

PROJECT UZB/04/.....

Project Title: UNDP Support and Capacity Building for the Implementation of the GFATM grant

Starting date: ___/___/2004

End date ___/___/2005

Duration 12 months

Executing Agency: Ministry of Health of Republic of Uzbekistan

Implementing Agency The Republican AIDS Center of the Ministry of Health of Uzbekistan

Project site: Uzbekistan, country-wide




Total Project cost: US\$ 1 898 027

Cost sharing organizations:

In kind contribution

Estimated starting date: September 2004

Brief Description: The Project aims to prevent the spread of HIV/AIDS among the general population by reducing its impact on the most vulnerable groups of the populations, including injecting drug users (IDUs), prisoners, sex workers (SWs) and men who have sex with men (MSMs) and youth.

Approved by :	Signature	Date	Name/Title
UNDP:		___/___/2004	Fikret Akcura UN Resident Coordinator and UNDP Resident Representative
Executing Agency		___/___/2004	Feruz Nazirov Ministry of Health of the Republic of Uzbekistan
Implementing Agency		___/___/2004	Guzal Giyasova Director of the Republican AIDS Center of the Ministry of Health of the Republic of Uzbekistan

A. CONTEXT

I. Situation Analysis

Despite a relatively low national prevalence rate, the number of HIV cases in Uzbekistan is growing exponentially. In 2001/2002, the number of people testing HIV+ increased more than 300% and the figures for the end of 2003 indicate further increase. As of July 1, 2004, the total number of reported HIV cases was 3867. This explosive growth is the emerging trend for HIV/AIDS in Uzbekistan. Currently, IDUs represent 65% of the HIV cases in Uzbekistan. The largest concentration of IDUs is in Tashkent city. Large numbers of HIV+ injecting drug users have also been identified in Tashkent and Surkhandariya provinces. It was estimated that in 2003 the number of problem drug users in Uzbekistan ranged between 65,000 and 90,000 and approximately 50% of these people were injecting drugs. Thus, it is believed that there is a potential for a staggering increase in the number of HIV cases among this group of the population. Initial research also indicates very high-risk behaviours among IDUs, including regularly sharing of needles and syringes and the use of human blood in the preparation of drug solutions.

A significant contribution to the distribution of the infection is made by heterosexual contacts. As of April 1, 2002 8.6% of registered HIV positive people were infected through heterosexual contacts. In one year, in April 1, 2003 this figure came at 12.4%. During first six months of 2004 18.4% of newly registered HIV positive people were infected through heterosexual contacts, i.e. a trend of gradual growth of HIV infections transferred through heterosexual contacts is observed, which means that there is a potential threat of transition of HIV from groups of risk to the general population.

Percentage of HIV infected through heterosexual contacts:

1987-01.04.2002	8.6%
1987-31.12.2002	11.4%
1987-31.12.2003	12.4%
01.01 -01.07.2004	18.45%

The Government of Uzbekistan has undertaken measures to reduce the spread of HIV/AIDS in the Republic. A new law on HIV/AIDS, adopted in August 1999, allowed the introduction of a Harm Reduction Strategy including needle exchange. In 2000 three Trust points were established in Tashkent in support of IDUs, CSWs and MSM. Based on the evaluation of the Trust points activities and results and, in a nationwide response to the epidemic, the Ministry of Health opened 220 Trust points for vulnerable groups, mainly IDUs, throughout the whole country. In December 2001 the Ministry of Health made a decision to increase the number of Trust points up to 230 in the year 2002.

The development of the Strategic Programme on HIV/AIDS prevention was initiated by the UN Theme Group on HIV/AIDS in 2001. The National Strategic Programme (NSP) on HIV/AIDS prevention was developed by an Inter-ministerial Working Group and approved by the Government in May 2003 for the period 2003-2006. It will be implemented by relevant ministries, departments, khokimiyats, NGOs, mass-media and national AIDS Services, represented nationwide by 15 AIDS Centers.

