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UNITED NATIONS DEVELOPMENT PROGRAMME

Country: Tajikistan

PROJECT DOCUMENT

Project Title:

Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan

UNDAF/CP Outcome:

Outcome 1. People in Tajikistan have their rights protected and benefit from improved access to justice and quality services delivered by accountable, transparent, and gender responsive legislative, executive and judicial institutions at all levels

Expected CP Output:

Output 1.3: National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services

Implementing Agency:

United Nations Development Programme in Tajikistan

Responsible Agencies:

Republican Centre on AIDS Prevention and Control of MHSPP, Republican Clinical Centre of Dermatology and Venereal Diseases of MHSPP, Chief Department on Execution of Criminal Penalty of MoJ, Republican Clinical Narcological Centre of MHSPP, United Nations Population Fund (UNFPA), Civil Society Organizations

Brief Description

The Project Document reflects the scope of HIV project interventions for New Funding Mechanism period that lasts from 1 October 2015 to 31 December 2017. The HIV project activities consists of 10 modules (objectives) focusing on HIV prevention activities among key populations, including prison inmates; treatment, care and support for PLWH; tuberculosis prevention and treatment among PLWH; prevention of mother-to-child HIV transmission; elimination of legal barriers in HIV area; improving the system of monitoring and evaluation through enhancing healthcare information system.

The main goal of HIV project is to achieve universal access to HIV services as well as prevention, treatment, care and support that enables people living with HIV to live fulfilling life. The project targets are aligned with the objectives of the United Nations Development Framework (UNDAF) and UNDP Country Programme Development (CPD) 2016-2020 alongside with the National Health Strategy 2010-2020.

Furthermore, the project will continue contributing to national health care reform through building and improving technical and managerial capacities of health professionals, promoting participation of civil society in the response to the epidemic, and enhancing the cooperation of NGOs with the public health sector.

Programme Period: 2015-2017

Key Result Area (Strategic Plan): Outcome 3 –
Countries have strengthened institutions to progressively deliver universal access to basic service

Atlas Award ID: 00085259, 00092968

Start date NFM: 01.10.2015

End Date NFM: 31.12.2015

Management Arrangements: DIM

LPAC meeting date: XXX

Total resources required: \$ **17,149,075.00**

Total allocated resources: \$ **17,149,075.00**

- Regular: UNDP n/a
- Other: GF \$ **17,149,075.00**

Unfunded budget: n/a

In-kind Contributions n/a

Agreed by the National Coordination Committee on AIDS, Tuberculosis and Malaria:

Agreed by UNDP:

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ACRONYMS

A&E	accident and emergency
AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
BCC	behaviour change communication
CDTP	Capacity Development and Transition Plan
CO	country office
CPD	Country Programme Development
CSO	civil society organization
DIM	Direct Implementation Modality
FC	friendly cabinet
GDP	gross domestic product
GF	Global Fund to Fight AIDS, TB and Malaria
HCT	HIV counselling and testing
HIV	human immunodeficiency virus
IEC	information, education, communication
LEA	Legal Environment Assessment
LPAC	Local Programme Advisory Committee
M&E	monitoring and evaluation
MDG	Millennium Development Goals
MHSP	Ministry of Health and Social Protection of Population
MSM	men having sex with men
NCC	National Coordination Committee
NFM	New funding mechanism
NHS	National Health Strategy
NSP	National Strategy Plan
NTP	National TB Programme
OI	opportunistic infection
OP	out-patient
OST	opioid substitution therapy
PCR	polymerase chain reaction
PLWH	people living with HIV
PMTCT	HIV prevention from mother to child treatment
PQM	promoting quality of medicines
PSE	population size estimation
PSO	procurement support office
PWID	people who injecting drugs
RAC	Republican AIDS Centre
RRF	results and resources framework
SBAA	Standard Basic Assistance Agreement
SDP	service delivery point
SR	sub-recipient
STI	sexually-transmitting infection
SW	sex worker
TB	tuberculosis

TFM	Transitional Funding Mechanism
TP	trust point
UNAIDS	United Nations AIDS Program
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV
WHO	World Health Organization

I. SITUATION ANALYSIS

The population of Tajikistan is 8,191,958 (July 2015 est.)¹ of which over 70% live in rural areas and 20.1% (male 819,936/female 796,211) aged 15-24². The country is faced with challenging geography, as it is 93% mountainous and landlocked, with limited access to other regions. The country often faces with severe socio-economic issues as well as human resource shortage.

In 2013, the current official rate of unemployment was at 2.5%,³ nonetheless the estimated indicators are much higher. In search of working opportunities and higher income, approximately 10 percent of the Tajik population is working abroad, mostly in Russia (SA, 2012b). According to the World Bank estimates, remittances from relatives working abroad in 2012 were equivalent to 47 percent of the GDP (World Bank, 2013). With the Human Development Index (HDI) of 0.607, the country is ranked 133th among 182 world countries listed by this indicator in the UNDP Human Development Report 2014⁴.

Transition to the market economy impacted to all fields of living including the health care. The Government commits and recognizes the human resource shortages and undertakes measures to strengthen the human capacity. Majority of socio-economic spheres in Tajikistan, in particular, healthcare system in the post-Soviet period has been severely affected by civil war, economic collapse, and a dramatic decline in health financing. Tajikistan's health sector budget is only 1.8% of GDP, which covers only 18% of total health sector expenditure⁵. The insufficient government funding for addressing capacity strengthening needs in healthcare system should be closely discussed among stakeholders. In particular, there is a risk of exponential increase in HIV, tuberculosis, if not immediately addressed. In general, these ongoing challenges require the continued support of UNDP, in partnership with the government and other national partners, as well as with other UN and international agencies.

The first HIV case in Tajikistan was registered in 1991. Tajikistan's HIV epidemic is a concentrated epidemic among key affected population. As of December 2014, a total of 6,558⁶ HIV cases have been reported in the country. The vast majority of the reported HIV cases are of men (69.79%) of the age group 15-39. In 48.2% of the registered cases, HIV was transmitted through PWID, in 42.8% - through sexual contact, in 3.1% - from mother to child, whereas for 6.9% of other cases the transmission mode was not identified. The estimated adult HIV prevalence reached 0.3% as reported by UNAIDS Global AIDS Epidemic Report 2013⁷. In 2013, the Republican AIDS Center estimated (spectrum) 14,000 people living with HIV in the country. According to estimations of the National AIDS Center, as of 2014, the number of people who use drugs (PWID) in the country was 23,100 people and the number of sex workers (SWs) was 14,100.

The first wide-ranging intergrated sentinel surveillance and population size estimation of MSM has been conducted in 2015 with engagement of an international consultant. Considering the hidden status and mobility of MSM, the PSE and IBBS were conducted in four cities of the country in cooperation with CSOs and representatives from among high risk group. The findings and results of PSE study were discussed and agreed in partner meeting in September 2015; the estimated size of MSM comprised 13,400 in the country.

In the last few years the HIV testing has been scaled up and more HIV cases has been detected among key populations including PWID, sex workers, prisoners and MSM. The mentioned key populations are among the most marginalized and stigmatized groups of society. Furthermore, sex workers and MSM are also at higher risk of other STIs, which also increases their risk of acquiring HIV. In fact, national legislation is not supportive of SWs and MSM. They are often vulnerable to police harassment and mistreatment.

The highest share of intravenous transmission among newly registered HIV cases in 2014 is reported in GBAO (70%) and Dushanbe (59%), whereas in other regions it varies between 34% - 44%. The sexual

¹ <https://www.cia.gov/library/publications/the-world-factbook/geos/tj.html>

² http://www.indexmundi.com/tajikistan/demographics_profile.html

³ <https://www.cia.gov/library/publications/the-world-factbook/geos/tj.html>

⁴ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TJK.pdf

⁵ <http://minfin.tj/downloads/files/MTEFfinalTajikenglish.pdf>

⁶ Republican AIDS Centre, Ministry of Health of Tajikistan, January 2015

⁷ UNAIDS Global Report on HIV Epidemics, 2013

transmission of new HIV cases in 2014 is more prominent in Soghd and RRS (51% in each region) followed by Khatlon (47%) and Dushanbe (32%). Vertical transmission rates are higher in RRS (0.05%), and Khatlon (0.03%), whereas Dushanbe and Soghd report only 0.02% of infections through vertical transmission.

Also, over the past five years the number of registered TB/HIV co-infection cases increased by almost 2.5 times representing 11.5% of the total number of registered persons with HIV infection⁸. This increase partially can be explained by integration of HCT in clinics providing TB related services. Among all TB patients tested for HIV, 1.4% of patients were diagnosed with HIV status. The TB/HIV co-infection death rate is ranging from 40 cases in 2009 to 42 cases in 2013.

Stigma surrounding HIV and TB is a significant concern and people living with HIV/TB co-infection are facing occasional limitations to treatment services for tuberculosis in health facilities. Stigma and discrimination discourage people living with HIV and key populations from seeking testing, care and treatment, which in turn impede prevention, treatment and control efforts.

By contrast to health-related issues, HIV may appear to be a comparatively minor issue in Tajikistan; nonetheless, the increase of HIV infection cases in Central Asian region, including Tajikistan, causes alarm. Over the last decade, the number of *officially registered* HIV cases has drastically increased, increasing from 119 in 2000 to 6558 in 2014.

II. STRATEGY

The UNDP Country Programme Development for the period of 2016-2020 and the UNDAF 2016-2020 objectives are consistent with national strategy papers, namely the National Health Strategy 2011-2020. Similarly, the overall goal of the project is directly linked to and harmonized with four main objectives of the National Health Strategy 2011-2020: i) improving the nation's reproductive potential: women's, maternal, and newborn health; ii) healthy childhood; iii) prevention and control of high-impact infections; and iv) a fulfilling life with non-infectious and chronic diseases - that promotes creating a healthier living environment and improving health of the population, particularly key-affected population groups. The NHS aims at strengthened performance of the health care sector which will manifest itself in a reduced disease burden (socio-economic loss from premature death and disability) on the economy and the society of Tajikistan.

The HIV NSP 2015-2017 echoes NHS main goal and covers measures intended to ensure that the entire population has universal access to HIV prevention, treatment, care and support. Implementation of measures directed towards enhancement of health system governance at national and local levels will contribute towards enhancement of HIV services provision and strengthening of NSP governance and implementation management. Further, these measures will also contribute towards optimization of health provider network and assurance of equal access to health services for the population as well as improvement of quality and access to health services. In turn, access to health services will enforce introduction of new, evidence-based HIV and TB prevention and treatment technologies as well as expansion of HIV service provision and improvement of geographical access to HIV prevention and treatment. Refinement of health sector financing and budgeting objective of the NHS plans to leverage increased public funding for health sector in general and the HIV response in particular as well as set conditions for motivation of HIV service providers and consequently, improvement of HIV service quality, minimize stigma and discrimination through capacity building of the health workforce.

Additionally, the UNDP intends to maximize the potential of partnerships among main stakeholders. This is accomplished through strengthening the capacity of local counterparts and government counterparts; expansion of partnership with domestic and international stakeholders and technical agencies; more effective use of existing UNDP country office implementation structures in cross cutting areas and continuing to advance effective coordination and collaboration with the existing and future partners. Joint programming and project implementation with other UN agencies are pursued in line with UNDAF priorities with the engagement of the UN Joint Advocacy project implementation mechanism. Working in

⁸ National HIV response Strategy of the republic of Tajikistan, 2013, Figure 12, page 11

greater strategic partnership helps to ensure proper alignment of project implementation with the UNDP country programme and the government's strategic plans.

Taking into consideration the UNDP strategic programmes and plans, this project aims at halting the spread of HIV by providing universal access to HIV prevention, treatment, care and support. Concrete goals to achieving universal access were defined during country-wide consultations and were approved by the National Coordination Committee on AIDS, Tuberculosis and Malaria.

Within NFM framework the allocated funds will be directed to sustain the essential HIV prevention services in 2015-2017. NFM period of HIV project foresees the implementation of tasks to scale-up equal access for all segments of the population, including key populations and vulnerable groups to preventive services, while also achieving the following indicators by December 2017:

- ❖ to Ensure high quality and coverage of prevention services for key-affected population groups (PWID, SWs, MSM, prisoners);
- ❖ To further expand OST programme from existing 7 sites (TFM period) to 12 sites until 2017 (NFM period).
- ❖ To prevent mother-to-child transmission of HIV and to improve the quality of life of PLWH by providing high-quality ARV and opportunistic treatment, care and support.
- ❖ Enhance PMTCT by assuring access to HCT among pregnant women and HIV virological test for infants within 2 months of birth;
- ❖ Reinforce TB/HIV co-infection programme in the country within two services countrywide;
- ❖ To ensure the treatment and care of TB/HIV co-infection in both HIV and TB services and increase coverage of ART among co-infected patients to more than 90% level.
- ❖ To establish and maintain the information system on HCT, ART, TB/HIV.

In connection with the above-stated indicators, UNDP will continue reaching high risk groups by prevention programme such as PWID, MSM and SWs as the main drivers of the HIV epidemic in Tajikistan. Proposed prevention services include: harm reduction programme, community outreach and peer-to-peer education; distribution of prevention health commodities and dissemination of information and communication materials; promotion of support services (e.g. voluntary counselling, HIV testing, referrals to specialized services, management of sexually transmitted diseases, etc.); promotion of supportive, non-discriminatory home and work environments through strengthening advocacy and communication activities among CSOs in the country.

Furthermore, UNDP will keep enhancing capacity of healthcare facilities to ensure quality ART provided to PLWH, particularly adherence to treatment. Although the national antiretroviral therapy program began in 2006, only 2623 patients have received treatment as of 30 June 2015. UNDP proposes to increase ARV treatment coverage, such that 44.8% of those requiring ARV drugs receive it by December 2017. The UNDP will capacitate human resources and strengthen laboratory services to support timely HIV diagnosis and testing, including the prevention of mother-to-child transmission; support provision of ARV and opportunistic treatment, care and support, including out-patient care; provision of food for hospitalized PLHW; and create, equip, and provide on-going support to five ARV excellence clinics.

Linkages with other related grants in the country

The consolidated Program builds on the results of previous Rounds of GF, including:

Round 1 HIV grant 2003-2006, aimed at HIV prevention interventions among PWID, SWs, MSM and youth (aged <29 years) building a system for blood safety control. Round 4 HIV grant 2005-2009, which funded HIV prevention and treatment interventions among the migrant population, street children, PLWH and prisoners. Round 6 grant 2007-2011 was focused on health system strengthening interventions, particularly, on the expansion and integration of HCT services into the Primary Health Care. With the purpose of succession of activities and objectives, Round 6 Phase 2 was consolidated with Round 8 Phase 1 to carry on the corresponding activities from October 2011.

The goal of Round 8 GFATM-funded project “Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan” is to provide

universal access to HIV services and lay the foundation for stabilizing the country's epidemic. The program consisted of six core objectives that aim to expand upon the national response to attain universal access by 2010 and to further efforts geared at achieving the Millennium Development Goals. In NFM period, 2015-2017, the project comprises 11 objectives with main focus to quality coverage of key populations, including prisoners; close coordination of TB and HIV services to prevent TB among PLWH; high adherence to ART and OST among clients.

MODULE 1 (Activities in ATLAS)

Objective 1: Prevention programs for people who inject drugs and their partners

People who inject drugs are exposed to HIV/AIDS transmission, hepatitis and other social burden like stigma and discrimination. The project will continue focusing on reducing Harm Reduction among PWID, focusing on control of HIV transmission countrywide. Overall, the program will be implemented in approximately 45 Trust points (28 under National AIDS center and over 15 established under CSOs). The implementation approach will ensure provision of Harm reduction interventions; providing comprehensive package of services, which include conducting peer-to-peer or regular counseling, distribution of IEC materials and providing the sterile injecting materials (syringe, alcohol swabs, water for injection) as well as HIV counseling and testing. Additional services will be overdose management, STI treatment, legal counseling, and psychosocial support. Furthermore, PWID will be getting opioid substitution therapy in existing 6 OST sites and new established ones nationwide.

