

## Joint Project Document

Country: Tajikistan

**Project Title**

UN Joint Advocacy Project on HIV (UN JAP on HIV)

**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:**

National capacity, systems and institutions are strengthened to address HIV prevention, treatment, care and support programmes and to achieve MDG 6 targets.

**Managing Agent:**

UNDP Tajikistan

**Responsible Partners:**

UN Agencies, Department of Health, Women and Family Affairs of the Presidential Office, NCC on HIV, TB and Malaria, MoH, MoL, Committee of Youth, Committee of Women and Family Affairs, MoE, MoJ, Republican Centre on HIV, Republican Centre of HLS, Islamic University, academic institutions, CSOs

### Brief Description

The main goal of the proposed UN JAP in 2012-2013 is to expand and to coordinate UN technical support to improve national capacity on HIV programmes and contributed to national priorities in HIV prevention, treatment care and support to achieve mid-term targets of MDG 6. The key objectives of the project is strengthening of 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 UN 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 UNDGO and Global Task Team (GTT).

Programme Period: 01.01.2012-31.12.2013

Key Result Area (Strategic Plan): HIV/AIDS

Atlas Award ID: 00056690  
Project ID: 00074772  
Start date: 01.01.2012  
End Date 31.12.2013

Management Arrangements: pooled funds of UNAIDS (PAF), UNDP and UNICEF, parallel funds of UNFPA and UNAIDS, with UNDP as MA.

Total resources required 446,180\$

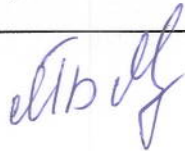
Total allocated resources for 2012: 237,680\$

Resources to be mobilized in 2013: 208,500\$

- - UNAIDS 129,680 \$
  - UNDP: 50,000\$
  - UNICEF 19,500 \$
  - UNFPA 38,500\$

In-kind Contributions: n/a

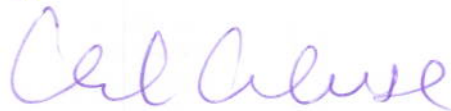
Agreed by UNAIDS:



Agreed by UNDP:



Agreed by UNFPA:



Agreed by UNICEF:





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## I. SITUATION ANALYSIS

As of October, 1<sup>st</sup> of 2011, 3555 HIV cases have been officially registered in Tajikistan, while the estimated number of PLHIV recognized by Government is about 10,000. According to UNAIDS 2010 Report on the Global AIDS epidemic 2010, Tajikistan is one of the countries where incidence rate of HIV infection increased by more than 25% during the last 10 years. 76, 7% of the registered cases are men. At the same time, the percentage of newly registered HIV cases among women is increased during recent years by three times including the HIV cases among pregnant women. About 55, 0% of cumulative cases are registered among IDUs. The number of registered cases through heterosexual mode of transmission increased from 18, 0% in 2004 to 27, 2% in 2009. According to data of sentinel surveillance, HIV prevalence among IDUs increased from 15,8% ( 2006) to 17,3% ( 2009), among sex workers from 0,7% to 2,7%, HIV prevalence among migrants is about 0,5%. As the HIV prevalence consistently exceeded 5% among sub-population such as IDUs in the recent years, it is officially recognized by the MoH that Tajikistan is in the concentrated stage of HIV epidemic, and IDU is driving force of the epidemic with increasing influence of factors such as commercial sex and considerable migration of population<sup>1</sup> Due to high level National commitment and mobilization of additional resources in accordance with mid-term review MDG report ( 2010) the main goal of National programme on HIV for 2007-2010 is achieved: HIV prevalence rate among most-at-risk groups (IDUs, SWs) is not exceeded 20% , and 1% among general population.

The Government of the Republic of Tajikistan highly recognises the HIV problem and its impacts at high political level. Tajikistan is one of the first countries, which developed its *National Development Strategy* (NDS) to achieve the MDGs with the latter to prioritize efficient access to health care system. The updated *Poverty Reduction Strategy* (PRS) for 2010-2012 and newly developed Health Sector Strategy ( 2010-2020) outlined priorities to stabilize HIV/AIDS epidemic by 2015. On the other hand, newly developed *National Programme to respond to HIV epidemic for 2011-2015* envisages scaling up HIV prevention, treatment and care towards Universal Access (UA) to achieve MDG6 and contributes to achieving other MDGs. Therefore, the prerogatives of the country to proceed with the HIV/AIDS policy stand in place. The key contributor to support the implementation of the National Programme on HIV and achieve MDG priorities is the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which continued to be one of the key global partners of the country. The contribution of other donors is also recognized. The most prominent remains the contribution from United Nations, PEPFAR, GIZ, DFID, AFEW, etc.

Although, despite the substantial efforts made by key players in the field of HIV/AIDS, including donors, governmental and non-governmental organizations, there are many challenges and obstacles to expand national response, such as: other pressing health issues in Tajikistan, therefore concentrated/low prevalence of HIV epidemic presents challenge for prioritization of HIV intervention in the country; HIV/AIDS issues is seen as sole problem of health sector. The involvement of other governmental sectors yet to improve; significant deficit of budget of National Programme on HIV for 2011-2015; Coverage of most-at-risk groups by prevention programme, remains low due to difficulties in reaching these groups, lack of enabling environment as well as, limited package of service available. Capacity in HIV area is still inadequate to current situation both in governmental and non- governmental sectors, especially in management, accountability and monitoring of the programmes. The quality of healthcare assistance is insufficient and needs to be improved through better planning and management of programmes and human resources, better integration of HIV services in the public health system. Despite the fact that several key elements of M&E system are in place, the mechanism to ensure data collection from local to national level on regular base has not been developed and institutionalized, as well as central national database has not been developed. The role of CSOs and network of PLHIV in the planning, implementation and monitoring of National response needs to be strengthened. All these stand hand-on-hand with the low level of awareness and understanding on HIV, low social perception of using condoms, high risk behavior and high level of stigma and discrimination towards PLHIV. Gender issues on HIV need to be highlighted and fully integrated with activities aimed at stopping VAW. Human rights approaches to provide services on HIV need to be strengthened.

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<sup>1</sup> Data of sentinel surveys 2008-2009, MOH [www.ncc.tj.org](http://www.ncc.tj.org)



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## II. STRATEGY

The UNDP Country Programme for the period of 2010-2015 aims to achieve the objectives identified in the National Development Strategy of the Republic of Tajikistan up to 2015, in accordance with the Millennium Development Goals. HIV/AIDS, Malaria and Tuberculosis are one of the key focus areas for this programme cycle. Particular attention is given to the scaling up of proven successful initiatives, integrating best practices and lessons learned to expand prevention programmes, access to care and treatment, reduction of stigma and discrimination and expanding awareness campaigns. The strategy of the project will be focused on strengthening UN Joint support addressed national priorities and UN Joint contribution to achieve MDG 6. In 2010 multi-year UN Joint Programme for Support on AIDS was developed by UN Joint Team/UN Theme Group on HIV and endorsed by all UN agencies in Tajikistan.

The Joint UN Programme of Support on AIDS (JPS) in Tajikistan as an integral part of the 2<sup>nd</sup> United Nations Development Assistance Framework for 2010-2015 (UNDAF), and HIV problems are mentioned in UNDAF as cross-cutting issues. The Joint UN Programme of Support on AIDS in Tajikistan is supported to implement activities mentioned in UNDAF, on greater access of population for the vulnerable 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 the MDG 6.

The JPS supports the implementation of 4<sup>th</sup> National Programme on HIV/AIDS for the period 2011-2015 and achieving its main goal: In keeping with MDG 6, have halted by 2015 and begun to reverse the spread of HIV/AIDS through ensuring universal access of population to prevention, treatment, care and support.

The main purpose of the Joint UN Programme of Support on AIDS in Tajikistan is to assist in scaling up national response on HIV in Tajikistan through advocacy, increasing national capacity, strengthening the enabling environment and ensuring Universal Access of targeted groups to HIV prevention, treatment and care.

