United Nations Development Programme
Country: UZBEKISTAN
Project Document

Project Title:	**Continuing Scale Up of the Response to HIV in Uzbekistan, with Particular Focus on Most At Risk Populations**
UNDAF Outcome 4:	Effectiveness, inclusiveness and accountability of governance at the central and local levels enhanced.
UNDAF Outcome 2	The project will also contribute to the outcome on enhanced access to and utilization of relevant, quality essential social services (education, health, nutrition, STI/HIV/drug use prevention, social protection of children and early Childhood development)
Expected CP outcome 3.2:	Strengthened public administration at all levels that exercises efficient, accountable and inclusive governance
Expected MD Goal #6:	Combat HIV/AIDS, malaria and other diseases. Stabilizing the epidemic at the concentrated stage by means of ensuring Universal Access to HIV prevention, treatment, care and support with specific focus on vulnerable populations to reserve spread of HIV
Implementing Partner:	UNDP in Uzbekistan
Responsible Parties:	The project will be implemented in close coordination with all national and international and UN partners working in the area of HIV/AIDS prevention and treatment. A number of agreements will be outlined and agreed upon with government institutions, civil society organizations and international organizations for the implementation of this project. Potential partners include but is not limited to the Ministry of Health, The Republican Aids Centre, Istiqboli Avlod, Sen yolg'iz emassan, Womens Committee of Uzbekistan, Kamolot, UNICEF, UNAIDS, Association of Reproductive Health of Uzbekistan, Tashkent Institute for Advanced Medical Training, Republican Scientific Centre for Dermatology and Venereology, and National Institute of Pediatrics, and other organisations upon agreement of parties.

Brief Description

The project will contribute to achieving the goal of the National Strategic Programme on HIV of the Republic of Uzbekistan for 2007-2011 and the MDG # 6 target: stabilizing the epidemic at the concentrated stage by means of ensuring Universal Access to HIV prevention, treatment, care and support with specific focus on vulnerable populations. This will finally contribute to halt and reverse spread of HIV/AIDS in Uzbekistan. Specifically, the main objectives of the project will be: i) To Scale up Coverage and Increase Quality and Comprehensiveness of HIV prevention Services for Most-at-risk Populations (MARP); ii) To Scale up Treatment, Care and Support for People Living with HIV; iii) To Strengthen Health System in Uzbekistan; iv) To create enabling environment for effective scale up of HIV prevention, treatment, care and support services; v) Programme Support and M&E.

Programme Period:	Country Programme 2010-2015
Key Result Area	1.3 Mitigatin the impact of AIDS on human development
Atlas Award ID:	00061688
Atlas Project ID:	
Start date:	01/04/2011
End Date:	31/12/2013
PAC Meeting Date	4 May 2011
Management Arrangements:	DIM

Total resources required: **21.6 mln USD**

Total allocated resources:

- Global Fund **USD 21.3 mln**
- Regular TRAC: **USD 300,000**

In-kind Contributions:
Government: office premises, telephone lines

Agreed by: _____ Ms. Anita Nirody
UNDP Resident Representative

Date: 27/05/2011

List of abbreviations and acronyms

Acronym/ Abbreviation	Meaning
AIDS	Acquired immunodeficiency syndrome
ART/ARVT	Antiretroviral therapy
ARV	Antiretroviral
BCC	Behavioural change communication
CCM	Country Coordinating Mechanism
CSW	Commercial sex worker
GFATM/GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
HR	Human resources
HSS	Health system strengthening
IDU	Injecting drug user
IP	Implementing partner
LFA	Local Fund Agent
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MoH	Ministry of Health
MSM	Men having sex with men
NGO	Non-government institution
PLHIV/PLH	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PR	Principal recipient
Rd	Round
SR	Sub-recipient
STG	Standard Treatment Guidelines
STI	Sexually transmitted infections
TA	Technical assistance
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations International Children's Emergency Fund
USAID	US Agency for International Development
VCT	Voluntary testing and counselling
WB	World Bank
WG	Work group
WHO	World Health Organization
NSP	National Strategic Programme
NPA	National Plan of Actions
PITC	Service Providers Initiated Testing and Counseling
MEC	Multi sector Expert Council

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I. Situation analysis

Overview of HIV in Uzbekistan

Representing the most populated country in Central Asia, Uzbekistan has a largest number of HIV infected people with the total of around 12 816 officially registered cases by the beginning of 2009. As of Dec 2010 a total of 5,610 died of AIDS. A total of 3,795 infections were detected in 2010. At the end of 2010, 29,700 people were estimated to live with HIV/AIDS in the country.

The current trends suggest that the epidemic has continued to be fuelled by injecting drug use, however, the proportion of IDUs in the newly identified infections has been decreasing. Sexual transmission of HIV has been on rise; the proportion of sexually transmitted infections exceeded 24% of the overall of reported HIV cases. Women constituted about 40% of infections detected in 2009. Initial data suggests there is a sharp increase in detection of infections in children under 14 that resulted from unsafe medical manipulations.

Recent sentinel surveillance data indicate that HIV prevalence in pregnant women is already around 0,4% country wise reaching to 0,7% in some sentinel sites, which equals the prevalence rates in pregnant women in most affected countries of the region such as Ukraine. In 2010, 539 were children born to HIV positive mothers. However, based on the prevalence in pregnant women and considering over half a million of deliveries each year, there could be over 2000 women with HIV delivering per year in the country.

According to MoH data, from 2006 to 2010 about 2575 people living with HIV were enrolled to the ARV treatment. Out of this number 803 children as well as 508 women during pregnancy were receiving ARV, constituting around a half of the total number of people enrolled. According to the Republican AIDS Center statistics, currently 2463 people continue to be on ARV, of them **41% females**. The treatment is provided through the network of AIDS Centres and the Virology Institute in Tashkent. Paediatric ARV treatment is provided by the Institute of Paediatrics, which also provides technical support with UNICEF's assistance to local health facilities in delivering paediatric AIDS care.

