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MINUTES

of the Local Project Advisory Committee (LPAC) meeting for the project on "Strengthening the Supportive Environment and Scaling up Prevention, Treatment and Care to Contain the HIV Epidemic in the Republic of Tajikistan"

Date: 28 March 2018

LPAC Composition:

Chairperson	Ms. Sanja Bojanic, Deputy Country Director, UNDP Tajikistan
Permanent LPAC Members	Mr. Mubin Rustamov, ARR/Programme Mr. Suhrob Kaharov, ARR/Operations, UNDP Tajikistan Ms. Zebo Jalilova, Team Leader for Sustainable Growth, UNDP Tajikistan Ms. Zarina Mavlyanova, M&E Officer, UNDP Tajikistan Mr. Yusufjon Kholov, Programme Associate, UNDP Tajikistan Mr. Said Parviz, Programme Associate, UNDP Tajikistan
Invited members	Ms. Gayane Tovmasyan, Programme Manager, UNDP HIV Project Ms. Mavzuna Burkhanova, Project Coordinator, UNDP HIV Project
Presenter	Mr. Khuvaydo Shoinbekov, Monitoring, Evaluation and Reporting (MER) Specialist, UNDP HIV Project
Secretary	Ms. Mavzuna Burkhanova, Project Coordinator, UNDP HIV Project

LPAC Agenda:

→ Presentation of the UNDP HIV Project;
→ Discussion session; and
→ Summary of the LPAC meeting.

Minutes:

The electronic version of the Project Document "Strengthening the Supportive Environment and Scaling up Prevention, Treatment and Care to Contain the HIV Epidemic in the Republic of Tajikistan" was submitted to LPAC members for review, comments and approval. The comments provided by the LPAC members were introduced to the Project Document and submitted to LPAC members for final review.

26/04
4.50

Ms. Sanja Bojanic, UNDP Deputy Country Director and LPAC chairperson opened the meeting and explained the key purpose of the LPAC meeting.
Mr. Khuvaydo Shoinbekov, UNDP HIV Project MER Specialist made the presentation of the project document summary and key point (the presentation attached). The floor was open for comments, discussions and questions.

LPAC Committee comments to the project document:

- The project document does not have a clear communication strategy in place.
- The project document should have more integrated approached clearly demonstrating how the project contributes to achieving the results of and how it is in line with UNDP Strategic Plan for 2018 – 2021 and the SDG.
- Elaborate on programme management section to include Country Office support to PIU in the implementation of the project.
- The Gender Marker was indicated in percentage, which is not the right method and the measures how much a project invests in gender equality and women's empowerment, that are GEN3 (Gender equality as a principle objective); GEN2 (Gender equality as a significant objective); GEN1 (Limited contribution to gender equality); GEN0 (No contribution to gender quality). The Gender Marker should be selected for each output and reflected in Multi Year Work Plan.
- The outputs and activities should be numbered accordingly.
- The section Cost Efficiency and Effectiveness is missed and needs to be added.
- Gender Markers needs to be in the brief description of the project document.

LPAC Committee made the following recommendations:

- Elaborate on the communication strategy of the project and state how the project will convey the project result will be communicated and how the project will have integrated approach with the other UNDP projects. The result of the projects should also be communicated through human stories.
- Articulate how the project contributes to achieving the results of and how it is in line with UNDP Strategic Plan for 2018 – 2021 and the SDG.
- Add the role of UNDP CO into the management section of the project document. Stating the support that the PIU receives from UNDP CO.
- Add the gender marker in the outline section and at output levels.
- Number the output and activity sections.
- Add the Cost Efficiency and Effectiveness section.

UNITED NATIONS DEVELOPMENT PROGRAMME

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PROJECT DOCUMENT

Tajikistan

Project Title: Strengthening the Supportive Environment and Scaling up Prevention, Treatment and Care to Contain the HIV Epidemic in the Republic of Tajikistan

Project Number:00092967

Implementing Partner: United Nations Development Programme in Tajikistan

Start Date: January 01, 2018 **End Date:** December 31, 2020

LPAC Meeting date: 28 March 2018

Brief Description

The Project Document reflects the scope of HIV project interventions for the period of three years from 1 January 2018 to 31 December 2020. The HIV project activities consists of 12 modules (objectives) focusing on HIV prevention and harm reduction 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 project will build up on the previous projects' achievements and results; it will additionally, introduce some innovative approaches, such as promoting community based testing both through the capillary blood and oral tests and have more focused gender oriented services starting from the setting up the indicators and reporting systems. The gender marker for the project is GEN2.

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 to live fulfilling life. The project targets are aligned with the objectives of the UNDP Country Programme Development 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.

Contributing Outcome (UNDAF/CPD, RPD or GPD):

UNDAF Outcome 3. People in Tajikistan benefit from quality, equitable and inclusive health, education and social protection systems

CPD 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.

Indicative Output(s):

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

Total resources required:		$ 19,979,544
Total resources allocated:		$ 13,479,544
	UNDP TRAC:	$ 540,000
	Donor:	$ 12,939,544
	Government:	n/a
	In-Kind:	n/a
Unfunded:		$ 6,500,00

Agreed by (signatures)[1]:

Government	UNDP
Print Name: **Mr. Nasim Olimzoda, Minister of Health and Social Protection of Population of the Republic of Tajikistan**	Print Name: **Mr. Jan Harfst, UNDP Country Director**
Date:	Date:

[1] Note: Adjust signatures as needed

[2] The Gender Marker measures how much a project invests in gender equality and women's empowerment. Select one for each output: GEN3 (Gender equality as a principle objective); GEN2 (Gender equality as a significant objective); GEN1 (Limited contribution to gender equality); GEN0 (No contribution to gender quality)

I. DEVELOPMENT CHALLENGE (1/4 PAGE – 2 PAGES RECOMMENDED)

As of December 2017 Tajikistan remains in the concentrated stage of HIV epidemic among most at risk and key population grouops. The trend of HIV was on the rise, with Tajikistan being one of the few countries in which HIV prevalence increased by more than 25% in the past 10 years. According to the data provided by the Ministry of Health in Tajikistan, effective December 2016, it is estimated that 16,321 people in Tajikistan are living with HIV. However, there are currently a cumulative total of 8,750 people (67% M; 33% F) in Tajikistan who have been diagnosed with HIV. Among this total, 1,968 have died since 1992. Only 41% of estimated people living with HIV (PLWH) are aware of their status and 27.2% of estimated PLWH who should aware of their HIV status are in ART as Tajikistan is currently adjusting the national HIV treatment protocols to align with latest WHO recommendations to “test and treat” people living with HIV, including children, adolescents, adults, pregnant and breastfeeding women, and people with co-infections. Currently, 70% of PLWH who are aware of their status (who has been diagnosed) are in care, and 59% (56% M; 44% F) are in ART.

Among PLWH, 41% (98% male; 2% female) had a history of injecting drugs; 48% (43.5% M; 56.5% F) had a history of unprotected sex; 3.51% were infected by mother to child transmission; 0.1% were infected by blood transfusions; and 7.21% were infected due to unknown reasons (Appendix 1 – Figure 1a, 1b, 2, 3, 4). The HIV epidemic is primarily PWID-driven. The rate of enrolment into ART is high among children living with HIV, but low among adults.

Linkage to care and the continuum of care are one of the primary issues in Tajikistan, however, continuum of care increased from 40% in 2010 to approximately 80% in 2016[2]. In addition to leakage in the care system, late diagnosis and entry into care is also a major issue. Many continued into care but quit during the process due to social, cultural, and familial stigma.

In Tajikistan the highest prevalence of HIV is in Dushanbe, followed by Khatlon Oblast, Sughd Oblast and District of Republican Subordination (DRS), and Gorno-Badakhshan Autonomous Region (GBAO). Quality of care has increased, as about 70% of patients who received ART and had access to viral load from 2014 to the end of 2016 achieved viral load suppression (this is based on cohort of 250 patients who had access to VL[3]). However, only 41% of estimated PLWH are diagnosed, 24.5% are receiving ART, and due to poor access to viral load tests only 8% (1,066) of PLWH in ART have received viral load testing.

PWID – The estimated size of people who inject drug (PWID) as of March 2016 is 23,100 people[4], and the HIV prevalence among the population is from 1.5% in Istaravshan to 26.5% in Dushanbe in average 13.5%. Among PLWH, 3,585 (53.1%) have a history of injecting drugs, and 1,997 have had sex with PWID. During 2016, PWID have made a total of 14,079 visits to needle and syringe exchange programs, 7,979,694 needles and syringes have been distributed, and 7,284 received HIV testing. The numbers of individuals who have utilized opioid substitution therapy (OST) have increased from 1% to 3.2% of estimated PWID under the current plan. A total of 740 PWID are receiving OST services in 5 narcology centers, and in 3 recently established OST integrated services in primary healthcare polyclinics. As part of the integration process of ART in OST sites, 143 OST clients are enrolled in ART provided at OST sites.

SW – The estimated number of sex workers (SW) as of March 2016 is 14,100[5], and the HIV prevalence among the population is from 0.6% in Kurgan-Tube to 11.3% in Vahdat in average 3.5% (Appendix 1 – Table 3a, 3b). Among PLWH, 1952 have had unprotected sex with multiple partners and only 1% reported using condoms. Only 353 PLWH voluntarily identified themselves as sex workers. During 2016, a total 9,107 visits were made to SW-friendly NGOs for prevention services, and a total of 3,772 HIV tests were administered. Stigma and discrimination towards sex workers deters the population from accessing need services. There is also lack of funding to support SW-friendly NGOs. Overall, the total number of SWs who sought HIV test and counselling

[2] UNDP (2016) UNDP HIV Programme report

[3] The same

[4] NAC (2014) PWID IBBS and Population size estimation

[5] NAC (2014) SW IBBS and Population size estimation

(HTC) is low, and the trend of HIV among SWs shows a strong fluctuation between 2012 to 2014 in all regions.

MSM – The estimated number of men who have sex with men (MSM) as of March 2016 is 13,400[6], and the HIV prevalence among the population is 2.7%. Among PLWH, 22 PLWH voluntarily identified themselves men have had sex with men. A total of 5,747 visits were made to MSM-friendly NGOs for service, and only 521 HIV tests were administered. It is suggested that there is a "hidden epidemic" among MSM. Stigma and discrimination still persist among society, healthcare workers, and law enforcement entities. In 2016, only 14.4% of MSM were reached through services.

Prisoners – There are between 9,000 to 10,000 prisoners in Tajikistan, and the HIV prevalence among the population is 8.4%. Among PLWH, 859 have a history of being in prison in the past. It is estimated that only about 1/3 of prisoners are aware of their HIV status. Between 2012 -2016 only one prison provided syringe exchange program. The numbers of prisoners who utilized HTC is low (Appendix 1 – Figure 8). In 2012, the Ministry of Justice signed a three-year action plan to introduce OST in the penitentiary system and plans for implementation are in progress for one prison, however structural barriers and lack of human resources have caused delay of implementation until 2017.

Women – There are 2,220 women living with HIV. From 2009 to 2016, the number of new infections among women has increased approximately four times (Appendix 1 – Figure 1a, 1b). The number of tests administered among women has improved since 2009, resulting in the increase in prevalence among women. The government of Tajikistan has also played a major role in conducting initiatives to raise awareness and improve access to general health services, in addition to family planning and maternal and child care services. There are 79.4% (1507 women receiving ART, 1896 women living with HIV) of adult women who are receiving ART, and 80.2% (203 girls receiving ART, 253 girls living with HIV) of girls under 15 years. Yet despite these efforts, women are particularly vulnerable to HIV. Stigma and discrimination persist at the family level, societal level, and self-stigma, preventing women from seeking service. Gender inequality, teenage marriages, and violations against women and girls are prevalent throughout the country. Due to these issues, testing among women is significantly lower than their male counterparts. Data shows that during the past five years, 1,354,763 tests were administered for pregnant women and only 0.027% of recipients being HIV positive (Appendix 1 – Figure 10). Women are increasingly being diagnosed with HIV, a warning sign that the epidemic may be in the early transition towards a generalized epidemic. Among women in prisons, 70% were imprisoned for drug offenses.

Migrant Workers and their Partners - Many women in Tajikistan also are married to men who migrate to other countries for work, leaving them without support needed to access services especially in geographically hard to reach areas. Approximately 7% of PLWH are migrant workers.

Children and Adolescents – There are 767 under the age of 18 who have been diagnosed with HIV; and 665 who are living with HIV under the age of 15, 88.7% of whom are receiving ART. Among children under 15 years of age, 40% were born from HIV+ mothers. Approximately 20% of children living with HIV were first diagnosed with TB, then later diagnosed with HIV. There were zero HIV+ cases among newborns who have been in PMTCT programs in 2015 and 2016.

The focus of the previous National HIV Program (2015-2017) and Request for Global Fund (2015-2017) was to increase availability to HIV services by establishing approximately 45 HIV centers/clinics, establishing 11 mobile facilities, 12 HIV Test confirmation sites, testing labs to increase access to HIV prevention, testing, and treatment. The previous National HIV Program resulted in only 8% of the 1,619,203 HIV tests in Tajikistan were conducted among KPs.

II. STRATEGY (1/2 PAGE - 3 PAGES RECOMMENDED)

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

[6] NAC (2015) MSM IBBS and Population size estimation

potential: women's, maternal, and new-born 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 National HIV Program (NHP) for 2017-2020 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 NHP 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, 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 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 strategic programmes and plans such as SDG, UNDP Strategic Plan (2018-2021) and UNDP country programme document for Tajikistan (2016-2020), 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. Specifically, the project will contribute to achieve UNDP strategic plan on Adolescent health and HIV and will contribute to country programme output one[7] by enhancing the capacity of national/subnational governments and Civil Society Organisation (SCO) to effectively deliver HIV related services to most at-risk population and people living with HIV. Such support to national capacities will be built on foundations of inclusive and accountable governance, together with a strong focus on gender equality, the empowerment of women and girls and meeting the needs of vulnerable groups, to ensure that no one is left behind.

The project is using behavioral communication materials to raise the awareness of the key population on HIV prevention and treatment. The project will also use various events such as World's AIDS Day, International AIDS Candlelight Memorial, 16 Days of Activism against Gender-Based Violence, and Human Rights Day to raise the awareness of the population about HIV and people it is affecting. The project will develop a clear communication strategy to convey details of project achievements and accomplishments in Tajikistan.

Within the project framework the allocated funds will be directed to sustain the essential HIV prevention services in 2018-2020. NFM Phase 2 period of HIV project foresees the implementation of tasks to scale-up equal access for all segments of the population, including key populations and

[7] Output 1.1: The national and subnational governments have the capacity to strategically plan, budget, monitor and deliver basic services in an inclusive, transparent and participatory manner

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

vulnerable groups to preventive services, while also achieving the following indicators by December 2020:

- 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 10 sites to 15 sites until 2020;
- 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 provision of 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, promotion of community based testing, 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. In 2017, 5018 PLHIV were on treatment out of the 16,321 estimated number of PLHIV and by end of the project it is planned to have 8,800 PLHIV on treatment reaching 54% of the estimated number of PLHIV. 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.

III. RESULTS AND PARTNERSHIP (1.5 - 5 PAGES RECOMMENDED)

Expected Results

The project is expecting to achieve the following expected results:

- **Reduce HIV infections among key populations**

  Tajikistan has a concentrated stage of HIV epidemic among key population groups (PWID, SW, MSM, prisoners). The project will continue working with key population groups and increase the coverage of key population with HIV prevention services from 60% in 2017 to almost 80% by end of 2020. The project will provide the basic package services that includes: distribution of behavior change and/or information education communication materials (BCC, IEC); provision of prevention commodities (sterile injecting materials and/or condoms), counseling/peer counseling (with provision of essential information on HIV prevention). Additional services include: referral to HCT (HIV Counselling and Testing) and other medical services, legal and social support, referral to OST program for PWID.

  Successful PMTCT programs, supported by the Global Fund during the previous funding period, yielded zero HIV+ cases among newborns that have been in PMTCT programs in 2015 and 2016. However, there are numbers of women who have been diagnosed during pregnancy and received PMTCT late into pregnancy, and numbers of pregnant mothers who were not enrolled in PMTCT programs. The new plan aims to increase access of pregnant women to PMTCT programs to 100%. In order to reach this goal, the Ministry of Health is prioritizing integration of PMTCT to maternal and prenatal care. Pregnant women will also receive HIV tests free of charge in all service centers, funded by the Ministry of Health. The

project will cover ART for pregnant women and newborns. Adolescents are also particularly vulnerable.

- **Improve HIV care continuum for key populations**

  The project aims to (i) increase the number of PLWH receiving ART, treatment of opportunistic diseases, TB; (ii) increase the quality of care; (iii) increase the number of PLWH who have reached viral load suppression; and (iv) increase TB/HIV collaboration. ART coverage among PLWH will be increased to 54% of the estimated PLWH (16,321). To increase the numbers of PLWH who have reached viral load suppression, the project will focus on quality of service and prioritize active follow up of patients. The project will focus on changing structural barriers to improve adherence to treatment and increase viral load suppression, which were primary issues during the previous funding period as services were not integrated and comprehensive. Through integration, PLWH will receive services from existing healthcare centers, in collaboration with civil society organizations and key population-led organizations to increase adherence and quality of care. The National AIDS Center reported that approximately 8% of diagnosed children did not continue treatment as a result of their parents' decision influenced by cultural barriers and misconceptions surrounding treatment for children. As children and adolescents are particularly vulnerable, the project will focus to improve the quality of care, ART, and adherence to treatment of children and their families. Various trainings for physicians and lab technicians regarding ART administration, viral load suppression, and advanced monitoring and evaluation treatment and care will be offered. Tajikistan had one viral load testing lab and currently 5 viral load testing labs are being established to increase access to viral load facilities.