Activity 1.1. Behavioural change as part for programs for PWID and their partners

Behavioral change communication is one of the critical interventions and it is an integral part of the service package for PWID including prison inmates and their partners. According to the sentinel surveillance report 2014, the proportion of the PWID who reported using condom in their last sexual intercourse have reached 86% and those who report using clean needles and syringes 90.3%.

Under the activity BCC materials on harm reduction, legal assistance, OST services and drug overdose management will be developed and distributed to PWID and their partners through government run trust points, community based organizations, health service delivery points and outreach/peer to peer. Moreover, the peer educators and social workers will be trained on harm reduction case management as well as educational sessions will be conducted for PWID and their partners four times a year in SDPs.

Activity 1.2. Condoms as part of programs for PWID and their partners

In the last three years the HIV epidemic in Tajikistan started to spread mainly through sexual transmission mode. The sexual mode of HIV transmission accounted for 80% of the reported HIV cases in accordance with statistical data of RAC in 2014. Condom distribution is part of the harm reduction package and it will be distributed through the existing service delivery points (45 trust points) as well as outreach activity.

Activity 1.3 Diagnosis and treatment of STIs as part of programs for PWID and their partners

Although there is an improved level of prevention and behavioral change among PWID, certain number of the PWID are practicing unsafe sex. According to sentinel surveillance conducted in 2011, suggested that 10.4% of PWID were women (2,402), of whom 39% (936) reported providing sexual services for money. Accordingly, the project will support 29 FCs that provide screening and syndrome treatment to PWID.

Activity 1.4 HIV testing and counselling

13,082 PWID were tested for HIV in 2014, which represents 56.6% of the estimated PWID in the country. Under this intervention the project will provide HIV counseling and testing to at least 80% of reached PWID by means of supporting 7 mobile HCT service and strengthening the referral system to the HIV testing centers. Further, health workers will be trained on client centered HIV counseling and testing with focus on providing friendly services to key populations

Activity 1.5 Needle and syringe program

The activity intends to cover and provide a comprehensive package of services to PWID and ensure coverage of 63% PWID by end of the program with safe injecting equipment through governmental and

CSO-run trust points, mobile medical units. Also, outreach workers of CSOs will be trained on client management, referral and counseling.

Activity 1.6 OST and other drug dependence treatment

The programme intends to establish 5 new OST sites in addition to existing 7 OST sites in the country. These OST sites will provide methadone therapy, referral to other services and psychosocial support to 1,000 PWID nationwide. Regular monitoring of service quality and training of health workers will be ensured under this intervention.

Activity 1.7 Other interventions for PWID

The intervention intends to reduce overdose related deaths among PWID through provision of sufficient quantity of naloxone for CSOs, A&E rooms and police stations. More than 40 social workers will be trained on harm reduction program as well as over 200 police staff and health workers of A&E departments on naloxone administration.

MODULE 2 (Activities in ATLAS)

Objective 2: Prevention Programmes for Sex Workers and their Clients

Under the interventions the sex workers will be covered by comprehensive minimum package of services, which include conducting BCC through peer-to peer or regular counseling and providing prevention materials (condoms, lubricants) and referral to HCT through 22 FCs (out of it, 11 FCs will be coordinated by RAC). Additional activities consist of referral to medical and social services, including STI diagnosis and treatment.

Activity 2.1 Behaviour change among SWs and their clients

Under this intervention the standardized communication material on HIV prevention, legal protection and human rights for SW and their partners will be developed. In addition, continuous capacity-building of peer educators, social workers on HIV prevention, and case management including on referral to harm reduction services for SWs who use drugs will be carried out. Educational sessions will be conducted for SWs and their clients four times a year in each SDP.

Activity 2.2: Condoms as part of programmes for SWs and their clients

The HIV transmission via sexual intercourse remains the major mode of infection transmission in the country. The sexual mode of HIV transmission accounted for 58% of the reported HIV cases in accordance with statistical data of RAC in 2013. According to the sentinel surveillance report in 2014, 79.5% of SWs reported using condoms in the recent sexual intercourse. Furthermore, 33.5% of the SWs stated that the reason for not using condom is due to client refusal to use it. Condom distribution as a part of the comprehensive package of prevention services will be distributed through the existing service delivery points as well as outreach activity to SWs and their clients.

Activity 2.3: HIV testing and counselling among SWs

Under this intervention the project will provide HIV counseling and testing to at least 80% of reached SWs and their clients by means of supporting mobile HCT service and strengthening the referral system to the HIV testing centers. Further, health workers will be trained on client centered HIV counseling and testing with focus on providing friendly services to key populations.

Activity 2.4: Diagnosis and treatment of STIs among SWs and their clients

According to 2014 sentinel surveillance report, SWs that reported having at least one STI symptoms were from 9.8% in Dushanbe to 98% in Kulyab town. In addition, one in five (22%) stated that they could not access to STI services, where 15% of the participants did not know availability of services. Activities under this intervention are aimed to make STI service accessible, affordable, and available to SWs and their clients.

MODULE 3 (Activities in ATLAS)

Objective 3: Prevention Programmes for MSM

The interventions under this objective will be covered by comprehensive package of services, which include conducting peer-to-peer or regular counseling, distribution of IEC materials and providing prevention materials (condoms, lubricants), referral to HIV counseling and testing, STI syndromic treatment.

Activity 3.1: Behaviour change among MSM

The standardized communication material on HIV prevention, legal protection and human rights for MSM will be developed. In addition, continuous capacity-building of peer educators, social workers on HIV prevention and case management will be carried out.

Activity 3.2: Condoms as part of programmes for MSM

Condom distribution as a part of the comprehensive package of prevention services will be distributed through the existing service delivery points as well as outreach activity to MSM under this activity.

Activity 3.3: HIV testing and counselling among MSM

Under this intervention the project will provide HIV counseling and testing to at least 80% of reached MSM by means of supporting mobile HCT service and strengthening the referral system to the HIV testing centers. Further, health workers will be trained on client centered HIV counseling and testing with focus on providing friendly services to key populations.

Activity 3.4: Diagnosis and treatment of STIs among MSM

This activity aims at providing STI screening and syndrome treatment services to MSM.

MODULE 4 (Activities in ATLAS)

Objective 4: Treatment, Care and Support

Activities under this intervention are aimed to scale up ARV treatment, patient enrollment and retention. Also, the project will focus on capacity of the health service delivery, promote patient centered care and treatment; improve referral of PLWH and key populations to access lifesaving ARV therapy. Further, the project will keep improving the pre-ART care such as regular CD4 follow-up, adherence to ART.

Activity 4.1: Anti-retroviral therapy

This activity will ensure the coverage of 4838 eligible PLWH by the end of 2017 as well as integration of ARV services to TB and reproductive health centers. Constant psychological support to PLWH via counseling, systematic on lost to follow-up patients through peer educators and social workers will be ensured under this intervention. Additionally, pulmonologists and infectious disease specialists and nurses will be capacitated on ART patient management.

Activity 4.2: Treatment monitoring

Activities under this intervention area aim at improving the health status of the PLWH who are receiving ART. To attain long-term adherence and delayed potential treatment failure the routine clinical and community level treatment monitoring is required. Therefore, testing in pre-ART (CD4 twice a year) and during ART (VL and CD4 testing twice per year per ARV patient) will be ensured to quality provision of treatment.

Activity 4.3: Treatment adherence

Long-term adherence of ART patients will be improved through self-support groups at ART health facilities and weekly sessions on ART clinic adherence. It is planned to develop certain tools (pill boxes, timers, reminders etc.) for adherence monitoring.

Activity 4.4: Prevention, diagnosis and treatment of OIs

Intravenous injection remains as a leading mode of HIV transmission. The activity will support prevention diagnosis and treatment of OIs (PCP, GI infections, skin infections and TB). In particular, health workers will be trained on OIs management and monitoring tools for OI management will be developed.

Activity 4.5: Counselling and psychological support

Psychosocial interventions are integral part of the treatment and care services. Most PLHW are PWID or members of other key populations and vulnerable groups that require psychosocial support to facilitate adherence to lifelong treatment. The activity will support counseling on treatment adherence, legal support and referral to other social services. User service guide, which includes information about patients' rights relating to access to medical and social protection service and contact information of existing services, will be developed and disseminated among key populations. In turn, service providers will assess the specific needs of the clients by means of developed checklist/job-aid. Besides, social workers will be capacitated on client management and social escort to other medical facilities.

Activity 4.6: Out-patient care

The current OP care is fragmented and does not provide comprehensive continuum of care to PLWH. The PLWH face difficulties in receiving treatment services in general public health care system. Therefore, the interventions under this activity will support integrated care and treatment service by establishing 5 integrated ART treatment and care centers (centers of excellence), and improve referral system. These centers of excellence will serve as a model of effective integration of comprehensive HIV care which also serves as a reference to other ART sites. The health workers of 5 excellence centers will be trained on overall ART programme management. An external technical assistance will be outsourced to develop clinic protocol and checklist of the integrated service. The special appointment system for patients under ART will be established and CSOs/CSOs will be actively engaged in supporting referral, adherence and restoring lost follow up patients. Also, patient reporting system on pre-ART and those receiving ART and other service OST, NSEP TB, and OIs treatment at AIDS centers will be strengthened, especially among key populations (incl. social accompanying for key populations by peers/ social workers; operational follow up by AIDS centre, actively using community-based organizations to facilitate the linkage of relevant medical health facilities

Activity 4.7: In-patient care including palliative care

At present, PLWH in Tajikistan have limited access to in-patient service. In-patient services are either expensive or stigmatized. In addition, palliative care of chronically-ill patients and people with disability who live with HIV is not available. Palliative care in HIV is vital to address the high burden of pain, medicine side effects, immune reconstitution of inflammatory syndrome and co-infection of hepatitis C and TB. Activities under this intervention will continuously support hospitals and health facility that provide quality in-patient service for PLWH and capacitate health and social workers on palliative care of chronically-ill patients. In addition, patient health education and self-care skills will be enhanced for managing symptoms and medicine side effects in the home and recognition of danger signs

MODULE 5 (Activities in ATLAS)

Objective 5: TB/HIV

Under TFM period, a new indicator on TB/HIV co-infection has been introduced for the first time within the framework of GF grants to strengthen the coordination of TB and HIV services. During NFM period, this activity will further strengthen the referral system and tow services integration. It is planned to procure 35 GenXpert machines of which five will be provided to main AIDS centers. The NTP will provide TB testing to PLWH by using GenXpert. The program will invest in refinement of the TB/HIV integration by development and implementation of phased plan, enforcement of HIV/TB treatment protocols adherence, provision of HCT to TB patients and timely diagnostics of TB amongst PLWH.

Activity 5.1: TB/HIV collaborative interventions

Under this activity, the coordinative work of TB/HIV services will be support at all levels through the following interventions: provision of HIV tests for TB patients; training of health workers and representatives of CSOs on HCT and TB/HIV coinfection management and adherence support; integration of TB diagnosis and treatment at the selected AIDS centers.

MODULE 6 (Activities in ATLAS)

Objective 6: PMTCT

A steady increase of HIV incidence among pregnant women and children born to HIV-positive mothers together with recent change in epidemiological trend summon for sustainability and scale up of HCT and ART coverage in the context of PMTCT. The PMTCT programme is aimed to maintain present coverage (71.4%) of pregnant women with HCT and, alongside, intensify performance of HCT in antenatal care facilities, as at present about 40%⁹ of HIV cases are detected during delivery. The funding of this activity will also support procurement of protective kits for maternity homes and infant early diagnostic kits. Furthermore, it will attempt to ensure at least 80% coverage of newborns with ART born to HIV positive mothers.

Activity 6.1: Treatment, care and support to mothers living with HIV, their children

This activity ensures the ART provision to all eligible pregnant women and children through scaling up paediatric ART. In addition, the paediatricians of reproductive health centres will be trained on paediatrics ARV management.

MODULE 7 (Activities in ATLAS)

Objective 7: Prevention program for other vulnerable populations – prisoners

HIV prevention program will be implemented in 13 prisons of the country; the size estimation totals to around 10,000 prisoners, fluctuating between 6,000 and 14,000 people. The comprehensive package of services will embrace the following: conducting peer-to-peer education, distribution of IEC materials and providing prevention materials (condoms, lubricants), HIV counseling, testing, STI treatment, needle and syringes and OST.

Activity 7.1: Behaviour change as part of HIV prevention programs for prisoners

The activity provides comprehensive package of services to prison inmates via training of trainers on HIV and STI prevention, mini education sessions, syndrome STI treatment, training of health personnel on case management.

Activity 7.2: Condoms as part of HIV prevention program for prisoners

Condom distribution as a part of the comprehensive package of prevention services will be distributed to targeted groups within this activity.

Activity 7.3: HIV testing and counselling among prisoners

Under this intervention the project will provide HIV counseling and testing to prison inmates through 13 prison health cabinets. Moreover, health workers in prisons will be trained on client-centered HCT with emphasis on communication with key populations.

Activity 7.4: Diagnosis and treatment of STIs among prisoners

This activity intends to provide STI services (screening and syndrome treatment) for 1000 prison inmates. Moreover, health personnel in prisons will be trained on STI case management.

⁹ RAC data, 2013

Activity 7.5: Needle and Syringe program for prisoners in prison setting

The HIV prevalence among prisoners varied from 6.2% in 2005 to 8.4% in 2013¹⁰. Under this intervention it is planned to scale up the harm reduction services among PWID-prisoners through 2 existing trust points and 2 newly established sites. At the same time, relevant prison personnel will be trained on awareness of NSEP benefits.

Activity 4.6: OST and other drug dependence treatment among prisoners

At the present time there is no OST program in prisons in Tajikistan. Under this intervention the project will support initiatives for establishing pilot OST project in prison. Initially, external technical assistance will be outsourced to conduct harm reduction needs assessment in prison and develop OST pilot project. The OST sites will be equipped to improve infrastructure of 2 OST sites. Besides, the clients of OST sites will be provided psychosocial support (counselling, referral to clinical services by peer educators).

MODULE 8 (Activities in ATLAS)

Objective 8: Community systems strengthening

The objective intends to support capacity development of CSOs in HIV/AIDS prevention in terms of financial and human resource management, forecasting and request of health commodities and monitoring and evaluation.

Activity 8.1: Institutional capacity building planning and leadership development

The MHSPP endorsed a national Capacity Development and Transition Plan in 2013 that was widely disseminated to appropriate stakeholders and implementers. In 2014 certain part of the plan was implemented through financial support of UNDP and other partners. During the NFM period, the NCC will continue mobilizing resources to finalize the implementation of the plan and accordingly to revise it by the end of 2017 as required. To further capacitate the CSOs it is intended to develop electronic software on financial management system following with training of relevant staff.

Activity 8.2: Social mobilization and building community linkages, collaboration and coordination

Interventions under this activity will make available grants to communities for launching the PLWH community initiatives. The CSOs will be an active player amongst other partners in implementation of activities during World AIDS and AIDS Memorial days and will also advocate for addressing key issues affecting the communities they represent. CSOs will get funding for organization of regular regional CSO meeting/workshops. To reinforce the dialogue between governmental bodies and CSOs a web portal will be created to enhance coordination and mobilization activities.

MODULE 9 (Activities in ATLAS)

Objective 9: Removing legal barriers to access

Only few studies were conducted to identify the gender-based violence (GBV) rate in Tajikistan. In 2005, a study conducted by WHO showed 42% of women reported sexual violence in their lifetime¹¹. According to the data of 2012 by the State Women Committee, about 19,000 victims of violence, half of them women, were registered and received assistance from crisis centers existed in the country. The 2012 study showed that 94.8% of women living with HIV face stigma and discrimination, while among men it was 85.7%. Activities under this objective area will support anti-stigma and discrimination toward PLWH, uphold human rights and health care for all and capacity development on human rights and gender equity aspect of HIV in Tajikistan.