The first national strategic programme on HIV (NSP) in Uzbekistan was for the period 2003-06. The GF Round 3 grant was designed to support its implementation. The NSP's main goal was to slow down the spread of HIV infection in the country through mainstreaming of HIV into key sectors and national development strategies; harmonizing national legislation with international standards, especially in relation to access of most at risk populations to HIV prevention and drug dependence treatment services; establishment and scale up of HIV prevention services for most at risk populations; awareness raising among young people and population at large; ensuring blood safety and access to STI treatment, VCT, PMTCT, ART, care for people living with HIV. These were appropriate measures corresponding with the stage of the epidemic.

The second and current NSP is designed for the period 2007-11. The main goal of the 2007-11 NSP is to contain the HIV epidemic at a concentrated stage by means of ensuring universal access to HIV prevention, treatment, care and support. The Programme is built around three priority areas:
(1) Government policy and strategy, including strengthening of the national M&E system;
(2) HIV prevention, with particular focus on most at risk populations; and
(3) treatment, care and support.
Universal access targets (as developed through broad stakeholder consultations and endorsed in 2006) and respective indicators constitute an intrinsic part of the NSP. The prioritised populations include pregnant women; IDUs; SWs; MSM; young people; people living with HIV. The Programme sets universal access targets in terms of percentages of the populations concerned, and foresees biennial sentinel surveillance studies to inform adjustment of targets in absolute values.

In 2008, the Cabinet of Ministers undertook an extensive evaluation of the HIV responses in the country. As a result, in December 2008 the President of Uzbekistan signed a Decree aimed to strengthen the national HIV response. In January 2009, as a follow up to the President's December Decree, the Cabinet of Ministers' Decree on HIV endorsed a National Action Plan on HIV (NAP) complementary to the National Strategic Programme 2007-11. The NAP timeframe, 2009-11, is harmonised with that of the NSP. The Action Plan further emphasizes HIV prevention; strengthening institutional capacity to provide treatment; technical capacity development for service providers; and collaboration with international organisations.

The original GF Round 3 grant was instrumental in setting up and expanding HIV prevention, treatment, care

and support services so that the services target those who need them most. The grant enabled the national programme to rapidly respond to the changes in the situation, ensuring uninterrupted supply of drugs, supplies and commodities. The grant supported strengthening of the national M&E and implementation of the sentinel surveillance, which informed a refinement of the national HIV response strategies and fed into development and implementation of the current NSP and NAP.

The RCC Wave 8 grant is expected to further strengthen prevention, care and treatment services with a focus on MARPs as well as facilitate Community Systems strengthening and creation of an enabling environment. With necessary support from the RCC grants the National programme aims to achieve the NSP goal of stabilizing the epidemic at the concentrated stage by means of ensuring Universal Access to HIV prevention, treatment, care and support, with specific focus on vulnerable populations.

The prevention component of the RCC will enable the country to continue scale up of appropriate HIV prevention services for IDUs, SWs, MSM, and youth, prioritising outreach to MARPs and strengthening referral networks to ensure access for most at risk population groups to specialised care and medical, social and legal services.

The treatment, care and support component of the project will contribute to increasing the number of people accessing ARV treatment, prevention and treatment of opportunistic infections, PMTCT and pediatric AIDS, care and support for people living with HIV and their families. The national programme, with support from the RCC grant will work to strengthen the capacities of civil society organisations and, in particular, networks of people living with HIV to participate in service delivery to increase treatment adherence and improve treatment outcomes.

The National Action Plan and NSP recognise the need to support the development of an enabling environment. The proposed strategies include capacity building of the NGO sector, including networks of people living with HIV, to ensure their full participation in the implementation of the national HIV response. Specific interventions addressing stigma and discrimination are proposed to be implemented through advocacy, raising awareness and training for government officials, mass media, law enforcement, religious and community leaders as well as through providing access to qualified legal protection services for PLHIV and MARPs.

The implementation of the proposed strategies is expected to increase annual coverage with essential package of HIV prevention and care services for IDUs to 32,000; SWs to 12,000 and MSM to 1500 by 2016. It is also expected to increase annual coverage of MARPs with STI diagnostics and treatment to 10,000 and increased annual coverage of HIV positive pregnant women with full course of ARV prophylaxis to 1400. The project will also enable cumulative coverage of 3000 PLHIV with ARV treatment.

The current HIV programme in Uzbekistan is designed to ensure universal access to HIV prevention, treatment, care and support. In the past few years, substantial progress was achieved in the country in increasing accessibility and utilisation of HIV services, especially among most at risk populations and people living with HIV. However, access to HIV services and achievement of the national programme goals are challenged by various factors, including

a) geographic concentration of services in urban centres and excessive burden on tertiary level organisations;
b) inadequate institutional and technical capacity for service delivery within health systems and civil society;
c) insufficient engagement of Civil Society organisations and Initiative groups in programme design and delivery;
d) lack of indigenous capacity for supply and stock management of ARVs and other heath commodities essential for diagnostics, treatment and prevention.

In the remote and rural areas, services are distributed unevenly; where services are available, they are less adapted to cater to special needs of women and girls, who are generally less informed on the availability of services and often less encouraged to participate in the prevention and care programmes. Limited engagement of Civil Society Organisations in service delivery further hampers the access and uptake of services especially among the MARPS.

The geographic centralization of treatment also impedes the universal access to treatment for all citizens regardless of their residence and ability to travel to the capital city for diagnostics and treatment. As people have to travel from far it not only adds to their out of pocket expenses but also results in loss of wages. This acts as a deterrent for many PLHIV, in turn affecting treatment monitoring and adherence. Efforts to decentralize treatment provision and HAART prescription to Regional AIDS Centers has been initiated by the Government and linking the system of AIDS Centers with primary/secondary level healthcare institutions is currently being rolled out.

Tertiary level national institutions such as Republican AIDS Center, Institute of Virology and Institute of Pediatrics are over burdened with the responsibility of managing the various components of the programme. While the health system in the country has a well developed infrastructure with a network of health facilities reaching down to the most remote areas, HIV-related services have not been integrated into activities of all of those, and technical capacity of staff as relates to HIV remains low. Thus, HIV-related health services to a substantial extent remain centralised and specialised, delivered through the network of 1 Republican and 14 Regional AIDS Centres.

Institutional and technical capacity of Government and civil society providers already participating in HIV service delivery requires further strengthening, especially in remote and rural areas. Those who could potentially participate have virtually no orientation or capacity for service delivery.