- **Integration of HIV services.**

  The project will implement all services to adhere to differentiated care, including attention to (i) the type of services delivered, (ii) location of service delivery, (iii) provider of services, and (iv) frequency of services.

  Tajikistan has 70 regional and city health polyclinics, which have specialists, family physicians, general practitioners, nurses, and lab facilities. There are 600 city health centers (named "Dehot health centers"), which have family physicians, nurse midwives, and lab facilities. There are also 2,300 health posts (named "Bungohi Salomati"), which are not staffed with doctors, but have nurse midwives and primary healthcare workers in rural areas.

  Currently, only "AIDS centers" offer HIV care for PLWH. With the change to an integrated approach, HIV services will not only be more accessible at primary health care service centers, but also alleviate issues of stigma and discrimination often associated with the label of "AIDS centers." The request will start piloting integration of five "AIDS Centers" into the regional and city health polyclinics. In addition, clients who need further services will have access to other specialty services within the same locations. It is anticipated that the city health polyclinics will offer comprehensive prevention packages, HTC, ART, opportunistic infection treatment, and TB screening and treatment, mental health care, and all medical care that clients may need. This "restaurant-based" model will enable each health facility to provide all services needed by clients ("one-stop-shop"). The project will integrate and transform existing service sites into HIV, STI, and PWID prevention and care "one-stop-shops." Service providers will include health care workers and KP, who will be hired at health care facilities and NGOs. Service providers will be guided by a client-centered approach to deliver acceptable services, while respecting rights to confidentiality, privacy, and anonymity. Sample for all lab tests needed will be conducted within the same locations in which services are provided. This integration will be a full integration of HIV services into the primary health care system. This integration will also facilitate referrals to tertiary inpatient care services. The project will support the first phase of integration of HIV service into 70 existing regional and city health polyclinics, including training and evaluation of the program.

  A PAAR is required in order to the complete the second portion of integration of HIV services in all Dehot health centers and Bungohi Salomati (health posts). Dehot health centers will be responsible for offering comprehensive HIV prevention, HTC, and follow up visits of PLWH who started ART by regional and city health polyclinics. Dehot health centers will also provide TB, STI, and Hepatitis screening. Centers will follow up with children and adolescents to increase patient and their families' adherence to treatment. Bungohi Salamati

will be responsible for offering HIV advocacy; stigma reduction; information, education, and communication; HIV prevention packages; HTC; and engagement with key populations.

The project will ensure strong linkages between the mentioned centers and levels of service, and improve shared computerized health records to improve quality of care and care continuum.

- **HIV Testing Services**

  Low case-finding among KP is one of the major barriers. This project will utilize need based (smart) guidelines to prioritize and increase access to HIV testing among key populations. Simultaneously, the general population and other target groups will be given access to HIV testing supported by the Ministry of Health of Tajikistan and other donors. HIV tests will be available through a variety of service options including through outreach workers, mobile centers, community-based testing, facility-based testing, provider-initiated testing, and client-initiated testing. Mobile services will alleviate structural and self-stigma and cultural barriers that are especially present in small cities and rural areas, where patients are not comfortable to approach local facilities due to lack of trust in confidentiality of local healthcare providers. Through the project, HTC will target key populations. Costly Western blot tests will no longer be utilized, and transition to use of WHO low prevalence testing algorithm and a 3rd rapid test in the serial testing algorithm to ensure positive predictive value (PPV). As of April 2017, the PEPFAR funded USAID HIV Flagship Activity implemented by PSI, project initiated HIV saliva testing in Dushanbe city, DRS and Sughd oblast. The PEPFAR project is implemented by CSOs that provide HIV prevention services to key populations. The national HIV/AIDS programme is supporting the integration of HTC into the CSOs to better reach key populations.

- **Treatment, Care, and Support for adults, adolescents, and children.**

  Tajikistan is going to implement new guidelines (start ART regardless of WHO clinical stage or at any CD4 cell count) for enrollment into ART, replacing the previous WHO guidelines based on clinical stage and CD4 count. All treatment and care guidelines are currently being updated. Numbers of visits and follow ups are designed in accordance to the Differentiated Care Framework and the needs of patients. This approach will reduce the workload of healthcare providers, and increase access of patients to services. In order to enroll into ART 59.9% (73.9% with PAAR) of estimated PLWH who are aware of their status and also achieve viral load suppression among 90% of those in ART, the project will not only increase and integrate the numbers of ART facilities to primary health care services but also focus on improving the care continuum and continually evaluating quality of care. Linkages between NGOs, outreach workers, healthcare facilities and prison organizations will be strengthened through ongoing trainings and bi-annual meetings for service providers through ECHO platforms. Evaluations will also be conducted through electronic health records, and ongoing surveys to measure patient satisfaction. In addition to receiving equipment, hospital staff will receive advanced training to improve inpatient care and to control opportunistic infectious diseases. Each patient will receive CD4 count each year and viral load testing a minimum of 2 times for the first year and one time for following years. Advanced medical monitoring and evaluation will also be implemented to follow up with drug resistance and viral load suppression. Three lines of ART will be available and provided to patients based on need. Clients will also receive psychological and community-based support. The project will adhere to the updated WHO guidelines for children and adolescent care. The most up to date WHO guidelines will be followed under the project. Major issues include adherence and linkage. Laboratory capacities will be increased to provide quality of services by current allocation, New viral load cartridges for the GenXpert machines will be available.

- **TB/HIV**

  The testing of TB patients for HIV and screening of PLHIV for TB is already high at more than 95%. ART for co-infected patients is also high at more than 95%. In 2016, 0.86% of TB cases had HIV and among PLWH, 133 individuals had active TB. There are 66 TB treatment centers and 45 HIV and AIDS centers in the country, where there is TB and HIV services a referral system for sputum examination or HIV test has been established. GenXpert machines are available for TB testing among PLWH. There are also national TB centers which offer MDR TB and XDR TB testing and care. However, there are issues with early diagnosis and active treatment follow-up in small cities and rural areas. Rural and remote

health facilities where HIV services are not available, the TB centers will pro-vide HIV testing and counseling, and initiate ART treatment. Also, for the TB diagnostic centers for those patients in rural health facility will benefit with sputum collection points. This arrange-ment will increase the accessibility of TB/HIV services. Additionally, 149 children with active TB, were later diagnosed with HIV. Under the project, all HIV patients will receive TB testing twice per year, and all TB patients will have access to HIV testing. Special HIV programs will also be implemented for children and adolescents who are TB patients. Advanced training in TB/HIV will also be offered to healthcare workers to improve quality of care, and to NGOs to increase access to services. At the national level joint Technical Working Groups are formed, joint supervision and joint reviews are held. These activities will continue in 2018-20.

- **Improve critical enablers for KP and PLWH**

  A human rights approach in HIV programming is the main focus of the project and the new National HIV and AIDS Program. New advocacy activities to promote human rights of PLWH and key populations will be introduced and will include training of healthcare workers in medical ethics; training for key populations ("know your rights campaigns"); sensitization trainings for parliamentarians, ministries of justice, judges, prosecutors, police, and traditional and religious leaders; roundtable meetings for key stakeholders, civil society and activists; inter-agency collaboration; media campaigns; edutainment; involvement of radio hosts, TV hosts, actors/actresses, filmmakers, mass media, popular culture figures, and the entertainment industry; public events such as in festivals, parades, and other community celebrations; and establishment of NGOs to provide legal services. Additionally, annual meetings will be held among law makers, civil society, and key populations to evaluate HIV-related polices.

  Women will also be highlighted through engagement and involvement of women public figures, and establishment of women-led NGOs to focus on violence against women and the rights of women. Sensitization efforts will also be conducted among parliamentarians, ministries of justice, judges, prosecutors, police and traditional and religious leaders.

- **Enhance national surveillance system for HIV services**

  This covers cost of Human resource for program management, operational cost for the PR and SRs and indirect cost of the PR. It also covers cost of program management at the national program. Tajikistan has plans to reform the health system to provide services by family physicians by 2020. Implementation of this reform is being carried by 15 branches located throughout the country, which are additionally responsible for monitoring and evaluation. All staff at the mentioned branches will receive training regarding integration and evaluation of HIV services within family physician health reform plans. This covers cost of Human resource for program management, operational cost for the PR and SRs and indirect cost of the PR. It also covers cost of program management at the national program. During the previous funding period, there was a lack of communication between sectors throughout the implementation process; and although data collection was available, staff was not adequately trained to analyse the results and determine policy. This request will offer advanced training on data collection, analysis, and policy and guideline creation to regional and national government staff and NGOs; in addition to implementing quarterly meetings between international and local donors, principal recipients, and governmental sectors and non-governmental organizations that offer service in order to discuss barriers, linkage, planning, training, and monitoring and evaluation. Program and financial management and data collection will also be improved through a variety of sources. Bio-behavioral surveys will also be offered on a biannual basis.

  Electronic recording and reporting of ART and OST is financially supported by ICAP and UNAIDS in 2015.

  Monitoring and evaluation activities includes activities such as

  - HIV supervision: Supervision by national and district level teams focusing on service quality, data quality, spot checks for drugs and lab commodities.
  - HIV Review meeting will be carried out at national, oblast and district level.

Currently, Tajikistan with the support of the CDC USA is conducting IBBS among PWID and SWs. In 2017, UNDP under the NFM grant conducted the IBBS among MSM. IBBS report for PWID, SWs and MSM will be available in 2018. IBBS for MSM, SWs and PWID is conducted

every second year. The next IBBS is planned in 2019, however resource availability from CDC USA and other partners beyond 2018 is unclear.

Resources Required Achieving the Expected Results

- Expert support needed (local, region or HQ level) to empower the national institutions in fundraising, because funding is the most critical issue in the current and future HIV/AIDS program. The focus should be not only on major international donors, but also to local government, nontraditional donors, private sector, local business associations.
- Technical assistance needed (local, region or HQ level) to develop long-term technical assistance plan in key areas, provision of international experts in development of standards strategies, policies and guidelines and support in adaptation of the international best practices at country level.
- Expert support needed (local, region or HQ level) to assist the Government to address the issues of discrimination of the rights of PLHIV and other key groups of population. Support is needed to civil society organizations to participate in policy discussions so that they are part of the solutions to address stigma and discrimination against population facing HIV/AIDS.

Partnerships

Preliminary sub-recipients were identified during the FM proposal development process where objectives and activities were determined taking into account the scope and content of these activities. Capacity of potential SRs was assessed in 2017 by UNDP HIV project.

The Capacity Assessment has been carried out and covered twenty-seven potential Sub-recipient NGOs (SR). The assessments provided overall assessment of each of the SR's financial and programme management capacities and reviewed the funds flow. All the NGOs were assessed and were provided with recommendations for the improvement in areas including; programme management, monitoring and evaluation, staffing, accounting policies and procedures, internal audit, financial reporting and monitoring and procurement and contract administration.

#	Key Weaknesses	Description and Impact	Recommendation
1	Absence of an anti-fraud and corruption policy.	Lack of documented anti-fraud and anti-corruption policies and procedures and low awareness of the staff member of leadership stance on these matters inhibits organisation's ability for preventing, detecting and responding to fraud and corruption.	The SRs are recommended to develop at least minimum anti-fraud and corruption policies and procedures in place to cover identification, definitions, risk assessment, responsibilities, prevention and reporting for suspicious activity and reporting mechanism.
3	Lack of documented internal control framework, including segregation of duties (due to staff limitations), internal audit function	Lack of documented internal control framework and culture constrains the organisation to prevent, detect and correct fraudulent activity or error and shall cause failure in safeguarding assets, accuracy and reliability of data and reporting, promoting operational efficiency and effectiveness and adherence to sound management practices which in turn impacts the organisation's accountability and trust.	The SRs are recommended to outline in written the minimum internal control framework to provide reasonable assurance of the achievement of objectives of effectiveness and efficiency of operations and compliance with applicable laws and regulations, including control environment, risk assessment procedures, control activities, IT, and internal control monitoring processes. The SRs are recommended to review their organisational structures to allow for minimum level of segregations of duties in finance functions. The SRs are recommended to recruit internal auditors (at least part time) to conduct periodic monitoring of internal controls implementation.
4	Lack of independent assurance providers both on financial (external	Failure to have its financial and programme	The SRs are recommended to cost for periodic (annual) evaluation of their

#	Key Weaknesses	Description and Impact	Recommendation
	audit) and programme performance (external evaluation). Almost all SRs do not publish their annual financial statements, do not arrange for independent audit of their annual financial statements.	performance evaluated independently at regular basis reduces public and stakeholders' confidence on the organisation, inhibits its ability to identify and respond to risks on timely basis, prevent fraud and corruption and provide for safeguard and proper appropriation of entrusted funds.	financial and programme activities and performance by an independent assurance provider.
5	Lack of medium to long term strategic planning, including financial plan. Most of the SRs demonstrated evident dependence on single source of funding stream and could not demonstrate to have medium or long term financial strategy and plans. This also indicates low business development (proposal writing and fundraising) capacity of the organisations.	Material uncertainties over available financing of activities raise issues with going concern of the organisations and pose doubt on organisation's ability to operate within foreseeable future.	It is generally recommended that the organisations develop at least medium-term funding plans to cover 3 to 4 years and train appropriate number of staff to develop proposal writing capabilities internally to diversify funding stream and not depend on single source of funding.

Republican Centre on AIDS prevention and Control and Oblast AIDS Centers

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's Ministry of Health and Social Protection 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.

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 establishing the proper social environment for expanding prevention programs in 13 prisons throughout Tajikistan. Additionally, the DPA will manage previously opened two OST sites and four NSEP points within the colonies and support opening additional OST sites.

Risks and Assumptions

- Risk of not achieving program outputs and impact for the HIV program (low motivation and Inadequate health workforce capacity leading to poor capacity for program delivery and scale-up.

  Mitigation actions:

  a) PEPFAR will continue its support to top up the salaries of approximately 90 health personnel in the AIDS centers until September 2018.
  b) Capacity activities building activities for improvement of reporting system in area of finance and PSM are to install new software and conduct training.
  c) Capacity building activities in the form of on-job coaching and joint monitoring visits for staff of AIDS centers.

d) WHO to continue assist the national entities in implementing the test and treat all approaches through close reviews and regular feedback to national counterparts.

- Risk of not achieving program outputs and impact for the HIV program (Inadequate laboratory systems capacity and patient follow-up leading to HIV misdiagnosis, and late diagnosis of treatment failure).

  Mitigation actions:

  e) Development of an action plan, in collaboration with partners, to strengthen the quality of testing and laboratory services across HIV laboratories in the country. Specifically, this plan will include:
     - Training of relevant health workers and lab personnel in provision of comprehensive HIV testing services;
     - Mapping of existing investments in lab systems for HIV;
     - Measures to fill remaining gaps, with a focus on optimizing use of existing infrastructure and staffing, strengthening management of lab commodities, and improving sample transportation.

  f) WHO to support a better monitoring of quality and availability of testing and good, regular monitoring of treatment outcomes

  g) Strengthen routine external quality assessment/assurance of labs by national reference laboratory- this intervention will be supported by CDC.

  h) CDC funding to support capacity building of laboratory staff, and strengthen systems in the AIDS centers.

  i) Enhance the capacity of lab staff on proper quantification, requisition and distribution of all lab commodities and tests through TA.

- Product stock-out, overstocks, and wastage related to governance of the supply chain.

  Mitigation actions:

  a) Collaborate with partners to support the review of structure, functions, and associated resource needs for PSM units of SRs.

  b) Renovation of medicine warehouses at oblast AIDS centers

- Poor financial efficiency: Weak budgeting procedures in the institutions.

  Mitigation actions:

  a) PIU with national SRs to prepare forecasts for the program activities per quarter. This helps guide cash request decisions.

  b) Quarterly review meetings to analyse stock level, pipeline and distribution time frames

- Fraud, corruption or theft of funds: Undesirable practices documented in past reviews like: statements; poor cash management; and non-due diligence in selection of service providers among others.

  Mitigation actions:

  a) Installation of a 1C accounting software for the SRs for:
     - Review and approval of financial transactions.
     - Report on cash flow reconciliations and cash payments
     - Provide regular progress updates on payment options, including engagement with local banks.
     - Capacity building (Training of SRs accountants).

  b) To participate in the recruitment of the Finance and other staff of SRs if poor performance of the currently engaged staff is reported or proved.

  c) Semi-annual Management letters to SRs, which will include findings and recommendations based on the results of the programmatic and financial reports reviews.

  d) Advocate for implementation of the government policy against fraud and corruption.

- Leadership of the Ministry of Health (MoHSP) in the health response: There are ongoing challenges which require MoHSP's leadership: Interruption of services for some key populations.