A new UNAIDS report shows that 2011 was a game changing year for the AIDS response with unprecedented progress in science, political leadership and results. In June, 2011 High-Level Meeting on AIDS was held in UN General Assembly, and Political Declaration on HIV/AIDS: Intensifying our efforts to eliminate HIV/AIDS was adopted by all UN state-members. New seven global targets to achieve MDG6 were identified and approved to focus on achieving “Zero new HIV infections”, “Zero AIDS-related deaths”, “and Zero discrimination”.

The Joint UN Programme of Support on AIDS contributes to the national Universal Access targets and the key goal of keeping the epidemic in the concentrated stage and reducing mortality from AIDS and reducing stigma and discrimination towards PLHIV and most-at-risk population, promotion of gender equality and human rights.

The collaboration and extension of networking with all partners and stakeholders, including policy-makers, experts, general public, media and CSO is another strategic priority. To ensure national ownership, as well as, to avoid of the duplication of activities and possible overlaps at the country level, the proposed project intends to 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, MoH, 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 will prove the transparency and efficiency of undertaken activities.

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 UNDGO and Global Task Team (GTT). The budget of the UN JAP envisages co-financing resources and a pooled funding mechanism. Over the past years, the UN JAP activities were supported through the pooled and parallel funding from UNDP, UNAIDS, UNICEF and UNFPA.

The main goal of the proposed UN JAP in 2012-2013 is to strengthen national capacity, systems and institutions to address HIV prevention, treatment, care and support programmes and to achieve mid-term MDG 6 targets until 2013. The key objectives of the project is to strengthen the implementation of UN Cares Programme, enhance the capacity for advocacy, partnership building, strategic planning, effective management, tracking the epidemic and response, as well as to support activities aimed at reducing stigma and discrimination towards PLHIV and most-at-



risk groups and promoting human rights and gender equality through HIV/AIDS programmes. The project will also complement activities under GFATM-funded HIV projects and projects supported by other UN agencies, and seek the linkages to other initiatives in the country and region.

**Objective 1: 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 envisages achievement of the following expected results by the end of project:

- UN Cares Programme is implementing in majority of UN agencies on routine base by 2013
- Mid-term review of UN JPS conducted by the end of 2013
- Communication strategy on HIV integrated into UN Communication Strategy and focused on behavior impact

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.

Addressing HIV and AIDS as UN workplace issues represents an opportunity to foster effective learning to ensure that all UN staff members experience a supportive and compassionate work environment, free of fear and discrimination. Learning efforts must ensure that staff members fully understand the UN's HIV/AIDS workplace policies and how they are implemented. UN workplace learning on HIV/AIDS must reflect the "ILO Code of Practice on HIV/AIDS" as well as the "Principles and Strategies regarding the Impact of HIV/AIDS on the United Nations Personnel and Operational Policy". Learning Strategy is a platform to promote, introduce and implement the UN HIV Policy in the workplace through UN Cares Programme. UN Cares is the UN system-wide workplace programme on HIV that provides UN personnel and their families with access to information, learning opportunities preventive commodities, post-exposure prophylaxis and supportive and respectful work environment as established by the UN Cares 10 Minimum Standards. The Minimum Standards, the UN HIV/AIDS Personnel Policy and the ILO Code of Practice on HIV/AIDS and the World of Work provide the framework for UN workplace programmes.

The implementation of UN Learning Strategy on HIV at the workplace has already been started at UN agencies in Tajikistan. UNJAP will continue advocating UN agencies to improve the implementation of UN Cares Programme



and to provide technical support to fully implementation of UN HIV Workplace Policy and to meet all minimum standards in each agency.

To raise awareness of staff, it is planned to facilitate learning sessions for UN personnel, print 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).

In June 2011 UN launched a new anti stigma campaign, which is called “STIGMA FUELS HIV”. UN JAP provides technical support to introduce the campaign among UN agencies in Tajikistan in December, 2011. In 2012 -2013 UN JAP will continue provide technical support and facilitate the process on the conducting the campaign in each agency.

Another expected result of the first objective of UN JAP will be mid –term review of UN Joint Programme for Support on AIDS (JPS). To align actions of UN agencies for HIV/AIDS prevention and control with UNDAF priorities during process of UNDAF review the UN joint programming document will be reviewed and Joint Support plan will be updated including M&E framework and annually reported to UN Theme Group on HIV and to UN RC. The JPS will be used a basis for coordination and planning of joint actions to support the implementation of UN actions for HIV.

The Joint UN Team on AIDS/UN Theme Group on HIV Communication Strategy is developed by the AIDS team 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. The UN JAP will 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 Joint Team will gather at least on half of the year basis to review implementation on UN JAP and to discuss further planning of joint activities.

**Objective 2: 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:

- Evaluation of the pilot project on substitution therapy for IDUs
- Application of ARV adherence among PLHIV that received ARV treatment
- Providing strategic information through Global reporting process ( UNGASS and UA report), conducting National AIDS Spending Analysis (NASA) and improving M&E system
- Providing technical support to mobilize additional resources and strengthening coordination and partnership under TWGs of National Coordination Committee on HIV

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.

- Low coverage of key populations, particularly IDUs by comprehensive package of HIV services was recognized as one of the main obstacles for universal accesses on HIV prevention. In June, 2010 the first pilot site on substitution therapy (ST) was opened in Dushanbe, and two other pilot sites were opened in 2011(Khorog, Khujand). Introduction of ST is going very slowly, currently only 27% of estimated number of IDUs who need OST treatment covered by pilot project of OST. Until now the evaluation of the pilot project on OST has not been conducted yet. The UN JAP will support to conduct the evaluation of pilot project on ST for IDUs to identify the obstacles for expanding of the programme and develop



recommendations for future steps. The evaluation will complement the activity on introduction of ST implemented by UNDP/PIU on GFATM and will be conducted in close collaboration with MoH, UNDP PIU of GFATM grants, UNODC, WHO and other partners involving in supporting the introduction of ST in the country.

- ARV therapy was introduced in Tajikistan since 2006. Until now only 55% of patients who need an antiretroviral (ARV) treatment received it and only 58, 3% of them are on treatment 12 months after initiation of ARV therapy. Assessment of the level of adherence to ARV treatment has not conducted yet. The activity will be aimed at evaluating the effectiveness of ARV programme in Tajikistan and highlight obstacles to expand the programme. Within the framework of UN JAP, the assessment on the application of ARV adherence among PLHIV that received ARV treatment including patients received ST will be conducted and the results of the assessment will be widely discussed among partners including beneficiaries. The activity will be complemented by operational research planned under GFATM proposal.
- UN JAP in 2012-2013 also will be aimed at improving M&E System in the country and providing strategic information for the effective management of the programme and tracking epidemic and response. For this purpose, support will be provided to develop Country AIDS Progress Report through transparency process, institutionalization of NASA for tracking of AIDS domestic and international expenditures on the regular base and increase capacity of M&E system in the country.

**Objective 3: 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**

The specific results include:

- Provide support to increase capacity of decision makers, local authorities, employers, staff of juridical system, representatives of youth organizations, SCOs on HIV issues including the protection of human rights through advocacy and training programme
- Bringing expertise and mobilize resources to support the implementation of Joint UN Programme on strengthening the capacity of the National Human Rights Institution (NHRI), Ombudsman's Office in Tajikistan
- Provide technical support to implement recommendations of Regional Consultation in EECA on MSM and transgender
- Facilitate the process and taken actions to incorporate gender responsive measures on HIV into broader National agenda and increase national capacity on the gender issues related to HIV
- Greater involvement of PLHIV in National response through supporting to improve capacity of SCOs working with PLHIV and to strengthen network of PLHIV including Women LHIV
- Within its duration, the project will assist the Government and CSOs in increasing the capacity of decision makers, local authorities, employers, staff of juridical system, representatives of youth organizations, CSOs including PLHIV on advocacy, promotion of human rights and gender equality through HIV programmes, protection of the rights of PLHIV. For the first time, UN JAP will provide support and technical expertise to increase capacity of Ombudsman's Office in Tajikistan on HIV and protection of human rights of PLHIV through contribution to the UN Joint Programme of the National Human Rights Institution (NHRI). It is planned to accelerate the process to build capacity on HIV issues among representatives of juridical system (judges, lawyers, prosecutors, etc.). Support to develop National Strategy on HIV policy at the work place will be provided.
- According to the WHO Regional Office for Europe Report "HIV among men who have sex with men in Central and Eastern Europe" there is a major problem with discrimination against MSM in the region. Law enforcement agencies mostly ignore NGO's reports on violence against MSM. Utilization of services can

be hindered by the lack of knowledge of MSM of health needs and unsupportive environment. Within the framework of UN JAP technical support to implement the recommendations of Regional Consultation in EECA on MSM and transgender will be provided. Obstacles to expand HIV prevention programmes among MSM in Tajikistan will be identified and advocacy to overcome it started.

