence of IDUs among prisoners and unsafe injecting of drugs which is still illegally practiced in penitentiary settings. Nowadays, there is only 1 pilot site which provides prisoners with sterile syringes and needles for injections, with very small coverage. Absence of free access to safe injecting equipment and hidden nature of drug use in prisons creates fertile soil for HIV transmission via drug use in prisons.

Concentrated nature of epidemic coupled with financial limited resources available to control epidemic spread accentuate the need for substantial revision of the national strategic priorities in prevention and treatment of HIV, harm reduction interventions and advocacy and social support activities. In 2014 the country intends to apply to the New Funding Mechanism of the Global Fund to fight AIDS, TB and Malaria (GFATM), which demand the countries applicants to present rational and feasible proposal supported with scientific evidences of cost-effectiveness and sustainability of proposed interventions. Successful completion

of prioritization exercise within the framework of the National Program to Fight HIV/AIDS in 2010-2015 and submission of solid concept note to GFATM are critical factors to ensure sustainability of the achieved positive results in HIV/AIDS control and to further expand access of vulnerable population to essential prevention and treatment services.

Therefore, the role of UN agencies is immense to provide national policy and decision makers with high quality technical and advisory support for strategic planning, resource mobilization and adopting the national strategies to the international requirements stipulated in WHO/GFATM/other donors' guidance papers and recommendations. UN agencies are uniquely positioned nowadays to advocate mainstreaming of human rights and gender policies into the HIV/AIDS programming as well as mainstreaming of HIV-related social issues into national policies and development strategies.

II. STRATEGY

The UN Joint Advocacy Project on HIV (UN JAP) in Tajikistan has been implemented since 2005 with annual updates in planned outcomes, activities and budgeting. The overall goal of the project is to support the National Response on HIV and follow-up with the UN Joint Programming on HIV in accordance with UNDO and Global Task Team (GTT). The budget of the UN JAP envisages co-financing resources through a parallel funding mechanism. Over the past years, the UN JAP activities were supported through the pooled and parallel funding from UNDP, UNAIDS, UNICEF and UNFPA.

UN Joint Advocacy Project on HIV forms an important part of the Joint UN Programme of Support on AIDS (JPS) in Tajikistan which was signed between all UN agencies in 2010 as an integral part of the 2nd United Nations Development Assistance Framework for 2010-2015 (UNDAF). UN JAP is based on the main strategic priorities of UNDAF related to increase of awareness of vulnerable population, decrease of vulnerability, expansion of universal access of population to quality healthcare services, etc - UNDAF outcome 2.4 and Outputs 4A and 4B. HIV problems and its social determinants including human rights and gender-based discrimination are mentioned in UNDAF as cross-cutting issues in other outcomes.

The Joint UN Programme of Support on AIDS in Tajikistan contemplates UNDAF, through advocating greater access of population to quality basic services in health, education and social protection, promotion of gender equality and human rights, supports evidence-informed actions and incorporates accountability to donors and partners. UNDAF in Tajikistan addresses the national needs in the effective and sustainable HIV response. It supports the country in achieving the Universal Access to HIV prevention, care and treatment and acceleration of the MDG 6 attainment.

Historically, conceptual framework of the UN Joint Advocacy project was based on UNAIDS-declared principles of "three-one" and "getting down to zero". Concerted efforts of UN Agencies in Tajikistan are aimed to support one coordination mechanism, one M&E system and one National HIV/AIDS program with the overall goals of reducing the number of new infections, AIDS-related death and stigma and discrimination of vulnerable groups. Collaboration and extension of networking with all partners and stakeholders, including policy-makers, experts, general public, media and CSO was a strategic priority for UN JAP and UN JSP on AIDS. To ensure national ownership, as well as, to avoid duplication of activities and possible overlaps at the country level, the proposed project cooperate with the National Coordination Committee to fight HIV/AIDS, TB and Malaria (NCC), Department of health, women and family affairs under the President's Office, Ministry of Health, which among other responsibilities should determine current priority strategies on HIV/AIDS prevention. On the other hand, the involvement of other governmental sectors on multi-sectoral base, civic society and international partners helps UN agencies to improve transparency and efficiency of undertaken activities.

Since 2008, UN JAP provided inestimable contribution to the national strategic planning and advocacy of HIV response including, but not limited to:

1) Development of the 3rd and 4th National programs to Counteract HIV/AIDS in Tajikistan for period of 2007-2010 and 2011-2015 respectively;

2) TA for revision of State Law on HIV/AIDS in 2008 with exclusion of discriminatory articles on deportation of foreign citizens with HIV and travel restrictions.

3) Introduction in 2010 of the new testing policy based on WHO/UNAIDS guidance on provider-initiated HIV testing and counselling in health facilities.

4) Support to mainstreaming of HIV/AIDS issues to PRS-2 for 2010-2012.

5) Sensitization of judicial staff and lawyers on HIV/AIDS issues and stigma and discrimination

6) Mainstreaming of gender and human-rights approach issues to national HIV strategic programming

7) Technical guidance for implementation of the National surveys on HIV/AIDS awareness among people of 15-49 years and Stigma and Discrimination in 2009 and 2011.

8) Support to establishment and strengthening of Network of people living with HIV/AIDS with an emphasis on promoting female-led initiatives of PLWH.

The last UN JAP project document for 2012-2013 envisaged strengthening of UN Cares Programme, enhancing national capacities for strategic planning, effective management, and tracking the epidemic; reducing stigma and promoting human rights and gender equality through HIV/AIDS programmes. The project also complemented activities under GFATM-funded HIV projects and projects of other UN agencies, and established the linkages to other initiatives in the country and region.

In 2014-2015, the UN JAP will continue assisting the UN Theme Group on HIV in coordination of UN technical support to improve national capacity for effective planning, management and monitoring of HIV/AIDS programmes and to contribute to national priorities in HIV prevention, treatment and care to achieve targets of MDG 6. The participating UN agencies of the UN JAP will also jointly finance some activities that do not necessarily fall under a single agency's mandate or area of technical expertise and thus benefit from collective efforts. These activities include specific researches for evidence creation and evidence-based policy advocacy, communication in one voice, mainstreaming human rights and gender in HIV programming, as well as technical assistance to the government in strategy development, monitoring, reporting, and ensuring financial sustainability for national AIDS programme. Above all, as this phase of the project covers an important period for Tajikistan in the context of GFATM funding, UN JAP will provide support to the development of the National Strategic Plan and its budgeting, which is also a prerequisite for the Global Fund application, the development of the Concept Note for application to the Global Fund and its costing, and the implementation of key activities within a capacity development and transition plan for the Government to become a Primary Recipient of Global Fund resources. Lastly, UN JAP will continue to advocate and assist facilitating the scale up of UN Cares programme within UN system as per the unified learning strategy agreed in the framework of the Joint UN Programme of Support (JPS) on AIDS, which was signed by all UN agencies in 2010.

Objective 1: High-level advocacy and support to increase national capacity on management, providing strategic information and to mobilize resources to intensify national efforts to eliminate HIV/AIDS

The objective foresees the following expected results:

1.1. National strategies for HIV/AIDS are revised in line with mid-term review's recommendations and budgeted action plan is developed for 2015-2017 period.

1.2. National AIDS Report, (UNGASS) for 2014 developed through transparent process and timely submitted by the Government to UN GS and results are widely used for strategic planning and resource mobilization

1.3. Results of NASA 2014 are available and widely used by Government for future budgeting and planning of National AIDS Programme

1.4. Updated national strategy for TB/HIV is widely introduced in the country and key stakeholders are using the strategy in their TB/HIV activities.

1.5. Comprehensive country concept note developed and submitted to the GFATM to obtain new funds for HIV/AIDS program within the framework of the New Funding Model

1.6. Capacity of National AIDS Center on managing human resources, sub-recipients and other management areas are improved through introduction of appropriate normative documentation and SOPs and overall increase of knowledge in the field of HIV program management.

The Government of Tajikistan is committed to expanding HIV prevention, treatment and care interventions in accordance with MDG commitments, National Development Strategy and PRS papers and implementation of National Programme on HIV/AIDS for 2011-2015. It also plans for updating the strategies for the National Programme to cover the period of 2016-2020, and for mobilising the additional resources through GFATM and other available donor funds to support the national priorities.