The Committee on coordination of the implementation of the NSP on HIV/AIDS has been established according to the Decree of the Cabinet of Ministers dated 14 May 2003. Furthermore, sectoral plans of seven ministries were developed in 2003-2004 and approved by the ministries.

A sociological research to define behavioral risk factors with respect to HIV/STI among sex workers was conducted in the end of 2003 in Bukhara, Samarkand, Ferghana, Termez, Tashkent and Tashkent province.

Although the Government of Uzbekistan has established a core infrastructure to manage its response to HIV/AIDS, including a network of 15 AIDS Centers in the capital city and 13 provincial locations, this infrastructure is currently not able to respond to the emerging epidemic

without significant external investment. For example, the 600 staff members in these Centers, including approximately 200 doctors, need additional training in areas ranging from voluntary counselling and testing, (VCT) to the treatment of opportunistic infections and the use of anti-retroviral (ARV) drugs to epidemiological surveillance. In addition, the Centers have extremely limited operating budgets, which effectively constrain their ability to provide services. All of the other components of the government's HIV/AIDS infrastructure have equally limited capacity; institutions ranging from general hospitals to community clinics have inadequate financial and human resources to deal with the growing number of people with HIV/AIDS. The NGO/CBO/FBO sector, which is playing an increasingly large and important role in Uzbekistan's response to HIV/AIDS does not have the management, financial or staff capacity to provide adequate coverage of their target constituencies, which include young people and other specific vulnerable groups such as IDUs and sex workers.

The most significant programmatic gap is the lack of prevention initiatives for the vulnerable populations that are most at-risk of contracting HIV/AIDS. Currently, the coverage of prevention programs for IDUs, sex workers, MSMs and prisoners is less than 1% for each group. In addition, because of stigma and discrimination, IDUs, sex workers and MSMs have severely limited access to health services, including STI diagnosis and treatment. Since most people living with HIV/AIDS (PLWHA) are from one of these vulnerable populations, they face an even higher level of stigma and discrimination. Without laws and regulations to protect these vulnerable groups from discrimination, it will be difficult to provide the necessary HIV/AIDS services to them. Consequently, advocacy and policy work on behalf of anti-discrimination initiatives is of parallel importance. Beyond the prevention work with the key vulnerable populations, there is a wide range of programmatic interventions, all of which are tied closely to funding gaps. These gaps include availability of and access to voluntary counselling and testing (VCT), availability of and access to condoms and protocols for the use of ARVs.

The Republic of Uzbekistan submitted a proposal to the Global Fund to fight AIDS/TB/Malaria (GFATM) in May 2003. This Proposal for the total funding of USD 24,498,020 over five years has been approved by GFATM. The Global Fund programme's goal is to prevent the spread of HIV/AIDS among the general population by reducing its impact on the most vulnerable populations in Uzbekistan. The Republican AIDS Center under the Ministry of Health has been designated to act as the Principal Recipient (PR) of the Global Fund grant in the Republic of Uzbekistan

In order to effectively implement the project and further build technical capacity of the Republican AIDS Center, in July 2004 the Ministry of Health requested the UNDP Country Office in Uzbekistan to provide technical assistance and capacity building to the implementation of the project.

UNDP, as a co-sponsor of the Joint UN Program on HIV/AIDS (UNAIDS), assists countries in their efforts to meet commitments made at a UNGA Special Session on HIV/AIDS held in June 2001

Furthermore, being part of the UN Theme Group on HIV/AIDS, UNDP has previous experience in the area of HIV/AIDS prevention and expressed its readiness to provide the requested assistance as well as facilitate the successful implementation of the GFATM grant.