  Mitigation actions:

  a) MoHSP to ensure fully functioning AIDS centers and service delivery point for the key population (TP/FCs) are in place and staff trained on grant deliverables, including timely processing of requisitions and facilitating access to services by the key populations.
  b) Coordination meetings and working groups for key population related issues to be established/reinstated,
  c) CCM and MoHSP take a lead to support NGOs on working with key populations.

Stakeholder Engagement

- Identify key stakeholders and outline a strategy to ensure stakeholders are engaged throughout, including:
  - The target group of the project is PWID, SW, MSM, Prisoners, PLHIV, and TB/HIV patients.
  - The service to PWID, SW and MSM will be provided through Civil Society Organisations (SCO) and NAC. There are 111 service deliver points (SDP) in country that provides services to the key population (56 PWID SDP, 30 SW SDP, and 25 MSM SDP). The SDPs will provide the basic package services that includes: distribution of behavior change and/or information education communication materials (BCC, IEC); provision of prevention commodities (sterile injecting materials and/or condoms), counseling/peer counseling (with provision of essential information on HIV prevention). Additional services will include: referral to HCT (HIV Counselling and Testing), legal and social support, referral to OST program.
  - The services to Prisoners will be provided through Chief Department on Execution of Criminal Penalty of the Ministry of Justice of Republic of Tajikistan. The prisoners will be provided basic package of services, which includes distribution of BCC educational materials, and provision of condoms. Additional services will be provided upon request such as referral to HTC, and OI treatment.
  - PLHIV and TB/HIV patients will be reached through NACs at country and district levels. The target group will receive basic package of services that includes: providing ARV treatment, conducting CD4 count tests and VL testing. Additional support will include psychological and social support; referral to ARV clinical settings; opportunistic infection treatment.
  - To engage the target groups, the project is putting in place a robust M&E plan, which requires tomeet with the target groups during monitoring visits to collect their feedback on services and commodities they are receiving for prevention purpose. In addition, before purchasing any commodities focus group discussion will be organized with each target groups and the quality of the commodities will be discussed and based on their needs and request the project put an order for the commodities.

South-South and Triangular Cooperation (SSC/TrC)

- The UNDP HIV Project envisages transfer of knowledge and skills to key personnel of the MoHSPP at the national and oblast levels. Technical and advisory support from UNDP global Health and Development team will be sought as needed to ensure synergy with and to grasp potential benefit and knowledge from the other health-related activities implemented at UNDP corporate level. Best practices of other countries in supporting sustainable healthcare infrastructure and health system strengthening will be applied through learning and sharing the global knowledge with project partners and stakeholders. This approach ensures sustainable investment in human capital in areas of governance and management (unless offset by turnover of top level decision and technical opinion makers in the healthcare system

Knowledge

- The project will contribute to publication of Bio-Behavioural Surveillance among PWID, SW, and MSM. The visibility of the project will be created through participate in nation-wide campaigns on Worlds AIDS Day, “10 days of Human Rights" campaigns and other advocacy actions, including mass media campaigns and community mobilization activities at the regional and district levels. Additionally, information, education and communication (IEC) materials will be developed in coordination with the logo of UNDP and the GF. The IEC materials will be disseminated among targeted population as well as general population attending advocacy and awareness campaigns. Advocacy campaign will be also supported by posters, billboards to reflect HIV related issues including stigma and discrimination and the promotion of human rights of PLHIV.

Sustainability and Scaling Up

- Over the past 13 years, Tajikistan has received Global Fund support in order implement National Strategic Program plans, while increasing the contributions of the government in order ensure sustainability. Most bilateral and multilateral donors are contributors to the Global Fund, so all funding requests are referred back to the Global Fund contribution.
- As further funding is still required to reach the goals of the National Strategic Program, support from the Global Fund is still required, with additional support from USG $4,204,083 and UN Agencies $452,547 in 2018. There are concerns regarding long-term plans of implementation and sustainability due to uncertainty of future funding, as most funders generally announce funding allocations on a yearly basis. Future implications on funding received from USAID are especially unclear due to new US administration policies to decrease the total USAID budget by 35%. Overall, one of the main gaps is the available allocation amount for a request for tailored material change (2018-2020), which has decreased by 43% since the previous Global Fund allocation period (2015-2017).
- Tajikistan has a plan for financial sustainability through cost sharing of payments made to healthcare workers and managers who are employed in AIDS centers and AIDS programs offered in primary healthcare service centers. These professionals will receive full salaries from the Tajikistan Ministry of Health, while receiving only extra service payments from Global Fund allocation. Technical sustainability will be ensured through providing technically appropriate mentorship and support via ECHO platform. Management sustainability will be ensured by instituting one manager in each region as the Director of the Regional AIDS Center, who will also be responsible for managing all aspects of operation in all local city and rural centers in their jurisdiction. Political sustainability will be ensured through engagement of a variety of stakeholders, the National Technical Committee, stakeholder support of the CCM, and the overwhelming support of President Emomali Rahmon, who signed the National HIV Plan in January 2017 and announced the prioritization of HIV/AIDS among all sectors. Sustainability of impact will also be ensured through integration of HIV/AIDS services into the national primary healthcare system.

IV. PROJECT MANAGEMENT (1/2 PAGES - 2 PAGES RECOMMENDED)

Cost Efficiency and Effectiveness

For the past few years, UNDP used to have an umbrella approach in working with CSO. One head CSO in the region had sub-organization of the same region working with the key population. To ensure the cost efficiency the project moved away from umbrella approach, in project implementation that had a higher level of management cost to an approach when one CSO takes over the entire region on working with a specific key population group. Additionally, due to strong requirements of the donor on national rates of salaries and reduced budget, UNDP started using a new innovative method of the procurement of services of CSO, which is quality fixed budget (QFB). In QFB approach the project determines the project budget for a given region and local SCO apply and bid for the grant. During the budget fixation the value for money was calculated for each region and compared accordingly. The result of value for money was integrated into the QFB and the bid was announced.

The project is also partnering with USAID HIV Flagship project, Center for Disease Control (CDC) and Red Cross Society of Tajikistan (RCST) in provision of harm reduction services to PWID. Particularly, UNDP within the framework of GF grant is providing harm reduction materials and HIV testing services and the partners are taking over of the management and utility cost of the civil society organization providing the services to PWID. As a result, Sughd oblast of Tajikistan was handed over to USAID Flagship project and CDC, and RCST is providing services in GBAO.

Additionally, the project is putting in place joint monitoring with National AIDS Center (NAC) of Service Delivery Points (SDP) that will be directed not only in monitoring, but also to enhance the capacity of NAC to conduct monitoring of HIV project.

Project Management

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.

As a PR of the GF HIV grant to Tajikistan, UNDP's management consists of role of managing grants, ensuring adequate financial management, accountability, and supporting program departments and implementing entities towards an improved program and financial performance. In this regard, a dedicated Program Implementation Unit (PIU) is set up. In its role as a PR, UNDP's PIU ensures quality financial management, sub recipient (SR) management, timely procurement of supplies and service delivery as well as efficient monitoring and evaluation of grant implementation activities. Procurement of Health commodities will continue to be managed through UNDP. In close collaboration and coordination with SRs and development partners, UNDP will be responsible the procurement of various health commodities, which includes quantification, forecasting, storage and distribution, quality assurance of medicines and procurement of non-health products, service delivery at primary, secondary and tertiary facilities.

The PIU consists of international and national staff. The two international staff comprises of the Project Manager & Capacity building Adviser and the Finance/Administrative analyst.

Project Manager 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.

Under the guidance and direct supervision of the Program Manager, the Administrative and Finance Analyst will ensure effective execution of financial and administrative services and processes at UNDP HIV project and transparent utilization and management of donor and UNDP core financial resources and other related services consistent with UNDP rules and regulations.

The main role is to coordinate and facilitate activities to build management capacities of key national counterparts, strengthen operations management skills of UNDP administrative and finance project team, ensuring smooth functioning of the projects operations, consistent services delivery and constant evaluation and readjustment of the operations to take into account changes in the operating environment as and when needed. The Admin and Finance Analyst leads and guides the UNDP HIV project's Administrative and Finance team and works in close collaboration with implementing partners and government officials to successfully deliver administrative and financial services.

V. RESULTS FRAMEWORK[8]

<table>
<tr><td colspan="9">Intended Outcome as stated in the UNDAF/Country Programme Results and Resource Framework: Outcome 3: People in Tajikistan benefit from quality, equitable and inclusive health, education and social protection systems</td></tr>
<tr><td colspan="9">Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:
Indicator 3.10. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy. Baseline: 87.182% (UNDP, 2016); Target: 90%
Indicator 3.11. Percentage of key affected population (PWID, SW, MSM) living with HIV. Baseline: PWID: 12.8%; Sex workers: 3.5%; MSM: 2.7% Target: People who inject drugs: < 10%; Sex workers: 3%; MSM: 2.7%</td></tr>
<tr><td colspan="9">Project title and Atlas Project Number: Strengthening the Supportive Environment and Scaling up Prevention, Treatment and Care to Contain the HIV Epidemic in the Republic of Tajikistan; 00092967 and 00043359</td></tr>
<tr><th rowspan="2">EXPECTED OUTPUTS</th><th rowspan="2">OUTPUT INDICATORS[9]</th><th rowspan="2">DATA SOURCE</th><th colspan="2">BASELINE</th><th colspan="3">TARGETS (by frequency of data collection)</th><th rowspan="2">DATA COLLECTION METHODS & RISKS</th></tr>
<tr><th>Value</th><th>Year</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr>
<tr><td>Output 1
Comprehensive prevention programs for MSM</td><td>Percentage of men who have sex with men reached with HIV prevention programs - defined package of services</td><td>PR Report</td><td>42.9%</td><td>2016</td><td>54.1%</td><td>54.5%</td><td>55%</td><td rowspan="3">The data will be collected from primary restoration books of trust points and friendly cabinets as well as daily registration books of social and outreach workers

Risk: There is risk of double counting and human error.</td></tr>
<tr><td rowspan="2">Output 2
Comprehensive prevention programs for people who inject drugs (PWID) and their partners</td><td>Percentage of people who inject drugs reached with HIV prevention programs - defined package of services</td><td>PR Report</td><td>60.9%</td><td>2016</td><td>66%</td><td>69%</td><td>73.2%</td></tr>
<tr><td>Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months</td><td>PR Report</td><td>54.4%</td><td>2016</td><td>58%</td><td>60%</td><td>60%</td></tr>
</table>

[8] UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

[9] It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

Output 3 *Comprehensive prevention programs for sex workers and their clients*	*Percentage of sex workers reached with HIV prevention programs - defined package of services*	*PR Report*	*50%*	*2016*	*66%*	*68%*	*70%*	
Output 4 *Comprehensive programs for people in prisons and other closed settings*	*Percentage of other vulnerable populations (prisoners) reached with HIV prevention programs- defined package of services*	*PR Report*	*50%*	*2016*	*55%*	*67%*	*78%*	
Output 5 *HIV Testing Services*	*Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results*	*PR Report*	*3.9%*	*2016*	*10.8%*	*19.1%*	*25%*	*The data will be retrieved from HIV testing database* *The risk is that National AIDS Center does not input the data in the database*
	Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results	*PR Report*	*31.5%*	*2016*	*46%*	*50%*	*55%*	
	Percentage of sex workers that have received an HIV test during the reporting period and know their results	*PR Report*	*26.8%*	*2016*	*35%*	*45%*	*55%*	
	Percentage of other vulnerable populations (prisoners) that have received an HIV test during the reporting period and know their results	*PR Report*	*36.5%*	*2016*	*33%*	*46.9%*	*62.4%*	
Output 5 *Prevention of mother-to-child transmission*	*Percentage of HIV-positive pregnant women who received ART during pregnancy*	*PR Report*	*56.3%*	*2016*	*98.1%*	*99.1%*	*100%*	*The data will be collected from HIV Electronic Case Management System (HECMS) of National AIDS Centers* *Risk: the HECMS is not filled regularly*
	Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	*PR Report*	*46.5%*	*2016*	*80%*	*90%*	*100%*	
Output 6 *Treatment, Care and Support*	*Percentage of people living with HIV currently receiving antiretroviral therapy*	*PR Report*	*24.5%*	*2016*	*80%*	*85%*	*90%*	
	Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	*PR Report*	*72%*	*2016*	*98%*	*99%*	*100%*	

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost, USD
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Deviation from the expected progress will be addressed by project management.	UNDP, NAC, Narcology center, Prison administration and CSO	244,291
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.	UNDP, NAC, Narcology center, Prison administration and CSO	105,097
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.	UNDP	2,000
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	UNDP	90,161
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	UNDP	n/a
Project Report	A progress report will be presented to the	Annually, and at		UNDP	n/a

	Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	the end of the project (final report)			
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Quarterly	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	UNDP, NAC, Narcology center, Prison administration and CSO	181,425

Evaluation Plan[10]

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
Mid-Term Evaluation (subject to funding)	National AIDS Center	Output 1.3	Outcome 3	December 2019	NAC, CSO	100,000

[10] Optional, if needed

VII. MULTI-YEAR WORK PLAN [11][12]

All anticipated programmatic and operational costs to support the project, including development effectiveness and implementation support arrangements, need to be identified, estimated and fully costed in the project budget under the relevant output(s). This includes activities that directly support the project, such as communication, human resources, procurement, finance, audit, policy advisory, quality assurance, reporting, management, etc. All services which are directly related to the project need to be disclosed transparently in the project document.

EXPECTED OUTPUTS	PLANED ACTIVITIES	Planned budget by year			Resp. party	PLANNED BUDGET		
		Y1	Y2	Y3		Funding Source	Budget Description	Amount, USD
Output 1. Comprehensive prevention programs for MSM **Year 1 (2018)** **Baseline:** 42% in 2016 **Target:** 54.1% from the estimated number (13,400) of MSM reached with HIV prevention programs **Baseline:** 3.9% **Target:** 10.8% of MSM that received an HIV test during the reporting period know their results **Year 2 (2019)** **Target:** 54.5% from the estimated number (13,400) of MSM reached with HIV prevention programs **Target:** 19.1% of MSM that received an HIV test during the reporting period know their results	Activity 26. Printing of communication material for MSM - 2 IEC materials per year per SWs and their clients	0.0	6480.0	6609.6	UNDP	GF	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	13,089.60
	Activity 27. Train social worker working MSM case management	1592.4	1688.0	2660.0	NGO	GF	2.1 Training related per diems/transport/other costs	5,940.36
	Activity 30. HR cost for NGO working with MSM to provide friendly services	74845.5	79336.3	84096.4	NGO	GF	1.2 Salaries - outreach workers, medical staff and other service providers	238,278.22
	Activity 32. Support of M&E visits by SR for supervision and data collection, including conduction of focus groups. Duration of visit is 2 days, to be conducted by 3 persons each quarter by 3 NGO	3021.8	3021.8	3021.8	NGO	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	9,065.45
	Activity 128. Male Latex Condom;	0.0	38636.4	39003.8	UNDP	GF	5.2 Condoms - Male	77,640.19
	Activity 129. PSM costs	0.0	11791.8	11904.0	UNDP	GF	7.7 Other PSM costs	23,695.78

[11] Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

[12] Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

Year 3 (2020) **Target:** 55% from the estimated number (13,400) of MSM reached with HIV prevention programs **Target:** 25% of MSM that received an HIV test during the reporting period know their results **Gender Marker:** GEN02								
Comprehensive prevention programs for MSM	**TOTAL**	**79,459.8**	**140,954.2**	**147,295.6**				**367,709.59**
Output 2. Comprehensive prevention programs for people who inject drugs (PWID) and their partners **Year 1 (2018)** **Baseline:** 60.9% **Target:** 66% PWID reached with HIV prevention programs - defined package of services **Baseline:** 31.5% **Target**: 46% PWID that have received an HIV test during the reporting period and know their results **Baseline:** 54.3% **Target:** 58% of individuals receiving Opioid Substitution Therapy retained on treatment 6 months after initiating OST **Year 2 (2019)** **Target:** 69% PWID reached with HIV prevention programs - defined package of services	Activity 1. Printing of communication material for PWID - 2 IEC materials per year per PWID, and additional 20% will be printed for partners of PWIDs	0.0	13567.4	14172.2	UNDP	GF	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	27,739.58
	Activity 2. Trainings on the basis of NGOs staff working with PWID and partners once a year related to program implementation, reporting and new requirements of donors.	3167.8	3357.9	3559.4	NGO	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	10,085.08
	Activity 133. Fund allocated for implementation of low threshold services for PWID	42319.5	42319.5	40729.3	NGO	GF	3.4 Other external professional services	125,368.27
	Activity 104. Male Latex Condom;	0.0	0.0	25498.7	UNDP	GF	5.2 Condoms - Male	25,498.66
	Activity 105. PSM costs	0.0	0.0	7782.2	UNDP	GF	7.7 Other PSM costs	7,782.19
	Activity 5. HR cost for NGO working with PWID (social workers, outreach workers, etc). Detailed list in the Tab Assumption HR	94091.5	104986.3	111285.5	NGO	GF	1.2 Salaries - outreach workers, medical staff and other service providers	310,363.35
	Activity 6. Support of M&E visits by SR for supervision and data collection, including conduction of focus groups. Duration of visit is 2 days, to be conducted by 2 persons each quarter by 4 NGO	2686.1	2686.1	2686.1	NGO	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	8,058.18
	Activity 7. Support NGOs working	3190.5	3382.0	3584.9	NGO	GF	2.4 Meeting/Advocacy	10,157.37