Using the new evidence created by the financial sustainability research and NASA exercise the UN JAP will assist the government in development of national strategies and concept note for GFATM application with budgeted plan.

UN JAP in 2014-2015 will be also aimed to support the efforts of the Ministry of Health and the National AIDS Center to build credible and transparent management system at the institutional level in order to take over responsibility for management of future GFATM and other donors' funds. Thus, technical assistance and advisory support will be provided to assess and develop necessary normative framework and standard operating procedures for National AIDS Center for human resource management and management of sub-recipients. Other milestones of the Transition Plan and management capacity gaps of the national counterparts will be also addressed within this objective.

Objective 2: To create supportive environment for expanded National Response through strengthening national capacity on promoting human rights and gender equality, reducing stigma and discrimination against HIV

The specific results of this objective include:

2.1. There are evidences of improved national capacity of decision-makers and experts from Government and CSOs to overcome barriers of stigma and protect human rights of PLHIV.

2.2. HIV related gender issues are mainstreamed into support activities of UN and are vividly incorporated into revised Strategic plan and concept note to GFATM are actively promoted among other stakeholders.

2.3. At least three SCOs receiving micro-grants represented needs of PLHIV, Women LHIV and young people have strengthened their networks at national levels by 2014.

2.4. At least 20,000 IEC materials on HIV prevention and reducing stigma and discrimination towards PLWH developed and distributed during nation-wide advocacy campaigns.

The major strategies under this objective envisage intense work with the national counterparts responsible for establishment of enabling gender and human rights- responsive policy environment. Support will be provided to technical meeting of NCC and to Civil society organizations to increase capacity of decision makers, local authorities, employers, law enforcements representatives, SCOs on HIV policy issues including protection of human rights and reducing stigma and discrimination. The objective is also focused on supporting the national efforts to incorporate gender responsive measures in the revised Strategic Plan and NFM concept note to GFATM. To strengthen a focus on women and girls and well as young people vulnerable to HIV, UN JAP will emphasize involvement of PLHIV in national response planning, implementation and monitoring through technical assistance and micro grants for capacity building of CSOs working with PLHIV and networks of women LHIV, strengthening a network of youth SCOs, enabling to participate in regional and global youth events.

Addressing of gender and human rights as cross-cutting issues of HIV program will be further promoted through integration of the HIV related issues into nation-wide campaigns on World's AIDS Day, Stop Violence against women (VAW) and "10 days of Human Rights" campaigns and other advocacy actions, including mass media campaigns and community mobilization activities in the regions and districts.

Culturally sensitive, gender and politically relevant information and communication materials will be developed in coordination and close involvement of all four agencies, and IEC materials will be disseminated to population attending advocacy and awareness campaigns. Advocacy campaign will be also supported with posters, billboards to reflect issues on stigma and discrimination, violence against women and the promotion of human rights of PLHIV.

Objective 3: Strengthening the implementation of UN Joint Programme for Support on AIDS and increasing the capacity of UN Joint Team to Deliver as one and address country needs

The objective foresees the following expected results:

3.1. UN Care Programme is implemented at least in six UN agencies (UNDP, UNICEF, UNFPA, UNAIDS, IOM, ILO, WFP) on routine base with both national and field staff reached.

3.2. At least three learning and communication events arranged annually and focused on safe behaviour, S&D and HIV issues at the workplace.

The UN Cares programme is a single harmonized programme, which was designed to help UN system personnel and their families in all entities and all duty stations to access their rights defined in the 1991 United Nations HIV/AIDS Personnel Policy and in the ILO Code of Practice on HIV/AIDS and the World of Work and recognize their individual responsibilities related to HIV. The programme was developed through interagency consultation between UNAIDS Cosponsors. The UN Cares Programme is summarised as the ten UN Cares Minimum Standards, to be achieved by 2013.

UN Learning Strategy as a part of the UN Joint Programme for Support on AIDS in Tajikistan was updated and adopted for all agencies. The main goals of the Strategy are:

- to develop the knowledge and competence of the UN and its staff so that they are able to best support national responses to HIV/AIDS; and
- to ensure that all UN staff members are able to make informed decisions to protect themselves from HIV and, if they are infected or affected by HIV, to ensure that they know where to turn for the best possible care and treatment. This includes ensuring that staff members fully understand the UN's HIV/AIDS workplace policies on eliminating stigma and discrimination against those infected and affected by HIV/AIDS.

The relevance and added value of the learning strategy are clear: the competence of UN staff and teams must be increased for maximum impact with our partners in governments, civil society, including NGOs and this competence must be reflected within the context of the UN workplace for all UN staff. Essentially, the strategy promotes approaches to learning that contributes to building a UN that is knowledgeable and competent in its work with partners and its staff in order to:

- help prevent and control the spread of HIV;
- ensure effective care, support and treatment for those infected or affected by HIV and AIDS;
- eliminate stigma and discrimination against those infected and affected by HIV/AIDS;
- mitigate the impact of the epidemic.

The implementation of UN Learning Strategy on HIV at the workplace has been continuously implemented by the UN agencies in Tajikistan since 2008. Nowadays, due to coherent approach of UN Theme groups and implementation of unified learning strategy within the framework of UN JPS on AIDS,

majority of UN agencies are compliant with the key UN Cares requirements. Still, there is an evident need to continue promotion of learning and awareness of UN staff and service contract holders about HIV/AIDS and UN cares standards, due to regular staff rotation and changes in some guidance and approaches for HIV at the workplace. UNJAP in 2014-2015 envisages continuing advocating UN agencies, and in particular, areas offices in Tajikistan regions to improve the implementation of UN Cares Programme, to expand access to HIV-related prevention workplace benefits, and awareness raising of staff about the policy and minimum standards in each agency.

To raise awareness of staff, it is planned to facilitate at least 3 learning sessions for UN personnel per year, print new set of information and education materials on HIV and AIDS for UN staff at country level and disseminate information on UN Cares and HIV/AIDS through available means of communication in UN offices (network, web-site, mass media, bulletins, etc). The provision of condoms for UN personnel is another objective of the project; distribution of condoms will be combined with providing information on safe sexual behaviour to reduce vulnerability of staff to HIV and sexually transmitted infections. Condoms will also be used as advocacy material during various social gathering and events (UN day, UN retreats, etc).

Another expected result of the first objective of UN JAP will be mainstreaming of knowledge about HIV-related issues and social determinants of HIV/AIDS into UN communication activities and UN technical assistance plans.

The Joint UN Team on AIDS/UN Theme Group on HIV developed Communication Strategy as per the UNAIDS "Guidelines and tools for developing communication strategies for joint UN teams on AIDS" and included into the Joint Programme for Support. The purpose of the Communication Strategy is to harmonize the AIDS Team communication activities as One UN. Within the next 2 years, the UN JAP will facilitate the updating of this communication strategy in alignment with the new National HIV/AIDS strategy 2016-2020, which will be developed shortly. The UN JAP will further support to integrate UN communication strategy on HIV into general UN Communication Strategy to address behavioral impact and to increase visibility of Joint UN efforts to fight HIV/AIDS.

Capacities of UN Joint team to plan, to oversee and to implement the programme will be further improved through active participation in UNDAF thematic working groups, UN retreats, trainings and workshops. Proactive coordination and communication with national and international partners and stakeholders will be ensured. It is envisaged that UN JAP will facilitate the joint review and updating of UN JPS by UN Joint Team on AIDS at least on a semi-annual basis to ensure effective coordination of UN technical support.

III. RESULTS AND RESOURCES FRAMEWORK

Intended Outcome as stated in the United Nations Development Assistance Framework:

There is improved access for the vulnerable to quality basic services in health, education and social welfare (UNDAF Outcome)

UNDAF outputs, indicators, baseline and targets:

Output 3.5. Increased awareness and understanding among at-risk groups, community and civil society members, opinion-leaders and decision-makers, about positive behaviours and policies in prevention, treatment, counselling and care, and living with infectious diseases

Output 4a. 3.2 Medical staff including health authorities, health care providers, physicians are skilled and knowledgeable in the management, detection, quality treatment of HIV/AIDS/STI/TB/Malaria and provision of evidence-based services through standards, training modules and protocols, available at facility levels.