The joint UNDP/Government project "Promotion of Multisectoral Effective Response to HIV/AIDS, Drug Abuse and STD in Uzbekistan", which supported in the establishment of the first Trust Point in the country, was implemented during the period 2000-2001 with a total budget \$ 149,249. The second phase of the project was implemented and supported by UNODC. The Joint UNDP/Government project "Development of a HIV/AIDS Prevention Programme in the Armed Forces of the Republic of Uzbekistan" started in July 2003 with a total budget \$85,000, including a contribution from UNAIDS. The Minister of Defence issued a special order on implementation of the Joint Project on HIV prevention in the Armed Forces. 182 officers from the different military

garrisons were trained as trainers on HIV prevention in the Armed Forces and 53 military doctors were trained on Syndromic approach to STI treatment.

II. Strategy

The objective of the project is to provide support and build the capacity of the Principal Recipient (PR) in the implementation of the GFATM grant, and by this to prevent the spread of HIV/AIDS into the general population by reducing its impact on the most vulnerable populations.

UNDP has world wide experience in providing assistance as required for the implementation of the GFATMT grant project, including building national capacities for management and monitoring. Furthermore, UNDP will also contribute to enhance the transparency and accountability of the project operations.

UNDP has a specific, well-defined contribution to make to the overall response of the United Nations system and assisting the country to meet the MDGs and UNGASS commitments. In late 2003 UNDP and the GFATM agreed to cooperate, and that UNDP may provide support to the Principal Recipient for the implementation of the GFATM grant. In such cases UNDP would, upon the request of the Country Coordination Mechanism or host country government, provide on-going technical advice and services to the Principal Recipient to help develop the capacity to implement and manage programmes and to be able to account for programme funds. As such UNDP would provide both services in the form of project management and oversight, financial management, procurement of goods and services and human resource management as well as capacity building support for program monitoring and implementation.

Uzbekistan's HIV/AIDS epidemic is spreading most rapidly among the country's IDUs. Other highly vulnerable groups, including prisoners, sex workers and MSMs, are increasingly at-risk of contracting HIV. Consequently, these populations will be the primary beneficiaries of the project. The secondary beneficiaries are PLWHA in Uzbekistan, who will have increased access to treatment, care and support services. A third beneficiary is the growing population of young people (approximately six million and rising), who will benefit from activities that help them understand and avoid the risk behaviours associated with HIV/AIDS. For both the highly vulnerable populations and the youth population, the core benefit is access to information and services that will help prevent them from contracting HIV. For PLWHA, the core benefit is access to ongoing treatment, care and support services, which will improve their quality of life

The role of UNDP in the project will be the following:

- The strengthening and management of the PIU including the recruitment of adequately, qualified staff based on the request of the PR and providing training to the staff, thereby building the PIU capacity to fulfil its role in project implementation.
- The proper administration of procurement of goods and services funded by the GFATMT grant.

The project will support the following output:

Output: Support provided to and the capacity of the Principal Recipient built to implement the following activities within the GFATM grant.

Activity 1: to implement effective prevention programmes focused on the needs of vulnerable populations

- harm reduction initiatives for IDUs (i.e., needle exchange, condom distribution, IEC campaigns and pilot project of substitution treatment),
- outreach and peer education programs with sex workers and MSMs,
- Prison-based interventions for inmates, IEC and condom distribution programs
- IEC distribution programs in school and communities

- Provision of the Youth Friendly services in all provinces of Uzbekistan
- STI treatment & counselling for people from vulnerable groups
- Community-based peer education

Activity 1:	To implement effective prevention programs focused on the needs of vulnerable populations	
Outcome/coverage indicators	Baseline	Targets
		End of Year 1:
Reduction of number of IDUs reporting sharing injecting equipment and solutions in the past 12 months	No baseline data as yet. It will be collected during the first six months of the program and targets set on the basis of this data.	
Number of IDUs that are enrolled in substitution treatment	0	125
Number of sex workers who report consistent condom use over the past six months	No baseline data as yet. It will be collected during the first six months of the program and targets set on the basis of this data.	
Number of young people aged 14-25 who has knowledge about HIV/AIDS		
Number of vulnerable people who receive effective treatment and counselling for STIs		

Activity 2: to provide access to care, support and treatment for people living with HIV/AIDS

- Adopt necessary protocols: ARV treatment for adults, paediatric case management, MTCT, palliative care, counselling
- broad-based care and treatment services (e.g., ARVs, psycho-social support and palliative care)
- MTCT prevention.