¹⁰ IBBS among prisoners, 2005 and 2013

¹¹ Violence Against Women In Marriage: A General population Study In Khatlon Oblast, Tajikistan, 2005

Activity 9.1: Training on rights for officials, health workers and militia

The activity will ensure raising awareness of officials, health workers, law enforcement staff, CSOs on HIV prevention of violence against women, human rights, case management of the victims of violence (medical, legal, and referral to the existing social protection and services). Special guidelines, job aid and checklist will be developed for law enforcement staff to prevent violence against women and vulnerable groups, including PWID, SWs, MSM, links between violence and HIV and support for victims of violence. Furthermore, quarterly round table dialogue with representatives of law enforcement agencies will be organized to achieve high-level support for the development of programs to prevent violence by law enforcement staff

Activity 9.2: Legal and policy environment assessment and law reform

Interventions under this activity will review the existing legislation, including secondary legislation, as well as and policies and promote legislative reform creating enabling environment and improving access to services for key populations. Human rights guidelines on HIV for judges and law enforcement institutions and monitoring tools and reporting forms for HIV related human rights violation will be designed for systemizing evidence-based cases.

Activity 9.3: Legal aid services and legal literacy

Under this activity key populations (PWID, SWs, MSM) will be support to access to free legal aid services

MODULE 10 (Activities in ATLAS)

Objective 10. Health information systems and M&E

Under this objective it is planned to support IBBS to track the dynamics of HIV prevalence among PWID as one of the main drivers of HIV transmission.

MODULE 11 (Activities in ATLAS)

Objective 11: Programme Management

Activity 11.1: Capacity development

Starting from 2005 the UNDP directed its main focus on capacity development of national counterparts; as a result, important national capacity development strategies were endorsed by MHSPP in 2013. The plan consisted of three interlinked implementation phases; milestones of Phase I were implemented in 2013 and 2014 including review of organizational structure including implementation modality, roles and responsibility of the National AIDS center personnel; development of SOPs on HR oversight, PSM, M&E and finance; established electronic financial software (C1) in 15 National centers; human resource policy including recruitment procedures; conducted financial sustainability study for national HIV/AIDS program; reviewed legal framework on the impact of WTO accession for the procurement; developed electronic HMIS for the national HIV/AIDS.

The implementation of Phase II and III of the CDTP will be financially supported to evaluate the impact of Phase I, as well as to conduct series of training for RAC and CSOs on the developed procedures and SOPs during Phase I. Simultaneously, the UNDP will continue resource mobilization to finalize the implementation of CDTP, which includes adopting SOPs for CSOs on HR management, monitoring and evaluation and financial management.

Activity 11.2: Supporting procurement and supply management

One of the main components of the National Health System Strategy 2010-20120 is strengthening supply chain management system, promoting quality of medicines (PQM), improving regulatory experience and pharmaceutical quality assurance as well as positioning the country to the accession of the World Trade Organization's membership to ensure access to affordable and quality medicine. Furthermore, the main element of the GF resources is directly invested on procurement, supply and chain management. The core

intervention under this activity is to integrate supply chain management system with existing MHSPP supply management system.

Activity 11.3: Grant Management

Activities under this intervention will support grant management costs of PR (UNDP) and RAC (main sub-recipient of the project).

III. RESULTS AND RESOURCES FRAMEWORK FOR HIV PROJECT UNDER NFM: OCTOBER 2015 - DECEMBER 2017

Intended Outcome as stated in the Country Programme Results and Resource Framework:				
Outcome 1: People in Tajikistan have their rights protected and benefit from improved access to justice and quality services delivered by accountable, transparent, and gender responsive legislative, executive and judicial institutions at all levels				
Outcome indicators as stated in the UNDAF and Country Programme Results and Resources Framework, including baseline and targets:				
Indicator 1.6: <i>Percentage of most at-risk population living with HIV</i> Baseline: <i>People who inject drugs: 12.8%; Sex workers: 4.7%; MSM: 1.5%</i> Target: <i>People who inject drugs: < 10%; Sex workers: < 4%; MSM: < 1.5%</i>				
Applicable Key Result Area (from UNDP Strategic Plan 2014-2017): Outcome 3 – Countries have strengthened institutions to progressively deliver universal access to basic service				
Partnership Strategy: UNDP will work with governmental institutions, other key health care state agencies, CSOs and UN technical agencies to promote a comprehensive multi-sectoral approach.				
Project title and ID (ATLAS Award ID): Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan, ATLAS Award ID – 00085259				
INTENDED OUTPUTS	OUTPUT TARGETS FOR (YEARS)	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
<p>Output 2.1: To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building government capacities for response.</p> <p>Baseline:</p> <p>1.1 51.9% PWID reached with HIV prevention programs - defined package of services (2014)</p> <p>1.2 56.6% PWID that have received an HIV test during the reporting period and know their results (2014)</p> <p>1.3 214 needles and syringes distributed per person who injects drugs per year by needle</p>	<p>Year 1 (Oct 2015 – Dec 2015)</p> <p>1.1 55% PWID reached with HIV prevention programs - defined package of services</p> <p>1.2 44% PWID that have received an HIV test during the reporting period and know their results</p> <p>1.3 219 needles and syringes distributed per person who injects drugs per year by needle and syringe programs</p> <p>1.5 750 (3.2%) people who inject drugs reached by opioid substitution therapy</p> <p>2.1 55% sex workers reached with HIV prevention programs - defined package</p>	<p>Activity 1/Module: Prevention programs for PWID and their partners</p> <ul style="list-style-type: none"> • Development of standardized communication material on HIV prevention, legal protection and human rights for PWID and their partners by a working group • Provision of grants to local NGOs to provide a expanded service package to PWID and their partners • Printing of communication material for PWID and their partners • Training of peer educators and social workers on harm reduction case management • Conducting educational sessions for the PWID and their partners four times a year in each service delivery point • Conducting educational sessions for the PWID and their partners four times a year in each service 	<p>UNDP RAC Republican Centre of Dermatology and Venereal Diseases Republican Clinical Narcological Centre CSOs</p>	<p>Human resources \$2,216,137.88 Account: 71400</p> <p>Training \$167,679.45 Account: 72100</p> <p>Health products and health equipment \$695,057.55 Account: 72300</p> <p>Pharmaceutical Products (Medicines) \$394,757.14 Account: 72300</p> <p>Procurement and Supply Management Costs \$313,825.84</p>

<p>and syringe programs (2014)</p> <p>1.4 64.8% individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months (2012)</p> <p>1.5 588 (2.5%) people who inject drugs reached by opioid substitution therapy (2014)</p> <p>2.1 43.7% sex workers reached with HIV prevention programs - defined package of services (2014)</p> <p>2.2 44.5% sex workers that have received an HIV test during the reporting period and know their results (2014)</p> <p>3.1 43.1% MSM reached with HIV prevention programs (2014)</p> <p>3.2 13% MSM that have received an HIV test during the reporting period and know their results (2014)</p> <p>4.1 23.3% adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (2014)</p> <p>4.2 73% adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml) (2014)</p> <p>5.1 89.5% TB patients who had an HIV test result recorded in the TB register (2014)</p> <p>5.2 84% HIV-positive registered TB patients given anti-retroviral therapy during TB treatment (2014)</p> <p>5.3 56% HIV-positive patients who were screened for TB in HIV care or treatment settings</p>	<p>of services</p> <p>2.2 44.6% sex workers that have received an HIV test during the reporting period and know their results</p> <p>3.1 44.8% MSM reached with HIV prevention programs</p> <p>3.2 13.4% MSM that have received an HIV test during the reporting period and know their results</p> <p>4.1 32.6% adults and children currently receiving antiretroviral therapy among all adults and children living with HIV</p> <p>5.1 93% TB patients who had an HIV test result recorded in the TB register</p> <p>5.2 93% HIV-positive registered TB patients given anti-retroviral therapy during TB treatment</p> <p>5.3 80% HIV-positive patients who were screened for TB in HIV care or treatment settings</p> <p>5.4 87% new HIV-positive patients starting IPT during the reporting period</p> <p>6.1 40.7% HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission</p> <p>6.2 30% infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth</p> <p>7.1 55% other vulnerable populations reached with HIV prevention programs -</p>	<p>delivery point</p> <ul style="list-style-type: none"> • Training of health workers on client centred HIV counselling and testing (HCT), with focus on providing friendly services to key populations • Support of NGOs working on NSEP (HR costs, PA costs, LSCTP costs, travel costs, etc.) • Provision of low-threshold services to PWID (HR costs, PA costs, LSCTP costs, travel costs, etc.) • Support of operation of existing TPs to provide HCT services (HR costs, PA costs, LSCTP costs, travel costs, etc.) • 7 Mobile Medical Units (MMUs) for providing outreach needle exchange services including HTC (HR costs, PA costs, LSCTP costs, travel costs, etc.) • Establishment and equipment of 3 new OST sites and provide additional equipment for existing sites (HR costs, PA costs, LSCTP costs, travel costs, etc.) • Support of operation of existing OST sites and outreach (HR costs, PA costs, LSCTP costs, travel costs, etc.) • Trainings for new hired staff (OST) • Training of social worker working in harm reduction programs on naloxone administration • Training of 120 police personnel on naloxone administration • Training of 105 HWs at A&E department of the Dushanbe, Khudjand, Kulab, Kurgan tube and Khorog (prevention) • Support of STI clinics for PWID • Procurement of drugs for OI and STI and related consumables for PWI • Procurement of male latex condom for PWID and their partners • Procurement of syringes, water for injection, filter, swabs, safety box for PWID 		<p>Account: 74500</p> <p>Infrastructure and Other Equipment \$109,230.67 Account: 72200</p> <p>Communication Materials \$29,062.11 Account: 74200</p> <p>Living Support to Clients/Target Population \$391,256.25 Account: 72100, 72600</p> <p>Planning and Administration \$449,535.00 Account: 72400, 73100, 71600</p> <p>Total for Activity 1: \$4,766,541.90</p> <p>Total GMS for Activity 1: \$333,657.94 Account 75100</p>
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<p>(2014)</p> <p>5.4 28.4% new HIV-positive patients starting IPT during the reporting period (2014)</p> <p>6.1 35.7% HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission (2014)</p> <p>6.2 8.1% infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth (2014)</p> <p>7.1 43.5% other vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates) (2014)</p> <p>7.2 38.7% other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates) (2014)</p>	<p>defined package of services (prison inmates)</p> <p>7.2 40% other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates)</p> <p>Year 2 (Jan 2016 – Dec 2016)</p> <p>1.1 60% PWID reached with HIV prevention programs - defined package of services</p> <p>1.2 48% PWID that have received an HIV test during the reporting period and know their results</p> <p>1.3 239 needles and syringes distributed per person who injects drugs per year by needle and syringe programs</p> <p>1.4 67% individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months</p> <p>1.5 900 (3.9%) people who inject drugs reached by opioid substitution therapy</p> <p>2.1 60% sex workers reached with HIV prevention programs - defined package of services</p> <p>2.2 48% sex workers that have received an HIV test during the reporting period and know their results</p> <p>3.1 49% MSM reached with HIV prevention programs</p> <p>3.2 9.9% MSM that have</p>	<ul style="list-style-type: none"> • Procurement of HIV CD4 testing consumables, RDTs for HIV Hepatitis for PWID • Procurement of biochemistry and ELISA equipment for OST sites • Procurement of IT equipment to enhance LMIS for ART among PWID • ME costs for prevention activities among PWID • Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution <p>Activity 2/Module: Prevention programs for SWs and their clients</p> <ul style="list-style-type: none"> • Recruitment of a consultant to develop standardized communication material on HIV prevention, legal protection and human rights for SWs • Printing of BCC materials for SWs and their clients • Training of peer educators and social workers for SWs on HIV prevention, and case management including on referral to harm reduction services to SW who use drugs • Provision of grants for NGOs working with SWs and their clients • Support of existing FCs for SWs under RAC • Conducting educational sessions for the SWs and their clients four times a year in each service delivery point (friendly clinics) • Maintaining the activity of 4 mobile units for providing outreach services to hard-to-reach SWs • Training of CSOs outreach workers of the SWs program on client management, referral and counselling • Support of 18 STI clinics for SWs • Procurement, distribution and promotion of condoms to reduce risk of HIV among SWs and their clients 	<p>RAC</p> <p>UNFPA</p> <p>CSOs</p> <p>Republican Centre of Dermatology and Venereal Diseases</p> <p>UNDP</p>	<p>Human resources</p> <p>\$667,406.25</p> <p>Account: 71400</p> <p>Training</p> <p>\$67,431.10</p> <p>Account: 71400</p> <p>Health products and health equipment</p> <p>\$358,987.92</p> <p>Account: 72300</p> <p>Pharmaceutical Products (Medicines)</p> <p>\$39,119.21</p> <p>Account: 72300</p> <p>Procurement and Supply Management Costs</p> <p>\$118,338.66</p> <p>Account: 74500</p> <p>Living Support to Clients/Target Population</p> <p>\$224,145.00</p> <p>Account: 72100, 72600</p> <p>Communication Materials</p> <p>\$17,998.65</p>
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Indicators:

1.1 Percentage of PWID reached with HIV prevention programs - defined package of services

1.2 Percentage of PWID that have received an HIV test during the reporting period and know their results

1.3 Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs

1.4 Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months

1.5	Number and percentage of people who inject drugs reached by opioid substitution therapy	received an HIV test during the reporting period and know their results	<ul style="list-style-type: none"> • Procurement of HIV RDTs and consumables for SWs and their clients • Procurement of STI medicines and consumables for treatment of SWs • Procurement of diagnostic instruments, disposable materials, and disinfectants for STI treatment and diagnostics • Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution 	UNFPA CSOs RAC Republican Centre of Dermatology and Venereal Diseases UNDP	Account: 74200	
2.1	Percentage of sex workers reached with HIV prevention programs - defined package of services	4.1 38.2% adults and children currently receiving antiretroviral therapy among all adults and children living with HIV			<p>Activity 3/Module: Prevention programs for MSM</p> <ul style="list-style-type: none"> • Recruitment of a consultant to develop standardized communication material on HIV prevention, legal protection and human rights for MSM by a working group • Provision of BCC materials to MSM during the life-time of this project. Printing of communication material for MSM • Conducting series of training for peer educators and social workers on MSM case management • Support of FCs for MSM run by NGOs • Procurement, distribution and promotion of condoms, lubricants to reduce risk of HIV among MSM • Procurement of HIV RDTs and consumables for MSM • Procurement of STI medicines and consumables for treatment of MSM • Procurement of diagnostic instruments, disposable 	Infrastructure and Other Equipment \$21,600.00 Account: 72200 Planning and Administration \$169,155.00 Account: 73100 Total for Activity 2: \$1,684,181.79 Total GMS for Activity 2: \$117,892.73 Account 75100 Human resources \$464,062.50 Account: 71400 Training \$36,158.40 Account: 71400 Health products and health equipment \$231,162.94 Account: 72300 Pharmaceutical Products (Medicines) \$3,673.94 Account: 72300 Procurement and Supply Management Costs \$69,188.30 Account: 74500
2.2	Percentage of sex workers that have received an HIV test during the reporting period and know their results	4.2 80% adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)				
3.1	Percentage of MSM reached with HIV prevention programs	5.1 98% TB patients who had an HIV test result recorded in the TB register				
3.2	Percentage of MSM that have received an HIV test during the reporting period and know their results	5.2 96% HIV-positive registered TB patients given anti-retroviral therapy during TB treatment				
4.1	Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	5.3 90% HIV-positive patients who were screened for TB in HIV care or treatment settings				
4.2	Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	5.4 91% new HIV-positive patients starting IPT during the reporting period				
5.1	Percentage of TB patients who had an HIV test result recorded in the TB register	6.1 49.6% HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission				
5.2	Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	6.2 43% infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth				
5.3	Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	7.1 67% other vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates)				
5.4	Percentage of new HIV-positive patients starting IPT during the reporting period	7.2 50% other vulnerable populations that have				
6.1	Percentage of HIV-positive					