Output 4a. 3.5. Increased awareness and understanding among at-risk groups, community and civil society members, opinion-leaders and decision-makers, about positive behaviours and policies in prevention, treatment, counselling and care, and living with infectious diseases

Output 4b 2.1 At-risk children, PLWHIV, women emigrants and refugees' needs are assessed and results used in targeting assistance

Indicators: % of most at risk population (IDUs, SW) reached with HIV prevention programmes

Baseline: IDUs – 37,2%, SW – 71,6% ; MSM – n/a

Target: IDUs, - $\geq 60\%$, SW - $\geq 80\%$; MSM $> 10\%$

Indicator: % of most at risk population (IDUs, SW who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission)

Baseline: IDUs- 39,1%, SW- 45,2%; MSM- n/a

Target: IDUs, SW, MSM $\geq 70\%$;

Indicator: % of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy

Baseline: 58,3%

Target: $\geq 70\%$

Indicator: % of young people aged 15-24 who have both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

Baseline: 13,4 %

Target: 20%

Indicator: % of health professionals who demonstrate readiness to provide health services to PLWHA and Vulnerable Population Groups at the same quality level and with the same attitude as to all other people

Baseline: 65%

Target: 75%

Partnership Strategy: UN Agencies, National Coordination Committee on HIV, TB and Malaria, Ministry of Health (MoH), State Committee of Youth, Sport and Tourism, Ministry of Justice, National HIV/AIDS Centre (NC AIDS), Civil Society Organizations (CSOs)

INTENDED OUTPUTS	OUTPUT TARGETS FOR 2014-2015	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
Output: National capacity, systems and institutions are strengthened to address HIV prevention, treatment, care and support programmes and to achieve MDG 6 targets.				
Sub-output 1: High-level advocacy and support to increase national capacity on management, providing strategic information and to mobilize resources to intensify national efforts to eliminate HIV/AIDS				
<p>Current situation:</p> <p>1.1. The existing national strategies for HIV/AIDS control require revision to focus HIV prevention on key population, address other recommendations of 2013 mid-term program review with scientifically proven evidences of cost-effectiveness.</p> <p>1.2. National Report on the implementation of Declaration of Commitment to fight HIV/AIDS (UNGASS) needs to be regularly submitted and used for strategic planning and resource mobilization.</p> <p>1.3. National AIDS Spending Assessment (NASA) needs to be institutionalized as a tool to monitor financial resources flows.</p> <p>1.4. International TA for development of new National strategy on HIV/TB was provided in 2013. The new strategy has to be populated, advocated and facilitated among stakeholders of both TB and HIV program at the national and regional levels.</p> <p>1.5. Due to limited donor funds (transitional period of GFATM) and lack of government budget for HIV/AIDS, there sustainability of future program is at high risk. The country needs to enhance resource mobilization to secure funds for 2015-2017 period.</p> <p>1.6. Current capacities of National AIDS center do not foster transparent and efficient management of human resources</p>	<p>Targets (2014 - 2015):</p> <p>1.1. National strategies for HIV/AIDS are revised in line with mid-term review's recommendations and budgeted action plan is developed for 2015-2017 period.</p> <p>1.2. National AIDS Report, (UNGASS) for 2014 developed through transparent process and timely submitted by the Government to UN GS and results are widely used for strategic planning and resource mobilization</p> <p>1.3. Results of NASA 2014 are available and widely used by Government for future budgeting and planning of National AIDS Programme</p> <p>1.4. Updated national strategy for TB/HIV is widely introduced in the country and key stakeholders are using the strategy in their TB/HIV activities.</p> <p>1.5. Comprehensive country concept note developed and submitted to the GFATM to obtain new funds for HIV/AIDS program within the framework of the New Funding Model</p> <p>1.6. Capacity of National AIDS Center on managing human resources, sub-recipients and other management areas are improved through introduction of appropriate normative documentation and SOPs and overall increase of knowledge in the field of HIV program management.</p>	<p>Activities:</p> <p>1.1.1. Provide technical assistance to the Government (including international consultants) to adapt the national strategy related to HIV/AIDS and develop budgeted action plan for 2015-2017, with consideration of results and recommendations of the HIV mid-term national programme review.</p> <p>1.1.2. Support national effort for HIV sustainable financing through implementation of UNAIDS Investment framework exercise and taking into consideration results of UNDP study on sustainable financing of HIV/AIDS. Develop advocacy tools to increase domestic funding and prioritize the interventions.</p> <p>1.2.1. Support national capacities for global reporting on HIV/AIDS. Facilitate, supervise and ensure timely Country AIDS Progress Report 2014 (UNGASS and UA) developing through transparent process of data collection and validation.</p> <p>1.2.2. Lead and coordinate technical support and consensus building meeting with national stakeholders.</p> <p>1.2.3. Launch and publishing of Country AIDS Progress report 2014 (UNGASS and UA).</p> <p>1.3.1. Provide support to National AIDS Center to conduct National AIDS Spending Assessment (NASA)</p>	<p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, NC AIDS</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, NC AIDS</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, NC AIDS</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, NC AIDS</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, NC AIDS</p>	<p>2014 - \$29,250 (UNAIDS-4,250 & UNICEF-5,000-meeting package.UNDP-20.000-consultant fee) 2015 -\$33,000</p> <p>2014 - \$4,000 (UNAIDS_TBD, UNICEF-\$2,000-consultant fee, UNDP-\$2,000) 2015 -\$4.500</p> <p>2014 - \$10,000 (UNAIDS, UNFPA \$8,000 Meeting package, UNICEF- \$2.000-Travel.) 2015 -\$11,000</p> <p>2014 - \$30,000 (UNAIDS) 2015 -\$33,000</p>

<p>and sub-contractors and NAC needs adequate system and normative documents to be developed.</p> <p>Indicators:</p> <p>1.1. Availability of the National HIV/AIDS strategy with a budgeted action plan for the period 2015-2017 based on results and recommendations of the HIV mid-term national programme review.</p> <p>1.2. National AIDS Report timely submitted and data used for strategic planning and management</p> <p>1.3. NASA is conducted on regular base biannually to track domestic and external financial flows for HIV programmes</p> <p>1.4. Key country stakeholders are aware about the updated TB/HIV strategy endorsed by the Ministry of Health.</p> <p>1.5. Country concept note developed to submit to the GFATM for the New Funding Model</p> <p>1.6. Improved capacities of National AIDS Center to manage multilateral initiatives and donor funds.</p>		<p>for 2014-2015.</p> <p>1.4.1 Series of learning sessions for partners on the new developed strategy for TB/HIV endorsed by MoH</p> <p>1.5.1. Provide technical support to NCC and their branches/TWGs to improve coordination among partners on the implementation of National Programme.</p> <p>1.5.2. Technical assistance (including recruitment of international consultant) to the National TWG on HIV/AIDS for preparation of country application for the New Funding Model of GFATM.</p> <p>1.5.3. Support to organization of TWG meetings, provision of translation/interpreting services.</p> <p>1.6.1. National consultant selected to develop normative documents and SOPs for Human Resources Management in the NC AIDS and to facilitate training for NC AIDS on effective HRM standards.</p> <p>1.6.2. National consultant selected to develop normative documents for Sub-recipient Management and contract management in the NC AIDS and to facilitate training for NC AIDS on effective SR management standards.</p> <p>1.6.3 Series of out- and in- country learning events for National experts and UN focal points on HIV/AIDS strategic planning, reporting, M&E, program management and tracking of the epidemic. Support to participation of Tajik delegation in the high level international events and conferences.</p>	<p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, NC AIDS</p> <p>UNAIDS, MoH, NC AIDS</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, NC AIDS</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, NC AIDS</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, NC AIDS</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, NC AIDS</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, NC AIDS</p>	<p>2014 - \$3,250 (UNAIDS) 2015 -\$4,000</p> <p>2014 - \$1,500 (UNAIDS) 2015 -\$2,000</p> <p>2014 - \$35,000 (UNDP-20,000-Consultancy, UNICEF-\$15,000 – for meetings and printings) 2015 -\$40,000</p> <p>2014 - \$23,000 (UNDP-\$20,000-consultancy, UNICEF-\$3,000-printings) 2015 -\$26,000</p> <p>2014 - \$13,000 (UNDP-\$10,000 , UNFPA-\$3,000 - Training package) 2015 -\$14,000</p>
<p>Sub-output 2: To create supportive environment for expanded National Response through strengthening national capacity on promoting human rights and gender equality , reducing stigma and discrimination against HIV</p>				