Lack of strong state run systems for procurement and supply management of ARV medicines and other HIV related commodities poses significant risks for sustainability of HIV services. Specific ARV stock management and forecasting skills are widely lacking among care providers at regional levels and among state agencies in charge of procurement and supply management. The national Programme recognises the need for developing indigenous capacity and for strengthening the overall architecture of the ARV supply chain, to complement the process of decentralization of HIV services in the country.

Stigma remains a critical barrier to accessing services. Monitoring of the quality and accessibility of health care and HIV services calls for the involvement of Initiative Groups and Community based organisations in providing feedback and inputs into the design and delivery of services to ensure that the services are optimally utilised. However, engagement of civil society in service delivery has remained sub-optimal. People living with HIV are gradually becoming more engaged in delivery of prevention and care services; however, their engagement needs to be significantly strengthened.
An comprehensive capacity development and service scale up is hindered by unpredictability of funding. Competing priorities within social and health sectors do not allow for sufficient allocations from the national budget, leaving the HIV programme highly dependent on external funding. This magnifies the need for creating sustainable capacity and strong systems for service delivery.

The current project aims to build capacity and commitment among all relevant stakeholders, prior to reinstitution and scale up of a fully-fledged opioid substitution treatment (OST) programme in the country. It, therefore, does not provide for scale up of the OST interventions in the first phase. The OST pilot project that was financed by the original Round 3 grant has been completed and the services have been discontinued. The government has stated that more information and ground work is necessary to make an informed decision about scale up. The Working Group and Multisectoral Expert Council (MEC/ CCM) have therefore recommended that the initial phase of the programme be used to identify lessons from the recently completed pilot initiative, outline advocacy needs, undertake best practice documentation and exposure to model sites in order to build commitment. Additionally it is agreed that a detailed assessment be undertaken to identify additional capacity needs for implementing a large OST programme in the country. In the interim the government will continue to provide harm reduction services through the Trust Points and outreach undertaken through government-Civil Society partnership. The Drug Rehabilitation initiatives of the government will also continue to provide necessary support to the drug users. Following an order of the Ministry of Health of the Government of Uzbekistan issued on September 8, 2008 medical and social rehabilitation units have been established at regional drug abuse and addiction clinics in each region with specialized services of psychotherapists, psychologists, social workers etc.

In July 2010 the Government of Uzbekistan requested UNDP CO in Uzbekistan to become the Principal Recipient for RCC Wave 8 grant. UNDP functions as the PR in 26 countries with overall portfolio of 1bln USD. UNDP as the PR is an interim arrangement with an ultimate goal to exit and transfer PR functions to a national entity. In order to do so, UNDP will invest into capacity building of national partners throughout the project implementation which will ensure sustainability of the organizations involved in making strategic and operational decisions on planning and provision of services.

Baselines

By the beginning of 2009, the number of people living with HIV in the country reached 12 816. A total of 3404 infections were detected in 2008 alone and in 2009 4152 infections were detected.

As end of 2010, the Republican AIDS center reported 2463 patients under ARV therapy in Uzbekistan. In 2009, there were estimated to be 80,000 IDUs and 40,000 SWs in the country. In 2012, the UNDP together with Republican AIDS center and other development partners will explore possibilities to update and conduct population size estimation among IDUs and SWs in Uzbekistan. According to the sentinel surveillance report

of 2009, reported 11% of the IDUS and 2% of sex workers are living with HIV. This project will support periodic sentinel surveillance exercise for key affected populations (KAP).

The issues of stigma and discrimination that affect the MARPs remain a barrier not only to accessing services but also to obtaining accurate data on the MARPs. Sex workers, MSM, IDUs in particular operate at the margins of society. According to UNAIDS National Composite Policy Index, Uzbekistan has discriminatory legislation for IDUs, MSM and CSWs, this makes obtaining reliable data on target populations very difficult.

Lessons learned from other projects

Mobilizing civil society around HIV prevention, care and support to people living with HIV has been recognized as critical to successful scale up appropriate HIV responses in the country.

The GF Round 3 proposal was prepared in 2003 based on 2002 data. Since then, the epidemic patterns have changed, as has the National HIV response. The expiring GF grant was instrumental in building and scaling up of appropriate, evidence informed responses, and has made a noticeable positive impact on the situation and response to HIV infection in Uzbekistan. However, during the implementation of this grant, effective and efficient monitoring and evaluation systems have not been elaborated. This will be taken into consideration and already have been put as one of the priorities of the upcoming RCC Wave 8 HIV project.

The GFATM grant helped strengthen the surveillance systems. As both the epidemic and the surveillance are still at an early stage and evolving, the data may, at times, have inherent inconsistencies.

In comparison to behavior surveillance, the sero prevalence data shows less consistent trends owing to the evolving stage at which both the epidemic and the surveillance systems in the country are. However, the HSS with technical support from CDC/CAR programme shows that there is improvement in HIV situations between the years 2005 and 2007.

The expiring grant has contributed towards stabilizing the epidemic among MARPs through effective strategies built on government- civil society partnerships; on the other it has contributed to improving the surveillance systems which, in turn, has led to increase in testing and case detection rates.

The work with the prisoners has now been mainstreamed by the government's response. The scale up and enhancement of quality will build on the achievements and lessons learned from the previous grant, as well as partner initiatives, such as DFID-funded Central Asia Regional HIV/AIDS Project CARHAP, the Swiss Harm reduction project, JSI managed CAPACITY project and others including USAID, WHO, UNICEF, UNAIDS and UNODC.

The blood safety programme implemented by ADB has been able to introduce an impressive reform programme by rationalizing the blood donation system, with the establishment of a National Blood Bank in Tashkent and retention of 6 regional blood banks as opposed to over 200 blood collection sites previously. The capacity building efforts will be concentrated at those 6 blood banks maximizing the chances of high quality output. The MoH has requested the international development partners to assists with the development of a broad patient safety programme.

Another project of UNDP financed by RPMU "Capacity building for Central Asia AIDS control" have gained significant results in local capacity building and surveillance systems as well as in monitoring and evaluation.