- The UN Joint Team/UN Theme group on HIV within the framework of UN JAP will facilitate the process and taken actions to incorporate gender responsive measures on HIV into broader National agenda and increase national capacity on gender issues related to HIV. Joint plan to implement activities on HIV related gender issues will be agreed among UN Joint Team.
- There is limited number of CSOs represented PLHIV and capacity on advocacy, promotion of the rights and needs of PLHIV is insufficient. Moreover, several CSOs established network of PLHIV in the country including network of women living with HIV, however the activities of the network need to be strengthened and improved in according with national priorities and needs. UN JAP will provide technical support for increasing capacity of CSOs and expanding network of PLHIV including women living with HIV.
- Integration of the HIV related issues on stigma and discrimination into nation-wide campaigns to stop Violence against women (VAW) and “10 days of Human Rights Campaign” and support to mass media campaign to highlight HIV issues. Under UN JAP several national and local awareness campaigns on HIV issues will be conducted, series of advocacy sessions/ actions and events will be implemented to increase awareness of population, reduce stigma and discrimination and promotion of human rights.
- Development and 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.



### 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, - ≥ 60%, SW - ≥ 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 ≥ 70%;

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

**Baseline:** 58,3%

**Target:** ≥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 Joint Team/UN Theme Group on HIV, Ministry of Health, National Coordination Committee for HIV/AIDS, TB and Malaria, Department of President Office on health, women and family affairs, MoH, National and regional AIDS centres, Committee of Youth, Committee of women and family affairs, Ministry of Finance, MoLabour, Ministry of Justice, AIDS-servicing NGOs

**Project title and ID (ATLAS Award ID):** Award ID – 00059690, PID- 00074772

INTENDED OUTPUTS	OUTPUT TARGETS FOR 2012-2013	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
<b>Output 1:</b> National capacity, systems and institutions are strengthened to address HIV prevention, treatment, care and support programmes and to achieve	<b>Targets (2012 - 2013):</b> 1.1. UN Care Programme is implemented in at least four UN agencies (UNDP, UNICEF, UNFPA,	<b>Activity 1: Strengthening the implementation of UN Joint Programme for Support on AIDS and increasing the capacity of UN Joint Team to Deliver as</b>		