<p>Current Situation:</p> <p>2.1. According to last S&D survey, and mid-term program review national capacity of decision-makers and experts from Governmental and CSOs still need strengthening to overcome barriers of stigma and protect human rights of PLHIV.</p> <p>2.2. Gender equality should be used as a cross-cutting approach to design, implement and evaluate HIV programmes.</p> <p>2.3. There is still high level of vulnerability of women and girls living with HIV due to limited number and insufficient capacity of SCOs representing interests of PLHIV including Women LHIV.</p> <p>2.4. There is a need to continue producing IEC materials, particularly booklets, brochures, posters and billboards on HIV prevention, reducing stigma and discrimination towards PLHIV.</p>	<p>Targets 2014-2015</p> <p>2.1. There are evidences of improved national capacity of decision-makers and experts from Government and CSOs to overcome barriers of stigma and protect human rights of PLHIV.</p> <p>2.2. HIV related gender issues are mainstreamed into support activities of UN and are vividly incorporated into revised Strategic plan and concept note to GFATM are actively promoted among other stakeholders.</p> <p>2.3. At least three SCOs receiving micro-grants represented needs of PLHIV, Women LHIV and young people have strengthened their networks at national levels by 2014.</p> <p>2.4. At least 20,000 IEC materials on HIV prevention and reducing stigma and discrimination towards PLWH developed and distributed during nation-wide advocacy campaigns.</p>	<p>Activities:</p> <p>2.1.1. Support provided to technical meeting of NCC (TWG) to increase capacity of decision makers, local authorities, employers, law enforcements representatives, SCOs on HIV policy issues including protection of human rights and reducing stigma and discrimination.</p> <p>2.2.1 Facilitate the process and take actions to incorporate gender responsive measures in the revised Strategic Plan and NFM concept note to ensure enabling policy environment for gender transformative national response.</p> <p>2.3.1. Support involvement of PLHIV in national response planning, implementation and monitoring through technical assistance and micro grants for capacity building of CSOs working with PLHIV and networks of women LHIV.</p>	<p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, MoJ, NC AIDS, NCC, UN Joint team on AIDS, NGOs/CSOs</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, MoH, NC AIDS, NCC, UN Joint team on AIDS, NGOs/CSOs</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, UN Joint team on AIDS, NGOs/CSOs, NCC</p>	<p>2014 - \$3,000 (UNAIDS) 2015 -\$4,000</p> <p>2014 - \$5,000 (UNAIDS-\$3,000, UNFPA-\$2,000- Meeting package) 2015 -\$6,000</p> <p>2014 - \$11,250 (UNAIDS-\$2,250, UNDP-\$5,000, UNFPA-\$4,000 – micro grants) 2015 -\$12,500</p>
<p>Indicators:</p> <p>2.1. Improved capacities of the national experts, governmental institutions’ members and SCOs, employers, mass media to address issues of stigma and discrimination and promote human rights.</p> <p>2.2. HIV related gender issues are vividly mainstreamed in the national strategy for HIV/AIDS and in the new concepts to donors</p> <p>2.3. Number of CSOs enabled to implement advocacy campaigns and promote gender and human rights issues related to HIV/AIDS.</p> <p>2.4. Number of IEC materials on HIV prevention, anti-stigma and</p>		<p>2.3.2. Coordinate Joint UN efforts to empower young people to protect themselves from HIV and to advocate human rights of vulnerable population through strengthening a network of youth SCOs, enabling to participate in regional and global youth events.</p> <p>2.4.1. Integration of the HIV related issues into nation-wide campaigns on Worlds AIDS Day, Stop Violence against women (VAW) and “10 days of Human Rights” campaigns. 2.4.2. Support to mass media campaign to highlight HIV issues and expanding community mobilization with involving new partners in the national response. 2.4.3. Development and</p>	<p>UNAIDS, UNICEF, UNDP, UNFPA, UN Joint team on AIDS, NGOs/CSOs</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, UN Joint team on AIDS</p>	<p>2014 - \$5,000 (UNDP-\$2,000, UNFPA-\$2,000 –training package) 2015 -\$7,000</p> <p>2014 - \$6,000 (UNDP-\$2,000, UNFPA-\$4,000 - training package) 2015 -\$8,000</p>

<p>anti-discrimination produced and distributed among stakeholders and beneficiaries during advocacy campaigns.</p>		<p>production of culturally, gender and politically relevant IEC materials, posters, billboards to reflect issues on stigma and discrimination, violence against women and the promotion of human rights of PLHIV.</p>		
<p>Sub-output 3: Strengthening the implementation of UN Joint Programme for Support on AIDS and increasing the capacity of UN Joint Team to Deliver as one and address country needs</p>				
<p>Current situation:</p> <p>3.1. UN Cares Programme is implemented partially and at the central level of UN agencies. Staff of the field offices of UN agencies (UNDP, WFP, UNDSS, etc have to be sensitized about HIV workplace issues).</p> <p>3.2. In 2012-2013 due to lack of funding, UN CAREs learning events were limited to sharing communication materials and VCT promotion event arranged in the national/capital level. There is a need to enhance awareness raising among staff working in field offices as well as in other UN agencies not covered by last year event.</p> <p>Indicators:</p> <p>3.1. # of UN agencies, fully meeting UN Care standard requirements.</p> <p>3.2. Number of Joint UN communication and learning events focused on behaviour impact including issues on HIV and promotion of HIV issues at the</p>	<p>Targets:</p> <p>3.1. UN Care Programme is implemented at least in six UN agencies (UNDP, UNICEF, UNFPA, UNAIDS, IOM, ILO, WFP) on routine base by the end of 2014 with both national and field staff reached.</p> <p>3.2. At least three learning and communication events arranged and focused on safe behaviour, S&D and HIV issues at the workplace.</p>	<p>Activities:</p> <p>3.1.1 Lead the process to ensure that UN Cares programme is fully implemented among UN agencies. Implementation of at least one HIV learning sessions in the workplace for UN staff and their families and VCT awareness actions in regional UN offices.</p> <p>3.1.2 Providing UN staff with an access to free high-quality condoms accompanied with information about safe behaviour and HIV risk prevention. Facilitate participation of all UN agencies in condom distribution initiative. Centralized procurement and provision process of the condoms for UN staff.</p> <p>3.2.1. Highlight HIV issues and visibility of the UN joint actions through inputs to UN Communication Group and implementation of communication strategy focused on behavioural impact. 3.2.2. Publications in newspapers, TV and radio spots devoted to WAD and other remarkable dates.</p>	<p>UNAIDS, UNDP, UNICEF, UNFPA, Joint Team on AIDS</p> <p>UNAIDS, UNDP, UNFPA, UN Joint Team on AIDS</p> <p>UNAIDS, UNICEF, UNDP, UNFPA, UN Joint Team on AIDS</p>	<p>2014- \$1,000 (UNAIDS,) 2015- \$2,000</p> <p>2014- \$2,500 (UNAIDS-\$1,500-printings, TBD-\$1,500) 2015- \$3,000</p> <p>2014- \$4,000 (UNDP-\$1,000, UNFPA-\$3,000- meeting package) 2015- \$6,000</p>

workplace.		<p>3.2.3. At least 3 meetings of UN Theme Group and three meetings of UN Joint team organized to discuss the progress of joint technical support on HIV/AIDS.</p> <p>3.3. Support the functioning of UN Joint Advocacy project. UN JAP (salary for communication officer, AFA, rent of office, communication, etc.)</p>	<p>UN Joint Team on AIDS, UNAIDS, UNFPA UN Communication group</p> <p>UNDP, UNAIDS, UNICEF, UNFPA</p>	<p>2014- \$500 (UNDP- \$500-meeting package) 2015- \$1,000</p> <p>2014-\$65,124 (UNAIDS-\$7,800-Office rent and other utilities-cost sharing,UNDP-46,824 –salaries, office rent, utilities, IT and other communication and other related office expenses, UNFPA-\$10,500- Salary of Advocacy and Communication Officer 1-st six months) 2015 -\$71636.40</p>
			TOTAL FOR 2014	252,374
			TOTAL FOR 2015	288,636.40
			GRAND TOTAL FOR 2014-15:	541,010.40