Target: 50% PWID that have received an HIV test during the reporting period and know their results **Target:** 60% of individuals receiving Opioid Substitution Therapy retained on treatment 6 months after initiating OST **Year 3 (2020)** **Target:** 73.2% PWID reached with HIV prevention programs - defined package of services **Target:** 55% PWID that have received an HIV test during the reporting period and know their results **Target:** 60% of individuals receiving Opioid Substitution Therapy retained on treatment 6 months after initiating OST **Gender Marker:** GEN02	on needle and syringe exchange programs. Quarterly round tables with local authorities refreshment, handout materials, travel and other expenses)						related per diems/transport/other costs	
	Activity 9. HR cost to support of existing 21 Trust Points (TP) to provide HTC services to PWID at the basis on AIDS Centers	29262.9	31018.7	32879.8	AIDS center	GF	1.3 Performance based suppliments, incentives	93,161.41
	Activity 10. HR cost to support of existing 21 Trust Points (TP) to provide HTC services to PWID at the basis on AIDS Centers	59876.4	63469.0	67277.1	AIDS center	GF	1.3 Performance based supplements, incentives	190,622.57
	Activity 19. HR cost for Mobile Medical units for provision of outreach needle exchange services including HTC	16807.4	8909.1	21245.4	AIDS center	GF	1.3 Performance based supplements, incentives	46,961.95
	Activity 20. Running cost for Mobile Medical units	6773.4	7179.8	7586.2	AIDS center	GF	9.4 Maintenance and service costs non-health equipment	21,539.33
	Activity 106. Syringe disposable; Alcohol swabs; Safety box;	0.0	29699.7	165107.5	UNDP	GF	5.7 Syringes and needles	194,807.12
	Activity 107. PSM costs	0.0	6836.9	38007.7	UNDP	GF	7.7 Other PSM costs	44,844.60
	Activity 13. Monitoring cost for supervision, on job coaching and data verification on regional level	1846.7	2182.4	2476.2	Narcology	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	6,505.30
	Activity 15. The new OST sites will be opened as following Y1 -2; Y2-2; Y3 -1. The construction and renovation of point should be done to meet MOH and MOJ requirements before opening of site.	20150.4	20150.4	10075.2	UNDP	GF	8.2 Renovation/constructions	50,375.94
	Activity 16. The equipment for newly opened OST sites in Y1 -2; Y2- 2; Y3 -1.	2408.0	2408.0	1204.0	UNDP	GF	9.1 IT - Computers, computer equipment, Software and applications	6,020.00
	Activity 17. Trainings on OST	3000.3	2509.4	2660.0	Narcology	GF	2.1 Training related per	8,169.70

	management for new hired staff						diems/transport/other costs	
	Activity 22. Equipment for newly opened OST sites	2184.3	2184.3	1092.1	UNDP	GF	8.1 Furniture	5,460.65
	Activity 23. HR cost for new OST sites will be opened as following Y1 -2; Y2- 2; Y3 -1.	10429.6	26869.4	63651.9	Narcology	GF	1.3 Performance based suppliments, incentives	100,950.92
	Activity 24. HR cost for existing 10 OST sites	5002.2	5302.3	5620.5	Narcology	GF	1.3 Performance based suppliments, incentives	15,925.03
	Activity 25. HR cost for existing 10 OST sites	111349.1	118030.1	125111.9	Narcology	GF	1.3 Performance based suppliments, incentives	35,4491.10
	Activity 108. *Methadone;	27860.3	142637.6	156997.0	UNDP	GF	4.4 Opioid substitution medicines	327,494.86
	Activity 109. Rapid Diagnostic Test - HBV; Rapid Diagnostic Test - HCV; Rapid Diagnostic Test - Syphyllis ;	0.0	8981.0	10405.1	UNDP	GF	5.4 Rapid Diagnostic Test	19,386.03
	Activity 110. PSM costs	13838.1	67674.2	74577.5	UNDP	GF	7.7 Other PSM costs	156,089.83
	Activity 21. Train social worker working in harm reduction programs on naloxone administration	2987.3	3166.5	0.0	NGO	GF	2.1 Training related per diems/transport/other costs	6,153.82
	Activity 111. Drug Rapid tests;	5346.0	5832.0	6318.0	UNDP	GF	5.8 Other consumables	17,496.00
	Activity 112. Nalaxone	7350.0	23100.0	25410.0	UNDP	GF	4.7 Other medicines	55,860.00
	Activity 113. PSM costs	1398.0	4393.6	4833.0	UNDP	GF	7.7 Other PSM costs	10,624.57
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	**TOTAL**	**473325.8**	**752833.4**	**1031834.3**				**2,257,993.41**
Output 3. Comprehensive prevention programs for sex workers and their clients **Year 1 (2018)** **Baseline:** 50% **Target:** 66% from the estimated number (14,100) of SW reached with HIV prevention programs	Activity 35. Printing of communication material for SW - 2 IEC materials per year per SWs and their clients	0.0	8393.8	8653.0	UNDP	GF	10.1 Printed materials (forms, books, guidelines, brochure, leaflets)	17,046.72
	Activity 37. HR cost to support of NGO working with SWs	105046.4	116121.2	123088.5	NGO	GF	1.2 Salaries - outreach workers, medical staff and other service providers	344,256.11
	Activity 38. Working meetings on the basis of NGOs staff working with SW and partners once a year	3167.8	3357.9	3559.4	NGO	GF	2.1 Training related per diems/transport/other costs	10,085.08

Baseline: 26.7% **Target:** 35% of SW that received an HIV test during the reporting period know their results **Year 2 (2019)** **Target:** 68% from the estimated number (14,100) of SW reached with HIV prevention programs **Target:** 45% of SW that received an HIV test during the reporting period know their results **Year 3 (2020)** **Target:** 70% from the estimated number (14,100) of SW reached with HIV prevention programs **Target:** 55% of SW that received an HIV test during the reporting period know their results **Gender Marker:** GEN02	related to program implementation, reporting and new requirements of donors.							
	Activity 39. Support of M&E visits by SR for supervision and data collection, including conduction of focus groups. Duration of visit is 2 days, to be conducted by 3 persons each quarter by 4 NGO	4029.1	4029.1	4029.1	NGO	GF	2.3 Supervision/ surveys/ data collection related per diems/transport/other costs	12,087.27
	Activity 102. Male Latex Condom;	0.0	65939.0	104475.2	UNDP	GF	5.2 Condoms - Male	170,414.21
	Activity 103. PSM costs	0.0	20124.6	31885.8	UNDP	GF	7.7 Other PSM costs	52,010.42
	Activity 44. HR cost for Friendly cabinets for SW under AIDS center	28512.6	30223.3	32036.7	AIDS center	GF	1.3 Performance based supplements, incentives	90,772.65
	Activity 46. HR cost to support 4 (four) mobile units for provision of outreach services to hard to reach SWs	10804.8	11453.1	12140.2	AIDS center	GF	1.3 Performance based supplements, incentives	34,398.06
Comprehensive prevention programs for sex workers and their clients	**TOTAL**	**151,560.6**	**259,642.0**	**319,867.9**				**731,070.51**
Output 4. Comprehensive programs for people in prisons and other closed settings **Year 1 (2018)** **Baseline:** 50.3% **Target:** 55% from the estimated number (10,000) of prisoners reached with HIV prevention programs	Activity 43. Motivation packages for prisoners	5156.9	7102.0	8736.0	DPA	GF	12.2 Food and care packages	20,994.91
	Activity 120. Male Latex Condom;	0.0	0.0	11763.8	UNDP	GF	5.2 Condoms - Male	11,763.79
	Activity 121. PSM costs	0.0	0.0	3590.3	UNDP	GF	7.7 Other PSM costs	3,590.31
	Activity 48. Printing of communication material for prisoners. 2 IEC materials per year per prisoner.	0.0	4824.0	5616.0	UNDP	GF	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	10,440.00
	Activity 49. Conduct TOT for 260 peer educators in prison on HIV prevention 26 session per year	10539.0	11171.3	11841.6	DPA	GF	2.1 Training related per diems/transport/other costs	33,551.87

Baseline: 36.5% **Target:** 33% of prisoners that received an HIV test during the reporting period know their results **Year 2 (2019)** **Target:** 67% from the estimated number (10,000) of Prisoners reached with HIV prevention programs **Target:** 46.9% of Prisoners that received an HIV test during the reporting period know their results **Year 3 (2020)** **Target:** 78% from the estimated number (10,000) of prisoners reached with HIV prevention programs **Target:** 62.4% of prisoners that received an HIV test during the reporting period know their results **Gender Marker:** GEN01	Activity 50. Conduction of mini education session among inmates, US$1 per inmate and peer consultant per year	6750.9	13318.0	16382.1	DPA	GF	12.5 Other LSCTP costs	36,450.95
	Activity 51. HR cost for NSEP in prison	7128.1	9464.7	10032.6	DPA	GF	1.3 Performance based supplements, incentives	26,625.38
	Activity 52. HR cost for NSEP in prison	7428.3	10260.0	10875.6	DPA	GF	1.3 Performance based supplements, incentives	28,563.93
	Activity 53. Support of M&E visits by DPA for supervision and data collection, including conduction of focus groups. Duration of visit is 5 days, to be conducted by 2 persons each quarter	1678.8	1678.8	1678.8	DPA	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	5,036.36
	Activity 55. Train prison health workers on OST management;	0.0	3679.8	3900.6	UNDP	GF	2.1 Training related per diems/transport/other costs	7,580.47
	Activity 57. The new OST sites in the prison will be opened as following Y2- 1; Y3 -1. The construction and renovation of point should be done to meet MOH and MOJ requirements before opening of site.	0.0	4192.8	4192.8	UNDP	GF	8.2 Renovation/constructions	8,385.67
	Activity 58. The equipment for 2 newly opened OST sites in prison Y1-1, Y2 -2	0.0	1204.0	1204.0	UNDP	GF	9.1 IT - Computers, computer equipment, Software and applications	2,408.00
	Activity 59. HR cost for 2 existing OST points and new OST sites will be opened as following Y2- 1; Y3 - 1.	11705.2	15191.2	21582.6	DPA	GF	1.3 Performance based supplements, incentives	48,479.01
Comprehensive programs for people in prisons and other closed settings	**TOTAL**	**50,387.1**	**82,086.6**	**111,396.9**				**243,870.66**
Output 5 HIV Testing Services **GEN02**	Activity 3. Train health workers on client centred HIV counselling and testing (HCT), with focus on providing friendly services to key populations. 2 trainings for NGO staff (15 ppt) in Y1 and Y2 for	2367.4	2509.4	0.0	UNDP	GF	2.1 Training related per diems/transport/other costs	4,876.74

	initiation of community blood testing.							
	Activity 33. HTC Motivation packages for Key population	0.0	86573.5	101103.6	UNDP	GF	12.2 Food and care packages	187,677.07
	Activity 61. Improving of infrastructure of 5 CSOs to conduct (blood) HTC by end of 2019. Y2 - 3; Y3 - 2	0.0	9834.0	6556.0	UNDP	GF	8.3 Infrastructure maintenance and other INF costs	16,390.00
	Activity 122. Rapid Diagnostic Test - HIV;	48573.9	83144.9	98413.2	UNDP	GF	5.4 Rapid Diagnostic Test	230,132.03
	Activity 123. Gloves; capillary tubes; blood lancet; eppeppendorf tube; masks; filter paper, tubes. Consumables for RDT, Qiagen and Genxpert tests;	6014.2	12353.2	15026.2	UNDP	GF	5.8 Other consumables	33,393.52
	Activity 124. Analyzer consumables/reagents;	15935.1	87259.9	103684.1	UNDP	GF	6.1 CD4 analyser/accessories	20,6879.10
	Activity 125. HIV Early Infant Diagnosis kits; HIV Viral Load test kits;	254479.9	225905.2	251138.1	UNDP	GF	6.2 HIV Viral Load analyser/accessories	731,523.21
	Activity 126. Health equipment maintenance and services;	23576.6	36479.1	39903.9	UNDP	GF	6.5 Maintenance and service costs for health equipment	99,959.52
	Activity 127. PSM costs	48226.3	76418.5	86076.0	UNDP	GF	7.7 Other PSM costs	210,720.71
	Activity 132. Enhancing community based HIV testing through applying the Eco-Social Framework	50000.0	0.0	0.0	UNDP	GF	3.4 Other external professional services	50,000.00
HIV Testing Services	**TOTAL**	**449,173.3**	**620,477.6**	**701,901.0**				**1,771,551.90**
Output 6. PMTCT **Year 1 (2018)** **Baseline:** 56.2% **Target:** 98.1% of HIV pregnant women received ART during pregnancy **Baseline: 46.5%** **Target:** 80% of HIV-exposed infants receiving a virological test for HIV 2 months of birth **Year 2 (2019)**	Activity 114. ARV drug (Lamivudine);	753.6	753.6	760.8	UNDP	GF	4.1 Antiretroviral medicines	2,268.00
	Activity 115. ARV drug – (Nevirapine; Zidovudine);	1570.0	1570.0	1585.0	UNDP	GF	4.1 Antiretroviral medicines	4,725.00
	Activity 116. PSM costs	442.0	446.2	450.4	UNDP	GF	7.7 Other PSM costs	1,338.51

Target: 99.1% of HIV pregnant women received ART during pregnancy **Target:** 90% of HIV-exposed infants receiving a virological test for HIV 2 months of birth **Year 3 (2020)** **Target:** 100% of HIV pregnant women received ART during pregnancy **Target:** 100% of HIV-exposed infants receiving a virological test for HIV 2 months of birth **Gender Marker:** GEN02								
PMTCT Total	**TOTAL**	**2,765.6**	**2,769.8**	**2,796.2**				**8,331.51**
Program management	Activity 4. HR cost for NGO working with PWID. Detailed list in the Tab Assumption HR	29262.9	41358.2	43839.7	NGO	GF	1.1 Salaries - program management	114,460.91
	Activity 8. Running cost to Support NGOs working on needle and syringe exchange programs.	31669.7	33569.9	35584.1	NGO	GF	11.1 Office related costs	100,823.81
	Activity 11. Local consultant on PSM related areas for improving of reporting and data collection at the regional and central level	19680.0	19680.0	19680.0	UNDP	GF	1.1 Salaries - program management	59,040.00
	Activity 12. Running cost to support of existing 21 Trust Points (TP) to provide HTC services to PWID at the basis on AIDS Centers and 7 MMU	19532.5	25999.7	25999.7	AIDS center	GF	11.1 Office related costs	71,531.88
	Activity 14. Running cost for existing 10 OST points and new OST sites will be opened as following Y1 -2; Y2- 2; Y3 -1.	7673.5	9612.8	11561.2	Narcology	GF	11.1 Office related costs	28,847.51
	Activity 18. Regular monitoring visits for supervision, on job coaching and data verification.	6336.0	6336.0	6336.0	UNDP	GF	2.3 Supervision/ surveys/ data collection related per diems/transport/other costs	19,008.00

	Activity							
	Activity 28. Local consultant on area of reporting, accounting, HR related issues	19680.0	19680.0	19680.0	UNDP	GF	1.1 Salaries - program management	59,040.00
	Activity 29. HR cost for NGO working with MSM to provide friendly services	23860.5	25292.2	26809.7	NGO	GF	1.1 Salaries - program management	75,962.38
	Activity 31. Running cost for NGO working with MSM to provide friendly services	23796.8	25224.6	26738.1	NGO	GF	11.1 Office related costs	75,759.60
	Activity 34. Support NGOs working on MSM Quarterly round tables with local authorities once a year	2392.9	2536.5	2688.7	NGO	GF	2.4 Meeting/Advocacy related per diems/ transport/other costs	7,618.03
	Activity 36. HR cost to support of NGO working with SWs	30013.2	22269.8	23606.0	NGO	GF	1.1 Salaries - program management	75,889.09
	Activity 40. NGO grants working on SW Coordination meetings with concerned Governmental and non-governmental agencies (refreshment, handout materials, travel and other expenses)	3190.5	3382.0	3584.9	NGO	GF	2.4 Meeting/Advocacy related per diems/ transport/other costs	10,157.37
	Activity 41. Running cost for NGO working with SW to provide friendly services	31729.1	35870.4	37900.8	NGO	GF	11.1 Office related costs	105,500.31
	Activity 45. Running cost to support for Friendly cabinets for SW under AIDS center	937.6	993.9	1053.5	AIDS center	GF	11.1 Office related costs	2,985.01
	Activity 47. Fuel cost to support 4 (four) mobile units for provision of outreach services to hard to reach SWs	3870.5	4102.7	4335.0	AIDS center	GF	9.4 Maintenance and service costs non-health equipment	12,308.19
	Activity 54. Running cost to support work of 5 existing NEPs and 2 newly established sites from Year 2.	3487.9	4806.4	5469.1	DPA	GF	11.1 Office related costs	13,763.45
	Activity 56. Equipment for 2 newly opened OST sites in prison from Year 2.	0.0	1092.1	1092.1	UNDP	GF	8.1 Furniture	2,184.26
	Activity 67. Organize workshop for national and subnational	5234.3	5548.3	0.0	NGO	GF	2.4 Meeting/Advocacy related per diems/	10,782.63