<p>MDG6 targets until 2013.</p> <p><b>Baseline:</b></p> <p><b>1.1.</b> There is a limited number of UN agencies, where UN Cares Programme implemented on routine base.</p> <p><b>1.2.</b> There is a need to update newly developed UN Joint Programme of Support (JPS) on AIDS and UN Joint Plan for Support to define gaps and needs in accordance with current situation.</p> <p><b>1.3.</b> UN Joint Communication Strategy on HIV needs to be focused on communication behavioural impact.</p> <p><b>2.1.</b> Evaluation of the first pilot project on substitution therapy for IDUs to identify the gaps and future steps to expand the programme was not conducted.</p> <p><b>2.2.</b> Since the introduction of ARV therapy (2006) assessment of the level of adherence to ART has not been conducted yet.</p> <p><b>2.3.</b> 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><b>2.4.</b> National AIDS Spending Assessment (NASA) needs to be institutionalized as a tool to monitor financial resources flows.</p> <p><b>2.5.</b> Comprehensive assessment of M&amp;E system has not been conducted yet, technical support on M&amp;E is not properly coordinated; Limited number of local experts to conduct studies and evaluation of the programmes for tracking of the epidemic and response.</p> <p><b>3.1.</b> More than 1/3 of respondents called for isolation of HIV-infected from other people in the society (CSR, 2010).</p> <p><b>3.2.</b> Over 46% of law enforcement officers, judges and lawyers were in favor of isolating HIV+ prisoners to avoid contacting the rest of inmates (CSR, 2010). Educational programme in juridical system has not been started</p>	<p>UNAIDS) on routine base by the end of 2012 and in at least six UN agencies by the end of 2013.</p> <p><b>1.2.</b> Mid-term review of UN JPS conducted by the end of 2013.</p> <p><b>1.3.</b> By the end of 2012 communication strategy on HIV integrated into UN communication strategy and focused on behaviour impact.</p> <p><b>2.1.</b> Gaps in the implementation of pilot OST project and future steps for scaling up identified by the end of 2012</p> <p><b>2.2.</b> Nationwide assessment of application of ARV therapy and adherence to ART conducted by the end of 2012</p> <p><b>2.3.</b> National AIDS Report, (UNGASS) 2012 developed through transparent process and timely submitted by Government to UN by the end of March, 2012 and results widely used for future strategic planning and resource mobilization</p> <p><b>2.4.</b> Results of NASA 2012 are available and widely used by Government for future budgeting and planning of National AIDS Programme</p> <p><b>2.5.</b> Joint Assessment of National M&amp;E system on HIV conducted to identify weakness and followed by steps to increase National capacity through training programmes by the end of 2012</p> <p><b>3.1.</b> National capacity of decision-makers and experts from Governmental and CSOs to overcome barriers of stigma and protect human rights of PLHIV increased</p> <p><b>3.2.</b> Conceptual paper to increase capacity of juridical system developed by June,2012 and followed by starting advocacy and training programmes.</p> <p><b>3.3.</b> National HIV policy at the working place developed and approved by Government by the end of 2012</p> <p><b>3.4.</b> At least 20 core staff members of Ombudsmen' office at national and local level trained to fulfill effectively its human rights mandate including HIV related issues by the end of 2012.</p>	<p><b>one and address country needs</b></p> <p><b>a.</b> Lead the process to ensure that UN Cares programme is fully implemented among UN agencies.</p> <p><b>b.</b> Provision of free condoms to UN staff to promote the implementation of UN Cares Programme.</p> <p><b>c.</b> Facilitate the process and provide TS to implement campaign ' Stigma fuels HIV' among all UN staff</p> <p><b>d.</b> Facilitate the process to improve capacity of UN Joint Team on Joint Programming, effective management of programmes addressed country needs. Contribute to UN retreat and UNDAF' review process and update UN Joint work plan.</p> <p><b>e.</b> To highlight HIV issues and visibility of the UN JAP through inputs to UN Communication Group and implementation of communication strategy focused on behavioural impact.</p> <p><b>f.</b> Support the functioning of UN Joint Advocacy project. UN JAP (salary for communication officer, AFA, rent of office, communication, etc.)</p> <hr/> <p><b>Activity 2: 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</b></p> <p><b>a.</b> Assistance to the Government to conduct evaluation of the pilot project on substitution therapy for IDUs</p> <p><b>b.</b> Provide technical support to conduct assessment on the application of ARV adherence among PLHIV that received ARV treatment</p>	<p>UNAIDS,UNDP, UNICEF, 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>UNAIDS, UN Joint Team on AIDS</p> <p>UN Joint Team on AIDS, UNAIDS,UNFPA UN Communication group</p> <p>UNDP, UNAIDS, UNICEF, UNFPA</p> <hr/> <p>UNAIDS, UNDP, UN Joint Team, MoH, Narcological Center, Center on HIV, CSOs</p> <p>UNAIDS, UNDP UN Joint team on AIDS, MoH, Center on HIV, CSOs</p>	<p>Meeting package: \$500 UNAIDS for 2012 \$500 UNAIDS for 2013 Procurement of goods: \$500 UNAIDS for 2012; \$500 for 2012- UNDP \$1,000 for 2013- TBM Printing: \$500 UNAIDS for 2012 \$500 UNICEF for 2012 \$500 UNFPA for 2012 1,000\$ for 2013 TBM</p> <p>\$1,000 UNAIDS for 2012 \$1,000 TBM for 2013</p> <p>\$2,000 UNAIDS for 2012 \$7,000 UNFPA for 2012 \$5,000 TBM for 2013</p> <p>Administration cost and Human resource: \$ For2012: 74,900 UNDP - \$ 15,000 for 2012 UNAIDS-\$41,900 for 2012 UNICEF- \$ 9,000 for 2012 UNFPA -\$9,000 for 2012 For 2013: \$95,000 TBM</p> <hr/> <p>Total: \$2,070 for 2012 UNAIDS (PAF): Local consultant -\$500; Travel:- \$410 Meeting package-\$1,160</p> <p>Total :\$4,710 UNAIDS ( PAF) for 2012: International consultant: (consulting fee) -\$2,500;Travel expenditures air tickets- 2,000\$ Meeting package- \$200</p>
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<p>yet.</p> <p>3.3. Only 66.4% of respondents said that PLHIV have the right to work (CSR, 2010). National HIV policy at the work place has not been introduced in the country yet.</p> <p>3.4. Limited capacity of Ombudsman's Office in Tajikistan on HIV and related human rights issues.</p> <p>3.5. There is a major problem with discrimination against MSM in the region. Utilization of services can be hindered by the lack of knowledge of MSM of health needs and unsupportive environment (HIV and MSM, WHO, EECA report, 2011)</p> <p>3.6. Gender equality needs to be used as a cross-cutting approach to design, implement and evaluate HIV programmes.</p> <p>3.7. Limited number of SCOs with insufficient capacity presented PLHIV including Women LHIV.</p> <p>3.8. There is a need to continue HIV/AIDS awareness raising campaigns for general population and focused on most –at- risk groups, vulnerable women, and young people.</p> <p>3.9 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><b>Indicators:</b></p> <p>1.1. # of UN agencies, including UNDP, UNFPA, UNICEF, UNAIDS fully meet UN Care standard requirements.</p> <p>1.2. UN Joint Plan for Support annually updated and JPS on AIDS updated base on mid-term review.</p> <p>1.3. Number of Joint UN communication events focused on behaviour impact including issues on HIV.</p> <p>2.1. Results of the assessment of first pilot project of OST presented</p>	<p>3.5.HIV related policy and legislation reviewed and followed by advocacy and development of action plan for expanding prevention programme among MSM by the end of 2013</p> <p>3.6. Partnership and cooperation to promote and to jointly implement activities related to HIV and gender issues among key stakeholders, strengthened.</p> <p>3.7. At least three SCOs represented PLHIV and Women LHIV strengthened and expanded their networks at national and local levels by 2013.</p> <p>3.8. At least eight advocacy and mass media campaigns on stigma and discrimination and promotion of human rights conducted at national and local levels and integrated into campaigns on VAW and "10 days of Human Rights" in 2012 - 2013.</p> <p>3.9 At least 20,000 IEC materials on HIV prevention and reducing stigma and discrimination towards PLWH developed and distributed at country level in 2012 – 2013.</p>	<p>c. Global reporting. Facilitate, supervise and ensure timely Country AIDS Progress Report 2012 (UNGASS and UA) developing through transparent process of data collection and validation. Lead and coordinate technical support, consensus building meeting supported</p> <p>d. Provide support to conduct National AIDS Spending Assessment (NASA) for 2010-2011. Launch and publishing of Country AIDS Progress report (UNGASS and UA).</p> <p>e. Facilitate the process to conduct joint assessment of the M&amp;E system and follow up. Provide TS to increase national capacity on M&amp;E.</p> <p>f. Series of out- and in- country trainings and workshops for National experts on providing strategic information, M&amp;E aspects, management and tracking of the epidemic</p> <p>g. Support to participation of Tajik delegation in regional and international gatherings, meetings and workshops on HIV issues to continue inter-country dialog and improve actions blocking effective response.</p> <p>j. Provide technical support to NCC and their branches/TWGs to improve coordination among partners on the implementation of National Programme</p> <p><b>Activity 3: 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</b></p>	<p>UNAIDS,UNDP,UNICEF, UNFPA, WHO, MoH, Center on HIV, NCC, CSOs</p> <p>UNAIDS, UNDP, UNICEF Center on HIV, MOH, /Ministry of Finance</p> <p>UNAIDS, UNDP, UN Joint team Center on HIV TWG on M&amp;E</p> <p>UNAIDS, UNDP/PIU/MoH</p> <p>UNAIDS, UNFPA, UN Joint team</p> <p>UNAIDS, UN Joint team NCC, Executing office of President of RT</p>	<p>\$5,500 UNAIDS for 2012 :Local consultants; Meeting package UNICEF for 2012: \$3,000- Partnership Forum)</p> <p>15,000\$ UNAIDS (PAF) for 2012: \$ 15,000 \$ UNDP for 2012 \$ 7,000 UNICEF for 2012; \$ 6,000 TBM</p> <p>\$2,000 UNAIDS (PAF) for 2012: Local experts \$8,000 for 2013 TBM</p> <p>UNAIDS for 2012- \$7,000TBC UNAIDS for 2013- \$ 6,000 TBM</p> <p>4,000\$ UNAIDS for 2012 UNFPA \$3,000 for 2012 For 2013: 10,000 TBM</p> <p>\$ 3,000 UNAIDS for 2012 For 2013- \$3,000TBM</p>
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<p>to key stakeholders.</p> <p>2.2 Report on the results of the assessment of ARV treatment and adherence prepared and used for improving service provision.</p> <p>2.3. National AIDS Report timely submitted and data used for strategic planning and management</p> <p>2.4. NASA is conducted on regular base biannually to track domestic and external financial flows for HIV programmes</p> <p>2.5. Number of experts trained on data collection, analysis and providing of strategic information.</p> <p>3.1. Number of national experts, governmental institutions' members and SCOs, employers, mass media educated on stigma and discrimination and promotion of human rights.</p> <p>3.2 Conceptual paper to increase capacity of juridical system developed and action plan for training programme agreed among partners</p> <p>3.3. National HIV policy at the working place developed and approved by Government.</p> <p>3.4 Number of staff of Ombudsmen office and its branches trained on HIV and human rights related issues</p> <p>3.5. Obstacles to expand HIV prevention programmes among MSM identified and advocacy to overcome it started.</p> <p>3.6. Joint plan to implement activities on HIV related gender issues agreed among UN Joint Team</p> <p>3.7 Number of SCOs presented PLHIV and implemented advocacy and promotion of needs of PLHIV</p> <p>3.8. Number of HIV/AIDS awareness raising campaigns conducted at country level.</p> <p>3.9. Number of IEC materials on HIV prevention, stigma and discrimination towards PLWH produced and distributed.</p>		<p>a. Provide support to increase capacity of decision makers, local authorities, employers, law enforcements representatives, SCOs on HIV issues including the protection of human rights and reducing stigma and discrimination through advocacy and training programme</p> <p>b. Mobilize resources and broker expertise to develop conception on the increasing capacity of juridical system (lawyers, judges etc) and follow up as well as bringing expertise to finalize national policy at the working place</p> <p>c. Bringing expertise and mobilize resources to conduct training programme and provide educational materials for support for the implementation of Joint UN Programme on strengthening the capacity of Ombudsman's Office in Tajikistan</p> <p>d. Provide technical support to implement recommendations of Regional Consultation in EECA on MSM and transgender</p> <p>e. Facilitate the process and taken actions to incorporate gender responsive measures on HIV into broader National agenda and increase national capacity on gender issues related to HIV</p> <p>f. Greater involvement of PLHIV in National response through supporting to improve capacity of SCOs working with PLHIV and to strength networks of PLHIV including Women LHIV</p> <p>g. Coordinate Joint UN efforts to empower young people to protect themselves from HIV through strengthening a network of youth SCOs, enabling to participate in regional and global youth events</p> <p>h. Integration of the HIV related issues into Nation-wide campaigns WAD, to stop</p>	<p>UNAIDS , UN Joint team</p> <p>UNAIDS, UNDP UN Joint team ILO, CSOs/HR, MoJ, MoH, MoL</p> <p>UNAIDS, UN Joint Team , OHCHR , UNFPA</p> <p>UNAIDS, UNDP, UN Joint Team</p> <p>UNAIDS, UNFPA, UNDP, UN Joint team, UN Women , Committee of women and family affairs , SCOs</p> <p>UNAIDS, UNDP, UNFPA, UN Joint Team, SCOs, network of PLHIV, WLHIV, UN Women</p> <p>UNAIDS, UNFPA, UN Joint Team</p> <p>UNAIDS, UNDP, UNFPA, UN Joint team</p>	<p>\$5,000 UNAIDS (PAF) for 2012: training's package; \$12,000 for 2013 TBM</p> <p>\$ 5,000 UNAIDS PAF for 2012 \$10,000 UNDP \$10,000 for 2013 TBM</p> <p>\$4,000 UNAIDS ( PAF) for 2012: training package \$3,000 UNFPA</p> <p>\$ 3,000 UNAIDS ( PAF) for 2012: local consultants, meeting package; \$2,500 UNDP \$5,000- TBM for 2013</p> <p>\$ 3,000 UNAIDS for 2012; \$3,000- UNFPA for 2012 \$ 10,000- TBM for 2013</p> <p>\$ 3,000 UNAIDS for 2012; \$5,000 UNDP for 2012 \$8,000 UNFPA for 2012 \$ 10,000- TBM for 2013</p> <p>\$ 3,000 UNAIDS for 2012; \$3,000 UNFPA for 2012 \$6,000 – TBM for 2013</p> <p>\$ 5,000 UNAIDS ( PAF) for 2012, \$2,000 UNDP, UNFPA- \$1,000</p>
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		<p>Violence against women (VAW) and “10 days of Human Rights Campaign” support to mass media campaign to highlight HIV issues and expanding community mobilization programme with involving new partners in the national response.</p> <p>i. Development and 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>j. <b>TBC:</b> Providing support to the organization of the Fourth Regional AIDS Conference in Dushanbe in 2012 (IEC materials, UN events, exhibitions, round-tables, conference press centre and several logistic issues).</p>	<p>UNAIDS, UNFPA,UNDP,UNICEF</p>	<p>For 2013 TBM : \$ 15,000</p> <p>\$3,000 UNAIDS (PAF) for 2012, \$1,000 UNFPA- 2012 \$10,000 TBM for 2013</p>
			<p>TOTAL FOR 2012 TOTAL FOR 2013 <b>GRAND TOTAL FOR 2012-13:</b></p>	<p>\$237,680 \$208,500 <b>\$446,180</b></p>