EXPECTED OUTPUTS Baseline, indicators and targets	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
<p>Output 1: National capacity, systems and institutions are strengthened to address HIV prevention, treatment, care and support programmes and to achieve MDG6 targets until 2015.</p> <p>Sub-output 1: High-level advocacy and support to increase national capacity on management, providing strategic information and to mobilize resources to intensify national efforts to eliminate HIV/AIDS</p> <p>Indicators:</p> <p>1.1. Availability of the National HIV/AIDS strategy with a budgeted action plan for the period 2015-2017 based on results and recommendations of the HIV mid-term national programme review.</p> <p>1.2. National AIDS Report timely submitted and data used for strategic planning and management</p> <p>1.3. NASA is conducted on regular base biannually to track domestic and external financial flows for HIV programmes</p> <p>1.4. Key country stakeholders are aware about the updated TB/HIV strategy endorsed by the Ministry of Health.</p> <p>1.5. Country concept note developed to submit to the GFATM for the New Funding Model</p> <p>1.6. Improved capacities of National AIDS Center to manage multilateral initiatives and donor funds.</p> <p>Targets:</p>	<p>Sub-output 1: High-level advocacy and support to increase national capacity on management, providing strategic information and to mobilize resources to intensify national efforts to eliminate HIV/AIDS</p>								
	<p>1.1.1. Provide technical assistance to the Government (including international consultants) to adapt the national strategy related to HIV/AIDS and develop budgeted action plan for 2015-2017, with consideration of results and recommendations of the HIV mid-term national programme review.</p>	X	X			UNAIDS, UNICEF, UNFPA, WHO, UNDP, MOH, National HIV center, CSO, UN Joint Team on AIDS, NCC	UNAIDS-\$4,250 UNDP - \$20,000 UNICEF - \$5,000	IA-001981, Activity-2, Atlas account 71200- International consultant \$20,000(UNDP); 72100- Meeting package -\$9,250 (UNICEF - \$5,000, UNAIDS-\$4,250)	\$29,250
	<p>1.1.2. Support national effort for HIV sustainable financing through implementation of UNAIDS Investment framework exercise and taking into consideration results of UNDP study on sustainable financing of HIV/AIDS. Develop advocacy tools to increase domestic funding and prioritize the interventions.</p>	X	X			UNAIDS, WHO, UNDP, MOH, National HIV center,	UNDP - \$ 2000 UNAIDS - To be determined UNICEF - \$2,000	IA-001981, Activity-2, Atlas account 73100- Local consultant - \$4,000(UNICEF-\$2,000, UNDP-\$2,000)	\$4,000
	<p>1.2.1. Support national capacities for global reporting on HIV/AIDS. Facilitate, supervise and ensure timely Country AIDS Progress Report 2014 (UNGASS and UA) developing through transparent process of data collection and</p>		X	X		UNAIDS,	UNICEF -\$2,000 UNAIDS - \$4,000 UNFPA - \$ 4000	IA-001981, Activity-2, Atlas account 72100- Meeting package -\$8,000 (UNAIDS - \$4,000	\$10,000

<p>1.1. National strategies for HIV/AIDS are revised in line with mid-term review's recommendations and budgeted action plan is developed for 2014-2016 period.</p> <p>1.2. National AIDS Report (UNGASS) for 2014 developed through transparent process and timely submitted by the Government to UN GS and results are widely used for strategic planning and resource mobilization</p>	<p>validation.</p> <p>1.2.2. Lead and coordinate technical support and consensus building meeting with national stakeholders.</p> <p>1.2.3. Launch and publishing of Country AIDS Progress report 2014 (UNGASS and UA).</p>				<p>UNFPA, MOH, National HIV center, CSO, UN Joint Team on AIDS, NCC</p>		<p>UNFPA- \$ 4000) 71600- Travel - \$2,000 (UNICEF- \$2,000;)</p>	
<p>1.3. Results of NASA 2014 are available and widely used by Government for future budgeting and planning of National AIDS Programme</p> <p>1.4. Updated national strategy for TB/HIV is widely introduced in the country and key stakeholders are using the strategy in their TB/HIV activities.</p> <p>1.5. Comprehensive country concept note developed and submitted to the GFATM to obtain new funds for HIV/AIDS program within the framework of the New Funding Model</p>	<p>1.3.1. Provide support to National AIDS Center to conduct National AIDS Spending Assessment (NASA) for 2014-2015.</p>		X	X	<p>UNAIDS, MOH, National HIV center, CSO, UN Joint Team on AIDS, NCC</p>	<p>UNAIDS (Russian Grant) - \$ 30,000</p>	<p>IA 001981, Activity 2, Atlas account: 72100- Training package: \$30,000 (UNAIDS)</p>	\$30,000
<p>1.6. Capacity of National AIDS Center on managing human resources and sub-recipients are improved through introduction of appropriate normative documentation and SOPs.</p>	<p>1.4.1. Series of learning sessions for partners on the new developed strategy for TB/HIV endorsed by MoH</p>	X	X		<p>UNAIDS, UNDP, National HIV center</p>	<p>UNAIDS-\$3,250</p>	<p>IA 001981, Activity 2, Atlas account: 72100- Training package: \$3,250 (UNAIDS)</p>	\$3,250
<p>Activity 2: To create supportive environment for expanded National Response through strengthening national capacity on promoting human rights, gender equality, reducing stigma and discrimination and mainstreaming HIV issues into broad national agenda and public campaigns</p>	<p>1.5.1. Provide technical support to NCC and their branches/TWGs to improve coordination among partners on the implementation of National Programme.</p>		X		<p>UNAIDS, NCC</p>	<p>UNAIDS - \$1,500</p>	<p>IA 001981, Activity 2, Atlas account: 72100- Meeting package-\$1,500 (UNAIDS)</p>	\$1,500
<p>Indicators:</p> <p>2.1. Improved capacities of the national experts, governmental institutions' members and SCOs, employers, mass media to address issues of stigma and discrimination and promote human rights.</p>	<p>1.5.2. Technical assistance (including international consultants) to the National TWG on HIV/AIDS for preparation of country application for the New Funding Model of GFATM.</p> <p>1.5.3. Support to organization of TWG meetings, provision of translation/interpreting services.</p>	X	X	X	<p>UNDP, UNAIDS, MOH, NCC</p>	<p>UNDP - \$20,000 UNICEF - \$15,000</p>	<p>IA 001981, Activity 2, Atlas account: 71300 –International consultant- \$20,000 (UNDP); 72100- Meeting package-\$5,000</p>	\$35,000