	Ombudsman offices and branches on human rights and HIV.						transport/other costs	
	Activity 68. Advocacy activities based on results of legal environment assessment (LEA) on HIV prevention, care and treatment among key populations	3372.2	3574.5	3789.0	NGO	GF	2.4 Meeting/Advocacy related per diems/ transport/ other costs	10,735.73
	Activity 70. HR cost for NGOs working in the area of reduction of human rights-related barriers to HIV services	7953.5	8430.7	8936.6	NGO	GF	1.1 Salaries - program management	25,320.79
	Activity 73. Running cost for NGOs working in the area of reduction of human rights-related barriers to HIV services for	5682.0	6022.9	6363.8	NGO	GF	11.1 Office related costs	18,068.70
	Activity 74. Small grants to communities for the development of community initiatives PLHIV	18758.3	19883.8	21076.8	NGO	GF	1.1 Salaries - program management	59,718.85
	Activity 75. HR cost for staff involved to project implementation under AIDS centres	69030.5	73172.3	57834.7	AIDS center	GF	1.3 Performance based suppliments, incentives	200,037.49
	Activity 77. Round tables with local authorities within Small grants to communities for the development of community initiatives PLHIV	3372.2	3574.5	3789.0	NGO	GF	2.4 Meeting/Advocacy related per diems/ transport/other costs	10,735.73
	Activity 78. Running cost for NGOs within small grants to communities for the development of community initiatives PLHIV	5682.0	6022.9	6363.8	NGO	GF	11.1 Office related costs	18,068.70
	Activity 85. Local consultant to the National Program on improving lab interventions	24000.0	24000.0	24000.0	UNDP	GF	1.1 Salaries - program management	72,000.00
	Activity 86. Local consultant to the National Program on improving ARV	24000.0	24000.0	24000.0	UNDP	GF	1.1 Salaries - program management	72,000.00
	Activity 92. Local consultant on implementation of prevention programs for MSM.	19680.0	19680.0	19680.0	UNDP	GF	1.1 Salaries - program management	59,040.00
	Activity 93. Regular monitoring visits for supervision, on job	6336.0	6336.0	6336.0	UNDP	GF	2.3 Supervision/ surveys/ data collection related	19,008.00

	coaching and data verification.						per diems/transport/other costs	
	Activity 94. Consultative meetings of national partners regarding programme implementation	17848.8	18919.7	20054.9	UNDP	GF	2.4 Meeting/Advocacy related per diems/ transport/other costs	56,823.46
	Activity 95. Printing of recording and reporting material for 195 Service Delivery points. The minimum number of journals per SDP is 7. The estimation is following 7*195*2 (twice per year) = 1950	0.0	2358.7	2358.7	UNDP	GF	10.1 Printed materials (forms, books, guidelines, brochure, leaflets)	4,717.44
	Activity 96. Support of running cost of AIDS Centres	18846.2	19976.9	21107.7	AIDS center	GF	11.1 Office related costs	59,930.85
	Activity 97. PR HR cost	450420.2	439768.7	439768.7	UNDP	GF	1.1 Salaries - program management	132,9957.60
	Activity 98. PR Office related costs including insurance cost, US$ 300 per Q	112914.7	112914.7	112914.7	UNDP	GF	11.1 Office related costs	338,744.04
	Activity 99. PR cost for monitoring and Supervision	8448.0	8448.0	8448.0	UNDP	GF	2.3 Supervision/surveys/ data collection related per diems/transport/other costs	25,344.00
	Activity 100. Annual audit of SRs	95048.5	10048.5	0.0	UNDP	GF	3.3 External audit fees	105,097.00
	Activity 101. PR Maintenance and service costs non-health equipment	16200.0	16200.0	16200.0	UNDP	GF	9.4 Maintenance and service costs non-health equipment	48,600.00
	Activity 130. Fund allocated for implementation of CD plan	16666.7	16666.7	16666.7	UNDP	GF	3.4 Other external professional services	50,000.00
	Activity 134. Support to national partners and CSOs for participation in the international conferences and meeting, workshops, study tours	14688.0	14688.0	14688.0	UNDP	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	44,064.00
	Activity 137. GMS	193852.0	284126.5	368533.7	UNDP	GF	11.3 Indirect cost recovery (ICR)-% based	846,512.22
Program management	**TOTAL**	**139,5147.7**	**142,6169.7**	**149,8869.5**				**4,320,187.01**
Programs to reduce human rights-related barriers to HIV services	Activity 69. Revision of existing i) human rights guidelines on HIV for judges and law enforcement institutions; ii) practical guidelines	2344.1	2484.7	2633.8	NGO	GF	3.1 Technical Assistance Fees/Consultants	7,462.52

GEN02	for lawyers on legal aid to KP based on local policy and legislation updates							
	Activity 66. Printing of information materials for future dissemination information about the existing services (crisis centers, legal support, and psychosocial support)	0.0	8190.3	8687.1	UNDP	GF	10.1 Printed materials (forms, books, guidelines, brochure, leaflets)	16,877.38
	Activity 71. Training for NGOs to increase knowledge reduce human rights-related barriers to HIV services	4450.8	4717.9	4717.9	NGO	GF	2.1 Training related per diems/transport/other costs	13,886.64
	Activity 72. Technical Support to NGOs working in the area of reduction of human rights-related barriers to HIV services for a) Lawyers' Honorarium fund for rendering juridical support to project beneficiaries b) Lawyers' Honorarium fund for conduction of strategic litigations and submission of individual complaints to the UN Committee	11720.3	12423.5	13168.9	NGO	GF	3.1 Technical Assistance Fees/Consultants	37,312.62
	Activity 62. Integration of developed guidelines, job aid and checklist for law enforcement staff on human rights and prevention violence against women and vulnerable groups, including PWID, SWs, MSM, links between violence and HIV and support for victims of violence into the curriculum Academy of Ministry of Internal Affairs, as well as ToT for relevant staff;	3516.1	0.0	0.0	NGO	GF	3.1 Technical Assistance Fees/Consultants	3,516.08
	Activity 63. Training to 20 police staff and 20 Judges on Adaptation and institutionalization of Human rights guidelines on HIV for judges and law enforcement institutions.	5356.3	5677.7	0.0	NGO	GF	2.1 Training related per diems/transport/other costs	11,034.07

	Activity 64. Organize semi-annual round table dialogue with representatives of law enforcement agencies to achieve high-level support for the development of programs.	3224.6	3418.1	3623.2	NGO	GF	2.4 Meeting/Advocacy related per diems/ transport/other costs	10,265.82
	Activity 65. 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.	3905.8	0.0	0.0	NGO	GF	2.1 Training related per diems/transport/other costs	3,905.85
Programs to reduce human rights-related barriers to HIV services	**TOTAL**	**34,518.0**	**36,912.2**	**32,830.8**				**104,260.98**
RSSH: Community responses and systems	Activity 83. Training on strengthening capacity of local NGOs on corporate and financial security (clerical work management, the procedures of reporting to donors and controlling bodies) as well as IT security issues	2764.7	2930.6	2930.6	NGO	GF	2.1 Training related per diems/transport/other costs	8,626.01
	Activity 81. Trainings with involvement of experienced national experts on project development and implementation, M&E and reporting (planning, budgeting, HR, cooperation with partners);	4712.0	4994.7	4994.7	NGO	GF	2.1 Training related per diems/transport/other costs	14,701.42
	Activity 82. Trainings with involvement of experienced national experts - on strategic and operational planning	2560.4	2714.0	2714.0	NGO	GF	2.1 Training related per diems/transport/other costs	7,988.36
	Activity 76. Support of M&E visits. Duration of visit is 3 days, to be conducted by 2 persons each quarter within small grants to communities for the development	1007.3	1007.3	1007.3	NGO	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	3,021.82

	of community initiatives PLHIV							
	Activity 79. Self-helping groups within small grants to communities for the development of community initiatives PLHIV	1156.6	1307.6	1295.4	NGO	GF	12.5 Other LSCTP costs	3,759.71
	Activity 80. Trainings on budget advocacy taking into consideration the domestic resources capacity	2560.4	2714.0	2714.0	NGO	GF	2.1 Training related per diems/transport/other costs	7,988.36
RSSH: Community responses and systems	**TOTAL**	**14,761.4**	**15,668.2**	**15,656.1**				**46,085.69**
RSSH: Health management information systems and M&E	Activity 131. Population size estimation of TG	0.0	0.0	24000.0	UNDP	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	24,000.00
RSSH: Health management information systems and M&E	**TOTAL**	**0.0**	**0.0**	**24,000.0**				**24,000.00**
RSSH: Procurement and supply chain management systems	Activity 135. Improvement of storage conditions for regional AIDS centers and Narcology centers to meet WHO storage conditions.	35725.3	35725.3	35725.3	UNDP	GF	8.2 Renovation/constructions	107,175.83
RSSH: Procurement and supply chain management systems	**TOTAL**	**35,725.3**	**35,725.3**	**35,725.3**				**107,175.83**
Output 7. Treatment, care and support **Year 1 (2018)** **Baseline:** 24.5% **Target:** 43.3% of PLHIV receiving ART **Baseline:** 71.9% **Target:** 80% PLHIV on ART have a suppressed viral load at 12 months (<1000 copies/ml) **Year 2 (2019)** **Target:** 51.5% of PLHIV	Activity 42. Motivation packages for PLHIV	0.0	26280.0	31680.0	UNDP	GF	12.2 Food and care packages	57,960.00
	Activity 84. Provide psychological support to PLHIV (counselling) through peer to peer and self-support groups;	1156.6	1226.0	1226.0	NGO	GF	2.1 Training related per diems/transport/other costs	3,608.75
	Activity 89. Train 60 CSOs' social workers on client management and social accompanying	6244.8	0.0	0.0	NGO	GF	2.1 Training related per diems/transport/other costs	6,244.81
	Activity 136. Counselling services to PLHIV	87938.8	93215.1	69165.6	AIDS center	GF	1.2 Salaries - outreach workers, medical staff and other service providers	250,319.56
	Activity 91. train 15 health workers	2918.0	3093.1	0.0	AIDS	GF	2.1 Training related per	6,011.14

receiving ART **Target:** 85% PLHIV on ART have a suppressed viral load at 12 months (<1000 copies/ml) **Year 3 (2020)** **Target:** 6.40% of HIV pregnant women received ART during pregnancy **Target:** 90% of HIV-exposed infants receiving a virological test for HIV 2 months of birth **Gender Marker:** GEN02	and 15 social workers on palliative care of chronically-ill patients;				center		diems/transport/other costs	
	Activity 117. ARV drugs	79324.4	625230.9	1262153.0	UNDP	GF	4.1 Antiretroviral medicines	1,966,708.25
	Activity 118. Opportunistic infections drugs	43236.8	59253.9	62079.3	UNDP	GF	4.7 Other medicines	164,570.08
	Activity 119. PSM costs	34923.6	146210.0	268415.0	UNDP	GF	7.7 Other PSM costs	449,548.71
	Activity 87. Train and engage 30 peer consultants on ARV adherence in 17 AIDS Centers;	4689.3	0.0	0.0	UNDP	GF	2.1 Training related per diems/transport/other costs	4,689.29
	Activity 88. Printing of ART education material for PLHIV;	0.0	5256.0	6336.0	UNDP	GF	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	11,592.00
	Activity 90. Train CSOs on treatment adherence support of the PLHIV;	5836.1	0.0	0.0	NGO	GF	2.1 Training related per diems/transport/other costs	5,836.06
	Activity 60. Support of M&E visits by AIDS Centers for supervision, on job coaching and data verification. 4 persons, for 5 days each month	10072.7	10072.7	10072.7	AIDS center	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	30,218.16
Treatment, care and support	**TOTAL**	**276,341.2**	**969,837.9**	**1,711,127.8**				**2,957,306.81**
Grand Total	**TOTAL**	**2,963,165.8**	**4,343,076.8**	**5,633,301.3**				**12,939,543.91**

VIII. Governance and Management Arrangements

Programme Management Level

As a Principal Recipient of the NFM (Phase II) 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 representative of NCC in the Project Board as the multi-sectoral composition of national and international 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 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.

As a PR, UNDP's management consists of role of managing grants, ensuring adequate financial management, accountability, and supporting program departments and implementing entities towards an improved program and financial performance. In this regard, a dedicated Program Implementation Unit (PIU) is set up. In its role as a PR, UNDP's PIU ensures quality financial management, sub recipient (SR) management, timely procurement of supplies and service delivery as well as efficient monitoring and evaluation of grant implementation activities. Procurement of Health commodities will continue to be managed through UNDP. In close collaboration and coordination with SRs and development partners, UNDP will be responsible the

procurement of various health commodities, which includes quantification, forecasting, storage and distribution, quality assurance of medicines and procurement of non-health products, service delivery at primary, secondary and tertiary facilities.

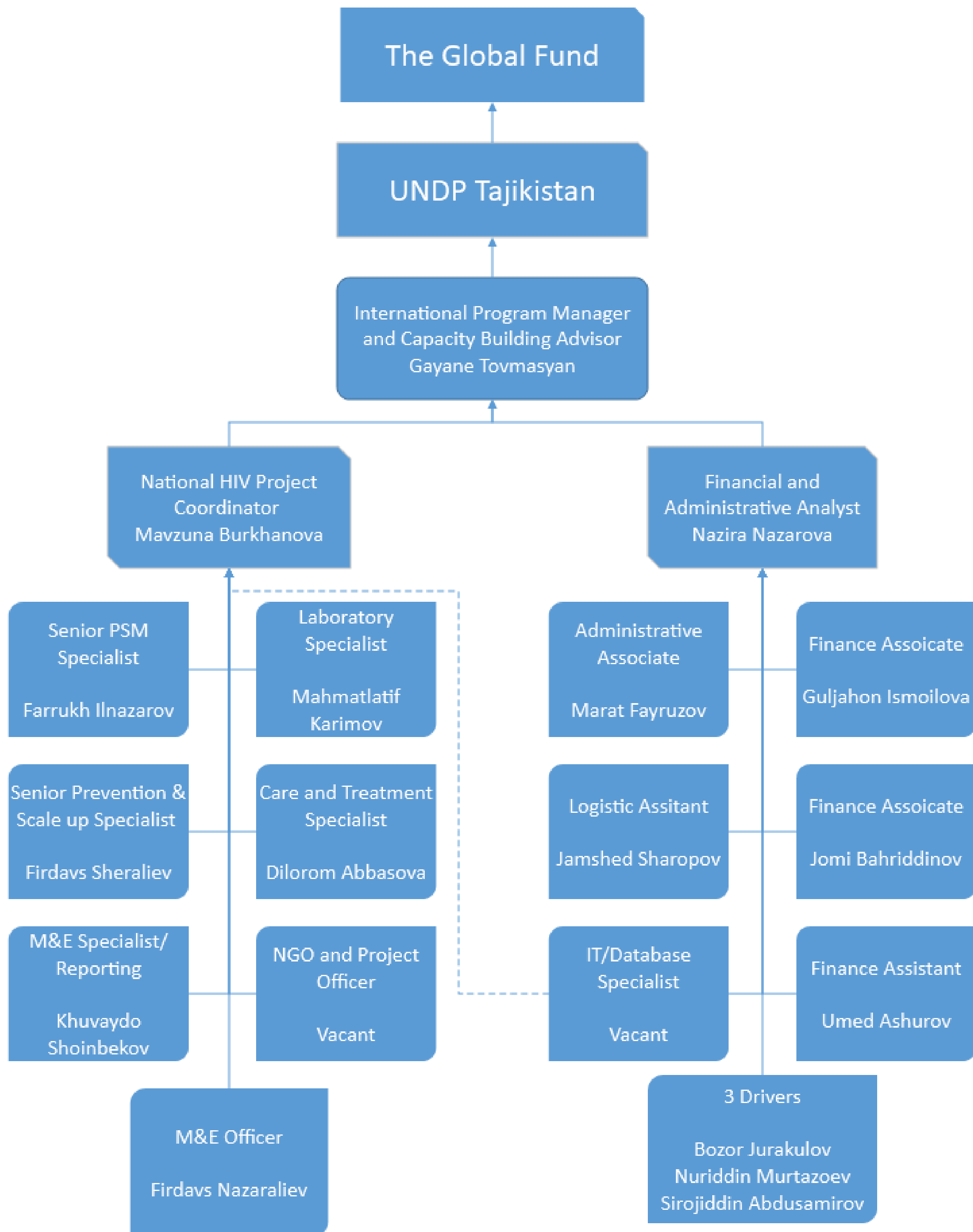
The PIU will consist of international and national staff. The two international staff comprises of the Project Manager & Capacity building Adviser and the Finance/Administrative analyst.

Project Manager 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.

Under the guidance and direct supervision of the Program Manager, the Administrative and Finance Analyst will ensure effective execution of financial and administrative services and processes at UNDP HIV project and transparent utilization and management of donor and UNDP core financial resources and other related services consistent with UNDP rules and regulations.

The main role is to coordinate and facilitate activities to build management capacities of key national counterparts, strengthen operations management skills of UNDP administrative and finance project team, ensuring smooth functioning of the projects operations, consistent services delivery and constant evaluation and readjustment of the operations to take into account changes in the operating environment as and when needed. The Admin and Finance Analyst leads and guides the UNDP HIV project's Administrative and Finance team and works in close collaboration with implementing partners and government officials to successfully deliver administrative and financial services.