II. Strategy

Outcome 2 of the UN Development Assistance Framework (UNDAF) for Uzbekistan (2010-2015) is "Enhanced access to and utilization of relevant, quality essential social services (education, health, nutrition, STI/HIV/drug use prevention, social protection of children and early Childhood development)" It states that improving the quality of health care services, particularly in remote rural areas, is connected with the need to strengthen administration of services and to strengthen technical and institutional capacity in the public health system. The UNDAF further states that "Responding effectively to the HIV epidemic remains a challenge for both the public sector and civil society in Uzbekistan. The HIV epidemic in the country remains at a concentrated stage; however, rates of reported infection are rising. HIV transmission through sexual contact is growing, and the reported number of women infected over the last two years has significantly increased.

Providing universal access to HIV-related prevention, treatment, care and support services is essential to curbing the epidemic and mitigating its impact."

The main goal of the project is to prevent the spread of HIV into the general population by reducing its impact on the most vulnerable populations, including injecting drug users (IDUs), prisoners, sex workers (SWs) and men who have sex with men (MSM).

Project goals and objectives

The key objectives of the project are

- To scale up Coverage and Increase Quality and Comprehensiveness of HIV prevention Services for Most at Risk Populations
- To scale up treatment, care and support for people living with HIV
- To strengthen health system in Uzbekistan
- To create an enabling environment for effective scale up of HIV prevention, treatment, care and support services.
- Enhancement of the Monitoring and Evaluation systems

The details under each objective are:

Objective 1: To scale up Coverage and Increase Quality and Comprehensiveness of HIV Prevention Services for Most-at-Risk Populations (MARP)

This component includes activities on the continued delivery of Harm Reduction Services for IDUs through Trust Points (TPs), support to ensure effective operations of the Trust Points, establishing and strengthening engagement in managing community based outreach activities in coordination with TPs, recruitment and training of SR outreach workers (IDU, SWs, MSM) and peer educators, development and distribution of IEC materials tailored to the need of IDUs, capacity and commitment building for the OST programme, procurement and distribution of HIV prevention commodities to MARPS, development and distribution of IEC materials tailored to the needs of SWs, delivery of outreach prevention services to MSM, development and distribution of IEC materials tailored to the needs of MSM, development and distribution of IEC materials tailored to the needs of young people, provision of STI diagnosis and treatment for MARP groups through Friendly STI cabinets.

Objective 2: To Scale up Treatment, Care and Support for People Living with HIV

This component includes activities to strengthen the capacity of medical professionals in delivery of ARV treatment for PLHIV, procurement and effective distribution of ARV drugs, provision of OI prophylaxis and treatment, training of health care providers in management of HIV/TB co-infection, procurement of medical products and consumables (CD4 and PCR supplies), strengthening of multi-disciplinary teams to provide services for treatment adherence, palliative care and psycho-social counseling, involving civil society and people living with HIV in the peer led adherence care and support activities, provision of basic support packages to PLHIV, building capacity of PLHIV for facilitating self-help groups and other peer based intervention, development and distribution of targeted IEC materials for PLHIV, development and printing of national PICT protocols and guidelines, training of health care staff in selected settings on national PITC protocols and guidelines, procurement of test kits and other commodities for PITC, provision of PMTCT services as part of antenatal, child birth and postpartum services, training for health care professional in all components of comprehensive PMTCT services, training for pediatricians, infectious disease specialists and social workers in care and treatment of HIV positive children, development and printing of educational materials for pregnant women and women living with HIV.

Objective 3: To Strengthen Health System in Uzbekistan

The component includes activities to increase decision makers' awareness of HIV related issues, standardisation of medical care, support to the development of a new National Aids Programme, further improving and institutionalising educational programmes for health workers on HIV, developing and conducting special training on infection control and prevention of nosocomial infection by blood born viruses, provide the information materials and increasing access to advanced medical practices, develop a national M&E plan, and to improve data management capabilities, strengthening sentinel surveillance system and capacity.

Objective 4: To Create an Enabling Environment for Effective Scale up of HIV Prevention, Treatment, Care and Support

This component will include continued engagement of policy makers and implementers in facilitating Universal Access, implementing a National NGO forum for ongoing dialogue and advocacy on current emerging issues, empower PLHIV and strengthen their role in addressing stigma, sensitize opinion makers and community leaders, sensitize uniformed personnel, develop common skills and knowledge among project partners to jointly advocate for common issues, strengthen NGO partner capacity through exposure and cross learning.

Objective 5: Enhancement of the Monitoring and Evaluation systems

These core components will be supported by monitoring and evaluation activities including the implementation of biennial sentinel surveillance studies in most as risk populations in all 14 regions, development of M&E guidance and training of implementers, evaluation of national program, ensuring coordination of M&E activities, establishment of an M&E system in each of the regional aids centres, establishment of an M&E system in each of the regional MEC, roll out and implementation of automated MIS system, operational research on harm reduction service delivery to IDUs, development and use of standard protocols for harm reduction, operational research in harm reduction service delivery to SW, operational research on service delivery to MSM, maintaining a comprehensive treatment monitoring system, training in ARV drugs forecasting and reporting mechanisms, operational research among PLHIV to assess ART adherence, satisfaction with services and quality of life, monitoring visits and bed side training art ARV treatment sites, monitoring and evaluation/ database development and IT support, conducting programme monitoring visits, end of phase 1 assessment of project activities.

These are planned to be achieved by multispectral and inclusive approaches as well as by participation and partnership principles ensured by Multisectoral Expert Council (MEC). The MEC is comprised of qualified representatives of government institutions, civil society organisations and the UN agencies. Most of the member institutions and organisations have a proven track record of working in planning, management, implementation, monitoring and evaluation of the responses to HIV, TB and Malaria in Uzbekistan, and are well qualified to consider the impact of the health system issues for the HIV, TB and malaria programmes and outcomes. The majority (68%) of these organisations have been participating in the work of the Country Coordinating Mechanism since the first CCM was established in 2003, and by then already had developed expertise and experience in the issues related to HIV, TB and malaria responses within the health system and beyond.

Partnership: All project activities will be implemented in close partnership with key stakeholders.