Activity 2:	To provide access to care, support and treatment for people living with HIV/AIDS	
Outcome/coverage indicators	Baseline	Targets
		End of Year 1:
Number of PLWHAs who have access to basic treatment and care services, including independent and active support groups	No baseline data as yet. It will be collected during the first six months of the program and targets set on the basis of this data.	
Number of PLWHAs who are enrolled in ARV treatment	0	350
Percentage of HIV+ pregnant women who receive ARV prophylaxis to reduce the risk of vertical transmission	0%	100%

Activity 3: To promote enabling environment to work with vulnerable population.

- education and advocacy campaigns on HIV/AIDS and vulnerable groups targeting policy makers and opinion leaders in Uzbekistan,
- training for journalists on HIV/AIDS
- Comprehensive baseline data to support planning and M&E

Activity 3:	To promote enabling environment that supports work with vulnerable population	
Outcome/coverage indicators	Baseline	Targets
		End of Year 1:
Decrees, directives and laws related to reducing stigma and discrimination for members of vulnerable groups, including PLWHAs	No baseline data as yet. It will be collected during the first six months of the program and targets set on the basis of this data.	
Knowledge and skills training and support for government and the media available at national, provincial and local levels.		
Access to sufficient data by decision makers and opinion leaders to demonstrate the importance of working with vulnerable populations		

III. Management Arrangements

The project activities will be implemented according to UNDP procedures for national execution (NEX). This will facilitate the overall implementation of the project and will strengthen the national capacity to implement GFATM grant.

The Ministry of Health will be the Executing Agency for the project and will appoint a National Project Coordinator (Principal Recipient) who will supervise the project implementation, be accountable for the use of the project funds and the achievement of its objectives, and ensure coordination of the project activities with all relevant organizations and partners in the country on issues pertaining to the project implementation, both substantive and operational.

The Country Coordination Mechanism will act as the Project Steering Committee, which will be responsible for providing strategic guidance to the project implementation.

The Principal Recipient will bear the overall responsible for the management and implementation of the GFATM grant as well as for the achievement of results. The PR will act on behalf of the Country Coordinating Mechanism and is accountable to the GFATM for the GFATM grant implementation as it is stipulated in the *Program Grant Agreement between The Global Fund to Fight AIDS, Tuberculosis and Malaria and the Republican AIDS Center of the Health Ministry of the Republic of Uzbekistan (Annex 1)*.

When providing support services to the Principal Recipient in the management and implementation of the GFATM grant UNDP Country Office will operate based on the Agreement signed between the Principal Recipient and UNDP on 16 Augusts 2004, which an integral part of this document (Annex 2).

The Project Implementation Unit will be established (Annex 3)

Technical expertise of UN Agencies, international organizations, relevant ministries and Governmental Agencies, NGOs and civil society will be used in the relevant areas of the project implementation.

Direct UNDP Country office Support Services to the Programme Implementation

UNDP and the Government agreed that the UNDP Country Office would provide the following support services for the project activities at the request of the Government:

- (a) Recruitment and administration of project personnel;
- (b) Procurement of goods, works and services;

- (c) Administration and facilitation of training activities;
- (d) Financial monitoring and reporting;
- (e) Processing of direct payments;
- (f) Project oversight, monitoring and support to evaluation

When providing the above support services to the Principal Recipient and its sub-recipients, the UNDP Country Office will operate based on the Memorandum of Understanding signed between the Principal Recipient and UNDP on 16 August 2003 which is an integral part of this document (Annex..)

The costs incurred by the UNDP Country Office in the provision of such support services shall be recovered from the project budget based on the Universal Price List (Annex 4).