<p>pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission</p> <p>6.2 Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth</p> <p>7.1 Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates)</p> <p>7.2 Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates)</p>	<p>received an HIV test during the reporting period and know their results (prison inmates)</p> <p>Year 3 (Jan 2017 – Sept 2017)</p> <p>1.1 63% PWID reached with HIV prevention programs - defined package of services</p> <p>1.2 54.4% PWID that have received an HIV test during the reporting period and know their results</p> <p>1.3 251 needles and syringes distributed per person who injects drugs per year by needle and syringe programs</p> <p>1.4 70% individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months</p> <p>1.5 1,000 (4.3%) people who inject drugs reached by opioid substitution therapy</p> <p>2.1 65% sex workers reached with HIV prevention programs - defined package of services</p> <p>2.2 52% sex workers that have received an HIV test during the reporting period and know their results</p> <p>3.1 54% MSM reached with HIV prevention programs</p> <p>3.2 13.4% MSM that have received an HIV test during the reporting period and know their results</p> <p>4.1 44.8% adults and children</p>	<p>materials, and disinfectants for STI treatment and diagnostics</p> <ul style="list-style-type: none"> Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution <p>Activity 4/Module: Treatment care and support</p> <ul style="list-style-type: none"> Training of pulmonologists and infectious disease specialists, and nurses on ART patient management Full scale EQA production training and training on test kit selection, development of nationally validated testing algorithm for HIV, and Quality Control of reagents Support of NRL Workshop Recruitment of consultant to develop tools for 	<p>RAC CSOs UNDP</p>	<p>Living Support to Clients/Target Population \$217,125.00 Account: 72100, 72600</p> <p>Communication Materials \$14,076.00 Account: 74200</p> <p>Planning and Administration \$152,550.00 Account: 73100</p> <p>Total for Activity 3: \$1,187,997.08</p> <p>Total GMS for Activity 3: \$83,159.80 Account 75100</p> <p>Human resources \$292,950.00 Account: 71400</p> <p>Training \$263,518.40 Account: 72100</p> <p>Health products and health equipment \$1,185,930.00 Account: 72300</p>
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	<p>currently receiving antiretroviral therapy among all adults and children living with HIV</p> <p>4.2 85% adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)</p> <p>5.1 100% TB patients who had an HIV test result recorded in the TB register</p> <p>5.2 98% HIV-positive registered TB patients given anti-retroviral therapy during TB treatment</p> <p>5.3 95% HIV-positive patients who were screened for TB in HIV care or treatment settings</p> <p>5.4 91% new HIV-positive patients starting IPT during the reporting period</p> <p>6.1 56.7% HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission</p> <p>6.2 54% infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth</p> <p>7.1 78% other vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates)</p> <p>7.2 60% other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates)</p>	<p>adherence monitoring</p> <ul style="list-style-type: none"> • Provision of adherence support equipment (pill boxes, timers, reminders etc.) • Printing of ART educational materials for PLWH, medical recording and reporting materials (forms, guidelines, brochure, etc.) • Recruitment of a consultant to develop monitoring tools for OIs management • Provision of grants for NGOs working with co-infected patients (HIV/TB) • Conducting mini sessions on preparedness and adherence to treatment among PLHIV • Recruitment of a consultant to develop user service guide, which includes information about patients' rights relating to access to medical and social protection service and contact information of existing services. • Recruitment of a consultant to develop checklist/job-aid for service providers to assess the specific needs of the client • Training of 60 social workers on client management and social escort • Training of 20 health workers working in the 5 centres of excellence on integrated health service • Recruitment of an external technical assistance to develop clinic protocol and checklist of the integrated service. • Training of NGOs staff to support adherence and tracing lost follow-up • Training of NGOs staff on treatment adherence support of PLWH • Training on strengthening patient reporting system of referral mechanism of PLWH pre-ART and those receiving ART and other services of OST, TB, and OIs treatment at AIDS centres. • Training of 15 health workers and 15 social workers on palliative care of chronically-ill 		<p>Pharmaceutical Products (Medicines) \$1,878,169.06 Account: 72300</p> <p>Procurement and Supply Management Costs \$823,116.18 Account: 74500</p> <p>Technical and Management Assistance \$14,860.00 Account: 72100</p> <p>Communication Materials \$18,706.31 Account: 74200</p> <p>Living Support to Clients/Target Population \$457,312.50 Account: 72100, 72600</p> <p>Planning and Administration \$86,400.00 Account: 72100</p> <p>Total for Activity 4: \$5,020,962.45</p> <p>Total GMS for Activity 4: \$351,467.38 Account 75100</p>
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		<p>patients</p> <ul style="list-style-type: none"> • Training on support of patient health education and self-care skills for managing symptoms and medicine side effects in the home and recognition of danger signs. • Procurement of food packages • Procurement of HIV CD4 testing consumables for PLWH • Procurement of OIs and STI drugs for PLWH • Procurement of ART drugs for PLWH • Provision of technical assistance to the National Program on improving ARV program according to WHO expansion plan • Provision of technical assistance to the National Program on improving detection of HIV positive people through enhancing follow up on new Testing algorithm developed by WHO • Improvement of lab network countrywide • ME costs for ART program • Costs of PMS: pre-shipment quality control, insurance, shipment, custom clearance, storage and distribution <p>Activity 5/Module: Tuberculosis and HIV</p> <ul style="list-style-type: none"> • Training of health workers on HTC and TB/HIV co-infection management • Training of CSOs on HTC and TB/HIV co-infection adherence support. • Recruitment of a consultant to strengthen TB/HIV referral system through development of job-aid, checklists and referral forms and guidelines • Recruitment of a consultant to provide technical assistance to develop ARV clinic triage and delegation of work flow procedures • Recruitment of a consultant as external TA to review ART clinic processes and reporting system 	<p>RAC TB centre CSOs UNDP</p>	<p>Training \$31,571.35 Account: 72100</p> <p>Health products and health equipment \$33,274.52 Account: 72300</p> <p>Procurement and Supply Management Costs \$8,562.72 Account: 74500</p> <p>Total for Activity 5: \$73,408.24</p>
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		<p>and simplify the ART clinic procedure</p> <ul style="list-style-type: none"> • Procurement of HIV/AIDS diagnostic tests for rapid diagnostic and other consumable for co-infected patients • Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution <p>Activity 6/Module: Prevention of mother-to-child HIV transmission</p> <ul style="list-style-type: none"> • Support scale up of paediatric ART by training paediatricians on paediatrics ARV management • Procurement of ART drugs for PLWH • Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution <p>Activity 7/Module: Prevention program for other vulnerable populations (prison inmates)</p> <ul style="list-style-type: none"> • Provision of IEC material on HIV prevention, including STI and harm reduction to 10,000 prison inmates in each year • Conducting TOT for 260 peer educators in prison on HIV prevention • Conducting mini education session among 4500 inmates on HIV prevention and STI per year • Conducting mini education session among 4500 inmates on HIV prevention and STI per year • Training of prison health personnel on prisoners 	<p>RAC UNDP</p> <p>UNDP DPA/MOJ</p>	<p>Total GMS for Activity 5: \$5,138.58 Account 75100</p> <p>Training \$6,778.00 Account: 72100</p> <p>Pharmaceutical Products (Medicines) \$292,728.15 Account: 72300</p> <p>Procurement and Supply Management Costs \$89,340.63 Account: 74500</p> <p>Total for Activity 6: \$388,846.78</p> <p>Total GMS for Activity 6: \$27,219.28 Account 75100</p> <p>Human resources \$86,512.50 Account: 71400</p> <p>Training \$126,755.20 Account: 72100</p> <p>Health products and health equipment \$48,332.24 Account: 72300</p> <p>Pharmaceutical Products</p>
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		<p>case management</p> <ul style="list-style-type: none"> • Training of 15 health workers in the prison on client centred HCT with emphasis on communication with key populations • Provision of clean injecting equipment PWID in prison through 2 existing TPs and 2 newly established sites • Training of prison health workers on OST management • Establishment and operation of new OST sites • Procurement of male latex condoms for prisoners • Procurement of HIV RDTs and consumables for prisoners • Procurement of OI and STI drugs, related consumables for prisoners • Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution <p>Activity 8/Module: Community systems strengthening</p> <ul style="list-style-type: none"> • Training on financial management, PSM and human resource management 	<p>UNDP CSOs</p>	<p>(Medicines) \$35,813.07 Account: 72300</p> <p>Procurement and Supply Management Costs \$23,796.55 Account: 74500</p> <p>Infrastructure and Other Equipment \$23,020.00 Account: 72200</p> <p>Communication Materials \$7,302.50 Account: 74200</p> <p>Living Support to Clients/Target Population \$92,550.50 Account: 72100, 72600</p> <p>Planning and Administration \$3,780.00 Account: 72400, 73100, 71600</p> <p>Total for Activity 7: \$447,862.06</p> <p>Total GMS for Activity 7: \$31,350.35 Account 75100</p> <p>Training \$286,016.80 Account: 72100</p> <p>Planning and Administration</p>
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		<ul style="list-style-type: none"> • Training of CSOs in project design, implementation, M&E and reporting • Training on Strategic and Operational Planning of CSOs • Support of operation of web portal for CSOs • Provision of small grants to communities for the development of community initiatives of PLWH • Support of quarterly review meeting and planning for CSOs and Government at SDPs • Support of CSOs participation in national and international dialogue and conferences • Enhancing of financial management of NGOs through installation of financial software <p>Activity 9/Module: Removing legal barriers to access</p> <ul style="list-style-type: none"> • Recruitment of a consultant to develop guidelines, job aid and checklist for law enforcement staff to prevent violence against women and vulnerable groups, including PWIDs, SWs, MSM, links between violence and HIV and support for victims of violence • Organization of quarterly round table dialogue with representatives of law enforcement agencies to achieve high-level support for the development of programs to prevent violence by law enforcement staff. • Conducting a series of trainings on HIV, prevention of violence against women and key population for law enforcement officials • Training of crisis centres' staff on the issues related to HIV prevention, care and treatment to provide referral to HIV services. • Conducting a series of training for medical personnel, staff of friendly clinics and CSOs and other service providers on case management of the victims of violence (medical, legal, and referral to 	<p>UNDP CSOs</p>	<p style="text-align: right;">\$3,375.00 Account: 72400, 73100, 71600</p> <p style="text-align: right;">Total for Activity 8: \$289,391.80</p> <p style="text-align: right;">Total GMS for Activity 8: \$20,257.43 Account 75100</p> <p style="text-align: right;">Training \$70,476.80 Account: 72100</p> <p style="text-align: right;">Communication Materials \$14,000.00 Account: 74200</p> <p style="text-align: right;">Total for Activity 9: \$84,476.80</p> <p style="text-align: right;">Total GMS for Activity 9: \$5,913.38 Account 75100</p>
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		<p>the existing social protection and services)</p> <ul style="list-style-type: none"> • Recruitment of a consultant to develop and disseminate information about the existing services (crisis centres, legal support, and psychosocial support) • Printing of informational leaflets about the existing services • Training of judges on human right and HIV • Organization of workshop for national and subnational Ombudsman offices and branches on human rights and HIV • Conducting national round table dialogue for LEA • Recruitment of a consultant to develop human rights guidelines on HIV for judges and law enforcement institutions as well as to develop monitoring tools and reporting forms for HIV related human rights violation <p>Activity 10/Module: HSS - Health information systems and M&E</p> <ul style="list-style-type: none"> • Carrying out IBBS among PWID <p>Activity 11/Module: Program management</p> <ul style="list-style-type: none"> • Administrative, HR, auditing, GMS costs and other • RAC costs 	<p>UNDP RAC</p> <p>UNDP RAC</p>	<p>Training \$103,942.99 Account: 72100</p> <p>Total for Activity 10: \$103,942.99</p> <p>Total GMS for Activity 10: \$7,276.01 Account 75100</p> <p>Human resources \$1,322,382.18 Account: 71400</p> <p>Training \$183,922.00 Account: 72100</p> <p>Audit cost \$155,200.00 Account: 74100</p>
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				Planning and Administration \$318,056.84 Account: 72400, 73100, 71600 Total for Activity 11: \$1,979,561.01 Total GMS for Activity 11: \$138,569.27 Account 75100
			TOTAL for 2015-2017	\$ 17,149,075.00

IV. MANAGEMENT ARRANGEMENTS

Programme Management Level

As a Principal Recipient of the NFM HIV/AIDS grant, UNDP in Tajikistan is considered to be an implementing organization at the Programme Management level, which, in turn, closely collaborates with the NCC as a Governmental Coordinating institution. Effective functioning and dynamic involvement of the NCC is a safeguard to ensure national ownership and UNDP's accountability for programming activities, results and the use of resources. The project is a part of UNDP Country Programme Document (2016-2020) and will be implemented under the Direct Implementation Modality (DIM).

The project will be realized by UNDP through its HIV Control Project unit applying well-developed and transparent financial, procurement and supply chain management tools; and project management that facilitate the implementation of a variety of projects managed by UNDP in the country.

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

NCC Secretary will have a role of Senior Beneficiary in the Project Board representing NCC as the multi-sectoral composition of target beneficiaries, including national structures responsible for control of HIV and TB, civil society organizations and communities and peoples affected by diseases. NCC and its sub-committees are responsible for validating the needs of GF-supported programs and therefore, NCC Secretary will convey the opinion of NCC regarding oversight of project effectiveness and efficiency. This responsibility represents the interests of all those who will benefit from the project, or those for whom the deliverables resulting from activities will achieve specific output targets.

Within the HIV Control Project UNDP in Tajikistan also acts as the Senior Supplier. UNDP represents the interests of the parties which provide funding and/or technical expertise to the project (designing, developing, facilitating, procuring, implementing, monitoring). All programmatic, logistical, administrative and finance support for project implementation will be provided with the existing programme, finance and administration structure of the UNDP Country Office. UNDP will involve implementation resources of other projects, when and if necessary, to provide operational support to the project.

UNDP Country office will play the role of project assurance, implementing periodical review of project implementation and verification of financial and programmatic reports and data submitted by sub-recipients. The Programme Unit of UNDP CO, with assigned Programme Analyst and Programme Associate as well as other operational units of the UNDP Country office will play quality control functions to ensure timely implementation of reporting, monitoring and evaluation and operational activities and provide technical oversight and support to the project staff.

Project Board for HIV Control Project

Based on above roles of different stakeholders the Project Board will be established to serve the needs of this concrete project of UNDP, providing strategic direction for planning, implementation and coordination of the project. It will be multi-sectoral related to the implementation of the project, including the main stakeholders working in provision of HIV prevention and harm reduction services as well as ARV therapy. The Project Board will meet semi-annually to review project progress and provide direction of further activities. The first official meeting of the Project Board is planned for October-November 2015 to review and endorse results of mid-term review of national AIDS program and Annual Work Plan and Results and Resources Framework for 2015-2016.

The Project Board will ideally include the following representatives:

- UNDP Country office and projects' representatives;
- Secretary of the National Coordination Committee on AIDS, TB and Malaria
- Republican Centre on AIDS Prevention and Control
- Representatives of CSOs
- Other stakeholders engaged in HIV prevention programmes.

The PB members may change in case there is a need and proper justification. The detailed terms of reference for the project board is given in the Annex 4. *Terms of Reference of Project Board*.