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


UNDP HIV PIU Organogram (2018 - 2020)
The Global Fund
UNDP Tajikistan
International Program Manager and Capacity Building Advisor Gayane Tovmasyan
National HIV Project Coordinator Mavzuna Burkhanova
Financial and Administrative Analyst Nazira Nazarova
Senior PSM Specialist Farrukh Ilnazarov
Laboratory Specialist Mahmatlatif Karimov
Administrative Associate Marat Fayruzov
Finance Assoicate Guljahon Ismoilova
Senior Prevention & Scale up Specialist Firdavs Sheraliev
Care and Treatment Specialist Dilorom Abbasova
Logistic Assitant Jamshed Sharopov
Finance Assoicate Jomi Bahriddinov
M&E Specialist/ Reporting Khuvaydo Shoinbekov
NGO and Project Officer Vacant
IT/Database Specialist Vacant
Finance Assistant Umed Ashurov
M&E Officer Firdavs Nazaraliev
3 Drivers Bozor Jurakulov Nuriddin Murtazoev Sirojiddin Abdusamirov

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 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.

Partnership with other stakeholders and technical agencies

For effective coordination with other stakeholders and partners in the country, UNDP will continue building partnership 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 razing, 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.

IX. LEGAL CONTEXT

Option a. Where the country has signed the Standard Basic Assistance Agreement (SBAA)

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of (country) and UNDP, signed on October, 1993. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

This project will be implemented by United Nations Development Program ("Implementing Partner") in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

X. RISK MANAGEMENT

1.

Option b. UNDP (DIM)

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)

2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the project funds[13][14] 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.

3. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

4. UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

5. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

6. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:

    a. Consistent with the Article III of the SBAA *[or the Supplemental Provisions to the Project Document]*, the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP's property in

[13] To be used where UNDP is the Implementing Partner

[14] To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

such responsible party's, subcontractor's and sub-recipient's custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:

i. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.

b. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.

c. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.

d. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.

e. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.

f. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

   Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

g. UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement.

   Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

   Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

h. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.

i. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.

j. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled "Risk Management Standard Clauses" are adequately reflected, *mutatis mutandis*, in all its sub-contracts or sub-agreements entered into further to this Project Document.

XI. ANNEXES

1. **Project Quality Assurance Report- Attached Annex 1.**

2. **Social and Environmental Screening Template** [English][French][Spanish], including additional Social and Environmental Assessments or Management Plans as relevant. *(NOTE: The SES Screening is not required for projects in which UNDP is Administrative Agent only and/or projects comprised solely of reports, coordination of events, trainings, workshops, meetings, conferences, preparation of communication materials, strengthening capacities of partners to participate in international negotiations and conferences, partnership coordination and management of networks, or global/regional projects with no country level activities).* **Attached Annex 2.**

SESP Attachment 1. Social and Environmental Risk Screening Checklist

Checklist Potential Social and Environmental Risks	
Principles 1: Human Rights	**Answer (Yes/No)**
1. Could the Project lead to adverse impacts on enjoyment of the human rights (civil, political, economic, social or cultural) of the affected population and particularly of marginalized groups?	No
2. Is there likelihood that the Project would have inequitable or discriminatory adverse impacts on affected populations, particularly people living in poverty or marginalized or excluded individuals or groups? [15]	No
3. Could the Project potentially restrict availability, quality of and access to resources or basic services, in particular to marginalized individuals or groups?	Yes
4. Is there a likelihood that the Project would exclude any potentially affected stakeholders, marginalized groups, from fully participating in decisions that may affect them?	Yes
5. Is there a risk that duty-bearers do not have the capacity to meet their obligations in the Project?	Yes
6. Is there a risk that rights-holders do not have the capacity to claim their rights?	Yes
7. Have local communities or individuals, given the opportunity, raised human rights concerns regarding the Project during the stakeholder engagement process?	No
8. Is there a risk that the Project would exacerbate conflicts among and/or the risk of violence to project-affected communities and individuals?	No

[15] Prohibited grounds of discrimination include race, ethnicity, gender, age, language, disability, sexual orientation, religion, political or other opinion, national or social or geographical origin, property, birth or other status including as an indigenous person or as a member of a minority. References to "women and men" or similar is understood to include women and men, boys and girls, and other groups discriminated against based on their gender identities, such as transgender people and transsexuals.

Principle 2: Gender Equality and Women's Empowerment	
1. Is there a likelihood that the proposed Project would have adverse impacts on gender equality and/or the situation of women and girls?	No
2. Would the Project potentially reproduce discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	No
3. Have women's groups/leaders raised gender equality concerns regarding the Project during the stakeholder engagement process and has this been included in the overall Project proposal and in the risk assessment?	No
4. Would the Project potentially limit women's ability to use, develop and protect natural resources, taking into account different roles and positions of women and men in accessing environmental goods and services?	No
Principle 3: Environmental Sustainability: Screening questions regarding environmental risks are encompassed by the specific Standard-related questions below	
Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management	
1.1 Would the Project potentially cause adverse impacts to habitats (e.g. modified, natural, and critical habitats) and/or ecosystems and ecosystem services?	Yes
1.2 Are any Project activities proposed within or adjacent to critical habitats and/or environmentally sensitive areas, including legally protected areas (e.g. nature reserve, national park), areas proposed for protection, or recognized as such by authoritative sources and/or indigenous peoples or local communities?	No
1.3 Does the Project involve changes to the use of lands and resources that may have adverse impacts on habitats, ecosystems, and/or livelihoods? (Note: if restrictions and/or limitations of access to lands would apply, refer to Standard 5)	No
1.4 Would Project activities pose risks to endangered species?	No
1.5 Would the Project pose a risk of introducing invasive alien species?	No
1.6 Does the Project involve harvesting of natural forests, plantation development, or reforestation?	No
1.7 Does the Project involve the production and/or harvesting of fish populations or other aquatic species?	No
1.8 Does the Project involve significant extraction, diversion or containment of surface or ground water?	No
1.9 Does the Project involve utilization of genetic resources? (e.g. collection and/or harvesting, commercial development)	No
1.10 Would the Project generate potential adverse transboundary or global environmental concerns?	No
1.11 Would the Project result in secondary or consequential development activities which could lead to adverse social and environmental effects, or would it generate cumulative impacts with other known existing or planned activities in the area?	No
Standard 2: Climate Change Mitigation and Adaptation	
2.1 Will the proposed Project result in significant[16] greenhouse gas emissions or may exacerbate climate change?	Yes
2.2 Would the potential outcomes of the Project be sensitive or vulnerable to potential impacts of climate change?	No
2.3 Is the proposed Project likely to directly or indirectly increase social and environmental vulnerability to climate change now or in the future (also known as maladaptive practices)?	No
Standard 3: Community Health, Safety and Working Conditions	
3.1 Would elements of Project construction, operation, or decommissioning pose potential safety risks to local communities?	No
3.2 Would the Project pose potential risks to community health and safety due to the transport, storage, and use and/or disposal of hazardous or dangerous materials (e.g. explosives, fuel and other chemicals during construction and operation)?	No
3.3 Does the Project involve large-scale infrastructure development (e.g. dams, roads, buildings)?	No

[16] In regards to CO_2, 'significant emissions' corresponds generally to more than 25,000 tons per year (from both direct and indirect sources). [The Guidance Note on Climate Change Mitigation and Adaptation provides additional information on GHG emissions.]

3.4	Would failure of structural elements of the Project pose risks to communities? (e.g. collapse of buildings or infrastructure)	No
3.5	Would the proposed Project be susceptible to or lead to increased vulnerability to earthquakes, subsidence, landslides, erosion, flooding or extreme climatic conditions?	No
3.6	Would the Project result in potential increased health risks (e.g. from water-borne or other vector-borne diseases or communicable infections such as HIV/AIDS)?	Yes
3.7	Does the Project pose potential risks and vulnerabilities related to occupational health and safety due to physical, chemical, biological, and radiological hazards during Project construction, operation, or decommissioning?	No
3.8	Does the Project involve support for employment or livelihoods that may fail to comply with national and international labor standards (i.e. principles and standards of ILO fundamental conventions)?	Yes
3.9	Does the Project engage security personnel that may pose a potential risk to health and safety of communities and/or individuals (e.g. due to a lack of adequate training or accountability)?	No
Standard 4: Cultural Heritage		
4.1	Will the proposed Project result in interventions that would potentially adversely impact sites, structures, or objects with historical, cultural, artistic, traditional or religious values or intangible forms of culture (e.g. knowledge, innovations, practices)? (Note: Projects intended to protect and conserve Cultural Heritage may also have inadvertent adverse impacts)	No
4.2	Does the Project propose utilizing tangible and/or intangible forms of cultural heritage for commercial or other purposes?	No
Standard 5: Displacement and Resettlement		
5.1	Would the Project potentially involve temporary or permanent and full or partial physical displacement?	No
5.2	Would the Project possibly result in economic displacement (e.g. loss of assets or access to resources due to land acquisition or access restrictions – even in the absence of physical relocation)?	No
5.3	Is there a risk that the Project would lead to forced evictions?[17]	No
5.4	Would the proposed Project possibly affect land tenure arrangements and/or community based property rights/customary rights to land, territories and/or resources?	No
Standard 6: Indigenous Peoples		
6.1	Are indigenous peoples present in the Project area (including Project area of influence)?	No
6.2	Is it likely that the Project or portions of the Project will be located on lands and territories claimed by indigenous peoples?	No
6.3	Would the proposed Project potentially affect the human rights, lands, natural resources, territories, and traditional livelihoods of indigenous peoples (regardless of whether indigenous peoples possess the legal titles to such areas, whether the Project is located within or outside of the lands and territories inhabited by the affected peoples, or whether the indigenous peoples are recognized as indigenous peoples by the country in question)?	No
6.4	Has there been an absence of culturally appropriate consultations carried out with the objective of achieving FPIC on matters that may affect the rights and interests, lands, resources, territories and traditional livelihoods of the indigenous peoples concerned?	No
6.5	Does the proposed Project involve the utilization and/or commercial development of natural resources on lands and territories claimed by indigenous peoples?	No
6.6	Is there a potential for forced eviction or the whole or partial physical or economic displacement of indigenous peoples, including through access restrictions to lands, territories, and resources?	No
6.7	Would the Project adversely affect the development priorities of indigenous peoples as defined by them?	No
6.8	Would the Project potentially affect the physical and cultural survival of indigenous peoples?	No
6.9	Would the Project potentially affect the Cultural Heritage of indigenous peoples, including through the commercialization or use of their traditional knowledge and practices?	No
Standard 7: Pollution Prevention and Resource Efficiency		

[17] Forced evictions include acts and/or omissions involving the coerced or involuntary displacement of individuals, groups, or communities from homes and/or lands and common property resources that were occupied or depended upon, thus eliminating the ability of an individual, group, or community to reside or work in a particular dwelling, residence, or location without the provision of, and access to, appropriate forms of legal or other protections.

7.1	Would the Project potentially result in the release of pollutants to the environment due to routine or non-routine circumstances with the potential for adverse local, regional, and/or transboundary impacts?	No
7.2	Would the proposed Project potentially result in the generation of waste (both hazardous and non-hazardous)?	Yes
7.3	Will the proposed Project potentially involve the manufacture, trade, release, and/or use of hazardous chemicals and/or materials? Does the Project propose use of chemicals or materials subject to international bans or phase-outs?	No
7.4	Will the proposed Project involve the application of pesticides that may have a negative effect on the environment or human health?	No
7.5	Does the Project include activities that require significant consumption of raw materials, energy, and/or water?	No

3. **Risk Analysis**. Use the standard Risk Log template. Please refer to the Deliverable Description of the Risk Log for instructions. **Attached Annex 3.**

4. **Capacity Assessment:** Results of capacity assessments of Implementing Partner (including HACT Micro Assessment). Attached in Annex 4: 1. Republican AIDS Center; 2. Republican Narcology Center; 3. Department of Penitentiary Affairs under the Ministry of Justice; 4. GBAO Regional (Oblast) AIDS Center; 5. Sogd Regional (Oblast) AIDS Center; 6. Kulyab AIDS Center; 7. Kurgan Tube Regional (Oblast) AIDS Center.

5. **Project Board Terms of Reference and TORs of key management positions-** Attached Annexes 5A and 5B**.**

Design & Appraisal Stage Quality Assurance Report

Overall Project Rating:	**Highly Satisfactory**
Decision:	Approve: The project is of sufficient quality to continue as planned. Any management actions must be addressed in a timely manner.
Project Number:	00085258
Project Title:	GF HIV Project
Project Date:	01-Jan-2018

Strategic — Quality Rating: Highly Satisfactory

1. Does the project's Theory of Change specify how it will contribute to higher level change? (Select the option from 1-3 that best reflects the project)

- (selected) *3: The project has a theory of change with explicit assumptions and clear change pathway describing how the project will contribute to outcome level change as specified in the programme/CPD, backed by credible evidence of what works effectively in this context. The project document clearly describes why the project's strategy is the best approach at this point in time.*
- 2: The project has a theory of change. It has an explicit change pathway that explains how the project intends to contribute to outcome-level change and why the project strategy is the best approach at this point in time, but is backed by limited evidence.
- 1: The project does not have a theory of change, but the project document may describe in generic terms how the project will contribute to development results, without specifying the key assumptions. It does not make an explicit link to the programme/CPD's theory of change.

Evidence	Management Response
There are many innovative approaches planned by the project proposal, such as human rights, community based testing, etc. Please see attached the proposal.	

2. Is the project aligned with the thematic focus of the UNDP Strategic Plan? (select the option from 1-3 that best reflects the project)

- 3: The project responds to one of the three areas of development work as specified in the Strategic Plan; it addresses at least one of the proposed new and emerging areas; an issues-based analysis has been incorporated into the project design; and the project's RRF includes all the relevant SP output indicators. (all must be true to select this option)
- (selected) *2: The project responds to one of the three areas of development work as specified in the Strategic Plan. The project's RRF includes at least one SP output indicator, if relevant. (both must be true to select this option)*
- 1: While the project may respond to one of the three areas of development work as specified in the Strategic Plan, it is based on a sectoral approach without addressing the complexity of the development issue. None of the relevant SP indicators are included in the RRF. This answer is also selected if the project does not respond to any of the three areas of development work in the Strategic Plan.

Evidence
The project proposal does envisage contributing to Sustainable development pathways, especially by a) enhancing the local capacities; b) advocating for transitioning of the HIV financing to the State budget; and c) contributing to the Health reform on integrating HIV services to the PHC level. Please refer to the previously attached project proposal.

Relevant — Quality Rating: Highly Satisfactory

3. Does the project have strategies to effectively identify, engage and ensure the meaningful participation of targeted groups/geographic areas with a priority focus on the excluded and marginalized? (select the option from 1-3 that best reflects this project)

○ 3: The target groups/geographic areas are appropriately specified, prioritising the excluded and/or marginalised. Beneficiaries will be identified through a rigorous process based on evidence (if applicable.)The project has an explicit strategy to identify, engage and ensure the meaningful participation of specified target groups/geographic areas throughout the project, including through monitoring and decision-making (such as representation on the project board) (all must be true to select this option)

◉ *2: The target groups/geographic areas are appropriately specified, prioritising the excluded and/or marginalised. The project document states how beneficiaries will be identified, engaged and how meaningful participation will be ensured throughout the project. (both must be true to select this option)*

○ 1: The target groups/geographic areas are not specified, or do not prioritize excluded and/or marginalised populations. The project does not have a written strategy to identify or engage or ensure the meaningful participation of the target groups/geographic areas throughout the project.

○ Not Applicable

Evidence	Management Response
In order to specify and prioritize the marginalized or key affected groups of populations (KP), the project engages NGOs/CSOs to directly work with peers. The NGO/CSOs will be requested to have peers, i.e. KP working in the sub-grants. Additionally, KP is a part of the National Coordination Committee, which is a project board on the level of the country and participate in the decision making processes.	

4. Have knowledge, good practices, and past lessons learned of UNDP and others informed the project design? (select the option from 1-3 that best reflects this project)

◉ *3: Knowledge and lessons learned (gained e.g. through peer assist sessions) backed by credible evidence from evaluation, corporate policies/strategies, and monitoring have been explicitly used, with appropriate referencing, to develop the project's theory of change and justify the approach used by the project over alternatives.*

○ 2: The project design mentions knowledge and lessons learned backed by evidence/sources, which inform the project's theory of change but have not been used/are not sufficient to justify the approach selected over alternatives.

○ 1: There is only scant or no mention of knowledge and lessons learned informing the project design. Any references that are made are not backed by evidence.

Evidence	Management Response
The project proposal is designed with due consideration of the epidemiological situation, past experience, gained achievements and lessons learned.	

5. Does the project use gender analysis in the project design and does the project respond to this gender analysis with concrete measures to address gender inequities and empower women? (select the option from 1-3 that best reflects this project)

○ 3: A participatory gender analysis on the project has been conducted. This analysis reflects on the different needs, roles and access to/control over resources of women and men, and it is fully integrated into the project document. The project establishes concrete priorities to address gender inequalities in its strategy. The results framework includes outputs and activities that specifically respond to this gender analysis, with indicators that measure and monitor results contributing to gender equality. (all must be true to select this option)

◉ *2: A gender analysis on the project has been conducted. This analysis reflects on the different needs, roles and access to/control over resources of women and men. Gender concerns are integrated in the development challenge and strategy sections of the project document. The results framework includes outputs and activities that specifically respond to this gender analysis, with indicators that measure and monitor results contributing to gender equality. (all must be true to select this option)*

○ 1: The project design may or may not mention information and/or data on the differential impact of the project's development situation on gender relations, women and men, but the constraints have not been clearly identified and interventions have not been considered.