YEAR: 2012

EXPECTED OUTPUTS Baseline, indicators and targets	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
<p><b>Output 1</b> UN Joint Advocacy Project on HIV</p> <p><b>Baseline:</b></p> <p>1.1. There is a limited number of UN agencies, where UN Cares programme implemented on routine base.</p> <p>1.2. There is a need to update newly developed UN Joint Programme of Support (JPS) on AIDS and UN Joint Plan for Support to define gaps and needs in accordance with current situation.</p> <p>1.3. UN Joint Communication Strategy on HIV needs to be focused on communication behavioural impact.</p> <p>2.1. Evaluation of the first pilot project on substitution therapy (ST) for IDUs to identify the gaps and future steps to expand the programme was not conducted.</p> <p>2.2. Since introduction of ARV therapy (2006) assessment of the level of adherence to ARV treatment has not been conducted yet.</p> <p>2.3. 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>2.4. National AIDS Spending Assessment (NASA) needs to be institutionalized as a</p>	<p><b>Activity 1: 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</b></p> <p>Donor-00012, Fund-04000</p>								
	<p>a. At least two learning sessions UN Policy on HIV at workplace conducted for UN staff followed by survey to identify the quality of implementing UN Cares Programme.</p>	X	X	X	X	UNAIDS, UNDP, UNICEF, UNFPA UN Joint Team/ UN HIV TG	\$500 UNAIDS	Training meetings IA:001981, Activity-1, Atlas account -72145-\$500 UNAIDS	\$500
	<p>b. Provision of free condoms to UN staff. The new version of brochure "Living in a world with HIV and AIDS" translated into Tajik.</p>						\$1,000 UNAIDS \$500 UNDP \$500 UNICEF \$500 UNFPA	Procurement of goods: IA-001981, Activity-1, Atlas account- 72300 - UNAIDS	\$2,500
	<p>c. Electronic HIV/AIDS awareness information will be shared with UN employees at least four times a year to highlight the UN worldwide campaign "Stigma Fuels HIV".</p>	X	X	X	X			Printing: IA: 001981, Activity 1, Atlas account: 74200	
<p>d. At least four work meetings of UN Joint HIV/AIDS to discuss advocacy and coordination issues for HIV/AIDS conducted. UN Joint Team actively participated in UNDAF review process. UN Joint Work plan updated. Annual report submitted to UN TG and UN RC.</p>	X	X	X	X	\$1,000 UNAIDS		Meeting package : IA : 001981, Activity 1, Atlas account : 72100-\$1000	\$1,000	



<p>tool to monitor financial resources flows.</p> <p><b>2.5.</b> Comprehensive assessment of M&amp;E system has not been conducted yet, technical support on M&amp;E is not properly coordinated; Limited number of local experts to conduct studies and evaluation of the programmes for tracking of the epidemic and response.</p> <p><b>3.1.</b> More than 1/3 of respondents called for isolation of HIV-infected from other people in the society (CSR, 2010).</p> <p><b>3.2.</b> Over 46% of law enforcement officers, judges and lawyers were in favor of isolating HIV+ prisoners to avoid contracting the rest inmates (CSR, 2010). Educational programme in juridical system has not been started yet.</p> <p><b>3.3.</b> Only 66.4% of respondents said that PLHIV have the right to work (CSR, 2010). National HIV policy at the work place has not been introduced in the country.</p> <p><b>3.4.</b> Limited capacity of National Human Rights Institution (NHRI), Ombudsman's Office in Tajikistan on HIV and related human rights issues.</p> <p><b>3.5.</b> There is a major problem with discrimination against MSM in the region. Utilization of services can be hindered by the lack of knowledge of MSM of health needs and unsupportive environment (HIV and MSM, WHO EECA report, 2011)</p> <p><b>3.6.</b> Gender equality needs to be used as a cross-cutting approach to design, implement and evaluate HIV programmes.</p> <p><b>3.7.</b> Limited number of SCOs with insufficient capacity presented PLHIV including Women LHIV.</p> <p><b>3.8</b> There is a need to continue HIV/AIDS awareness raising campaigns for general population and focused on</p>	<p>e. HIV issues at least four times highlighted through Joint UN communication events. At least one learning session to present communication for behavioural impact conducted for UN Communication group</p>	X	X	X	X		<p>UNAIDS - \$2,000 UNFPA- \$7,000</p>	<p>Meeting package, printing IA-001981, Activity-1, Atlas account: 72100-\$2,000</p>	\$9,000
	<p>f. Support to functioning of UNDP/UN Joint Advocacy project in 2012.</p>	X	X	X	X		<p>UNDP-\$ 15,000 tbc UNAIDS-\$41,900 UNICEF-\$9,000 UNFPA - \$9,000</p>	<p><u>UNDP core funding:</u> Atlas account: IA-001981, Act-1 Contractual Service Individual: Atlas account- 71400 - \$15,000 UNAIDS:\$41,900 (cost sharing renting office)</p>	\$74,900
<b>Total for Activity 1:</b>								<b>\$87,900</b>	
<b>Activity 2: 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</b>									
<p>a. Technical working group (TWG) formed to conduct the evaluation of pilot project on substitution therapy for IDUs by local experts and results widely discussed at national round table.</p>	X	X				<p>UNAIDS, UNDP, MoH, Narcological Center, HIV center, UN Joint Team on AIDS, NCC</p>	<p>UNAIDS-\$2,070</p>	<p>IA-001981, Activity-2, Atlas account 71300-Local consultant -\$500 71600-Travel-\$410 72100-Meeting package- \$1,160</p>	\$2,070
	<p>b. Assessment of the application of ARV adherence among PLHIV who received ARV treatment conducted by International/national experts and results of the assessment presented to key partners</p>	X	X				<p>UNAIDS, UNDP, MOH, Center on HIV, NCC, SCOs</p>	<p>UNAIDS-\$4,710</p>	<p>IA 001981, Activity 2, Atlas account: 71300 -International consultant-\$2,500; 71600- Travel: \$2,000; 72100- Meeting package-\$210</p>