<p>2.2. Joint plan to implement activities on HIV related gender issues agreed among UN Joint Team</p> <p>2.3. Number of CSOs enabled to implement advocacy campaigns and promote gender and human rights issues related to HIV/AIDS.</p>							(UNICEF) 74200- Printing - \$10,000 UNICEF)		
<p>2.4. Number of IEC materials on HIV prevention, anti-stigma and anti-discrimination produced and distributed among stakeholders and beneficiaries.</p> <p>Targets:</p> <p>2.1. There are evidences of improved national capacity of decision-makers and experts from Government and CSOs to overcome barriers of stigma and protect human rights of PLHIV.</p> <p>2.2. HIV related gender issues are mainstreamed into support activities of UN and gender-sensitive activities are actively promoted among other stakeholders.</p> <p>2.3. At least three SCOs receiving micro-grants represented needs of PLHIV and Women LHIV and strengthened their networks at national levels by 2014.</p> <p>2.4. At least 20,000 IEC materials on HIV prevention and reducing stigma and discrimination towards PLWH developed and distributed at country level.</p>	<p>1.6.1. National consultant selected develop normative documents and SOPs for Human Resources Management in the NC AIDS and to facilitate training for NC AIDS on effective HRM standards.</p> <p>1.6.2. National consultant selected to t develop normative documents for Sub-recipient Management and contract management in the NC AIDS and to facilitate training for NC AIDS on effective SR management standards.</p>		X	X	X	UNDP- \$ 20,000 UNICEF- \$3,000	IA-001981, Activity-2, Atlas account 71300- Consultancy - \$15,000 (UNDP) 72100- Meeting package -\$5,000 (UNDP); 74200- \$3,000 (UNICEF)	\$23,000	
	<p>1.6.3. Series of out- and in- country learning events for National experts and UN focal points on HIV/AIDS strategic planning, reporting, M&E, program management and tracking of the epidemic. Support to participation of Tajik delegation in the high level international events and conferences.</p>		X	X	X	UNDP - \$ 10,000 UNFPA -\$3,000	IA 001981, Activity 2, Atlas account: 72100- Training package: \$1300 (UNDP - \$ 10,000 UNFPA -\$3,000)	\$13,000	
<p>Sub-output 3: Strengthening the implementation of UN Joint Programme for Support on AIDS and increasing the capacity of UN Joint Team to Deliver as one and address country needs</p>	Total for Sub-output 1							\$149,000	
	Sub-output 2: To create supportive environment for expanded National Response through strengthening national capacity on promoting human rights, gender equality and HIV, reducing stigma and discrimination and mainstreaming issues on HIV into broad national agenda and public campaigns								
<p>Indicators:</p> <p>3.1. # of UN agencies, fully meeting UN Care standard requirements.</p> <p>3.2. Number of Joint UN communication and learning events focused on behaviour impact including issues on HIV and</p>	<p>2.1.1. Support provided to technical meeting of NCC (TWG) to increase capacity of decision makers, local authorities, employers, law enforcements representatives, SCOs on HIV policy issues including protection of human rights and reducing stigma and discrimination.</p>		X	X		UNAIDS - \$3,000	IA-001981, Activity-3, Atlas account 72100- Meeting package -\$3,000 (UNAIDS - \$3,000);	\$3,000	

promotion of HIV issues at the workplace.								
Targets: 3.1. UN Care Programme is implemented at least in six UN agencies (UNDP, UNICEF, UNFPA, UNAIDS, IOM, ILO, WFP) on routine base by the end of 2014 with both national and field staff reached. 3.2. At least three learning and communication events arranged and focused on safe behaviour, S&D and HIV issues at the workplace.	2.2.1. Facilitate the process and take actions to incorporate gender responsive measures in the revised Strategic Plan and NFM concept note to ensure enabling policy environment for gender transformative national response.			X	X	UNAIDS, UNICEF, UNFPA, UNDP NCC MOH, SCOs, MoJ, MOL Center on HIV	UNAIDS - \$3,000 UNFPA - \$ 2,000 Training package: IA-001981, Activity-3, account- 72100 – Meeting package- \$5,000 (UNAIDS - \$3,000 UNFPA - \$ 2,000)	\$5,000
	2.3.1. Support involvement of PLHIV in national response planning, implementation and monitoring through technical assistance and micro grants for capacity building of CSOs working with PLHIV and networks of women LHIV.		X	X		UN Joint Team, SCOs,NC C, MOH	Local experts: IA 001981, activity 3, Micro-Grants -72600 -\$ 11,250 (UNAIDS - \$2,250 UNDP - \$5,000 UNFPA -\$4,000)	\$11,250
	2.3.2. Coordinate Joint UN efforts to empower young people to protect themselves from HIV and to advocate human rights of vulnerable population through strengthening a network of youth SCOs, enabling to participate in regional and global youth events.			X	X	UNAIDS, UNDP, UNFPA, NCC MOH, Youth Committee	UNDP – \$2,000 UNFPA - \$3,000 Printing: IA-001981, Activity- 3, Atlas account- 72100 –Training package - \$5,000 (UNDP – \$2,000 UNFPA - \$3,000)	\$5,000
	2.4.1. Integration of the HIV related issues into nation-wide campaigns on Worlds AIDS Day, Stop Violence against women (VAW) and “10 days of Human Rights” campaigns. 2.4.2. Support to mass media campaign to highlight HIV issues and expanding community mobilization with involving new partners in the national response. 2.4.3. Development and production of culturally, gender and politically	X	X	X	X	UNAIDS, UNFPA, UNDP, UNICEF, SCOs, NCC, MOH, Center on HIV network of PLHIV, Women LHIV, UN	UNDP-\$2,000 UNFPA - \$ 4,000 Meeting package: IA-001981, Activity-3, Atlas account- 72100- Training package - \$3,000 (UNDP- \$2,000; UNFPA - \$1,000) ; Printing – 74200 - \$3,000 (UNFPA);	\$6,000

relevant IEC materials, posters, billboards to reflect issues on stigma and discrimination, violence against women and the promotion of human rights of PLHIV.					Joint team			
Total for Sub-output 2								\$30,250
Sub-output 3: Strengthening the implementation of UN Joint Programme for Support on AIDS and increasing the capacity of UN Joint Team to Deliver as one and address country needs								
3.1.1. Lead the process to ensure that UN Cares program is fully implemented among UN agencies. Implementation of at least one HIV learning sessions in the workplace for UN staff and their families and VCT awareness actions in regional UN offices.	X	X	X	X	UNAIDS, UNDP, UNFPA, UN Joint Team on AIDS	UNAIDS- \$1,000	Training meetings IA:001981, Activity-1, Atlas account -72145-\$1000 (UNAIDS-\$1,000)	\$1,000
3.1.2. Providing UN staff with an access to free high-quality condoms accompanied with information about safe behaviour and HIV risk prevention. Centralize the procurement and provision process of the condoms.	X	X	X	X	UNAIDS, UNDP, UNICEF, UNFPA, Joint Team on AIDS	To be determined \$1,500 UNAIDS - \$1,000	Training: IA-001981, Activity-1, Atlas account- 72300 - \$1,500 Printing: IA: 001981, Activity 1, Atlas account: 74200-\$1,000 (UNAIDS)	\$2,500
3.2.1. Highlight HIV issues and visibility of the UN joint actions through inputs to UN Communication Group and implementation of communication strategy focused on behavioural impact.	X	X	X	X	UN Joint Team on AIDS, UNAIDS, UNFPA	UNDP \$ 1000 UNFPA \$ 3,000	Meeting package, printing IA-001981, Activity-1, Atlas account: 72100-\$4,000 (UNDP \$ 1000	\$4,000
3.2.2. Publications in newspapers, TV and radio spots devoted to WAD and other remarkable dates.					UN Communication group		UNFPA \$ 3,000)	

	<p>3.2.3. At least 3 meetings of UN Theme Group and three meetings of UN Joint team organized to discuss the progress of joint technical support on HIV/AIDS.</p>	X	X	X	X	<p>UNDP, UNAIDS, UNICEF, UNFPA</p>	<p>UNDP 500</p>	<p>Meeting package : IA : 001981, Activity I, Atlas account : 72100- \$500 (UNDP 500)</p>	<p>\$500</p>
	<p>3.4. Support the functioning of UN Joint Advocacy project. UN JAP (salary for communication officer, AFA, rent of office, communication, etc.)</p>	X	X	X	X		<p>UNDP-\$ \$46,824 UNAIDS-\$7,800 (sharing rent and utilities costs) UNFPA -\$ 10,500 - parallel funding covering salary of ACO</p>	<p>UNDP: IA-001981, Act-1 Atlas account- 71400 - \$31,000 (UNDP) (AFA, Communication Officer, Cleaning service), Atlas account: 73100- \$7,800 (UNDP); Atlas account: 72400- \$4,000 (UNDP); Atlas account: 72500- \$1000 (UNDP); Atlas account: 73400- \$3,024 (UNDP).</p> <p>UNFPA: Account- 71400 - \$10,500</p> <p>UNAIDS:\$ (IT expenses, office utilities & rent of office covered by UNAIDS) \$7,800</p>	<p>\$65,124</p>
<p>Total for Sub-output 3 \$73,124</p>									<p>TOTAL \$252,374</p>

V. MANAGEMENT ARRANGEMENTS

The United Nations Resident Coordinator system is the lynchpin of field coordination and will continue to serve as the foundation of the UN system response to HIV/AIDS at the country level.