Evidence	Management Response

The project activities, strategies and approaches are designed in such way that they embed both men and women regardless of their sex.	

6. Does UNDP have a clear advantage to engage in the role envisioned by the project vis-à-vis national partners, other development partners, and other actors? (select the option from 1-3 that best reflects this project)

- (selected) *3: An analysis has been conducted on the role of other partners in the area where the project intends to work, and credible evidence supports the proposed engagement of UNDP and partners through the project. It is clear how results achieved by relevant partners will contribute to outcome level change complementing the project's intended results. If relevant, options for south-south and triangular cooperation have been considered, as appropriate. (all must be true to select this option)*
- 2: Some analysis has been conducted on the role of other partners where the project intends to work, and relatively limited evidence supports the proposed engagement of and division of labour between UNDP and partners through the project. Options for south-south and triangular cooperation may not have not been fully developed during project design, even if relevant opportunities have been identified.
- 1: No clear analysis has been conducted on the role of other partners in the area that the project intends to work, and relatively limited evidence supports the proposed engagement of UNDP and partners through the project. There is risk that the project overlaps and/or does not coordinate with partners' interventions in this area. Options for south-south and triangular cooperation have not been considered, despite its potential relevance.

Evidence	Management Response
UNDP as a PR is clearly advantaged to engage all national and international stakeholders and partners in project related activities and coordination of work in National HIV Program.	

Social & Environmental Standards | **Quality Rating: Highly Satisfactory**

7. Does the project seek to further the realization of human rights using a human rights based approach? (select from options 1-3 that best reflects this project)

- (selected) *3: Credible evidence that the project aims to further the realization of human rights, upholding the relevant international and national laws and standards in the area of the project. Any potential adverse impacts on enjoyment of human rights were rigorously identified and assessed as relevant, with appropriate mitigation and management measures incorporated into project design and budget. (all must be true to select this option)*
- 2: Some evidence that the project aims to further the realization of human rights. Potential adverse impacts on enjoyment of human rights were identified and assessed as relevant, and appropriate mitigation and management measures incorporated into the project design and budget.
- 1: No evidence that the project aims to further the realization of human rights. Limited or no evidence that potential adverse impacts on enjoyment of human rights were considered.

Evidence	Management Response
One of the key components of the project is Removing legal barriers to access to HIV services, which embraces mainly human rights, stigma and discrimination issues. The work has been started in the previous project and will be continued in 2018-2020.	

8. Did the project consider potential environmental opportunities and adverse impacts, applying a precautionary approach? (select from options 1-3 that best reflects this project)

- 3: Credible evidence that opportunities to enhance environmental sustainability and integrate poverty-environment linkages were fully considered as relevant, and integrated in project strategy and design. Credible evidence that potential adverse environmental impacts have been identified and rigorously assessed with appropriate management and mitigation measures incorporated into project design and budget. (all must be true to select this option).

2: No evidence that opportunities to strengthen environmental sustainability and poverty-environment linkages were considered. Credible evidence that potential adverse environmental impacts have been identified and assessed, if relevant, and appropriate management and mitigation measures incorporated into project design and budget.

1: No evidence that opportunities to strengthen environmental sustainability and poverty-environment linkages were considered. Limited or no evidence that potential adverse environmental impacts were adequately considered.

Evidence	Management Response
Project does procure environmental sustainability equipment, such as safety boxes for used needles and syringes.	

9. Has the Social and Environmental Screening Procedure (SESP) been conducted to identify potential social and environmental impacts and risks? [If yes, upload the completed checklist as evidence. If SESP is not required, provide the reason(s) for the exemption in the evidence section. Exemptions include the following:

- Preparation and dissemination of reports, documents and communication materials
- Organization of an event, workshop, training
- Strengthening capacities of partners to participate in international negotiations and conferences
- Partnership coordination (including UN coordination) and management of networks
- Global/regional projects with no country level activities (e.g. knowledge management, inter-governmental processes)
- UNDP acting as Administrative Agent

Yes

No

SESP not required

Evidence
A Waste management research/study was conducted in 2014, which is still relevant to the HIV project.

Management & Monitoring **Quality Rating: Highly Satisfactory**

10. Does the project have a strong results framework? (select from options 1-3 that best reflects this project)

3: The project's selection of outputs and activities are at an appropriate level and relate in a clear way to the project's theory of change. Outputs are accompanied by SMART, results-oriented indicators that measure all of the key expected changes identified in the theory of change, each with credible data sources, and populated baselines and targets, including gender sensitive, sex-disaggregated indicators where appropriate. (all must be true to select this option)

2: The project's selection of outputs and activities are at an appropriate level, but may not cover all aspects of the project's theory of change. Outputs are accompanied by SMART, results-oriented indicators, but baselines, targets and data sources may not yet be fully specified. Some use of gender sensitive, sex-disaggregated indicators, as appropriate. (all must be true to select this option)

1: The results framework does not meet all of the conditions specified in selection "2" above. This includes: the project's selection of outputs and activities are not at an appropriate level and do not relate in a clear way to the project's theory of change; outputs are not accompanied by SMART, results-oriented indicators that measure the expected change, and have not been populated with baselines and targets; data sources are not specified, and/or no gender sensitive, sex-disaggregation of indicators.

Evidence	Management Response

11. Is there a comprehensive and costed M&E plan with specified data collection sources and methods to support evidence-based management, monitoring and evaluation of the project?

- (selected) *Yes*
- No

Evidence

The plan and budget exist, but for the previous project (2015-2017). Since the new project (2018-2020) are considered continuation of NFM, the plan and budget are relevant and must be just slightly revised and amended.

12. Is the project's governance mechanism clearly defined in the project document, including planned composition of the project board? (select from options 1-3 that best reflects this project)

- (selected) *3: The project's governance mechanism is fully defined in the project document. Individuals have been specified for each position in the governance mechanism (especially all members of the project board.) Project Board members have agreed on their roles and responsibilities as specified in the terms of reference. The ToR of the project board has been attached to the project document. (all must be true to select this option).*
- 2: The project's governance mechanism is defined in the project document; specific institutions are noted as holding key governance roles, but individuals may not have been specified yet. The prodoc lists the most important responsibilities of the project board, project director/manager and quality assurance roles. (all must be true to select this option)
- 1: The project's governance mechanism is loosely defined in the project document, only mentioning key roles that will need to be filled at a later date. No information on the responsibilities of key positions in the governance mechanism is provided.

Evidence	Management Response
Please refer to the attached document.	

13. Have the project risks been identified with clear plans stated to manage and mitigate each risks? (select from options 1-3 that best reflects this project)

- 3: Project risks related to the achievement of results are fully described in the project risk log, based on comprehensive analysis drawing on the theory of change, Social and Environmental Standards and screening, situation analysis, capacity assessments and other analysis. Clear and complete plan in place to manage and mitigate each risk. (both must be true to select this option)
- (selected) *2: Project risks related to the achievement of results identified in the initial project risk log with mitigation measures identified for each risk.*
- 1: Some risks may be identified in the initial project risk log, but no evidence of analysis and no clear risk mitigation measures identified. This option is also selected if risks are not clearly identified and no initial risk log is included with the project document.

Evidence	Management Response
Please refer to the attached document"1_TAJ_HIV_Funding Request 2018-2020_31May17"- page 11 Key implementation risks.	

Efficient	Quality Rating: Highly Satisfactory

14. Have specific measures for ensuring cost-efficient use of resources been explicitly mentioned as part of the project design? This can include: i) using the theory of change analysis to explore different options of achieving the maximum results with the resources available; ii) using a portfolio management approach to improve cost effectiveness through synergies with other interventions; iii) through joint operations (e.g., monitoring or procurement) with other partners.

- (selected) *Yes*
- No

Evidence

Please refer to the attached document"1_TAJ_HIV_Funding Request 2018-2020_31May17".

15. Are explicit plans in place to ensure the project links up with other relevant on-going projects and initiatives, whether led by UNDP, national or other partners, to achieve more efficient results (including, for example, through sharing resources or coordinating delivery?)

- (selected) *Yes*
- No

Evidence

16. Is the budget justified and supported with valid estimates?

- (selected) *3: The project's budget is at the activity level with funding sources, and is specified for the duration of the project period in a multi-year budget. Costs are supported with valid estimates using benchmarks from similar projects or activities. Cost implications from inflation and foreign exchange exposure have been estimated and incorporated in the budget.*
- 2: The project's budget is at the activity level with funding sources, when possible, and is specified for the duration of the project in a multi-year budget. Costs are supported with valid estimates based on prevailing rates.
- 1: The project's budget is not specified at the activity level, and/or may not be captured in a multi-year budget.

Evidence

17. Is the Country Office fully recovering the costs involved with project implementation?

- 3: The budget fully covers all direct project costs that are directly attributable to the project, including programme management and development effectiveness services related to strategic country programme planning, quality assurance, pipeline development, policy advocacy services, finance, procurement, human resources, administration, issuance of contracts, security, travel, assets, general services, information and communications based on full costing in accordance with prevailing UNDP policies (i.e., UPL, LPL.)
- (selected) *2: The budget covers significant direct project costs that are directly attributable to the project based on prevailing UNDP policies (i.e., UPL, LPL) as relevant.*
- 1: The budget does not reimburse UNDP for direct project costs. UNDP is cross-subsidizing the project and the office should advocate for the inclusion of DPC in any project budget revisions.

Evidence	Management Response
Please refer to the attached budget document.	

Effective	**Quality Rating: Exemplary**

18. Is the chosen implementation modality most appropriate? (select from options 1-3 that best reflects this project)

- (selected) *3: The required implementing partner assessments (capacity assessment, HACT micro assessment) have been conducted, and there is evidence that options for implementation modalities have been thoroughly considered. There is a strong justification for choosing the selected modality, based on the development context. (both must be true to select this option)*
- 2: The required implementing partner assessments (capacity assessment, HACT micro assessment) have been conducted and the implementation modality chosen is consistent with the results of the assessments.

1: The required assessments have not been conducted, but there may be evidence that options for implementation modalities have been considered.

Evidence	Management Response
Capacity and risk assessment of all potential sub-recipients is conducted. Modality is thoroughly thought off during project design.	

19. Have targeted groups, prioritizing marginalized and excluded populations that will be affected by the project, been engaged in the design of the project in a way that addresses any underlying causes of exclusion and discrimination?

3: Credible evidence that all targeted groups, prioritising marginalized and excluded populations that will be involved in or affected by the project, have been actively engaged in the design of the project. Their views, rights and any constraints have been analysed and incorporated into the root cause analysis of the theory of change which seeks to address any underlying causes of exclusion and discrimination and the selection of project interventions.

2: Some evidence that key targeted groups, prioritising marginalized and excluded populations that will be involved in the project, have been engaged in the design of the project. Some evidence that their views, rights and any constraints have been analysed and incorporated into the root cause analysis of the theory of change and the selection of project interventions.

1: No evidence of engagement with marginalized and excluded populations that will be involved in the project during project design. No evidence that the views, rights and constraints of populations have been incorporated into the project.

Not Applicable

Evidence
Please refer to the attached document"1_TAJ_HIV_Funding Request 2018-2020_31May17".

20. Does the project conduct regular monitoring activities, have explicit plans for evaluation, and include other lesson learning (e.g. through After Action Reviews or Lessons Learned Workshops), timed to inform course corrections if needed during project implementation?

Yes

No

Evidence

21. The gender marker for all project outputs are scored at GEN2 or GEN3, indicating that gender has been fully mainstreamed into all project outputs at a minimum.

Yes

No

Evidence	Management Response
it is a Gen 2 project.	

22. Is there a realistic multi-year work plan and budget to ensure outputs are delivered on time and within allotted resources? (select from options 1-3 that best reflects this project)

3: The project has a realistic work plan & budget covering the duration of the project at the activity level to ensure outputs are delivered on time and within the allotted resources.

2: The project has a work plan & budget covering the duration of the project at the output level.

1: The project does not yet have a work plan & budget covering the duration of the project.

Evidence

Please refer to the attached budget, which also serves as a Workplan.

Sustainability & National Ownership **Quality Rating: Exemplary**

23. Have national partners led, or proactively engaged in, the design of the project?

3: National partners have full ownership of the project and led the process of the development of the project jointly with UNDP.

2: The project has been developed by UNDP in close consultation with national partners.

1: The project has been developed by UNDP with limited or no engagement with national partners.

Not Applicable

Evidence

The project was developed by Technical working group consisting of all in country stakeholders.

24. Are key institutions and systems identified, and is there a strategy for strengthening specific/ comprehensive capacities based on capacity assessments conducted? (select from options 0-4 that best reflects this project):

3: The project has a comprehensive strategy for strengthening specific capacities of national institutions based on a systematic and detailed capacity assessment that has been completed. This strategy includes an approach to regularly monitor national capacities using clear indicators and rigorous methods of data collection, and adjust the strategy to strengthen national capacities accordingly.

2.5: A capacity assessment has been completed. The project document has identified activities that will be undertaken to strengthen capacity of national institutions, but these activities are not part of a comprehensive strategy to monitor and strengthen national capacities.

2: A capacity assessment is planned after the start of the project. There are plans to develop a strategy to strengthen specific capacities of national institutions based on the results of the capacity assessment.

1.5: There is mention in the project document of capacities of national institutions to be strengthened through the project, but no capacity assessments or specific strategy development are planned.

1: Capacity assessments have not been carried out and are not foreseen. There is no strategy for strengthening specific capacities of national institutions.

Not Applicable

Evidence

25. Is there is a clear strategy embedded in the project specifying how the project will use national systems (i.e., procurement, monitoring, evaluations, etc.,) to the extent possible?

Yes

No

Not Applicable

Evidence

please refer to the Implementation arrangement map attached.

26. Is there a clear transition arrangement/ phase-out plan developed with key stakeholders in order to sustain or scale up results (including resource mobilisation strategy)?

- (•) *Yes*
- ( ) No

Evidence

Partially. Please see the CD plan attached above.

Quality Assurance Summary/PAC Comments

The Quality Assurance is in place. LPAC comments (if any) will be provided after conducting the meeting.

Annex 2. Social and Environmental Risk Screening Checklist

Project Information

Project Information	
1. Project Title	Strengthening the Supportive Environment and Scaling up Prevention, Treatment and Care to Contain the HIV Epidemic in the Republic of Tajikistan
2. Project Number	00092967 and 00043359
3. Country	Tajikistan

Part A. Integrating Overarching Principles to Strengthen Social and Environmental Sustainability

QUESTION 1: How Does the Project Integrate the Overarching Principles in order to Strengthen Social and Environmental Sustainability?
Briefly describe in the space below how the Project mainstreams the human-rights based approach
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 to live fulfilling life. The project targets are aligned with the objectives of the UNDP Country Programme Development 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. Over the past 13 years, previous National Strategic Programs supported by allocations by the Global Fund focused on increasing availability and accessibility of HIV services. This request will continue to prioritize efficient use of innovative methodology, frameworks, and best practice models; and engagement and leadership of key populations and PLWH. A key population client-centered perspective including non-judgement and non-discrimination will be utilized throughout implementation. Programs will focus on addressing (1) stigma and discrimination reduction; (2) training for all sectors, including health care workers on human rights and medical ethics related to HIV; (3) sensitization of law-makers and law enforcement agents; (4) legal literacy (“know your rights”); (5) HIV-related legal services; (6) monitoring and reforming laws, regulations and policies relating to HIV; (7) addressing violence against women in the context of HIV; and (8) Optimizing and scaling up treatment. Key populations and PLWH lead all levels of activities – including design, implementation, and monitoring and evaluation – to ensure not only availability and accessibility, but also acceptability and a high quality of services. Overall, this request will demonstrate consistency with national and international policies, initiative, and best practices. The rights-based AAAQ Model will be utilized to ensure Availability, Accessibility, Acceptability, and Quality of services. This will ensure non-discrimination; privacy and confidentiality; informed consent; active participation in health policy and service decision-making; transparency and accountability. The eco-social framework will be adopted in order to decrease stigma and increase acceptability of services. This multi-level framework will allow for barriers to be alleviated at the individual level, community level, organizational and social factors in the community, healthcare system factors, and legal/policy factors. This broad framework allows multi-level analysis of factors that contribute to motivation, access, utilization of services for key populations; and involvement and leadership by key populations at all levels to increase outreach, quality, and impact of HIV services.
Briefly describe in the space below how the Project is likely to improve gender equality and women’s empowerment

The project will comprehensively consider gender and equity issues in the framework of the following project component: "Programs to reduce human rights-related barriers to HIV services". The project will work on revision of existing i)human rights guidelines on HIV for judges and law enforcement institutions; ii) practical guidelines for lawyers on legal aid to Key Population, taking into consideration the gender context and based on local policy and legislation updates. Printing of information materials for future dissemination information about the existing services (crisis centers, legal support, gender issues and psychosocial support). Technical Support to NGOs working in the area of reduction of human rights-related barriers to HIV services and gender equality.
Briefly describe in the space below how the Project mainstreams environmental sustainability
The project does not directly contribute to environmental sustainability. It will cover environmental sustainability in the framework of building health system infrastructure.