As mentioned above this is a large scale and complex project that cuts across several sectors and links to the work of a large and diverse set of partners. It is therefore very important that the project will establish effective coordination mechanisms. The establishment of such mechanisms will be on two levels – strategic and technical. At the stage of the project design, it would not be feasible to detail out such mechanisms and identify all stakeholders that will be ultimately involved. However, to set the ground the following is envisaged:

UNDP as Principal Recipient:
UNDP will continue to build partnership with key agencies from the government and international community as well as community based organizations for effective coordination with all stakeholders and partners in the country. Roles and responsibilities will be clarified and defined through holding discussions and workshops. Several such activities are included into the initial phase of the project implementation. Following this, Memorandum of Understanding with key government ministries responsible for combating HIV issues, such as Ministry of Health, Ministry of High and Secondary Special Education, Ministry of Public Education, Cabinet of Ministries will be signed. Such agreements will be based on the national HIV program, the mandate of the CCM/MEC and other relevant sectoral strategies and programs,

Similarly, at technical level working groups on key areas of focus will be established that will provide guidance and inputs to the project. Also MoUs with other key stakeholders and technical agencies will be developed to ensure non-duplication and coordination of activities in areas like civil and prison settings, technical support for lab and treatment services, strategic planning and oversight support.

CCM/MEC

It is envisaged that CCM/MEC will be engaged in providing oversight of the project, its implementation, progress and risk management. As agreed in the grant agreement the CCM/MEC is assigned the following responsibilities:

1. Monitor the implementation of activities under the grant
2. Function as a forum to promote true partnership development and participation for multiple constituencies, including government entities, donors, NGOs and private sector
3. Encourage multi sectoral program approaches and ensure linkages and consistency between Global Fund assistance and other development and health assistance programs including but not limited to multilateral loans, bilateral grants, welfare improvement strategy and sector-wide assistance programs.
4. Encourage its partners to mobilize broadly to fight diseases of poverty, to seek increased financial resources and technical assistance for that purpose and to ensure the sustainability of local programs including those supported by the Global Fund

UNDP on its part as the Principal Recipient shall actively assist the CCM/MEC to meet regularly to discuss plans, share information and communicate on Global Fund issues. UNDP will also keep the CCM/MEC continuously informed about the Program and its progress and provide reports on progress as requested by the CCM/MEC. The project will report on its progress to CCM/MEC on quarterly basis.

Ministry of Health

The success of the project largely depends on the leading role of the Ministry of Health in coordination of activities which are linked to the project.

The Ministry of Health will exercise the following main functions:

1. Overall coordination of individual project components,
2. Facilitating inputs from local stakeholders;
3. Facilitating debate on issues related to project implementation and performance;
4. Contributing to forecasting and distribution of drugs, test systems, laboratory equipment and other medical goods,
5. Facilitating collaboration among medical institutions in reaching the at-risk groups (IDUs, FSWs, MSMs, and prisoners),
6. Design, review and approval of training courses on prevention, diagnosis and treatment of HIV/AIDS;
7. And in providing treatment, care and support to people living with HIV.

UN Agencies

Strong coordination and cooperation among UN sister agencies predetermines timely and efficient implementation of the grant activities. Technical expertise in a number of particular areas with the coordination by UNAIDS, updating HIV treatment protocols and their adaptation to the country context by WHO in; harm reduction programme enhancement through technical assistance by UNODC, improvement of legal environment in which HIV could be combated, paediatric AIDS and PMTCT activities would benefit from engagement of UNICEF and participation of UNESCO on education of youth through relative ministries of education will ensure sustainability of project interventions.

Cross cutting approaches

Gender: By its design, the project emphasizes on the services to be provided to females (CSW as one of the MARPS, prevention activities for vertical transmission) along with the focus on minorities (on MSM). During the project implementation special attention will be given to addressing sensitive issues of service provision to the abovementioned groups.

In the component on prevention among youth (as one of MARPS) special attention would be given to young girls and women.

Participatory approach: During the implementation of the project, timely reporting and informing of all the stakeholders including Ministry of Health, other government and non government organizations, international donors and organizations will be ensured.

Details of intended activity results are presented in the “Results and Resources Framework”.

III. Results and Resources Framework

Intended UNDAF Outcome 4: UNDAF Outcome: 2	Effectiveness, inclusiveness and accountability of governance at the central and local levels enhanced. The project will also contribute to the outcome on enhanced access to and utilization of relevant, quality essential social services (education, health, nutrition, STI/HIV/drug use prevention, social protection of children and early Childhood development)
Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:	3.2 Outcome: Strengthened public administration at all levels that exercises efficient, accountable and inclusive governance. Output 3.2.1 Indicator 1: Capacity of key institutions strengthened to deliver equal access and services to vulnerable groups, such as the unemployed, the rural poor (particularly women), young people, people with disability, HIV/TB/malaria affected people. Baseline: Some services exist, but are in need of being strengthened and better targeted. Target: At least 200 communities provided with capacity building programmes on improved public services that benefit vulnerable groups, such as the unemployed, the rural poor (particularly women), young people, people with disability, HIV/TB/malaria affected people.
MDG 6:	Stabilizing the epidemic at the concentrated stage by means of ensuring Universal Access to HIV prevention, treatment, care and support with specific focus on vulnerable populations to reserve spread of HIV
Partnership Strategy:	*Implementing agency:* UNDP, acting as Principal Recipient *Responsible parties:* Ministry of Health, Republican AIDS Centre and other organizations to be engaged in upon agreement of parties.
Project title and ID (ATLAS Award ID):	Continuing Scale Up of the Response to HIV in Uzbekistan, with Particular Focus on Most At Risk Populations

INTENDED OUTPUT	BASELINE	OUTPUT INDICATORS	OUTPUT TARGETS	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
Component 1: To scale up Coverage and Increase Quality and Comprehensiveness of HIV prevention Services for Most at Risk Populations						