<p>most –at- risk groups, vulnerable women, and young people.</p> <p>3.9. 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><b>Indicators:</b></p> <p>1.1. # of UN agencies, including UNDP, UNFPA, UNICEF, UNAIDS fully meet UN Care standard requirements.</p> <p>1.2. UN Joint Plan for Support annually updated and JPS on AIDS updated base on mid-term review.</p> <p>1.3. Number of Joint UN communication events focused on behaviour impact including issues on HIV.</p> <p>2.1. Results of the assessment of first pilot project of OST presented to key stakeholders.</p> <p>2.2 Report on the results of the assessment of ARV treatment and adherence prepared and used for improving service provision.</p> <p>2.3. National AIDS Report timely submitted and data used for strategic planning and management.</p> <p>2.4. NASA is conducted on regular base biannually to track domestic and external financial flows for HIV programmes</p> <p>2.5. Number of experts trained on data collection, analysis and providing of strategic information.</p> <p>3.1. Number of national experts, governmental institution members and SCOs, employers, mass media educated on stigma and discrimination and promotion of human rights.</p> <p>3.2. Conceptual paper to increase capacity of juridical system developed and action plan for training programme agreed among partners.</p> <p>3.3. National HIV policy at the working place developed and approved by</p>	<p>c. National experts hired for data collection to prepare Country AIDS Progress Report (UNGASS). At least two meetings of TWG on M&amp;E and one Partnership Forum conducted build consensus on the collected data.</p>	X					<p>UNAIDS: \$5,500</p> <p>UNICEF \$3,000</p>	<p>IA-001981, Activity-2, Atlas account -72100 Meeting package:-\$8,500</p>	\$8,500
	<p>d. At least one national and two local seminar for data collection on NASA (2010-2011) conducted by hired national experts. The final version of NASA prepared in consultation process with international expert.</p>	X	X				<p>UNAIDS ( PAF): \$15,000</p> <p>UNDP- \$ 15,000</p> <p>UNICEF \$7,000</p> <p>\$6,000 TBM</p>	<p>IA-002632, Activity -2 72100 -Trainings: \$7,000 (UNAIDS) 71300 - Local experts- \$3,000 (UNAIDS) 71600-Travel of experts and participants- \$ 5,000 ( UNAIDS); IA 001981, Activity 2, 72100-meeting package - \$10,000 (UNDP), 72100 – meeting package -\$7,000 (UNICEF); \$6,000 –TBM</p>	\$43,000
	<p>e. Regular consultations provided to conduct joint assessment of M&amp;E system and to increase national capacity on M&amp;E and plan for future improving of M&amp;E developed</p>	X	X	X	X		<p>UNAIDS: \$2,000</p>	<p>Local Consultant, meeting package IA-001981, Activity-2, Atlas account - 72100-\$2,000</p>	\$2,000
	<p>f. At least two out and in – country trainings and workshops conducted for national experts on providing strategic information, M&amp;E aspects, management and the tracking of the epidemic.</p>	X	X	X	X		<p>UNAIDS \$7,000</p>	<p>Travel: IA-001981, Activity-2, Atlas account-71600-\$7,000</p>	\$7,000
	<p>g. Participation of Tajik delegations in regional and international gatherings, meetings and workshops on HIV issues to continue inter-country dialog and improve actions blocking effective response, provided</p>	X	X	X	X		<p>UNAIDS- \$4,000</p> <p>UNFPA \$3,000</p>	<p>Travel: IA -001981 Activity 2 Atlas account 71600-\$7,000</p>	\$7,000



<p>Government in 2012.</p> <p><b>3.4</b> Number of staff of Ombudsmen Office and its branches trained on HIV and human rights related issues</p> <p><b>3.5</b> Obstacles to expand HIV prevention programmes among MSM identified and advocacy to overcome it started.</p> <p><b>3.6.</b> Joint plan to implement activities on HIV related gender issues agreed among UN Joint Team.</p> <p><b>3.7</b> Number of SCOs presented PLHIV and implemented advocacy and promotion of needs of PLHIV</p> <p><b>3.8</b> Number of HIV/AIDS awareness raising campaigns conducted at country level.</p> <p><b>3.9</b> Number of IEC materials on HIV prevention, stigma and discrimination towards PLWH produced and distributed.</p>	<p>j. At least two meetings conducted to improve coordination among partners through TWGs and local branches of NCC for the implementation of National Programme on HIV for 2011-2015.</p>	X	X	X	X		UNAIDS - \$3,000	Meeting package: IA 001981, Activity 2, Atlas account 72100-\$3,000	\$3,000
<b>Total for Activity 2</b> \$77,280									
<b>Activity 3: 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</b>									
<p><b>Targets:</b></p> <p><b>1.1.</b> UN Care Programme is implemented in at least four UN agencies ( UNDP, UNICEF, UNFPA, UNAIDS) on routine base by the end of 2012.</p> <p><b>1.2.</b> Communication strategy on HIV integrated into UN communication strategy and focused on behavioural impact.</p> <p><b>2.1.</b> Gaps in the implementation of pilot OST project and future steps for scaling up identified by the end of 2012</p> <p><b>2.2.</b> Nationwide assessment of application of ARV therapy and adherence to ART conducted by the end of 2012</p> <p><b>2.3.</b> National AIDS Report, ( UNGASS) 2012 developed through transparent process and timely submitted by Government to UN S G by the end of March, 2012 and results widely used for future strategic planning and resource mobilization</p> <p><b>2.4.</b> Results of NASA used by</p>	<p>a. At least two trainings on HIV and the protection of human rights of PLHIV conducted for decision-makers, local authorities, employers, law enforcement representatives and SCOs.</p>			X	X	UNAIDS  NCC  MOH, ILO, SCOs, MoJ, MOL  Center on HIV	UNAIDS \$5,000	Training package: IA-001981, Activity-3, Atlas account- 72100 - \$5,000	\$5,000
	<p>b. Conceptual paper to increase capacity of juridical system developed by local experts. National policy on HIV at the workplace finalized.</p>	X					UNAIDS( PAF) \$5,000 UNDP \$10,000	: Meeting package IA-001981, Activity-3, Atlas account- 72100 - \$15,000-\$	\$15,000
	<p>c. At least two learning sessions on HIV and related human rights included into the training programme for staff of Ombudsman's Office in Tajikistan.</p>	X	X			UNAIDS, UNDP, NCC UNOCHR UNFPA Ombudsmen' office	UNAIDS ( PAF)- \$4,000 UNFPA \$3,000	Training package IA 001981, Activity 3, Atlas account 72100-\$4,000	\$7,000
	<p>d. Plan to overcome obstacles to expand HIV prevention programme among MSM developed by local experts and discussed among partners as follow up of recommendations of Regional Consultation in EECA on MSM and transgender.</p>	X	X			UNAIDS  UNDP, UN Joint Team, SCOs,NCC, MOH, MoJ,	UNAIDS-\$3,000; UNDP- 2,500	Local experts: IA 001981, activity 3, 71300 - \$3,000 (UNAIDS) Meeting package : IA 001981, Activity 3, 72100 - \$2,500	\$5,500

Government for future budgeting and planning of National AIDS Programme

2.5 Joint Assessment of National M&E system on HIV conducted to identify weakness and followed by steps to increase National capacity through training programmes

3.1. National capacity of decision-makers and experts from Governmental and CSOs to overcome barriers of stigma and protect human rights of PLHIV increased

3.2 Conceptual paper to increase capacity of juridical system developed by June 2012 and followed by starting advocacy and training programmes.