IV. Risks

The major risk may be potential delay of the project implementation in the first year of operation due to lack of experience and knowledge of international rules and procedures at the Republican AIDS center. Therefore, during the first year of implementation the main focus will be on building capacity of the Implementing agency. The mitigating factor to decrease the above risk is that the key staff of the Implementation Agency recognize the risk and open for new knowledge and experience and keen to learn.

V. Monitoring and Evaluation

Regular UNDP Uzbekistan monitoring and evaluation procedures will be used:

- Quarterly work plan development and reporting on the work plan implementation;
- Round tables evaluation discussions with target groups and partners;
- Monitoring site visits and project spot checks;
- Terminal Project Report;
- Tripartite review meeting (TPR) will be organized in the end of the project circle.

A group will be established for ongoing monitoring and final evaluation of the Project. The monitoring/evaluation group will include members of the Project Implementation Unit, independent national consultants and UN consultants invited from agencies not participating in Project implementation. The group will develop monitoring and evaluation protocols reflecting Project progress indicators.

VI. Legal Context

This Project Document shall be the instrument referred to as the project document in Article 1 of the Standard Basic Assistance Agreement (SBAA) between the Government of Uzbekistan and the United Nations Development Program (UNDP), signed by the Parties on 10th June 1993.

The following types of revisions may be made to this project document with the signature of the UNDP Resident Representative, provided he or she is assured that the other signatories of the project document have no objection to the proposed changes:

- a) Revision of, or addition of, any of the annexes of the project document;
- b) Revisions which do not involve significant changes in the immediate objectives, outputs or activities of the project, but are caused by rearrangements of inputs agreed to or by cost increases due to inflation.
- c) Mandatory annual revisions which re-phase the delivery of agreed project inputs or increased expert or other costs due to inflation or take into account agency expenditure flexibility.

	Description	Budget line	Cost US\$
11	International S/Tconsultants	11.97	
	1 International consultant, facilitation of the ToT workshops		
	Travel: US\$		29,600
	Fee/DSA Lump sum		34,600
	Sub-Total:		64,200
13	Administrative support Personnel	13.01	
	Project manager		9,600
	Procurement Specialist		6,000
	Finance Specialist		6,000
	Administrative/Logistics Assistant		4,800
	Driver (without paying over-time)		2,400
	Translator		4,800
	Secretary/Receptionist		3,000
	Sub-Total:		36,600
15	Duty Travel	15.01	
	National consultants job-trips		13000
	Sub-total:		13,000
17	NATIONAL PROFESSIONALS/EXPERTS		
	A. National Experts	17.01	
	National Expert on Evaluation & Monitoring		7,200
	National Expert on HIV/AIDS Prevention		7,200
	National Expert on treatment		7,200
	National Expert on Advocacy & Awareness Building		7,200
	National consultants		60225
	Sub-Total:		89,025
21	SUB-CONTRACTS	21.01-	
	Production of the policy documents, instructions, IEC materials, etc.		233000
	Sub-Total:		233,000
33	IN SERVICE TRAINING		
	WORKSHOPS	33.02	247,180
	TRAINING TRIPS	33.03	12,500
	MEETINGS/Conferences:	33.04	44,120
33	Sub-Total:		303,800
45	Equipment	45	
	Consumable supplies:	45.01	672233
	Drugs		441162
	Non pharmaceutical health products		228310
	Stationery and supplies for PIU office		2761
	Expendable equipment:		0
	Non-Expendable equipment:	45.03	197,442
	Healthcare equipment		89.862
	Other equipment		107.580
	Sub-Total:		869,675
52	Reporting Cost	52.02	
	Monitoring and evaluation		107,050
	Typing, translating, printing of the reports		
	Capacity-building & monitoring of the project implementation		60,516
	Programme management and audit		10,000
	Sub-Total:		177,566
	Sundries:	53.01	
	Communication, Tel. Calls, Mail, E-mail, Copy, Fax, rent of car etc..		23,660
	Sub-Total:		23,660
	BUDGET SUB TOTAL:		1,810,526
53	Cost-sharing admin fee 5%		87500.5
BUDGET TOTAL:			1,898,027