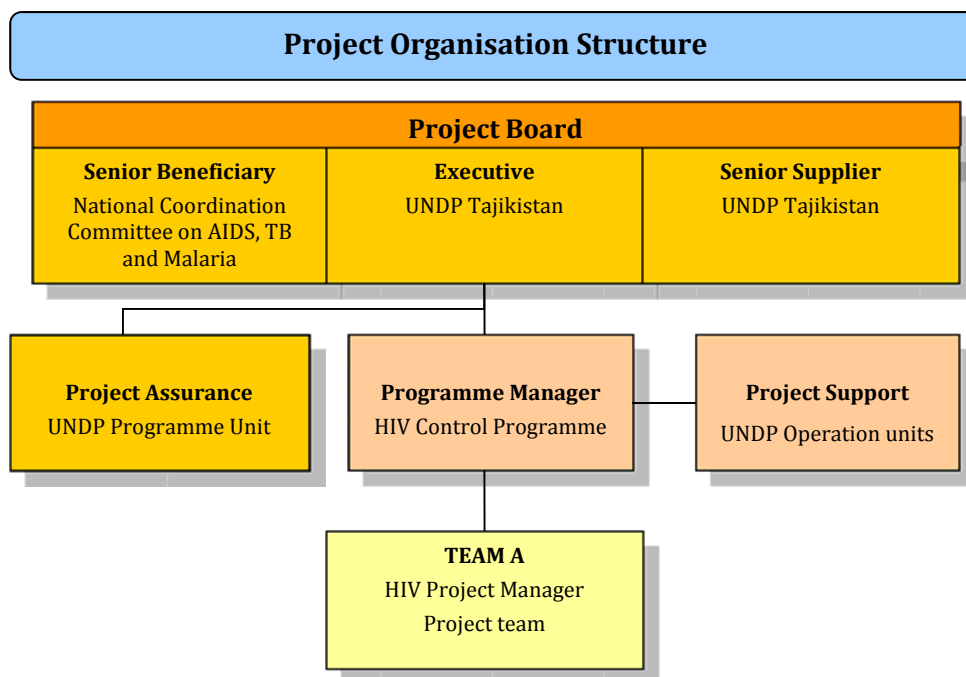
Project Management Level

The UNDP HIV Control Programme provides daily management at the Project Management Level. The HIV programme consists of Project management team and Project Support teams including operations team, procurement and administrative support.

Project Manager (P4 level) shall be responsible to lead, supervise and coordinate the daily activities of the Global Fund projects and provide strategic direction for the development and provision of support services in the implementation of projects, in order to assure: i) the achievement of planned targets and ii) the effective and transparent execution of the financial resources of the project. The Project Manager provides technical assistance to the implementation of the grant, in collaboration with Government, UN Agencies, donors and other partners, to ensure that the implemented project will contribute to the broader national strategy. At the same time, the Project Manager will devote minimum 30% of his/her time to capacity strengthening of the national partners.

For details on organisational structure of the project please see the chart below. Detailed organogram of the Program Implementation Unit is enclosed in Annex 5. Implementation Arrangements of UNDP HIV Control Project

Organizational chart for UNDP HIV Control Programme



Implementation arrangements for Sub-recipients

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

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

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

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

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

Key Project Sub-recipients and Descriptions of Inputs by Partners

Preliminary sub-recipients were identified during the NFM proposal development process where objectives and activities were determined taking into account the scope and content of these activities. The main criteria for selection of sub-recipients included: the organizational mandate, previous experience and areas

of expertise. The nomination was approved by the NCC meeting. Capacity of below-mentioned SRs was assessed in previous stages of UNDP HIV Control project.

❖ **Republican Centre on AIDS prevention and Control**

The Republican Centre on AIDS Prevention and Control is the national reference centre on HIV/AIDS prevention and is based in the country's capital city of Dushanbe. The RAC is entrusted by Tajikistan Ministry of Health with the responsibility of planning, implementing, monitoring and evaluating the National HIV/AIDS Program. Therefore, in the implementation of the GF-funded project, the RAC is responsible for M&E, HCT, HIV/TB co-infection, ART, PMTCT programmes, national sentinel surveillance, local training of government, and training of primary health care staff.

❖ **Republican Clinical Narcological Centre named after prof. Gulyamov**

Republican Clinical Narcological Centre was selected as a SR to initiate, establishing new sites and implement opioid substitution therapy and detoxication to HIV-infected PWID in close cooperation with NGOs working with this key population. The main responsibility of the SR is to provide OST and detoxication to enrolled clients, ensure adherence to treatment, advocate to safe behaviour among PWID.

❖ **Republican Clinical Centre on Dermatology and Venereal Diseases**

The Republican Clinical Centre on Dermatology and Venereal Diseases (RCCDVD) has served as sub-recipient of previous grants in providing STI diagnosis and treatment for vulnerable groups of population. The centre has been particularly active in working with migrants through 45 FCs throughout the country. Under NFM period, the SR will be coordinating the work of 29 FCs to provide STI treatment to key populations, i.e. PWID, SWs, MSM. In particular, all 29 FCs will be providing STI syndrome treatment for PWID; out of it, 10 FCs will be covering MSM and 18 FCs will be covering SWs too. The RCCDVD also supervises and monitors all activities related to its mandate under the project.

❖ **Chief Department on Execution of Criminal Penalty of Ministry of Justice**

The Department will be fully responsible for conducting prevention programs in closed settings, coordinating the training of medical and non-medical staff, conducting peer education among prisoners, providing HCT and STI treatment, and establishing the proper social environment for expanding prevention programs in 13 prisons throughout Tajikistan.

Partnership with other stakeholders and technical agencies

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

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

V. MONITORING FRAMEWORK AND EVALUATION

UNDP will implement its programme based on best practices in results-based management. Monitoring and reporting of all projects will be fully integrated with ATLAS, UNDP's financial and project management module. In addition to internal programme and individual project annual reviews, formal independent mid-term and end-term evaluations and programme audits will be scheduled and conducted. UNDP will endeavour to collect and report all project and programme data in gender-disaggregated indicators for SRs' activities.

UNDP monitoring and evaluation approach – Country programme level

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

Monitoring and evaluation will be made at the following levels:

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

M&E system is based on a systematic approach and use an input-process-output-outcome-impact model. These components include:

1. Epidemiological surveillance including sentinel surveillance being managed by AIDS centers with the governance of Ministry of Health and Social Protection of Population. Epidemiological surveillance is the system of routine monitoring of HIV prevalence and incidence rates based on HIV screening/testing system data, but also it includes sentinel surveillance which combines biological and behavioral research among target groups. These M&E efforts allow the assessment of impact and outcomes of the program based on indicators of HIV prevalence and risky behavioral rates among target groups.
2. Research complements epidemiological surveillance and allows the assessment of program outcomes, particularly behavior changes among the groups which are not included into IBBS (youth, general populations). Population-based Surveys are a part of this M&E system component. It is planned to undertake an AIDS Indicator Survey (AIS) in collaboration with the State Statistical Committee and other stakeholders. This study will provide valuable information regarding HIV and STI prevalence, as well as coverage of prevention and treatment services. Overall coordination (joint planning, agreement of the Terms of reference, results sharing) is a function of the NCC.
3. Program/project M&E combines routine reporting on the implementation of different projects and relevant sectoral plans; results of different operational research and monitoring site visits; datasets, national and sub-national reporting systems. Routine reporting component is designed to track the achievements of program by key interventions and reflects process and outputs of its implementation against the results framework. National M&E system includes the following datasets, reporting systems and tools:
 - Sub-national reporting – preparation and submission of country UNGASS progress reports (NCPI, NASA and other key indicators).
 - Community-Based Program Activity Reporting (COBPAP): This tool will be used to capture data on HIV interventions at the community level, as well as financial sources from civil society Organizations.

- Facility based Reporting which consists of following datasets:
 - Health Management Information System: This sub-system gathers data on HIV prevention, care and treatment services at all facility levels. HIV reporting tools have been integrated with other tools for general health services. The National Medical Statistics will report this data to NCC.
 - National TB Control program reporting: This subsystem provides data on coverage of TB/HIV collaborative activities.
 - Procurement and Supply Logistics Management Information System (PSMMIS): The MHSP logistics management information system and the essential medicines and medical supply system will be used to track and report on stock levels as well as any stock outs of essential commodities.
 - Service Provision Assessments and operational research. These M&E efforts target to gather data on the capacity and quality of HIV related services at different facilities, effectiveness of different interventions and other.
4. Finance monitoring conducts within preparation and submission of results of National AIDS Spending Assessment (NASA) for UNGASS progress report every two years. This assessment includes all HIV expenditure in the country, relative to NSP and optimizes the mobilization of resources. New Monitoring and evaluation system is going to be adapted and linked to current financial management system and procedures in order to track financial and technical reporting on all inputs of NSP partners (disaggregated by source, beneficiary, results areas, timeliness and completeness). Financial gap analysis is the part of this work.

Routine monitoring of project implementation:

During implementation of previous GF grants, UNDP HIV Project developed and adopted standard monitoring checklist in order to justify effective project process are in place. Programme monitoring and site visits in the area of implementing programme will be conducted jointly with partners and Sub-recipients representatives on regular basis.

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

The UNDP HIV Project will summarize and analyse data collected by SR and will transfer the general report to the Global Fund and the National Coordination Committee (NCC).

The following indicators will be monitored:

- Prevalence of HIV, syphilis and hepatitis C among the vulnerable groups such as: PWID, SWs, MSM.
- Percentage of target group who have adopted behaviors that reduce transmission of HIV
- Adherence to ART among PLWH
- Prevention of HIV and tuberculosis co-infection among patients
- Accessibility of prevention services, treatment, care and support for targeted groups, etc

Coordination and implementation of the M&E system will be ensured through the network of central, regional and district level AIDS Centres (for HIV prevention, ART, PMTCT, HIV/TB co-infection, HCT activities/modules) and Quarterly reports on programme implementation against the target indicators will be submitted from district and regional level to the central level, Republican AIDS Centre, and all selected SRs will submit then to Principle Recipient.

Reporting requirements

Disbursement Requests and Progress Updates

UNDP will submit donor reports no later than 45 days after the close of the agreed upon periods. These periods are stipulated in the grant agreement with GF. Periodic reports are submitted on a template provided by the GF called Disbursement Request and Progress Update. They contain (i) a summary of financial activity during the quarter in question and cumulatively from the beginning of the Programme until the end of the reporting period; and (ii) a description of progress towards achieving the agreed-upon milestones set forth in Annex A to the Grant Agreement. UNDP will explain in the report any variance between planned and actual achievements for the period in question.

Annual Reports

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

VI. LEGAL CONTEXT

This document together with the CPAP signed by the Government and UNDP which is incorporated herein by reference, constitute together a Project Document as referred to in the Standard Basic Assistance Agreement (SBAA); as such all provisions of the CPAP apply to this document. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner", as such term is defined and used in the CPAP and this document.

UNDP as the Implementing Partner shall comply with the policies, procedures and practices of the United Nations safety and security management system.

UNDP will undertake all reasonable efforts to ensure that none of the project funds 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/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

The legal arrangement of this projects are also based on the UNDP-GF grant agreement for the grant number TJK-H-UNDP (Program Grant Agreement signed on 25 of September 2015), that is a non-standard cost-sharing agreement developed by UNDP LSO. Standard Grant Agreement is supplemented by the face sheet of the program grant agreement for each individual grant, which indicated programme start and end dates, total amount approved, anticipated disbursement schedule.

The Program Grant Agreement with GF also includes a number of attachments such as: Annex A to the Program Grant Agreement that is the Programme Implementation Abstract that provides general description of goals, objectives, targeted beneficiaries and planned activities, terms of the grant; Standard Terms and Conditions; Summary budget; Performance framework for year 1, 2 and 3 and it sets forth the main objectives of the programme, baseline, indicators and targets to be achieved as well as reporting periods. PF serves as a basis for performance assessment of UNDP and decisions for next disbursements.

Consolidated work plan and budget is an inalienable part of the Program Grant Agreement for grant TJK-H-UNDP (NFM) and provides detailed description of project expenditures for Year 1, 2, 3 (27 months) of the programme and indicative budget of NFM.

VII. ANNEXES

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

Annex 2. Annual Work Plans for 2015 (NFM period: October- December 2015).

Year: 2015

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount in USD
Activity 1: Prevention programs for PWID and their partners									
<p>Output 2.1: To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building government capacities for response.</p> <p>Baseline:</p> <p>1.1 51.9% PWID reached with HIV prevention programs - defined package of services (2014)</p> <p>1.2 56.6% PWID that have received an HIV test during the reporting period and know their results (2014)</p> <p>1.3 214 needles and syringes distributed per person who injects drugs per year by needle and syringe programs (2014)</p> <p>1.5 588 (2.5%) people who inject drugs reached by</p>	Recruit consultant for development of standardized communication material on HIV prevention, legal protection and human rights for PWID and their partners by a working group Provide sub-grants to 15 local NGOs to provide an expanded service package to IDUs and SWs.				x	UNDP	GF	IA: UNDP IA:UNDP/CBO IA Code: 1981 Account: 71600, 72100,72300, 74200, 74700, 74500	\$ 1,000.00 \$ 135,801.30
	Print communication material for PWID				x	UNDP	GF		
	Training of peer educators and social workers on harm reduction case management				x	RAC	GF	IA: RAC; IA Code: 2632	\$ 38,256.25
	Conduct educational sessions for the PWID and their partners four times a year in each service delivery point				x	RAC	GF	Account: 71400, 71600, 73100	
	Train health workers on client centred HIV counselling and testing (HCT), with focus on providing friendly services to key populations				x	RAC	GF	IA: RAC/CSOs Account: 71400, 71600, 73100	\$ 4,949.60
	Support NGOs working on needle and syringe exchange programs				x	UNDP	GF	IA: RCVD IA Code: 2631	\$ 9,928.67
	Provision of low-threshold services to PWID				x	UNDP; CSOs	GF	Account: 71400, 71600, 72100, 73100	
	Support operation of existing Trust Points (TP) to provide HCT services				x	UNDP, RAC, CSOs	GF		
	Support 7 Mobile Medical Units (MMUs) for providing outreach needle exchange services including HTC				x	UNDP; RAC	GF	IA: RCNC IA Code: 4285	\$ 62,656.79

opioid substitution therapy (2014)	2.1 43.7% sex workers reached with HIV prevention programs - defined package of services (2014)	Establish and equip 3 new OST sites and provide additional equipment for existing sites				x	UNDP	GF	Account: 71400, 71600, 72100, 73100	
	2.2 44.5% sex workers that have received an HIV test during the reporting period and know their results (2014)	Support for operation of existing OST sites and outreach				x	UNDP	GF		
3.1 43.1% MSM reached with HIV prevention programs (2014)	2.2 44.5% sex workers that have received an HIV test during the reporting period and know their results (2014)	Trainings for new hired staff (OST)				x	RCNC	GF	IA:CSOs Account: 72600	\$ 213,523.90
	3.1 43.1% MSM reached with HIV prevention programs (2014)	Procure drug RTD; and RDTs for HIV Hepatitis and other				x	UNDP	GF		
3.2 13% MSM that have received an HIV test during the reporting period and know their results (2014)	3.1 43.1% MSM reached with HIV prevention programs (2014)	Support STI clinics for PWID				x	RCVD	GF		
	3.2 13% MSM that have received an HIV test during the reporting period and know their results (2014)	Procure drugs for OI and STI and related consumables for PWID and their partners				x	UNDP	GF		
4.1 23.3% adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (2014)	3.2 13% MSM that have received an HIV test during the reporting period and know their results (2014)	Procure HIV CD4 testing consumables, RDTs for HIV Hepatitis for PWID				x	UNDP	GF	IA: RAC/CSOs Account: 71400, 71600, 73100	\$ 4,949.60
	4.1 23.3% adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (2014)	Procure biochemistry and ELISA equipment for OST sites				x	UNDP	GF		
5.1 89.5% TB patients who had an HIV test result recorded in the TB register (2014)	4.1 23.3% adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (2014)	Diagnostic of patients, treatment of somatic diseases, waste management and other expenses				x	UNDP	GF		
	5.1 89.5% TB patients who had an HIV test result recorded in the TB register (2014)	ME costs for prevention activities among PWID				x	UNDP	GF		
5.2 84% HIV-positive registered TB patients given anti-retroviral therapy during TB treatment (2014)	5.1 89.5% TB patients who had an HIV test result recorded in the TB register (2014)	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution				x	UNDP	GF		
	5.2 84% HIV-positive registered TB patients given anti-retroviral therapy during TB treatment (2014)								GMS 7%	\$ 32,974.63
5.3 56% HIV-positive patients who were screened for TB in HIV care or treatment settings	Sub-total for Activity 1									
	Activity 2/Module: Prevention programs for sex workers and their clients									
5.3 56% HIV-positive patients who were screened for TB in HIV care or treatment settings	5.2 84% HIV-positive registered TB patients given anti-retroviral therapy during TB treatment (2014)	Hire a consultant to develop standardized communication material on HIV prevention, legal protection and human rights for SW				x	UNDP	GF	IA: UNDP; IA Code: 1981 Account: 71600, 72100,72300,	\$ 32,194.48
	5.3 56% HIV-positive patients who were screened for TB in HIV care or treatment settings	Print BCC materials for SWs and their clients				x	UNDP			