MDG 6: stabilizing the epidemic at the concentrated stage by means of ensuring Universal Access to HIV prevention, treatment, care and support with specific focus on vulnerable populations to reserve spread of HIV in Uzbekistan	Concentrated stage of HIV spread among the population	the # of injecting drugs users, sex workers and men who have sex with men have access to prevention, care and medical, social and legal services; # of narcological staff, peer educators are trained to provide qualitative HIV prevention service (equal participation of women and men)	1.1 Number of IDUs reached through trust points and community outreach 1.2 Number of SW reached with HIV prevention services 1.3 Number of MSM reached with HIV prevention services 1.4 Number of young people reached by peer education 1.5 Number of STI treatment courses provided in friendly cabinets 1.6 Trust Points are effectively operating and reach out to both women and men and respond to their specific needs	2011 15,000 7,000 1,200 15,000 10,000 X	2012 18,500 8,500 1,300 19,000 10,000 X	2013 23,000 10,000 1,350 24,000 10,000 X	Activity Results 1: Behavioral Change and Communications: Community Outreach for IDUs • continued delivery of Harm Reduction Services for IDUs through Trust Points (TPs), • engagement of narcological service in managing community based outreach activities, including women's empowerment elements, in coordination with TPs enhanced and strengthened, • conducting trainings of narcological staff, outreach workers (IDU, SWs, MSM) and peer educators at least twice in a quarter, • development and ensuring wide distribution of IEC materials tailored to the need of IDUs, • lessons learned analysis of the pilot OST initiative conducted, advocacy needs outlined, and presented for national counterparts, Behavioral Change and Communications: Community Outreach for SWs • ensuring distribution and free access to HIV prevention commodities to SW on regular basis, • development and ensuring wide distribution of IEC materials tailored to the needs of SWs, Behavioral Change and Communications: Community Outreach for MSM • delivery of outreach prevention service to MSM, • procurement and distribution of condoms, • development and ensuring wide distribution of IEC materials tailored to the needs of MSM,	UNDP, Republican Aids Centre and other organizations to be engaged in upon agreement of parties	Total for the Activity 1: 4,394,921 USD Y 2011 –1,324,184 Y2012- 1,549,523 Y2013- 1,512,214

				Behavioral Change and Communications: Community Outreach for Youth • development and ensuring wide distribution of IEC materials tailored to the needs of young people, including gender specific information, and gender equality and women's empowerment elements, STI diagnosis and treatment (for MARP groups) • Ensuring provision of STI diagnosis and treatment for MARP groups through Friendly STI cabinets.		
Component 2: To scale up treatment, care and support for people living with HIV						

MDG 6: stabilizing the epidemic at the concentrated stage by means of ensuring Universal Access to HIV prevention, treatment, care and support with specific focus on vulnerable populations to reserve spread of HIV in Uzbekistan	Low level of capacity among medical staff to deliver treatment services for PLHIV	# of people living with HIV who have been receiving treatment, care and psycho-social support services # of medical personnel trained to deliver ARV treatment for PLHIV (equal participation of women and men)		2011	2012	2013	Activity Results 2: ARV Treatment and Monitoring • conducting traingins to strengthen the capacity of medical professionals in delivery of ARV treatment for PLHIV on regular basis (at least 13 advanced ARV trainings) • ensuring effective distribution of ARV drugs, • provision of OI prophylaxis and treatment, • developing training programmes on HIV/TB coinfections; conducting at least 6 collaborative trainings for health care providers in management of HIV/TB co-infection, Care and Support for the Chronically Ill • ensuring availability and access to medical products and consumables (CD4 and PCR supplies), • strengthening capacities of multi-disciplinary teams (civil society organizations, networks of people living with HIV) to participate in provision of services for treatment adherence • palliative care and psycho-social counseling, involving civil society and people living with HIV in the peer led adherence care and support activities, • provision of basic support packages to PLHIV (men and women covered equally), • building capacity of PLHIV for facilitating self-help groups and other peer based intervention, • development and distribution of targeted IEC materials for PLHIV, including gender specific elements, Testing and Counselling: Provider-Initiated	UNDP, Republican Aids Centre, and other organizations to be engaged in upon agreement of parties	Total for the Activity 2: 9,259,557 USD Year 2011 – 2,827,943USD Year 2012 – 3,215,550USD Year 2013 – 3,216,063 USD
			2.1 Number of eligible HIV positive people receiving ART	2,600	2,800	3,000			
			2.2. % of people with advanced HIV infection receiving ART	60%	60%	60%			
			2.3 Number of OI treatment courses delivered	4,523	4,801	5,379			
			2.4 Number of						

			people who have benefitted from psycho-social support	3,500	4,000	4,500	Testing and Counselling (PITC) as Entry Point to scaling up access to Quality Treatment and Care for People Living with HIV • development and wide dissemination of national PICT protocols and guidelines, • conducting training of health care staff in selected settings on national PITC protocols and guidelines on regular basis, • ensuring availability and access to test kits and other commodities for PITC, PMTCT and Paediatric AIDS • provision of PMTCT services as part of antenatal, child birth and postpartum services, • conducting trainings for health care professional in all components of comprehensive PMTCT services on regular basis, • conducting trainings for pediatricians, infectious disease specialists and social workers in care and treatment of HIV positive children on regular basis, • development and wide dissemination of educational materials for pregnant women and women living with HIV.		
			2.5 Number of HIV positive women who have received ARV prophylaxis	800	1,000	1,200			
			2.6 % of HIV positive pregnant woman who have received a complete course of ARV prophylaxis to reduce MTCT in accordance with nationally approved treatment protocols	65%	70%	80%			
			2.7 Number of infants born to HIV positive mothers who received ART prophylaxis	800	1,000	1,200			
			2.8 Capacity to participate in treatment provision services of civil society organizations and networks of PLHIV strengthened	20%	30%	40%			
Component 3: To strengthen the Health CareSystem in Uzbekistan									

MDG 6: stabilizing the epidemic at the concentrated stage by means of ensuring Universal Access to HIV prevention, treatment, care and support with specific focus on vulnerable populations to reserve spread of HIV in Uzbekistan	Low level of commitment among policy makers and service providers at different levels. Absence of care standards on health services provision to HIV positive people Low level of patient tracking mechanisms in the country	# of medical staff trained and have strong knowledge in infection control (equal participation of men and women) National AIDS Programme, Patients tracking system are used by service providers and effectively functioning		2011	2012	2013	Activity Results 3: Strengthening leadership and governance of HIV response • support in development and formulation of the National Aids Programme: 2 round tables and evaluation conducted, • review of existing educational programmes conducted; National plan on updating prepared and oresented during a round table; updated programmes (enriched with gender specific info) launched in 1-2 medical universities, including post graduate education;, • Revised educational programme agreed with relevant Ministries during a round table; • Operational research on decreasing stigma and discrimination, medical procedures safety at medical institution is conducted • developing and conducting special trainings on infection control and prevention of nosocomial infection by blood born viruses (12 regional trainings conducted for more than 300 people) - (with equal participation of women and men), Strengthen workforce, enhance access to drug, technologies and techniques • provide the information materials and increasing access to advanced medical practices, Improving systems for surveillance, monitoring and evaluation • strengthening sentinel surveillance system and capacity • 2 trainigns and 2 national review	UNDP, Republican Aids Centre and , Women's Committee other organizations to be engaged in upon agreement of parties	Total for the Activity 3: 634,107 USD Year 2011 -245,777 USD Year 2012– 290,067 USD Year 2013 –98,263 USD
			3.1. Number of people trained in infection control	300	450	450			
			3.2. National AIDS Programme developed and launched by the government	X					
			3.3. Training modules on HIV and HIV related issues, including gender aspects, for medical workers institutionalized and are part of their professional development programme		X				
			3.4. 4 care standards adopted by the government		X				
			3.5. Patient tracking system launched across the country and effectively functioning (includes sex-disaggregated data)		X				
			3.6 Decision makers'						