The Joint Advocacy Project is expected to be funded through parallel fund mechanism, in which 4 participating UN agencies in Tajikistan allocate available resources to the joint advocacy and technical assistance.

Stakeholders:

1. The UN Theme Group on HIV has responsibilities to provide strategic direction and collaborative oversight of the effective management and implementation of the project and to approve annual financial and programmatic planning and reporting for UNCT.
2. The Core UN JAP Team, comprising UN JAP communication and advocacy officer and focal points of 4 participating UN agencies, has responsibilities to prepare annual work plan, implement and monitor the planned activities on a regular basis, and prepare annual financial and programmatic reporting for review by the UN Theme Group. All these activities will be done in close consultation with the government counterparts as well as the Joint UN Team on AIDS and under the umbrella of UNDP as a leading agency.
3. The Joint UN Team on AIDS, led by UNAIDS and comprising HIV focal points of all UN agencies, is expected to contribute to the quality assurance, advisory support, monitoring and review of the UN JAP progress as well as to provide relevant technical inputs to the UN JAP activities.

FUND MANAGEMENT OPTION(S) - PARALLEL FUNDING MODE

Under this option, each organization manages its own funds, whether coming from Regular or Other Resources. The joint project document includes a common Result and Resource Framework and common work plan agreed by all participating UN organizations, an aggregated/consolidated budget showing the inputs from the various parties involved, the coordination mechanism and signature of participating organizations.

Within the framework of parallel funds each agency (UNAIDS, UNFPA) will be following up with the (sub-) national partners on implementation according to their internal rules and regulations, and will be accountable for narrative and financial reporting to the UNTG.

To provide technical, administrative, financial support in the implementation of the UN Joint Advocacy Project two employees will be contracted by UNDP including UN JAP Advocacy and Communication Officer and UN JAP Finance and Administrative Assistant. Each Agency will be responsible for quality assurance of the activities funded or co-funded by the participating agency. Other partners and HIV/AIDS focal points will support project implementation where relevant. UNAIDS NPO will be coordinating and guiding daily activities of the project staff and serve as a focal point for UN JAP activities.

The UNDG guidance for joint programming and parallel funding emphasise the management arrangements for the UN JAP - Available from: http://www.undg.org/archive_docs/3106-Joint_Programming.pdf

Decision making:

- **Overall direction of the programme**

The overall direction of the Joint Project will be decided and agreed upon by the UN Theme Group on HIV/AIDS during the year-end review meeting.

- **Decisions on programme implementation**

The programme implementation will be governed by the rules and regulations of each agency managing parallel funds and by the agreements between Agencies and Responsible Parties. Any modifications to those agreements will be subject to the relevant procedures and rules specified in the agreements.

- **Accounting and Reporting arrangements**

Accounting: Each UN organization will account for the income received to fund its programme components in accordance with its financial regulations and rules. All accounting and reporting mechanisms and arrangements will be spelled out in the relevant agreements with the Implementing Partners.

Reporting: Each participating UN organization will prepare narrative and financial reports in accordance with its policies and procedures, and operational policy guidance. Reporting should be annual and focused on results. Reporting practices and formats should be harmonized to the extent possible. UN JAP Advocacy and Communication Officer and UNJAP Finance Assistant will be responsible for the preparation of an aggregated or a consolidated narrative and financial report for submission to the Project Board and UN Theme Group on HIV/AIDS. The aggregated/consolidated narrative and financial report should be clearly identified as a compilation of the UN organizations' narrative and financial reporting and be presented "for information purposes" only.

All **communications** regarding the joint programme should reflect participation of the (sub)-national partners and all other organizations involved. In cases where an individual organization would publicize the joint programme, any reference to activities carried out by the individual organizations should mention the activities in the context of the joint programme.

- **Role of each UN organization participating in programme**

All four agencies will be involved in the work of the UN Joint Team on AIDS and in the work of the Project Board for UN JAP and will contribute to the review, monitoring, and decision-making in relation of the programme implementation, as specified in this Document.

UNAIDS will lead the work of the UN Joint Team on AIDS and will contribute to the review, monitoring, and decision-making of the project, as specified in this Document. It will provide technical guidance and support to Participating Agencies throughout implementation of the programme, monitoring and evaluation of activities, including indicators and lessons learned. UNAIDS will also ensure that the programme direction is in line with the UN Declaration of Commitment and other relevant UN decisions and policies in the area of HIV/AIDS.

UNDP will manage service contracts and in close coordination with UNAIDS and other agencies will oversee and assess the performance of the two UN JAP staff members - Advocacy and Communication Officer and Admin finance assistant.

Each agency provides technical guidance and leadership in the spheres of technical and empirical expertise and involvement and will ensure coordinated approach towards results attainment of UN JAP. Organizational structure of UN JAP is presented on the Chart below.

Project Organisation Structure

UN Programme Board
UN Theme Group on HIV/AIDS

UN JAP Project Board - 4 UN head of agencies and ACO

Project Assurance
Joint UN Team on AIDS
Program Officers/ FPs of
each 4 agencies

Project Coordinator
(UNAIDS NPO)

Project Support
UN Agencies
Operations and
program team

UN JAP TEAM
Advocacy and
Communication Officer
Finance/Admin Assistant

VI. MONITORING FRAMEWORK AND EVALUATION

Monitoring and Evaluation occurs throughout the year and culminates at the annual review of the common work plan at the meeting of UN Theme Group on HIV/AIDS. The planned monitoring activities and evaluation(s) of the joint programme forms part of the UNDAF M&E plan and part of M&E practices of each four agencies. Participating UN organizations will undertake joint field visits, where appropriate.

Quarterly:

- i. On a quarterly basis, the quality assessment shall record progress against the achieved targets in RRF and AWP through submission of the Quarterly Progress Monitoring Matrix to each UN agency, which in addition to progress information will also provide information on the following:
 - Update on the project Issue Log to facilitate tracking and resolution of potential problems or requests for change.
 - Update on progress attained against the Risk Log based on risk analysis; the Risk Log will be activated and regularly updated by reviewing the external environment that may affect the project implementation.
 - Update on the Monitoring Schedule Plan, which will track key management responses, actions or events.

Annually

Annual Project Report: An Annual Project Report shall be prepared by the Advocacy and Communication Officer and shared with the Project Board and the Program Board. As minimum requirement, the Annual Review Report will be covering the whole year with updated information on overall progress as well as a summary of results achieved against pre-defined annual targets at the output level.

Reports will be reviewed and discussed by the UN Core team for UN JAP, which is represented by the four UN agencies during its regular meetings and submitted for approval to UN Theme Group on HIV/AIDS in the end of the year.

VII. LEGAL CONTEXT

The legal context of this project document is aligned and should not be contradictory to legal provisions of each participating UN agency.

UNDP Legal context (also applies for UNFPA, UNAIDS)

This project document shall be the instrument referred to as such in Article I 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 Implementing Partners agree to undertake all reasonable efforts to ensure that none of the funds received pursuant to this Joint Programme are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by Participating UN organizations 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 programme document.

UNICEF Legal context

This project will form a part of the UNICEF Country Programme Action Plan (CPAP) for the period 01 January 2010 to 31 December 2015, which is to be interpreted and implemented in conformity with the Standard Basic Cooperation Agreement (BCA) signed between the Government of Tajikistan and UNICEF in August 1994.