<p>(2014)</p> <p>5.4 28.4% new HIV-positive patients starting IPT during the reporting period (2014)</p> <p>6.1 35.7% HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission (2014)</p> <p>6.2 8.1% infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth (2014)</p> <p>7.1 43.5% other vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates) (2014)</p> <p>7.2 38.7% other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates) (2014)</p> <p>Indicators:</p> <p>1.1 Percentage of PWID reached with HIV prevention programs - defined package of services</p> <p>1.2 Percentage of PWID that have received an HIV test during the reporting</p>	Training of peer educators and social workers for SWs on HIV prevention, and case management including on referral to harm reduction services to SW who use drugs				x	UNFPA; CSOs	GF	74200, 74700, 74500	
	Provide grants for NGOs working with SWs and their clients				x	UNDP	GF	IA:UNDP/CSOs Account: 71600, 72100, 74200	\$88,143.65
	Support existing FCs for SWs under RAC				x	UNDP	GF		
	Conduct educational sessions for the SWs and their clients four times a year in each service delivery point (friendly clinics)				x	UNFPA; RAC	GF	IA: RAC IA Code: 2632 Account: 73400; 71400, 71600, 73100	\$ 19,837.50
	Maintain the activity of 4 mobile units for providing outreach services to hard-to-reach SWs				x	UNDP	GF		
	Training of CSOs outreach workers of the SWs program on client management, referral and counselling				x	UNFPA; RAC	GF		
	Support 18 STI clinics for SWs				x	UNDP	GF	IA: RAC/CSOs Account: 71400, 71600, 73100	\$ 5,100.00
	Procure gynaecological kits for SWs					UNDP	GF		
	Procure HIV RDTs and consumables for SWs and their clients				x	UNDP	GF		
	Procure STI medicines and consumables for treatment of SWs				x	UNDP	GF		
	Procure diagnostic instruments, disposable materials, and disinfectants for STI treatment and diagnostics				x	UNDP	GF	IA: RCVD IA Code: 2633 Account: 71400	\$ 3,375.00
	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution				x	UNDP	GF		
								GMS 7%	\$ 10,405.54
									\$ 159,056.17
Sub-total for Activity 2									
Activity 3/Module: Prevention programs for MSM									

period and know their results	Recruit a consultant to develop standardized communication material on HIV prevention, legal protection and human rights for MSM by a working group.				x	UNDP	GF		
1.3 Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs	Provide BCC materials to MSM during the life-time of this project. Printing of communication material for MSM				x	UNDP	GF		
1.5 Number and percentage of people who inject drugs reached by opioid substitution therapy	Training of health workers and social workers on client centred HIV counselling and testing (HCT), with focus on providing friendly services to key populations				x	UNFPA; CSOs	GF	IA: UNDP/CSOs Account: 71400;71600; 73200	\$ 97,327.50
2.1 Percentage of sex workers reached with HIV prevention programs - defined package of services	Support FCs for MSM run by NGOs				x	UNDP	GF		
2.2 Percentage of sex workers that have received an HIV test during the reporting period and know their results	Procure HIV RDTs and consumables for MSM				x	UNDP			
3.1 Percentage of MSM reached with HIV prevention programs	Procure STI medicines and consumables for treatment of MSM				x	UNDP	GF	IA: RAC/CSOs IA Code: 2632 Account: 71400, 71600, 73100	\$ 974.20
3.2 Percentage of MSM that have received an HIV test during the reporting period and know their results	Procure diagnostic instruments, disposable materials, and disinfectants for STI treatment and diagnostics				x	UNDP	GF		
3.3 Percentage of MSM that have received an HIV test during the reporting period and know their results	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution				x	UNDP	GF		
								GMS 7%	\$ 7,460.60
	Sub-total for Activity 3								\$ 114,040.56
	Activity 4: Treatment, care and support								
4.1 Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Train pulmonologists and infectious disease specialists, and nurses on ART patient management				x	RAC	GF	IA: UNDP IA Code: 1981 Account: 71600, 72100,72300, 74200, 74700, 74500	\$ 368,820.36
5.1 Percentage of TB patients who had an HIV test result recorded in the TB register	Provide adherence support equipment (pill boxes, timers, reminders etc.)				x	UNDP	GF		
5.2 Percentage of HIV-	Printing of ART educational materials for PLWH, medical recording and reporting materials (forms, guidelines, brochure, etc.)				x	UNDP	GF		
	Provide grants for NGOs working with co-infected patients (HIV/TB)				x	UNDP	GF		

positive registered TB patients given anti-retroviral therapy during TB treatment	Conduct mini sessions on Preparedness and adherence to treatment among PLWH				x	UNDP	GF		
	Training of NGOs staff on treatment adherence support of PLWH				x	RAC	GF	IA:CSOs Account: 72600, 73100, 71400,72100	\$ 64,600.00
5.3 Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	Training on support patient health education and self-care skills for managing symptoms and medicine side effects in the home and recognition of danger signs.				x	RAC	GF		
5.4 Percentage of new HIV-positive patients starting IPT during the reporting period	Procure food packages; hygiene kits				x	UNDP	GF		
6.1 Percentage of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission	Procure HIV CD4 testing consumables for PLWH				x	UNDP	GF		
	Procure OIs and STI drugs for PLWH				x	UNDP	GF		
	Procure PCR machine and equipment				x	UNDP	GF		
6.2 Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	Provide technical assistance to the National Program on improving ARV program according to WHO expansion plan				x	UNDP	GF	IA: RAC IA Code: 2632 Account: 73400; 71400, 71600, 73100	\$ 4,348.40
	Provide technical assistance to the National Program on improving detection of HIV positive people through enhancing follow up on new Testing algorithm developed by WHO				x	UNDP	GF		
7.1 Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates)	ME costs of ART activities				x	UNDP; RAC	GF	IA: RAC/CSOs Account: 71400, 71600, 73100	\$ 2,922.60
	Costs of PMS: pre-shipment quality control, insurance, shipment, custom clearance, storage and distribution				x	UNDP	GF		
7.2 Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates)								GMS 7%	\$ 30,848.40
	Sub-total for Activity 4								\$ 471,539.76
Activity 5: Tuberculosis and HIV									
Targets by the end of 2015:	Training of health workers on HCT and TB/HIV co-infection management				x	RAC	GF	IA: UNDP IA Code: 1981 Account: 71400, 72100, 74500, 72300	\$ 4,900.46
	Training of CSOs on HCT and TB/HIV co-infection adherence support.				x	RAC	GF		

1.1	55% PWID reached with HIV prevention programs - defined package of services	Procure HIV/AIDS diagnostic tests for rapid diagnostic and other consumable for co-infected patients				x	UNDP	GF	IA: RAC IA Code: 2632 Account: 72100; 71600, 73100	\$ 2,148.40
1.2	44% PWID that have received an HIV test during the reporting period and know their results	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution				x	UNDP	GF		
									GMS 7%	\$ 493.40
1.3	219 needles and syringes distributed per person who injects drugs per year by needle and syringe programs	Sub-total for Activity 5								\$ 7,542.26
Activity 6: Prevention of mother-to-child HIV transmission										
1.5	750 (3.2%) people who inject drugs reached by opioid substitution therapy	Support scale up of paediatric ART by training paediatricians on paediatrics ARV management				x	RAC	GF	IA: UNDP IA Code: 1981 Account: 72100, 72200, 72300, 74500	\$ 1,102.89
2.1	55% sex workers reached with HIV prevention programs - defined package of services	Procure ART drugs for PLWH				x	UNDP	GF		
2.2	44.6% sex workers that have received an HIV test during the reporting period and know their results	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution				x	UNDP	GF		
									GMS 7%	\$ 77.21
		Sub-total for Activity 6								\$ 1,180.10
Activity 7: Prevention program for other vulnerable populations (prison inmates)										
3.1	44.8% MSM reached with HIV prevention programs	Provide IEC material on HIV prevention, including STI and harm reduction to 10,000 prison inmates in each year				x	UNDP	GF	IA: UNDP IA Code: 1981 Account: 72100, 72200, 72300, 74500,74200	\$ 7,738.77
3.2	13.4% MSM that have received an HIV test during the reporting period and know their results	Conduct TOT for 260 peer educators in prison on HIV prevention				x	Prison admin	GF		
4.1	32.6% adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Conduct mini education session among 4500 inmates on HIV prevention and STI per year				x	Prison admin	GF	IA: DPA/MOJ IA Code: 2633 Account: 72100, 71400,	\$ 30,712.70
		Conduct mini education session among 4500 inmates on HIV prevention and STI per year				x	Prison admin	GF		

5.1	93% TB patients who had an HIV test result recorded in the TB register	Train 15 health workers in the prison on client centred HCT with emphasis on communication with key populations				x	Prison admin	GF	73100, 71600	
5.2	93% HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Provide clean injecting equipment PWID in prison through 2 existing trust points and 2 newly established sites				x	UNDP	GF		
5.3	80% HIV-positive patients who were screened for TB in HIV care or treatment settings	Procure HIV RDTs and consumables for prisoners				x	UNDP	GF	IA: RAC IA Code: 2632 Account: 72100; 71600,	\$ 1,074.20
		Procure OI and STI drugs, related consumables for prisoners				x	UNDP	GF		
		Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution				x	UNDP	GF		
5.4	87% new HIV-positive patients starting IPT during the reporting period								GMS 7%	\$ 2,766.80
6.1	40.7% HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission	Sub-total for Activity 7								\$ 42,292.47
Activity 8: Community systems strengthening										
6.2	30% infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	Training on financial management, PSM and human resource management				x	UNDP	GF	IA: UNDP IA Code: 1981 Account: 72100, 71600, 72300, 74200	\$ 13,916.80
7.1	55% other vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates)	Training of CSOs in project design, implementation, M&E and reporting				x	UNDP	GF	IA:UNDP/CSOs IA Code: 1981 Account: 72100, 71600, 72300, 74200	\$ 30,824.40
		Training on Strategic and Operational Planning of CSOs				x	UNDP	GF		
7.2	40% prison inmates that have received an HIV test during the reporting period and know their results	Support operation of web portal for CSOs				x	UNDP	GF	IA:CSOs Account: 73100	\$ 375.00
		Provide small grants to communities for the development of community initiatives of PLWH				x	UNDP	GF		
		Support quarterly review meeting and planning for CSOs and Government at SDPs				x	UNDP	GF		
									GMS 7%	\$ 3,158.14

	Sub-total for Activity 8								\$ 48,274.33
	Activity 9: Removing legal barriers to access								
	Recruit a consultant to develop guidelines, job aid and checklist for law enforcement staff to prevent violence against women and vulnerable groups, including PWIDs, SWs, MSM, links between violence and HIV and support for victims of violence				x	UNDP	GF	IA:UNDP/CSOs IA Code: 1981 Account: 72100, 71600, 71400	\$ 10,342.60
	Organize quarterly round table dialogue with representatives of law enforcement agencies to achieve high-level support for the development of programs to prevent violence by law enforcement staff				x	UNDP	GF		
	Conduct a series of trainings on HIV, prevention of violence against women and key population for law enforcement officials				x	UNDP	GF		
	Conduct a series of training for medical personnel, staff of friendly clinics and CSOs and other service providers on case management of the victims of violence (medical, legal, and referral to the existing social protection and services)				x	UNDP	GF		
	Recruit a consultant to develop and disseminate information about the existing services (crisis centres, legal support, and psychosocial support)				x	UNDP	GF		
	Sub-total for Activity 9								\$ 11,066.58
	Activity 11. Program management								

	Administrative, human resources, auditing, GMS costs and other				x	UNDP	GF	IA: UNDP IA Code: 1981 Account: 72100, 71600,71400, 72300, 74100,73100, 73400	\$ 163,215.06
	RAC costs				x	UNDP	GF	IA: RAC IA Code: 2632 Account: 72100; 71600;71400	\$ 51,907.50
								GMS 7%	\$ 15,058.57
	Sub-total for Activity 11								\$ 230,181.14
	TOTAL for 2015								\$ 1,589,214.12

Year: 2016

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount in USD
	Activity 1: Prevention programs for PWID and their partners								
Output 2.1: To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building	Print communication material for PWID			x		UNDP	GF	IA: UNDP IA Code: 1981 Account: 71600, 72100, 74200, 74700, 74500	\$ 1 205,396.32
	Training of peer educators and social workers on harm reduction case management	x	x	x	x	UNDP	GF		

government capacities for response. Baseline: 1.1 51.9% PWID reached with HIV prevention programs - defined package of services (2014)	Conduct educational sessions for the PWID and their partners four times a year in each service delivery point	x	x	x	x	RAC	GF	IA: CSOs Account: 71600, 72100,72300, 74200,74700, 74500	\$ 851,173.00
	Support NGOs working on needle and syringe exchange programs	x	x	x	x	RAC	GF		
	Provision of low-threshold services to PWID	x	x	x	x	CSOs	GF		
1.2 56.6% PWID that have received an HIV test during the reporting period and know their results (2014)	Support operation of existing Trust Points (TP) to provide HCT services	x	x	x	x	UNDP	GF	IA: RAC; IA Code: 2632 Account: 71400, 71600, 73100, 73200	\$ 153,025.00
	Support 7 Mobile Medical Units (MMUs) for providing outreach needle exchange services including HTC	x	x	x	x	UNDP; CSOs	GF		
	Establish and equip 3 new OST sites and provide additional equipment for existing sites	x	x	x	x	UNDP, RAC, CSOs	GF		
1.3 214 needles and syringes distributed per person who injects drugs per year by needle and syringe programs (2014)	Support for operation of existing OST sites and outreach	x	x	x	x	UNDP; RAC	GF	IA: RAC/CSOs Account: 71400, 73100, 72100, 73400	\$ 35,700.00
	Trainings for new hired staff (OST)	x		x		UNDP	GF		
	Train social worker working in harm reduction programs on naloxone administration	x	x	x		UNDP	GF		
1.4 64.8% individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months (2012)	Train 120 police personnel on naloxone administration	x	x	x	x	RCNC	GF		
	Train 105 HWs at A&E department of the Dushanbe, Khudjand, Kulab, Kurgan tube and Khorog	x	x	x	x	UN/CSO	GF		
1.5 588 (2.5%) people who inject drugs reached by opioid substitution therapy (2014)	Procure syringes, filters, swabs, safety box, condoms	x	x	x	x	UNDP	GF	IA:RCNC IA Code: 4285 Account: 71400, 71600, 73100, 72100,	\$ 286,809.74
	Procure methadone for OST sites PWID			x		UNDP	GF		
	Procure drug RTD; and RDTs for HIV Hepatitis and other				x	UNDP	GF		
2.2 44.5% sex workers that have received an HIV test during the reporting period and know their results (2014)	Support STI clinics for PWID	x	x	x	x	UNDP	GF	IA:RCVD IA Code: 4489 Account: 71400, 71600,	\$ 39,714.68
	Procure drugs for OI and STI and related consumables for PWID and their partners	x				UNDP	GF		
3.1 43.1% MSM reached with HIV prevention programs	Procure HIV CD4 testing consumables, RDTs for HIV Hepatitis for PWID	x				UNDP	GF		