			awareness on HIV-related issues increased	meeting conducted to increase awareness on HIV related issues among decision makers; • Standardization of medical care: Working group is indentified and nominated; 4 care standards on health services provision to HIV positive people developed and presented during 2 days national round table and subsequently adopted by Jan 2014 during 2 round tables conducted • Patient tracking system and treatment monitoring developed and launched: treatment monitoring trainings and functional patient tracking system introduced across the country (includes sex-disaggregated data)		
Component 4: To create an enabling environment for effective scale up of HIV prevention, treatment care and support activities						

MDG 6: stabilizing the epidemic at the concentrated stage by means of ensuring Universal Access to HIV prevention, treatment, care and support with specific focus on vulnerable populations to reserve spread of HIV in Uzbekistan	Low level of capacities of civil society in participation in the national HIV response as well as high level of stigma and discrimination the society as well as among policy makers.	% of law enforcement authorities, and community leaders undergone awareness raising trainings and having understanding of necessity for legal protection of PLHIV and MARPs # of journalists trained on how to cover HIV related issues and use non discriminatory language (at least 30% opposite gender among participants)		2011	2012	2013	Activity Results Building favourable environment for HIV response in the country • continued engagement of policy makers and implementers in facilitating Universal Access: environment scan and needs assessment conducted Reducing Stigma and Discrimination • round table on stigma and discrimination conducted with participation of 30 gov officials: report on stigma and discrimination produced • Implement a National NGO forum for ongoing dialogue and advocacy on current emerging issues, empower PLHIV and strengthen their role in addressing stigma, sensitize opinion makers and community leaders, sensitize uniformed personnel, • Conducting traingins (covering stigma, gender aspects, women's empowerment and prevention of discrimination issues) and annual contests for journalists on HIV • develop common skills and knowledge among project partners to jointly advocate for common issues, strengthen NGO partner capacity through exposure and cross learning • Organizing awareness raising campaigns through dissemination of information materials and trainings for government and law enforcement authorities as well as religious and community leaders including women-otynoyis, and malahatchi-community advisors (equal participation of women and men) • Study tours for NGO partners to	UNDP, Republican Aids Centre, Ministry of Internal Affairs (Medical Department) and other organizations to be engaged in upon agreement of parties	Total for the Activity 4: 471,782 USD Year 2011 – 151,704 USD Year 2012 – 146,608 USD Year 2013 – 173,470 USD
			4.1. Civil society organizations actively participate in HIV programme implementation and decision making	X	X	X			
			4.2. Mass media uses non discriminatory language in addressing the issue.	X	X	X			
			4.3. Legislative provisions that have relevance in the context of HIV response are reviewed and advocacy undertaken with relevant government stakeholders for necessary action and support for facilitation universal coverage of MARPs	X	X	X			
			4.4 Report on stigma and discrimination available		X	X			

				strengthen their capacities (equal participation of women and men)		
Component 5: Enhancement of Monitoring and evaluation systems						

MDG 6: stabilizing the epidemic at the concentrated stage by means of ensuring Universal Access to HIV prevention, treatment, care and support with specific focus on vulnerable populations to reserve spread of HIV in Uzbekistan	Lack of effective M&E systems in place	# of Coordinators of Regional AIDS Centres and Regional HD undergone M&E trainings and have strong knowledge in M&E (equal participation of men and women) Level of satisfaction with services and quality of life among MARPS (ender disaggregated data)	5.1. National M&E Plan is developed and in place by 2012 5.2. Effective M&E systems in all of the regions are effectively operational (Y2011, Y2012, Y2013) 5.3. M&E database is in place	Activity Results 5: Monitoring and evaluation • implementation of biennial sentinel surveillance studies in most as risk populations in all 14 regions, • develop a national M&E plan with gender-sensitive indicators, and to improve data management capabilities, • development of M&E guidance and training of programme implementers; trainings for Coordinators of Regional AIDS Centres and Regional HD on M&E conducted, • evaluation of national program conducted and results presented (annually), • ensuring coordination of M&E activities, establishment of an M&E system in each of the regional aids centres, • establishment of an M&E system in each of the regional MEC (that includes gender disaggregated data), • roll out and implementation of automated MIS system, • operational research on harm reduction service delivery to IDUs, • development and use of standard protocols for harm reduction, • operational research in harm reduction service delivery to SW, • operational research on service delivery to MSM, maintaining a	UNDP, Republican Aids Centre and other organizations to be engaged in upon agreement of parties	Total for the Activity 5: 7,563,592 USD Year 2011 – 2,658,303USD Year 2012 – 2,190,731 USD Year 2013 – 2,714,557 USD

				comprehensive treatment monitoring system, • training in ARV drugs forecasting and reporting mechanisms, • operational research among PLHIB to assess ART adherence, • monitoring visits and bed side training art ARV treatment sites, • monitoring and evaluation database development (including gender disaggregated data), • programme monitoring visits conducted on a regular basis (target group – women and men, youth - survey, inventory of goods and products)		

IV. Management Arrangements

As a Principal Recipient of the Global Fund RCC Wave 8 grant, UNDP in Uzbekistan is assigned as the implementing Partner. In order to perform this function effectively UNDP will rely on close collaboration with the Multisectoral Expert Council (MEC) as the main government coordinating agency and the Ministry of Health as the main, responsible agency for implementing National HIV Strategy. UNDP will therefore be accountable for effective implementation of the project and achievement of the targets therein. UNDP will implement the project in accordance with UNDP procedures, auditing rules and the Implementation Manual for Global Fund Projects. The project will be implemented by UNDP through its Project Management Unit (PMU).