3.3. National HIV policy at the working place developed and approved by Government by the end 2012.

3.4. At least 20 core staff members of Ombudsmen' office at national and local level trained to fulfill effectively its human rights mandate including HIV related issues by the end of 2012.

3.5 HIV related policy and legislation reviewed and followed by advocacy and development of action plan for expanding prevention programme among MSM by the end 2013.

3.6. Partnership and cooperation to promote and to jointly implement activities related to HIV related gender issues among key stakeholders, strengthened.

3.7. At least three SCOs represented PLHIV and Women LHIV strengthened and expanded their networks at national and local levels by 2013.

3.8. At least four advocacy and mass media campaigns on stigma and discrimination and promotion of human rights conducted at national and local levels and integrated into campaigns on VAW and "10 days of Human Rights" in 2012.



3.9 At least 10,000 IEC materials on HIV prevention and reducing stigma and discrimination towards PLWH developed and distributed at country level in 2012.									
e. At least two national trainings/events on gender responsive measures, gender and HIV issues conducted.				X	X	UNAIDS,UNDP UNFPA(tbc), NCC MOH, UN Women,Women Committee	UNAIDS- \$3,000 UNFPA- \$3,000	Printing: IA-001981, Activity-3, Atlas account- 72400 - \$7,000	<b>\$6,000</b>
f. At least two trainings/seminar, and advocacy round tables on strengthening the capacity of CSOs working with PLHIV, including Women LHIV conducted.	X	X		X	X	UNAIDS, UNFPA ( tbc), UNDP, SCOs, NCC, MOH, Center on HIV network of PLHIV, Women LHIV	UNAIDS - \$3,000 UNDP- \$5,000 UNFPA(tbc )- \$8,000	Meeting package: IA-001981, Activity-3, Atlas account- 72100-\$15,000	<b>\$16,000</b>
g. At least one public event supported to strengthen empowering of youth organizations. Support to participation of SCOs working with youth in regional and global youth events provided.	X	X		X	X	UNFPA( tbc) UNAIDS UN Joint team NCC. Youth Committee, SCOs	UNAIDS- \$3,000 UNFPA- \$3,000 ( tbc)	Printing IA-001981, Activity-3, Atlas account- 72400 - \$7,000	<b>\$6,000</b>
h. Issues on HIV, stigma and discrimination and human rights integrated at least in four national campaigns including VAW, "10 days of Human Rights Campaign" through mass media campaigns and expanding of community mobilization programme with involving of new partners.				X	X	UNAIDS UNDP UNFPA (tbc) Un Joint 5teamn UN Women NCC, Center on HIV, SCOs	UNAIDS-\$ 5,000 UNDP- \$2,000 UNFPA 1,000	Meeting package: IA 001981, Activity 3, Atlas account -72100- \$11,000	<b>\$8,000</b>
i. At least 10,000 IEC materials (booklets, brochures, posters, billboards and leaflets) produced.				X	X	UNAIDS UNDP NCC MOH Center on HIV	UNAIDS ( PAF) \$3,000 UNFPA- \$1,000 (tbc)	Printing: IA 001981, Activity 3, Atlas account – 74200 -\$6,00	<b>\$4,000</b>
j. Technical support provided to Government in conducting Fourth Regional AIDS Conference in Dushanbe in 2012 (IEC materials,				X	X	UNAIDS,UNDP , UN Joint team, NCC, MOH,	TBC	TBC	

	UN events, exhibitions, round- tables, conference press centre and several logistic issues)- <b>TBC.</b>					Center on HIV			
	<b>Total for Activity 3 \$72,500</b>								
<b>TOTAL 237,680</b>									

- **The project will be implemented on cost sharing base (UNDP, UNAIDS, UNFPA, UNICEF)**
- **Contribution from UNDP: \$ 50,000**
- **Contribution from UNAIDS: 129,680**
- **Contribution from UNFPA: \$38,500**
- **Contribution from UNICEF: \$19,500**
- **Total for project - \$237,680**



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## 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 combination of pooled and parallel fund mechanisms, in which UN agencies in Tajikistan should allocate available resources to the joint advocacy. The accumulated fund will be coordinated by the UN Theme group on HIV. The UN Theme Group has responsibilities to provide collaborative oversight of the effective management and implementation of the pooled funds and to approve annual financial and programmatic reporting for UNRC.

The Joint UN Team on AIDS has responsibilities for: approving and monitoring the annual resource allocation plan for activities funded by the pooled and parallel funds; approving and monitoring work programmes, and preparing annual financial and programmatic reporting for review by the UN Theme Group for agencies contributing to the advocacy fund.

A Joint UN Team on AIDS will review the progress of the project implementation on a quarterly basis, submitting quarterly progress reports by the national partners, or more frequently, if any of the above UN agencies would like to convene a meeting of the joint UN Team on AIDS to review or discuss the Joint Advocacy Project.

In November or December of each year the Joint UN Team on AIDS will convene a year-end joint review meeting with the Government Coordinating Authority and Implementing Partners to review the implementation of the Annual Work Plan (AWP) for the given year and to agree on the AWP for the next year. The results of the year-end review meeting will be presented to the UN Country Team composed of the UN Heads of Agencies. Upon endorsement of the AWP by the UNCT on no-objection basis, the UNRC will approve the AWP for the next year.

UNDP CO will be the Managing Agent on administrative and financial issues of the project. UNDP CO will be accountable for supporting the (sub-) national partner in managing the joint advocacy programme in line with the common work plan, specifically for timely disbursement of funds, and supplies and for coordinating technical inputs by all participating UN organizations.

The project will be implemented under Direct Implementation Modality as part of the UNDP Country Programme Action Plan for 2010-2015. UNDP Program Analyst for health care projects will be managing daily activities of the project. In accordance with the Joint Programming Guidelines and in agreement with the participating UN Agencies, UNDP will apply 7% General Management Service charge<sup>2</sup> to the pooled resources.

UNDP CO will also follow up with the (sub-) national partners on implementation, and is accountable for narrative and financial reporting to the UNTG. The UNDP CO cost-sharing modality will be disbursed the funds directly to implementing partners/agencies for approved proposals as part of the resource allocation plan developed by the UN Joint Team on AIDS.

To provide technical, administrative, financial support in the implementation of the UN Joint Advocacy Project (UN JAP) two staff members will be recruited such as Advocacy and Communication Officer and UN JAP Financing and Administrative Assistant. The UNDP country office, through the responsible Programme Analyst, will be responsible for project quality assurance. Other partners will support project implementation where relevant.

### **Decision making:**

- **Overall direction of the programme**

The overall direction of the Joint Project will be decided and agreed upon by the UN and the Government Coordinating Authority during the year-end review meeting.

- **Decisions on programme implementation**

The programme implementation will be governed by the rules and regulations of UNDP and by the agreements between UNDP and Implementing Partners. Any modifications to those agreements will be subject to the relevant procedures and rules specified in the agreements.

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<sup>2</sup> Exception is UNFPA, which resources will be allocated through parallel funding

- **Fund management option(s) (e.g., parallel, pooled, pass-through, or a combination)**

The Joint Programme will use the **pooled and parallel funding mechanism**<sup>3</sup>, whereby the UN Participating Agencies will provide pooled funds to UNDP with the latter to manage the funds on behalf of the UN Agencies and implement independently the activities funded through parallel funds. The management of the Programme will fully comply with the Guidance Note on Joint Programming issued by the UNDG in December 2003.