3.2 (2014) 13% MSM that have received an HIV test during the reporting period and know their results (2014)	Diagnostic of patients, treatment of somatic diseases, waste management and other expenses	x				UNDP	GF	73100,	
	ME costs for prevention activities among PWID	x	x	x	x	UNDP	GF		
4.1 23.3% adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (2014)	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution	x	x	x	x	UNDP	GF		
								GMS 7%	180,027.31
Sub-total for Activity 1									\$ 2,751,846.06
Activity 2/Module: Prevention programs for sex workers and their clients									
4.2 73% adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml) (2014)	Print BCC materials for SWs and their clients			x		UNDP	GF	IA: UNDP IA Code: 1981 Account: 74200, 75100, 72300, 72400,72100	\$ 484,882.43
	Provide grants for NGOs working with SWs and their clients	x	x	x	x	UNDP	GF		
5.1 TB/HIV-1: 89.5% TB patients who had an HIV test result recorded in the TB register (2014)	Support existing FCs for SWs under RAC	x	x	x	x	UNDP	GF		
5.2 84% HIV-positive registered TB patients given anti-retroviral therapy during TB treatment (2014)	Conduct educational sessions for the SWs and their clients four times a year in each service delivery point (friendly clinics)	x	x	x	x	UNFPA; RAC	GF	IA: UNDP/CSOs IA Code: 1981 Account: 71300, 71400, 71600, 72100, 73100, 72300	\$ 341,755.20
5.3 56% HIV-positive patients who were screened for TB in HIV care or treatment settings (2014)	Maintain the activity of 4 mobile units for providing outreach services to hard-to-reach SWs	x	x	x	x	UNDP	GF	IA: RAC IA Code: 2632 Account: 71400, 75100, 72500, 73100	\$ 79,350.00
	5.4 28.4% new HIV-positive patients starting IPT during the reporting period (2014)	Train health workers on client centered HIV counselling and testing (HCT), with focus on providing friendly services to key populations.			x		UNFPA; RAC		
6.1 35.7% HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission (2014)	Support 18 STI clinics for SWs	x	x	x	x	UNDP	GF		
	Procure gynaecological kits for SWs	x				UNDP	GF		
6.2 8.1% infants born to HIV-	Procure HIV RDTs and consumables for SWs and their clients	x				UNDP	GF	IA: RAC/CSOs Account:	\$ 20,400.00

7.1 43.5% other vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates) (2014)	positive women receiving a virological test for HIV within 2 months of birth (2014)	Procure STI medicines and consumables for treatment of SWs	x					UNDP	GF	71400, 73400, 73100	
	7.2 38.7% other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates) (2014)	Procure diagnostic instruments, disposable materials, and disinfectants for STI treatment and diagnostics	x					UNDP	GF	IA:RCVD IA Code: 4489 Account: 73100, 71400	\$ 13,500.00
		Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution				x		UNDP	GF		
										GMS 7%	\$ 65,792.14
		Sub-total for Activity 2									\$1,005,679.77
Activity 3/Module: Prevention programs for MSM and TGs											
1.1 Percentage of PWID reached with HIV prevention programs - defined package of services	Provide BCC materials to MSM during the life-time of this project. Printing of communication material for MSM	x	x	x	x			UNDP	GF	IA: UNDP IA Code: 1981 Account: 72300, 73100, 74200, 75100	\$ 184,267.51
	Conduct series of training for peer educators and social workers on MSM case management		x						GF		
1.2 Percentage of PWID that have received an HIV test during the reporting period and know their results	Support FCs for MSM run by NGOs	x	x	x	x			UNDP	GF	IA: UNDP/SBOs Account: 72100, 72400, 73400, 71400, 73100	\$ 386,284.20
	Procure HIV RDTs and consumables for MSM	x						UNDP	GF		
1.3 Number of needles and syringes distributed per person who injects drugs per year by needle and	Procure STI medicines and consumables for treatment of MSM	x						UNDP	GF		
	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution	x	x	x	x			UNDP	GF		
										GMS 7%	\$ 39,938.62
		Sub-total for Activity 3									\$ 610,490.33
Activity 4: Treatment, care and support											

1.4 Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	Train pulmonologists and infectious disease specialists, and nurses on ART patient management		x		x	RAC	GF	IA: UNDP IA Code: 1981 Account: 72100, 71600, 74200, 72300, 75100, 73100	\$ 2,119,116.39
	External Quality Assessment (EQA) training and its piloting	x	x			UNDP	GF		
	Full scale EQA production training and Training on Test Kit Selection, Development of Nationally Validated Testing Algorithm for HIV, and Quality Control of Reagents				x	UNDP	GF		
	NRL Workshop				x				
2.1 Percentage of sex workers reached with HIV prevention programs - defined package of services	Recruit a consultant to develop tools for adherence monitoring as well as monitoring tools for OI management		x					IA: UNDP/CSOs Account: 72100, 71400,71600	\$ 9,632.80
	Print ART education material for PLWH and medical recording /reporting material	x							
2.2 Percentage of sex workers that have received an HIV test during the reporting period and know their results	Provide grants for NGOs working with co-infected patients (HIV/TB)	x	x	x	x	UNDP	GF	IA: UNDP/RAC Account: 72100, 71600	\$ 6,272.00
	Recruit a consultant to develop user service guide, which includes information about patients' rights relating to access to medical and social protection service and contact information of existing services.				x	UNDP	GF		
3.1 Percentage of MSM reached with HIV prevention programs	Recruit a consultant to develop checklist/job-aid for service providers to assess the specific needs of the client				x	RAC	GF	IA: UNDP/CSOs Account: 72100, 71600	\$ 265,000.00
	Train 60 social worker on client management and social accompanying		x	x			GF		
3.2 Percentage of MSM that have received an HIV test during the reporting period and know their results	Train 20 health workers working in the 5 centers of excellence on integrated health service		x					IA: CSOs Account:	\$ 265,000.00
	Recruit external technical assistance to develop clinic protocol and checklist of the integrated service.				x				
4.1 Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV									
4.2 Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)									
5.1 Percentage of TB patients who had an HIV test result									

5.2	recorded in the TB register	Support CSOs to support adherence and tracing lost follow up	x						71400, 72100, 71600, 73100	
	5.2 TB/HIV-1: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Strengthen patient reporting system of the referral system of the PLHIV pre-ART and those receiving ART and other service OST, TB, and OIs treatment at AIDS centres (training).		x	x					
5.3	Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	Train 15 health workers and 15 social workers on palliative care of chronically-ill patients	x		x					
		5.4 Percentage of new HIV-positive patients starting IPT during the reporting period	Support patient health education and self-care skills for managing symptoms and medicine side effects in the home and recognition of danger signs.	x	x	x	x			
6.1	Percentage of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission	Provision of technical assistance to the National Program on improving ARV program according to WHO expansion plan	x	x	x	x			IA: RAC IA Code: 2632 Account: 72100, 71300	\$ 16,821.60
		6.2 Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	Provision of technical assistance to the National Program on improving detection of HIV positive people through enhancing follow up on new Testing algorithm developed by WHO	x	x	x	x	UNDP	GF	
7.1	Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates)	Improve laboratory network by procurement of equipment	x				UNDP	GF		
		7.2 Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates)	Enhance LMIS for ART monitoring by supporting with IT equipment	x				UNDP	GF	
7.2	Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates)	Procure hygiene kits; food package	x				UNDP	GF	IA:UNDP/RAC IA Code: 1981 Account: 71600, 72100	\$ 6,272.00
		Procure HIV CD4 testing consumables for PLWH; OIs and STI drugs	x				UNDP	GF		
		ME costs of ART activities	x	x	x	x	UNDP; RAC	GF		
		Costs of PMS: pre-shipment quality control, insurance, shipment, custom clearance, storage and distribution				x	UNDP	GF		
								GMS 7%	\$ 169,179.00	
		Sub-total for Activity 4								\$ 2,586,021.79
	Targets by the end of 2017:	Activity 5: Tuberculosis and HIV								

1.1	63% PWID reached with HIV prevention programs - defined package of services	Training of health workers on HCT and TB/HIV co-infection management		x			RAC	GF	IA: UNDP IA Code: 1981 Account: 71300, 75100, 71200, 71600, 72300,73400	\$43,668.39
1.2	54.4% PWID that have received an HIV test during the reporting period and know their results	Training of CSOs on HCT and TB/HIV co-infection adherence support.		x	x		RAC	GF		
1.3	251 needles and syringes distributed per person who injects drugs per year by needle and syringe programs	Hire a consultant to strengthen TB/HIV referral system through development of job aid, checklists and referral forms and guidelines		x			UN/NGO	GF	IA: UNDP/RAC IA Code: 1981 Account: 71400, 72100	\$ 1,000.00
1.4	70% individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	Procure HIV/AIDS diagnostic tests for rapid diagnostic and other consumable for co-infected patients	x				UNDP	GF	IA: RAC IA Code: 2632 Account: 72100, 71600	\$ 3,222.60
1.5	1,000 (4.3%) people who inject drugs reached by opioid substitution therapy	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution	x				UNDP	GF		
									GMS 7%	\$ 3,352.36
		Sub-total for Activity 5								\$ 51,243.35
Activity 6: Prevention of mother-to-child HIV transmission										
2.1	65% sex workers reached with HIV prevention programs - defined package of services	Support scale up of paediatric ART by training paediatricians on paediatrics ARV management		x	x		RAC	GF	IA: UNDP IA Code: 1981 Account: 75100, 72300,74500	\$ 190,475.34
2.2	52% sex workers that have received an HIV test during the reporting period and know their results	Procure ART drugs for PLWH	x				UNDP	GF		
3.1	49% MSM reached with HIV prevention programs	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution	x				UNDP	GF	IA: RAC; IA Code: 2632 Account: 71600, 72100	\$ 6,778.00
3.2	9.9% MSM that have received an HIV test during the reporting period and know their results								GMS 7%	\$ 13,807.73
		Sub-total for Activity 6								\$ 211,061.07
Activity 7: Prevention programs for other vulnerable populations (prison inmates)										
4.1	44.8% adults and children									

4.2	currently receiving antiretroviral therapy among all adults and children living with HIV	Provide IEC material on HIV prevention, including STI and harm reduction to 10,000 prison inmates in each year	x	x	x	x	UNDP	GF	IA: UNDP IA Code: 1981 Account: 74500, 72300, 74200,72200	\$ 67,280.28
	85% adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	Conduct TOT for 260 peer educators in prison on HIV prevention	x	x	x	x	Prison admin	GF		IA: UNDP/DPA IA Code: 1981 Account: 72200, 72300
5.1	TB/HIV-1: 100% TB patients who had an HIV test result recorded in the TB register	Conduct mini education session among 4500 inmates on HIV prevention and STI per year	x	x	x	x	Prison admin	GF	IA: DPA/Moj IA Code:2633 Account: 71400, 72100, 71600, 73100	
5.2	98% HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Conduct mini education session among 4500 inmates on HIV prevention and STI per year	x	x	x	x	Prison admin	GF		IA: CSOs IA Code: 1981 Account: 72100, 71600
5.3	95% HIV-positive patients who were screened for TB in HIV care or treatment settings	Provide clean injecting equipment PWID in prison through 2 existing trust points and 2 newly established sites	x	x	x	x	Prison admin	GF		
		Train prison health workers on OST management		x			UNDP	GF		
5.4	91% new HIV-positive patients starting IPT during the reporting period	Maintain the operation of new OST site	x	x	x	x	UNDP	GF	IA: RCNC IA Code: 4285 Account: 72100, 71600	\$ 3,247.00
		Procure condoms		x			UNDP	GF		
6.1	56.7% HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission	Procure HIV RDTs and consumables for prisoners	x				UNDP	GF	GMS 7%	\$ 13,731.88
		Procure OI and STI drugs, related consumables for prisoners	x				UNDP	GF		
6.2	54% infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution	x	x			UNDP	GF	Sub-total for Activity 7	\$ 209,901.56
Activity 8: Community systems strengthening										
7.1	78% other vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates)	Training on financial management, PSM and human resource management	x				UNDP	GF	IA: UNDP IA Code: 1981 Account:	\$ 122,267.20
		Training on Strategic and Operational Planning of CSOs		x	x		UNDP	GF		

7.2 60% other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates)	Support operation of web portal for CSOs	x	x	x	x	UNDP	GF	71200, 72100, 71600		
	Provide small grants to communities for the development of community initiatives of PLWH	x				UNDP	GF	IA: UNDP/CSOs IA Code: 1981 Account: 72100, 71600	\$ 18,647.60	
	Support quarterly review meeting and planning for CSOs and Government at SDPs	x	x	x	x	UNDP	GF			
	Support CSOs participation in national and international dialogue and conference	x		x		UNDP	GF	IA: CSOs Account: 73100	\$ 1,500.00	
	Enhancing Financial management of NGOs through Installation of financial software for NGOs	x								
								GMS 7%	9,969.03	
	Sub-total for Activity 8								\$ 152,383.83	
	Activity 9: Removing legal barriers to access									
	Organize quarterly round table dialogue with representatives of law enforcement agencies to achieve high-level support for the development of programs to prevent violence by law enforcement staff	x	x	x	x	UNDP	GF	IA: UNDP IA Code: 1981 74200	\$ 7,000.00	
	Conduct a series of trainings on HIV, prevention of violence against women and key population for law enforcement officials		x		x	UNDP	GF			
Train staff of the crisis centers on the issues related to HIV prevention, care and treatment to provide referral to HIV services.		x	x		UNDP	GF				
Conduct a series of training for medical personnel, staff of friendly clinics and CSOs and other service providers on case management of the victims of violence (medical, legal, and referral to the existing social protection and services)		x	x		UNDP	GF				
Printing of informational leaflets about the existing services		x			UNDP	GF	IA: UN/CSOs IA Code: 1981	\$ 38,897.00		

	Conduct training for judges on human right and HIV		x	x		UN/NGO	GF	Accounts: 72100, 71600,71400	
	Organize workshop for national and subnational Ombudsman offices and branches on human rights and HIV		x	x		UN/NGO	GF		
	Conduct national round table dialogue for LEA		x			UN/NGO	GF		
	Hire a consultant to develop human rights guidelines on HIV for judges and law enforcement institutions			x		UN/NGO	GF		
	Hire a consultant to develop human rights guidelines on HIV for judges and law enforcement institutions			x		UN/NGO	GF		
								GMS 7%	\$ 3,212.79
	Sub-total for Activity 9								\$ 49,109.79
Activity 11: Program management									
	Administrative, human resources, auditing, GMS costs and other	x	x	x	x	UNDP	GF	IA: UNDP IA Code: 1981 72100, 71600, 72200, 72500, 73500,	\$ 669,382.44
	RAC costs	x	x	x	x	UNDP	GF	IA: RAC; IA Code: 2632 Account: 71400, 71600, 72100 73100	\$ 207,630.00
								GMS 7%	\$ 61,390.88
	Sub-total for Activity 11								\$ 938,403.32
	TOTAL for 2016								\$ 8,566,140.87