VIII. ANNEXES

Annex I. Risk Log

#	Description	Date Identified	Type	Impact & Probability	Countermeasures/Management response	Owner
1	Lack of government ownership could result in the duplication of HIV related activities and overall country coordination mechanism.	1 January 2012	Environmental Financial Operational Organizational Political Regulatory Strategic X Other	Describe the potential effect on the project if this risk were to occur Enter probability on a scale from 1 (low) to 5 (high) P = 4 Enter impact on a scale from 1 (low) to 5 (high) I = 3	Regular coordination meetings with key partners and constant communication with responsible governmental agencies (NCC) and policy-makers.	<i>Project Manager</i>
2	Negative attitude of the society towards vulnerable groups /PLHIV causes difficulties for the active participation of vulnerable groups in the national response.	1 January 2012	Environmental X Financial Operational Organizational Political Regulatory Strategic Other	Describe the potential effect on the project if this risk were to occur Enter probability on a scale from 1 (low) to 5 (high) P = 4 Enter impact on a scale from 1 (low) to 5 (high) I = 3	Awareness raising and advocacy campaigns should be conducted at among target groups on regular base.	<i>Project Manager</i>
3	World financial crisis may result in the lack of financial resources for the recruitment of qualified international consultants and conducting regional meetings and gatherings on HIV.	1 January 2012	Environmental Financial X Operational Organizational Political Regulatory Strategic Other	Describe the potential effect on the project if this risk were to occur Enter probability on a scale from 1 (low) to 5 (high) P = 3 Enter impact on a scale from 1 (low) to 5 (high) I = 4	The UN Joint Team on AIDS plays proactive role in ensuring better planning of joint actions and fund-raising of additional funds to support implementation of planned activities.	<i>Project Manager, UN HIV/AIDS focal points</i>

VACANCY ANNOUNCEMENT

Project: UN Joint Advocacy Project on HIV (UNJAP on HIV)

Post title: Advocacy and Communication Officer

Background Information:

The main goal of the proposed UN JAP is to expand and to coordinate UN technical support to improve national capacity on HIV programmes and contribute to national priorities in HIV prevention, treatment, care and support to achieve mid-term targets of MDG 6. The key objectives of the project are strengthening the implementation of UN Joint Programme for Support to address country needs on HIV, enhance the national capacity on advocacy, strategic information and management for effective implementation of the programmes, tracking epidemic and response as well as reducing stigma and discrimination towards PLHIV, promotion of human rights and gender equality. The project will also complement activities and strategies under GFATM-funded HIV projects and projects supported by other agencies, and seek the linkages to broader national agenda. Other tasks of the project include support to the national response on HIV and follow-up the UN Joint Programming on HIV in accordance with UNDOG and Global Task Team (GTT).

Principal functions:

Under direct supervision of UNDP Project Manager and the general guidance of UNAIDS Country Coordinator the incumbent will be required to:

1. Ensure proper planning, management and implementation of UNJAP project activities, resources and achievements;
2. Provide support to UN Joint team on AIDS/ focal points in evaluation of the program's performance and targets achievements;
3. Draft Annual work plans, Project documents, Program Briefs and any project information required for UN JAP;
4. Develop compelling information profiles on UN HIV/AIDS Joint Advocacy program, highlighting program effectiveness that raises awareness among the general public, donors and partners.
5. Ensure timely and substantial reporting on activities implemented;
6. Plan and implement media advocacy initiatives including training and sensitization of arts and media practitioners, policy-makers, media organizations and promoting partnerships with mass media organizations for wider dissemination of information of vital issues on HIV/AIDS;
7. Foster and strengthen National and sub-national media networks and promote sharing of information on HIV/AIDS issues among them through online and offline methods;
8. Organize high visibility advocacy events and press conferences, create policy notes and press handouts on HIV/AIDS and disseminate them periodically;
9. Create public information systems and materials such as films, multimedia tools, best practices, books, background papers and briefing kits to disseminate state-of-the-art information and knowledge on HIV & human development; HIV and MDGs; gender; human rights; trans-border issues such as mobility, migration and trafficking;
10. Provide support to the project on the strengthening of coordination and communication within UN Joint Team on AIDS, with government agencies, NGO and other partners' HIV/AIDS focal points, National AIDS Center other related national structures and NGO

Forum on their participation and collaboration in organizing specific activities and advocacy events;

11. Compile and maintain contact list of top reporters and media outlets in country/region, including health/medical reporters or editors for daily and weekly newspapers, radio networks and news programmes, television networks and news programmes, and news and health magazines;
12. Draft regular quarterly reports summarizing the state of HIV/AIDS coverage in the country/region, as appropriate, including insights on government and NGO activities, as well as state of public knowledge and interest in the related issues. Provide support to the project in the preparation of HIV country profile, brief, proposals for mobilization of additional resources and other important documents;
13. Participate in the various Thematic Working Group meetings and knowledge sharing networks;
14. Assist in any other duties as required by UN JAP management.

Competency and Qualifications requirements:

Competency

- Ability to plan, coordinate, and implement work inputs from several sources and partners, and manage the delivery of multiply services;
- Advocating and communication skills, project management, data analysis, reporting, M&E methodology including tools, data quality assurance, etc;
- Resourcefulness, initiative and maturity of judgment, demonstrated willingness to work as part of team;
- Ability to establish effective working relationship in the multicultural team environment, ability to work independently as well as a good team worker, networking, interpersonal, analytical and organizational skills, and ability to work well under deadlines;

Education

University degree in relevant discipline including public health, public administration, social studies, of equivalent.

Experience

- At least three years of relevant professional progressive work experience in international organizations;
- Experience/good knowledge of HIV/AIDS advocacy, data collection and processing, analysis, reporting;
- Knowledge of UN and UNDP internal procedures and requirements is an asset;

Languages

-Excellent knowledge of Russian, English and Tajik with proven written skills;

Computer Literacy:

The candidate must have good working knowledge of Windows-based package/applications.



*Empowered lives.
Resilient nations.*

• Term of reference

- **Post Title:** Administrative/Finance Assistant
- **Project name:** UN Joint Advocacy HIV/AIDS Project
- **Duty Station:** Dushanbe, Tajikistan
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- Manages all financial issues Joint UN HIV/AIDS Project funds. Prepare payment requests and financial statements. Acts as an alternative committing/certifying Officer for Joint UN HIV/AIDS Project. Prepares local payroll, travel authorizations and claims for UN joint advocacy personnel.
- Prepares the draft Cost Plan for the next year. Budget forecasting. Formulations budgets; checks financial records, conformity of activities, expenditure with work plans; follows up on activities, and monitors advance balances of resources disbursed. Verifies availability of funds for project activities, recommending and effecting necessary budget line changes. Preparation of the budget management report of the Joint UN HIV/AIDS Project.
- Monitors and updates information related to national currency in compare with USD (official and market exchange rates)
- Provides budget management support to Resource management unit UNDP CO. Maintain and overview of office financial status. Prepare communications in respect of financial issues.
- Administers all office activities within Joint UN HIV/AIDS Project, in respect of procurement, travel, mission visits, security and finance.
- Associate UNDP Human Resources section in all matters relating to Joint UN HIV/AIDS Project staff – recruitment, contracts, benefits, overtime etc. Assist in ensuring that all new staff is properly inducted on administrative matters; keeps all staff informed about changes and amendments to existing guidelines.
- Maintains and updates Monthly Leave Reports and Attendance Record Cards for local and international staff, ensures all necessary attachments to Monthly Leave Reports (A/L, S/L and SLWP applications, travel claims, medical certificates.
- Provides UNDP HR unit with all documentation related to Joint UN HIV/AIDS Project personnel issues upon request.
- Participates in the recruitment process: assists UNDP HR unit in posting announcement of vacant posts, maintains roster of candidates in accordance with work requirements and conducts preliminary interviews of candidates with Head of Office, Coordination Officer and Coordination Focal Point.
- Manage project assets (vehicles, computers, etc) in close cooperation with UNDP Operations - including inventory and repairs.
- Initiates tenders for Joint UN HIV/AIDS Project within established guidelines. Ensure suitable shipping logistics and customs clearances for office and staff related imports.
- Manage travel arrangements for the Joint UN HIV/AIDS Project staff, their dependants and visiting mission travel and logistics arrangements – TA / TC, Security Clearance, visas, tickets, accommodation, registrations and ID cards.
- Support UN and other partner agencies with ad-hoc logistical support, especially in times of humanitarian crisis.
- Support other UN-wide administrative exercises, including cost-of-living surveys. Act as Office Security Focal Point – liaising with FSO and HQ on all security-related matters.
- Provide backstopping during absence of other Joint UN HIV/AIDS Project colleagues.
- Administer all Joint UN HIV/AIDS Project timely office supplies (procurement, shipment customs procedures).
- Perform other duties as required by the Head of Office or Resident Representative