- **Role of Managing Agent**

The UN Managing Agent (UNDP) will be accountable for supporting the Implementing Partners in managing the Joint Programme in line with AWP, specifically for timely disbursement of funds and supplies as well as for coordinating technical inputs by all participating UN organizations. The MA will also follow up with Implementing Partners on implementation, and will be accountable for narrative and financial reporting to the UN Joint Team on AIDS and the UNCT. The UNDP may engage in resource mobilization for the Joint Programme, in consultation with government and participating UN Agencies.

- **Accounting and Reporting arrangements**

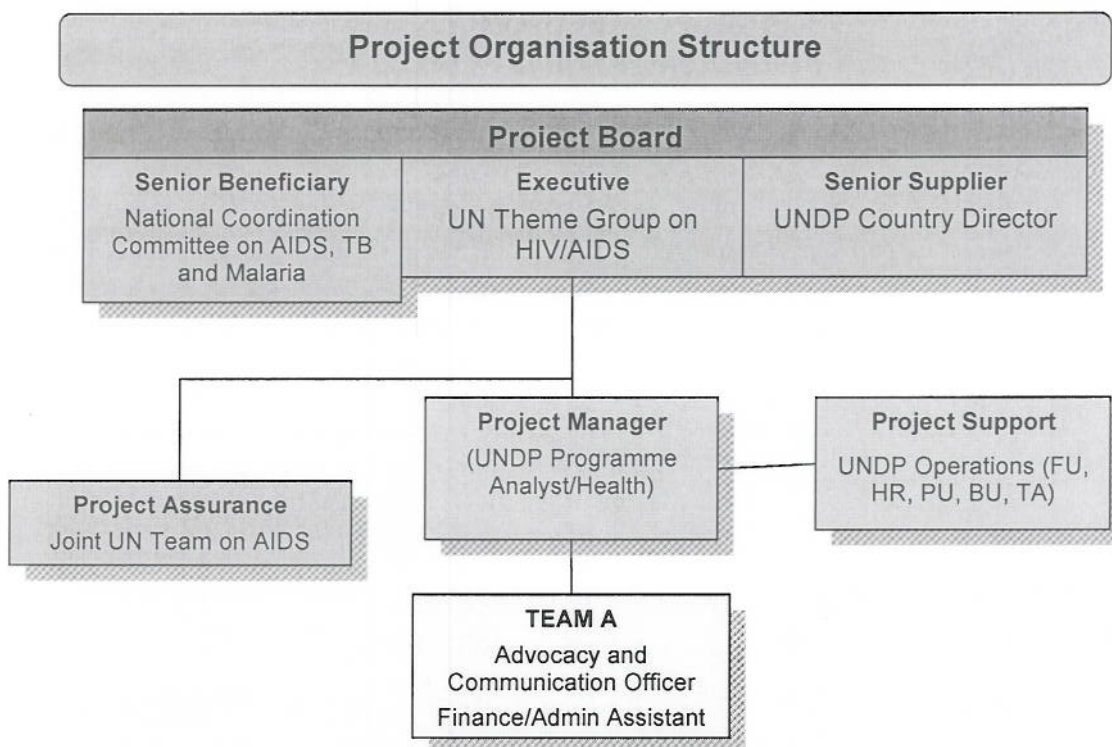
The Accounting and Reporting will follow UNDP rules and regulations, which are harmonized with the rules and regulations of the participating UN Agencies. All accounting and reporting mechanisms and arrangements will be spelled out in the relevant agreements with the Implementing Partners.

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

**UNDP** will act as the Managing Agent for the Joint project

**UNFPA and UNICEF** will be involved in the work of the UN Joint Team on AIDS and will contribute to the review, monitoring, and decision-making in relation of the programme implementation, as specified in this Document and the Memorandum of Understanding.

**UNAIDS** will participate in 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 UNDP 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. UNAIDS will also support UNDP in managing and reporting on UNAIDS PAF funds that are planned to be pooled.



<sup>3</sup> It is expected that the remained donor funds in 2012 will be deposited to the planned project activities for 2013.



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## VI. MONITORING FRAMEWORK AND EVALUATION

In accordance with the programming policies and procedures outlined in the UNDP User Guide, the project will be monitored through the following:

### Within the annual cycle

- 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 UNDP.
- ii. Update on the project Issue Log to facilitate tracking and resolution of potential problems or requests for change.
- iii. Update on progress attained against the Risk Log based on risk analysis; the Risk Log will be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
- iv. Update on the progress attained in Lesson Learned Log, which will ensure on-going positive activities or results which can be incorporated in other activities of the project or programme.
- v. Update on the Monitoring Schedule Plan, which will track key management responses, actions or events.

### Annually

- i. **Annual Review Report.** An Annual Review Report shall be prepared by the Project Manager and shared with the Project Board and the Outcome Board. As minimum requirement, the Annual Review Report shall consist of the Atlas standard format for the QPR covering the whole year with updated information for each above element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.
- ii. **Annual Project Report.** Annual Project Report will be developed by the end of the year or later to assess the annual performance of the project and evaluate the progress attained against the targets as per the Annual Work Plan (AWP). In the last year, this review will be a final assessment. This review is driven by the Project Board and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.

Reports will be reviewed and discussed by the UN Joint Team on AIDS, which is represented by all UN agencies during its regular meetings and submitted for approval to UN Theme Group on HIV/AIDS.

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## VII. LEGAL CONTEXT

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.

## 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 <b>Strategic X</b> 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	<b>Environmental X</b> 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 <b>Financial X</b> 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>





## TERMS OF REFERENCE FOR ADVOCACY AND COMMUNICATION OFFICER

### PRINCIPAL FUNCTIONS:

1. In coordination with the reporting officers and grant managers, develop compelling information profiles on the Global Fund grants, highlighting programme effectiveness that raises awareness among the general public, donors and partners.
2. In close coordination with other members of PIU/GFAMT staff, to ensure timely and substantial reporting on activities implemented.
3. In close collaboration with the UNAIDS country officer implement Joint UN Advocacy and Communications strategy.
4. Support implementation of Political Advocacy Strategy for Tajikistan and develop workplan identifying priority actions as well as new advocacy opportunities, in coordination with cosponsors' HIV/AIDS focal points
5. Plan and implement media advocacy initiatives including training and sensitization of arts and media practitioners, editors, media organizations and promoting partnerships with mass media organizations for wider dissemination of information on vital issues on HIV/AIDS, TB and Malaria under UNDP PIU guidance
6. Foster and strengthen National and sub-national media networks and promote sharing of information on HIV/AIDS, TB and Malaria issues among them through online and offline methods
7. Organize high visibility advocacy events and press conferences, create policy notes and press handouts on HIV/AIDS, TB and Malaria and disseminate them periodically
8. 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, GIPA and trans-border issues such as mobility, migration and trafficking
9. Coordinate with Cosponsors, NGO and other partners' HIV/AIDS focal points, including collection and collation of agency specific messages and activities for WAD, TB and Malaria, consultations with the National AIDS Center, other related national structures and NGO Forum on their participation and collaboration in organizing specific activities and organizing round tables.
10. 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.
11. Draft regular monthly reports summarizing the state of HIV/AIDS, TB and Malaria media 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.
12. Promote UNDP and GFAMT as an effective change agent making a vital difference in people's life.

Signature employee.

Nasrullo Ramazonov

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Signature of supervisor.

Saleban Omar

A handwritten signature in black ink, appearing to read 'Saleban Omar', written over a horizontal line.



Tajikistan

**Term of reference**  
**Joint HIV/AIDS Advocacy Project, Finance/Administrative Assistant**

- Manages all financial issues Joint UN HIV/AIDS Project and Integration of HIV in Poverty Reduction Strategies 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)
- 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.
- Supervise Logistic Assistant/Driver in daily office activity.
- 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 procurement for Joint UN HIV/AIDS Project within established guidelines in cooperation with project focal points, the Coordination Unit Log's Assistant / Driver and UNDP Operations. 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.
- 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 Country Office or Resident Representative

Supervisor: Mr. Saleban Omar

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Employee: Ms. Sitara Gulomova

A handwritten signature in black ink, appearing to be 'S. Gulomova', written over a horizontal line.