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount in USD
Activity 1/Module: Prevention programs for PWID and their partners									
<p>Output 2.1: To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building government capacities for response.</p> <p>Baseline:</p> <p>1.1 51.9% PWID reached with HIV prevention programs - defined package of services (2014)</p> <p>1.2 56.6% PWID that have received an HIV test during the reporting period and know their results (2014)</p> <p>1.3 214 needles and syringes distributed per person who injects drugs per year by needle and syringe programs (2014)</p> <p>1.4 64.8% individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months (2012)</p> <p>1.5 588 (2.5%) people who inject drugs reached by</p>	Print communication material for PWID			x		UNDP	GF	IA: UNDP IA Code: 1981 Account: 71600, 72100, 74200, 74700, 74500, 75100, 72300, 72200	\$ 349,820.02
	Conduct educational sessions for the PWID and their partners four times a year in each service delivery point	x	x	x	x	UNDP	GF		
	Support NGOs working on needle and syringe exchange programs	x	x	x	x	RAC	GF	IA: RAC IA Code: 2632 Account: 71400, 71600, 73100	\$ 153,025.00
	Provision of low-threshold services to PWID	x	x	x	x	RAC	GF		
	Support operation of existing Trust Points (TP) to provide HCT services	x	x	x		RAC	GF		
	Support 7 Mobile Medical Units (MMUs) for providing outreach needle exchange services including HTC	x	x	x	x	UNDP	GF	IA: RAC/CSOs Account: 71600, 72100, 74200, 74700, 74500	\$ 35,700.00
	Support for operation of existing OST sites and outreach	x	x	x	x	RCNC	GF		
	ME costs for prevention activities among PWID	x	x	x	x	RAC	GF	IA: RCNC IA Code: 4285 Account: 72100, 71600, 73100	\$ 299,095.35
	Support STI clinics for PWID	x	x	x	x	RCVD	GF		
	Procure drugs for OI and STI and related consumables for PWID and their partners	x				UNDP	GF	IA:RCVD IA Code: 4489 Account: 73100, 72100, 71400, 72200	\$ 39,714.68
Procure water for injection; naloxone	x				UNDP	GF			
Procure HIV CD4 testing consumables, RDTs for HIV Hepatitis for PWID	x				UNDP	GF			

opioid substitution therapy (2014) 2.1 43.7% sex workers reached with HIV prevention programs - defined package of services (2014)	Diagnostic of patients, treatment of somatic diseases, waste management and other expenses	x				UNDP	GF	IA: CSOs Account: 72100, 71600, 72600, 71400	\$ 846,302.00
	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution	x				UNDP	GF		
2.2 44.5% sex workers that have received an HIV test during the reporting period and know their results (2014)								GMS 7%	\$ 120,656.00
	Sub-total for Activity 1								\$ 1,844,313.05
Activity 2/Module: Prevention programs for sex workers and their clients									
3.1 43.1% MSM reached with HIV prevention programs (2014)	Print BCC materials for SWs and their clients			x			GF	IA: UNDP IA Code: 1981 Account: 72100, 72300, 74200, 74500, 72600, 75100, 73100	\$ 141,612.52
3.2 13% MSM that have received an HIV test during the reporting period and know their results (2014)	Provide grants for NGOs working with SWs and their clients	x	x	x	x	UNDP			
4.1 23.3% adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (2014)	Support existing FCs for SWs under RAC	x	x	x	x		GF	IA: UNDP/CSOs Account: 72100, 71600, 72600, 73100, 71400	\$ 340,781.00
	Conduct educational sessions for the SWs and their clients four times a year in each service delivery point (friendly clinics)	x	x	x	x		GF		
4.2 73% adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml) (2014)	Maintain the activity of 4 mobile units for providing outreach services to hard-to-reach SWs	x	x	x	x		GF	IA: RAC IA Code: 2632 Account: 72100, 71400, 73100	\$ 79,350.00
	Support 18 STI clinics for SWs	x	x	x	x		GF		
5.1 89.5% TB patients who had an HIV test result recorded in the TB register (2014)	Procure HIV RDTs and consumables for SWs and their clients	x					GF	IA: RAC/CSOs Account: 72100, 71400, 73400	\$ 20,400.00
5.2 84% HIV-positive registered TB patients given anti-retroviral	Procure STI medicines and consumables for treatment of SWs	x					GF		

therapy during TB treatment (2014)	Procure gynaecological kits for SWs; disposable spatula, disposable gyn. kits, gloves, bandage, slide and disinfectants	x					GF	IA:RCVD IA Code: 4489	\$ 13,500.00
	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution	x	x	x	x	UNDP	GF	Account: 71400	
5.3 56% HIV-positive patients who were screened for TB in HIV care or treatment settings (2014)								GMS 7%	\$ 41,695.05
5.4 28.4% new HIV-positive patients starting IPT during the reporting period (2014)	Sub-total for Activity 2								\$ 637,338.57
Activity 3/Module: Prevention programs for MSM and TGs									
6.1 35.7% HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission (2014)	Provide BCC materials to MSM during the life-time of this project. Printing of communication material for MSM	x	x	x	x	UNDP	GF	IA: UNDP IA Code: 1981 Account: 74200, 74500, 72300, 75100	\$ 125,555.41
	Support FCs for MSM run by NGOs	x	x	x	x		GF		
6.2 8.1% infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth (2014)	Procure HIV RDTs and consumables for MSM	x				UNDP	GF	IA: UNDP/CSOs	\$ 385,310.00
	Procure STI medicines and consumables for treatment of MSM; disposable spatula, gloves, bandage, slide and disinfectants	x					GF	Account: 72100, 71600, 72600, 73100	
7.1 43.5% other vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates) (2014)	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution	x	x	x	x	UNDP	GF		
								GMS 7%	\$ 35,760.58
	Sub-total for Activity 3								\$ 546,625.99
Activity 4/Module: Treatment, care and support									
7.2 38.7% other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates) (2014)	Print ART education material for PLWH and medical recording /reporting material	x				RAC	GF	IA: UNDP IA Code: 1981 Account: 72100, 71600, 74500, 72300, 74200,73100	\$ 1,881,484.30
	Provide grants for NGOs working with co-infected patients (HIV/TB)	x	x	x	x	UNDP	GF		
	Recruit external technical assistance to develop clinic protocol and checklist of the integrated service.			x		UN/NGO	GF		
	Support CSOs to support adherence and tracing lost follow up	x		x		UNDP	GF		
Indicators:									
1.1 Percentage of PWID									

reached with HIV prevention programs - defined package of services	Strengthen patient reporting system of the referral system of the PLHIV pre-ART and those receiving ART and other service OST, TB, and OIs treatment at AIDS centres (training).	x	x			RAC	GF	IA: UNDP/RAC Account: 71600, 72100	\$ 6,272.00
1.2 Percentage of PWID that have received an HIV test during the reporting period and know their results	Support patient health education and self-care skills for managing symptoms and medicine side effects in the home and recognition of danger signs.	x	x	x	x	RAC	GF	IA: UNDP/CSOs Account: 71600, 72100	\$ 6,272.00
1.3 Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs	Provision of technical assistance to the National Program on improving ARV program according to WHO expansion plan	x	x	x	x	UNDP	GF		
1.4 Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	Provision of technical assistance to the National Program on improving detection of HIV positive people through enhancing follow up on new Testing algorithm developed by WHO	x	x	x	x	UNDP	GF		
1.5 Number and percentage of people who inject drugs reached by opioid substitution therapy	Procure hygiene kits; food package	x				UNDP	GF	IA: CSOs Account: 72600, 72100, 71400, 73100, 71600	\$ 265,000.00
	Procure HIV CD4 testing consumables for PLWH; OIs and STI drugs	x				UNDP	GF		
2.1 Percentage of sex workers reached with HIV prevention programs - defined package of services	ME costs of ART activities	x	x	x	x	UNDP	GF	IA: RAC IA Code: 2632 Account: 72100, 71600	\$ 4,400.00
	Costs of PMS: pre-shipment quality control, insurance, shipment, custom clearance, storage and distribution				x	UNDP	GF		
2.2 Percentage of sex workers that have received an HIV test during the reporting period and know their results								GMS 7%	\$ 151,439.98
	Sub-total for Activity 4								\$ 2,314,868.27
Activity 5: Tuberculosis and HIV									
3.1 Percentage of MSM reached with HIV prevention programs	Procure HIV/AIDS diagnostic tests for rapid diagnostic and other consumable for co-infected patients	x				RAC	GF	IA: UNDP IA Code: 1981 Account: 75100, 72300, 73100	\$18,468.39
3.2 Percentage of MSM that have received an HIV test during the reporting period and know their results	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution	x				RAC	GF		
								GMS 7%	\$ 1,292.79

results	Sub-total for Activity 5									\$ 19,761.18
4.1 Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Activity 6: Prevention of mother-to-child HIV transmission									
	Procure ART drugs for PLWH	x				UNDP	GF	IA: UNDP IA Code: 1981 Account: 72300, 71300, 74500, 75100	\$190,490.54	
4.2 Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution	x				UNDP	GF			
5.1 Percentage of TB patients who had an HIV test result recorded in the TB register								GMS 7%	\$ 13,334.34	
5.2 Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Sub-total for Activity 6								\$ 203,824.88	
5.3 Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	Activity 7. Prevention programs for other vulnerable populations (prison inmates)									
	Provide IEC material on HIV prevention, including STI and harm reduction to 10,000 prison inmates in each year	x	x	x	x	UNDP	GF	IA: UNDP IA Code: 1981 Account: 74500, 72300, 74200, 75100, 73400	\$ 52,245.31	
5.4 Percentage of new HIV-positive patients starting IPT during the reporting period	Conduct TOT for 260 peer educators in prison on HIV prevention	x	x	x	x	Prison admin	GF		IA:UNDP/ DPA/MOJ Account: 73200, 73100	\$ 5,500.00
6.1 Percentage of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission	Conduct mini education session among 4500 inmates on HIV prevention and STI per year	x	x	x	x	Prison admin	GF	IA: DPA/MoJ IA Code: 2633 Account: 71400, 72100, 71600, 73100, 71600		\$ 151,174.40
6.2 Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	Provide clean injecting equipment PWID in prison through 2 existing trust points and 2 newly established sites	x	x	x	x				Prison admin	GF
7.1 Percentage of other	Train prison health workers on OST management		x							
	Maintain the operation of new OST site	x	x	x	x	UNDP	GF	IA: RCNC	\$ 3,247.00	
	Procure HIV RDTs and consumables for prisoners	x								

vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates)	Procure OI and STI drugs, related consumables for prisoners	x				UNDP	GF	IA Code: 4285 Account: 72100, 71600	
	Costs of PMS: pre-shipment quality control, insurance, shipment, storage and distribution	x	x			UNDP	GF		
7.2 Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates)								GMS 7%	\$ 14,851.67
	Sub-total for Activity 7								\$ 227,018.38
Activity 8: Community systems strengthening									
Targets by the end of 2017:	Support operation of web portal for CSOs	x	x	x	x	UNDP	GF	IA: UNDP IA Code: 1981 Account: 72600, 71600, 72100	\$ 90,467.20
	1.1 63% PWID reached with HIV prevention programs - defined package of services	Provide small grants to communities for the development of community initiatives of PLWH	x				UNDP		
1.2 54.4% PWID that have received an HIV test during the reporting period and know their results	Support quarterly review meeting and planning for CSOs and Government at SDPs	x	x	x	x	UNDP	GF	IA: UNDP/CSOs Account: 71600, 72100	\$ 9,893.60
1.3 251 needles and syringes distributed per person who injects drugs per year by needle and syringe programs	Support CSOs participation in national and international dialogue and conference	x		x		UNDP	GF	IA: CSOs Account: 73100	\$ 1,500.00
								GMS 7%	\$ 7,130.25
	Sub-total for Activity 8								\$ 108,991.05
1.4 70% individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	Activity 9: Removing legal barriers to access								
1.5 1,000 (4.3%) people who inject drugs reached by opioid substitution therapy	Organize quarterly round table dialogue with representatives of law enforcement agencies to achieve high-level support for the development of programs to prevent violence by law enforcement staff	x	x	x	x	UNDP	GF	IA: UNDP IA Code: 1981 Account: 74200	\$ 7,000.00
2.1 65% sex workers reached	Conduct a series of trainings on HIV, prevention of violence against women and key population for law enforcement officials		x		x	UNDP	GF	IA: UNDP/CSOs Account: 71600, 72100,	\$ 21,237.20

with HIV prevention programs - defined package of services 2.2 52% sex workers that have received an HIV test during the reporting period and know their results 3.1 54% MSM reached with HIV prevention programs 3.2 13.4% MSM that have received an HIV test during the reporting period and know their results	Conduct a series of training for medical personnel, staff of friendly clinics and CSOs and other service providers on case management of the victims of violence (medical, legal, and referral to the existing social protection and services)		x	x			UNDP	GF	71300	
	Printing of informational leaflets about the existing services		x				UNDP	GF		
	Organize workshop for national and subnational Ombudsman offices and branches on human rights and HIV		x	x			UNDP	GF		
	Sub-total for Activity 9								GMS 7%	\$ 1,976.60
										\$ 30,213.80
4.1 44.8% adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Activity 10: HSS - Health information systems and M&E									
4.2 85% adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	IBBS among PWID		x	x			UNDP	GF	IA: UNDP/RAC Account: 71600, 72100, 73100	\$ 103,942.99
			x	x			RAC	GF		
	Sub-total for Activity 10								GMS 7%	\$ 7,276.01
5.1 100% TB patients who had an HIV test result recorded in the TB register	Activity 11: Programme Management									
5.2 98% HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Administrative, human resources, auditing, GMS costs and other		x	x	x	x	UNDP	GF	IA: UNDP IA Code: 1981 Account: 71400, 72300, 74200, 73500, 74500, 73100	\$ 679,796.02
5.3 95% HIV-positive patients who were screened for TB										

in HIV care or treatment settings	RAC costs							IA: RAC	
5.4 91% new HIV-positive patients starting IPT during the reporting period		x	x	x	x	UNDP	GF	IA Code: 2632	
6.1 56.7% HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission								Account: 71400, 72100, 71600, 73100, 73400	\$ 207,630.00
6.2 54% infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth								GMS 7%	\$ 62,119.82
7.1 78% other vulnerable populations reached with HIV prevention programs - defined package of services (prison inmates)	Sub-total for Activity 11								\$ 949,545.84
7.2 60% other vulnerable populations that have received an HIV test during the reporting period and know their results (prison inmates)									
	TOTAL for 2017								\$ 6,993,720.01

Annex 3. RISKS LOG

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted / updated by
1	Insufficient mechanism to ensure sustainability of achieved targets due to lack of step-by-step expansion of financial contribution of the Government	2013	Operational	P =4 I = 4	Technical assistance of donor communities in establishing/improving governmental agencies in development of evidential ground for effective managerial decision-making	Programme Manager	Project Manager
2	Limited human and financial resources for thorough and regular monitoring the implementation of activities in all SDPs countrywide	TFM	Organizational	P =3 I =3	Improvement of M&E approaches to assess effectiveness of project implementation. More efficient utilization of internal resources of RAC, including more empowering the regional M&E departments of RAC	Programme Manager	Project Manager
3	Obsolete equipment of SRs and weak infrastructure of healthcare system in the country	TFM period	Operational	P=4 I=4	The project will seek other opportunities to strengthen material basis of AIDS centres and other bodies such as mobilizing other donor organizations, support transferring ownership to MoH	Programme Manager	Project Manager
4	Continuous capacity building of national staff due to high turnover of human resources	TFM	Organizational	P=4 I=4	Closer monitoring of capacity building activities and purposeful budget utilization to capacitate the national staff	Programme Manager	Project Manager

Annex 4. Terms of Reference for Project Board

UNDP Project «Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan»

PROJECT BOARD

TERMS OF REFERENCE

The role of the Project Board is to provide strategic oversight and direction of the programme, in order to ensure that it retains strategic focus, and to ensure achievement of results on the primary project outcomes. It will:

- a) Approve annual work plans for the project, which are prepared by the Project Manager, ensuring that these are focused and consistent with deliverables set out in the performance frameworks, work plans and budgets approved by the donor.
- b) Review progress reports, developed by corresponding Implementing Agency, Responsible Partners and sub-recipients, against the work plans, and take strategic decisions on how to address any major challenges, brought to the Board's attention.
- c) Monitor progress and impact of issues - e.g. health sector reform and other legislative changes, health financial situation, sectoral reforms, programmes by different stakeholders/ partners - that might impact upon the project and ensure that these are reflected as necessary within the project.
- d) Represent as necessary the interests of the project in high level government discussions.
- e) Agree terms of reference for project reviews and independent evaluations.

Structure and Membership

The frequency of meetings will be determined as needed, but will be at minimum once every six months. The Steering Committee will be chaired by Country Director / or Deputy Country Director, UNDP.

The members include:

- ❖ UNDP Program Analyst for Health control program;
- ❖ UNAIDS Country Coordinator
- ❖ UNDP Program Manager, HIV Control Program
- ❖ WHO representative;
- ❖ Secretary of the National Coordination Committee on AIDS, TB and Malaria
- ❖ Director of the Republican Centre on AIDS Control and Prevention
- ❖ Representatives of other MHSP structures;
- ❖ Representatives of NGOs - .

Chairpersonship is assigned on rotational basis.

Other members can be temporarily appointed to address specific issues arising within the project. Similarly, relevant persons can be invited to attend meetings where appropriate, e.g. representatives of other donors, or programmes that need to be coordinated with, or reflected within the project.

Secretariat

The project will provide the secretariat for the Project Board, which will be financed from project funds - core resources of UNDP.

Annex 5. Implementation Arrangements of UNDP HIV Control Project