Part B. Identifying and Managing Social and Environmental Risks

QUESTION 2: What are the Potential Social and Environmental Risks? *Note: Describe briefly potential social and environmental risks identified in Attachment 1 – Risk Screening Checklist (based on any "Yes" responses).*	**QUESTION 3: What is the level of significance of the potential social and environmental risks?** *Note: Respond to Questions 4 and 5 below before proceeding to Question 6*			**QUESTION 6: What social and environmental assessment and management measures have been conducted and/or are required to address potential risks (for Risks with Moderate and High Significance)?**
Risk Description	***Impact and Probability (1-5)***	***Significance (Low, Moderate, High)***	***Comments***	***Description of assessment and management measures as reflected in the Project design. If ESIA or SESA is required note that the assessment should consider all potential impacts and risks.***
Could the Project potentially restrict availability, quality of and access to resources or basic services, in particular to marginalized individuals or groups?	I = 3 P =2	**Moderate**	The access to basic services for MSM could be restricted if the civil society organisation working with them are targeted to provide HIV prevention services.	The issue was raised with National Coordination Committee (NCC) as well as local government and ministry of internal affairs. Legal document backing the HIV prevention support among MSM were copied and shared with civil society organisations.
Is there a likelihood that the Project would exclude any potentially affected stakeholders, marginalized groups, from fully participating in decisions that may affect them?	I = 1 P = 2	**Low**	Before purchase of any HIV prevention commodities (syringes, condoms, lubricants, etc) the project organizes focus group discussion with marginalize groups and collects their feedback and thoughts about the commodities.	Focus group discussion is conducted among key population to collect their opinion about the commodities as well as feedback is collected during the monitoring visits.
Is there a risk that duty-bearers do not have the capacity to meet their obligations in the Project?	I = 3 P =2	**Moderate**	The risk is moderate as most of the sub-recipients have at least 3 years of experience in implementing HIV prevention	SOPs, manuals and guideline was developed to support the staff to smoothly implement the project.

			and treatment services. In addition, for a newly recruited staff the project developed SOPs, manuals and guidelines that contains details and will helped during the implementation of the project.	
Is there a risk that rights-holders do not have the capacity to claim their rights?	I = 2 P =2	**Moderate**	Most of the marginalized group that the project is working have low capacity to claim their right, particularly MSM.	The project developed brochures and leaflets that contains detail information how the marginalized group can protect their rights. Also, the marginalized group had access to para-lawyers, who provided them legal advice and support when needed.
Would the Project result in potential increased health risks (e.g. from water-borne or other vector-borne diseases or communicable infections such as HIV/AIDS)?	I = 3 P =2	**Moderate**	The project is distributing disposable syringes among PWID some of whom might be HIV positive. In line with the distribution of syringes the project is requesting PWIDs to return the syringes for disposal to trust points.	The PWIDs are consulted about HIV transmission and during the distribution of syringes the PWIDs are requested to return as much syringes as possible for disposal at trust points. In addition, every trust point is give safety boxes and gloves to collect syringes in location where PWIDs usually inject themselves.
Will the proposed Project result in significant[1] greenhouse gas emissions or may exacerbate climate change?	I = 1 P =2	**Low**	The project has little greenhouse emission, which is only the use of vehicle during monitoring visits.	The project team is conducting joint monitoring visits to avoid travelling twice to the same region, which results in reducing the cost of monitoring and greenhouse emission.
Would the proposed Project potentially result in the generation of waste (both hazardous and non-hazardous)?	I = 1 P = 2	**Low**	The project is distributed HIV prevention commodities and the waste is non-hazardous.	The only burned commodity is syringes, which are burned using special machinery and under the supervision of sanitary and epidemiological services at district and national levels. In 2017, the project purchased special machinery that is used to burn the used syringes with no harm to ecosystem. All the disposed syringes are disposed jointly with sanitary and epidemiological services responsible for the disposal, at district or national levels. The process is documented and signed by engaged parties.

QUESTION 4: What is the overall Project risk categorization?

Select one (see SESP for guidance)		Comments
Low Risk	☐	
Moderate Risk	X	The overall risk of the project is moderate as the project is conducting quarterly monitoring and assess the risks. During

[1] In regards to CO_2, 'significant emissions' corresponds generally to more than 25,000 tons per year (from both direct and indirect sources). [The Guidance Note on Climate Change Mitigation and Adaptation provides additional information on GHG emissions.]

			the monitoring project beneficiaries are also met and feedback on the quality of services is collected, which allows to address any issue on time.
	High Risk	☐	
	QUESTION 5: Based on the identified risks and risk categorization, what requirements of the SES are relevant?		
	Check all that apply		**Comments**
	Principle 1: Human Rights	**X**	During the project design the human right approach was integrated into Project proposal. As the project works with key population (MSM, SW, PWID, PLHIV, TB), during the project design SCO representing this marginalized groups were engaged and contributed to the project development. The SCO representing the groups shared their feedback and wishes so that the project meets the needs of the key population. Any materials purchased or produced by the project is initially discussed in focus group discussions with the key population and their request is always accommodated. Also, in its implementation the project is applying ‘do no harm’ approach. The clients’ identity is protected and instead of names special codes generated and used.
	Principle 2: Gender Equality and Women’s Empowerment	☐	
	1. Biodiversity Conservation and Natural Resource Management	☐	
	2. Climate Change Mitigation and Adaptation	**X**	The project has little greenhouse emission, which is only the use of vehicle during monitoring visits. The project team is conducting joint monitoring visits to avoid travelling twice to the same region, which results in reducing the cost of monitoring and greenhouse emission.
	3. Community Health, Safety and Working Conditions	**X**	The project distributes disposable syringes to PWIDs to reduce the risk of HIV transmission among PWIDs. Although PWIDs return used syringes, but not always all the syringes are returned and the risk of infecting remains if someone collects and uses/plays with the used syringes. During the monitoring visits the project put great emphasis on the collection of used syringes and safety box and gloves are distributed to collect and safely utilize the syringes.
	4. Cultural Heritage	☐	

	5. Displacement and Resettlement	☐	
	6. Indigenous Peoples	☐	
	7. Pollution Prevention and Resource Efficiency	**X**	The project has little effect on pollution. The project will distribute syringes among PWIDs, who are requested to return the used syringes as much as possible. Upon collection of all the used syringes the project will destroy them according to nationally accepted protocols. The process is documented and signed by engaged parties. To further reduce the level of pollution in 2017, the project purchased special machinery that is used to burn the used syringes with no harm to ecosystem.

Final Sign Off

Signature	*Date*	*Description*
QA Assessor Gayane Tovmasyan, Program Manager		UNDP staff member responsible for the Project, typically a UNDP Programme Officer. Final signature confirms they have "checked" to ensure that the SESP is adequately conducted.
QA Approver Mubin Rustamov, ARR Programme		UNDP senior manager, typically the UNDP Deputy Country Director (DCD), Country Director (CD)**,** Deputy Resident Representative (DRR), or Resident Representative (RR). The QA Approver cannot also be the QA Assessor. Final signature confirms they have "cleared" the SESP prior to submittal to the PAC.
PAC Chair Sanja Bojanic, DRR UNDP Tajikistan		UNDP chair of the PAC. In some cases, PAC Chair may also be the QA Approver. Final signature confirms that the SESP was considered as part of the project appraisal and considered in recommendations of the PAC.

Annex 3. RISK LOG

(see Deliverable Description for the Risk Log regarding its purpose and use)

Project Title: Strengthening the Supportive Environment and Scaling up Prevention, Treatment and Care to Contain the HIV Epidemic in the Republic of Tajikistan	**Award ID:** 00085258 **PID**: 00092967	**Date: March, 2018**

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	Low motivation and Inadequate health workforce capacity leading to poor capacity for program delivery and scale-up.	During development of the project proposal, 2017	Operational	Risk of not achieving program outputs and impact for the HIV program. P =1 I = 2	a) PEPFAR will continue its support to top up the salaries of approximately 90 health personnel in the AIDS centers until September 2018. b) Capacity building plan for HR – under the current NFM Grant UNDP will install new accountancy software and conduct training for its usage. c) Capacity building activities in the form of on-job coaching and joint monitoring visits for staff of AIDS centers. d) WHO to continue assist the national entities in implementing the test and treat all approaches through close reviews and regular feedback to national counterparts.	Program Manager	Reporting officer	N/A	N/A
2	Inadequate laboratory systems capacity and patient follow-up leading to HIV misdiagnosis, and late diagnosis of treatment failure	During development of the project proposal, 2017	Other (programmatic)	Risk of not achieving program outputs and impact for the HIV program P = 3 I = 3	1. Development of an action plan, in collaboration with partners, to strengthen the quality of testing and laboratory services across HIV laboratories in the country. Specifically, this plan will include: a) Training of relevant health workers and lab personnel in provision of comprehensive HIV testing services; b) Mapping of existing investments in lab systems for HIV; c) Measures to fill remaining gaps, with a focus on optimizing use of existing infrastructure and staffing, strengthening management of lab commodities, and improving sample transportation. 2. Enhance the capacity of lab staff on proper quantification, requisition and distribution of all lab commodities and tests through TA	Program Manager	Reporting officer	N/A	N/A
4	Product stock-out, overstocks, and wastage related to governance of the supply chain.	During development of the project proposal, 2017	Operational and Financial	Risk of wasting the donor funds and interruption of services, including treatment to project	a) Collaborate with partners to support the review of structure, functions, and associated resource needs for PSM units of SRs. b) Renovation of medicine warehouses at oblast AIDS centers c) Global Fund project supports training of PSM	Program Manager	Reporting officer	N/A	N/A

				beneficiaries P = 3 I = 3	specialists d) Upgrade LMIS system for all SRs on PSM management.				
	Weak budgeting procedures in the institutions.	During development of the project proposal, 2017	Financial	Poor financial efficiency P = 2 I = 3	a) PIU with national SRs to prepare forecasts for the program activities per quarter. This helps guide cash request decisions. b) Quarterly review meetings to analyse stock level, pipeline and distribution time frames	Program Manager	Reporting officer	N/A	N/A
	Undesirable practices documented in past reviews like: statements; poor cash management; and non-due diligence in selection of service providers among others.	During development of the project proposal, 2017	Financial	Fraud, corruption or theft of funds can occur due to this risk. P = 4 I = 3	a) Installation of a 1C accounting software for the SRs for: • Review and approval of financial transactions. • Report on cash flow reconciliations and cash payments • Provide regular progress updates on payment options, including engagement with local banks. b) Capacity building (Training of SRs accountants). c) To participate in the recruitment of the Finance and other staff of SRs d) Quarterly Management letters to SRs, which will include findings and recommendations based on the results of the programmatic and financial reports reviews. e) Advocate for implementation of the government policy against fraud and corruption.	Program Manager	Reporting officer	N/A	N/A
	There are ongoing challenges which require MoHSP's leadershipInterruption of services for some key populations.	During development of the project proposal, 2017	Political	Leadership of the Ministry of Health (MoHSP) in the health response P = 2 I = 2	a) MoHSP to ensure fully functioning AIDS centers and service delivery point for the key population (TP/FCs) are in place and staff trained on grant deliverables, including timely processing of requisitions and facilitating access to services by the key populations. b) Coordination meetings and working groups for key population related issues to be established/reinstated, CCM and MoHSP take a lead to support NGOs on working with key populations.	Program Manager	Reporting officer	N/A	N/A

Annex 5A. Project Board Terms of Reference and TORs of key management positions

1. **General information about the Project**

- As of January 2018 Tajikistan remains in the concentrated stage HIV epidemic spread mostly among key population group The trend of HIV was on the rise, with Tajikistan being one of the few countries in which HIV prevalence increased by more than 25% in the past 10 years. As of the end of December 2016, it was estimated that 16,321 people in Tajikistan were living with HIV, according to the date provided by the Ministry of health in Tajikistan. As of December 2017 total 9,957 people (66.6% M; 33.4% F) have been diagnosed with HIV. Among this total, 2,405 have died since the beginning of epidemic. Currently Tajikistan is in the process of finalization of the revised national HIV treatment protocols to align with latest WHO recommendations to "test and treat" people living with HIV, including children, adolescents, adults, pregnant and breastfeeding women, and people with co-infections.
- The HIV project activities for 2018-2020 comprised of 12 modules (objectives) focusing on HIV prevention and harm reduction 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 in the country
- The main goal of the HIV project is to achieve universal access to HIV services as well as prevention, treatment, care and support that enables people to live fulfilling life. The project targets are aligned with the objectives of the UNDP Country Programme Development 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 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.

2. **Project Board/Steering Committee: structure and membership**

The Project Board (PB) makes a central element of the HIV/AIDS Project and is aimed to provide overall guidance and strategic direction to the project, including development, periodic revision, and implementation of the project strategy, and adaptation of global policies and best practices to country circumstances. The PB carries out monitoring and progress assessment of the Project activity and contributes to establishing mechanisms for the Project sustainability in Tajikistan. The PB is responsible for ensuring and monitoring of project technical and substantive quality.

The PB will serve as a platform for the major stakeholders of the project to discuss the overall progress of the project, and make strategic decisions and recommendations to be implemented by the project team.

The PB will consist of senior staff of the participating UN agencies, representatives of relevant government agencies representing interests of beneficiaries, and donor organizations. The PB meetings are co-chaired by the WHO Representative in Tajikistan and a high level representative of the Ministry of Health and Social Protection of Population of Tajikistan.

The responsibilities of Co-Chairs include:

→ Organization of the Project Board's meetings and invitation of participants.
→ Conducting meetings and encouraging all members for equal participation in discussions and evaluation of project;
→ Maintaining the meeting procedures as per principles of transparency and efficiency;
→ Approving of the Project Board's resolutions and sign Committee minutes.

Regular members of Project Board include representatives/senior staff of the following entities:

1. UN agencies (UNDP, UNAIDS, WHO)
2. National Coordination Committee to combat HIV/AIDS, Tuberculosis and Malaria in the Republic of Tajikistan
3. Republican Center on Prevention and Control of AIDS under Ministry of Health and Social Protection of Population of Tajikistan, Republican Clinical Center of Narcology.
4. CSO "Spin Plus"

Due to the complexity and inclusiveness of the Project activities, the PB may also invite to the meetings independent representatives and technical experts from other governmental organization, UN agencies, local civil society organizations and international partner organizations, depending on the specific objectives and topic discussed at the specific PB's meeting.

3. Role and main functions of the Project Board

The PB will act as the coordination and management mechanism for the project. Its major role is to provide strategic oversight and direction of the programme, in order to ensure that it retains strategic focus, and delivers the agreed benefits. It will:

→ Make strategic decisions and provide guidance to senior management of implementing agencies;
→ Review and approve a consolidated summary annual work plan prepared by the project implementing agencies, ensuring that it is focused and consistent with deliverables set out in the Project Document;
→ Receive and if necessary approve progress reports against the work plans and take strategic decisions on how to address any major challenges brought to the PB's attention;
→ Monitor progress and impact of any wider issues - e.g. sector reform and other legislative changes, financial situation, programmes by other partners - that might impact upon the project and ensure that these are reflected as necessary within the project.
→ Consider and approve any substantive changes in the action plan or budget of the project upon submission of a solid justification by implementing agencies, should this be necessary;
→ Represent, as necessary, the interests of the project in high level government and development partners' discussions.

4. Responsibilities of the PB members

Each member of the PB should have a possibility to carry out the following functions:

→ Get acquainted with the concepts of the project, progress reports and annual work plans in advance, before the PB's meeting is held;
→ Consider the progress of the project against the targets set in the project logframe, provide remarks and comments as to reports and work plans;
→ Participate in monitoring of the execution of the Project in the field;
→ Participate in monitoring and evaluation of the activities implemented by UN agencies and the entire programme as a whole;
→ Participate in fact-finding visits to potential beneficiaries;
→ If necessary, participate in training and capacity building exercises that the project holds for potential beneficiaries.

5. Requirements to the work and representatives to the PB

→ The members of the PB should take all required measures to ensure full objectivity of the PB decision, both actual and formal (visible), and should avoid conflicts of interest or excessive influence. The representatives to the PB are obliged to ensure objectivity in the decision-making process using a principle of consensus, to exclude questions of personal character and conflict of interests as well as possible external influences.
→ In a case where a representative to the PB has any financial interest in the project or a conflict of interests with the project's vendors and contractors, s/he is obliged to inform the members of the PB well in advance and abstain from participation in the discussion even if s/he is not an executor under the project.

6. Financing

→ Members of the PB will fulfil the duties on a voluntary no-pay basis, without a financial compensation.
→ A compensation of expenses related to projects monitoring and evaluation and other Project related activities can be carried out upon submission of all confirming documents, according to the UN procedures and standards, and should be approved prior to expenses are made.

7. Steering Committee's meetings

The PB will meet at annually to ensure coherence, review progress, adjust programming and endorse joint annual work plans.

The minutes of the PB will be taken by the assigned Project responsible staff. UNDP office in Tajikistan will ensure that discussions and decisions taken at the PB are complementary and well communicated to all stakeholders and partners.