Project Board (PB):

At the outset of the project, UNDP will establish a project board that will provide policy guidance, oversight and coordination of the overall Project and will make strategic decisions to influence the direction and impact of the Project. PB will be convened at the beginning of each calendar year to approve the annual work plan and review progress of the preceding year. Quarterly meetings of PB will be convened for approval of quarterly work plans, monitoring progress and strategic advice. Additional meetings will be organised as and when needed. PB will be co-chaired by the Ministry of Health and UNDP. The Chief Technical Specialist (CTS) of the project will act as the Secretariat to the Project Board. The Project Support role provides project administration and management support to the Project.

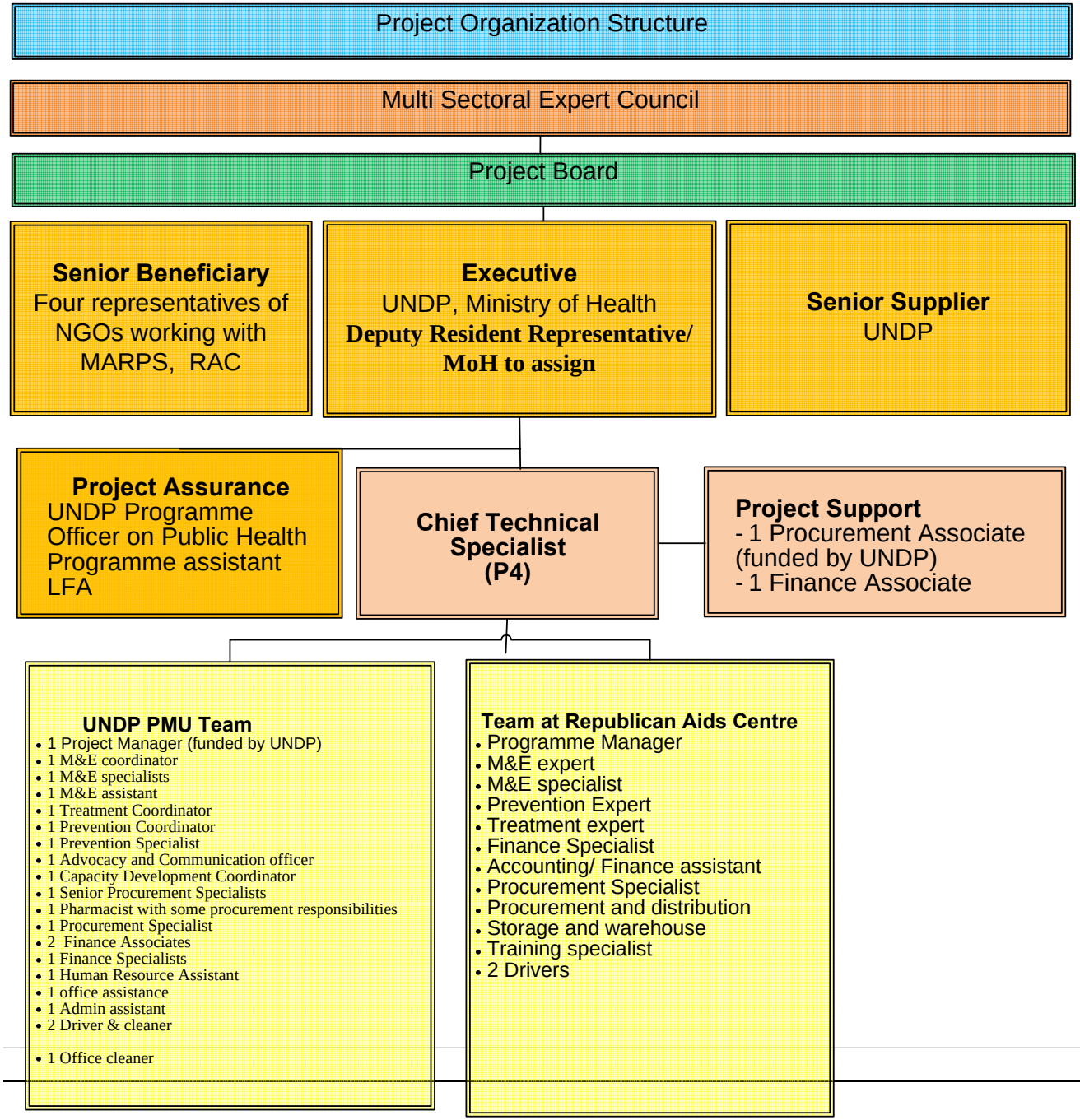
Roles and Functions of the Project Board Members :

Executive: Is responsible for the project and its results and quality of services provided to target beneficiaries. The executive ensures that the project is focused throughout its lifecycle on achieving its objectives and delivering outputs that will contribute to higher level outcomes and impact, which was agreed with the Global Fund on the preformance framework. UNDP and the Ministry of Health will make all efforts to reach decisions in consensus. In cases where consensus could not be reached, the ultimate decision rests with UNDP as it remains accountable to the donor.

Senior Beneficiary: The Senior Beneficiary's primary function is to ensure the realization of project results from the perspective of project beneficiaries. This group will be responsible for validating the needs and for monitoring that the solution will meet those needs within the constraints of the project. The role 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. The Senior Beneficiary role monitors progress against targets and quality criteria.The Senior Beneficiary in the Project Board will consist of four representatives of the NGOs/CSOs working with MARPs and the Republican AIDS Center.

Senior Supplier: The Senior Supplier's primary function within the Board is to provide guidance regarding the technical feasibility of the project.Within this project UNDP through its Bureau for Development Policy, Procurement Support Office and Regional Centre in Bratislava will act as a Senior Supplier. All programmatic, logisctical, administrative and finance support for project implementation will be provided within the existing structure of the UNDP CO.

The Project Assurance role supports the CTS (Chief Technical Specilaist) by carrying out objective and independent project oversight and monitoring functions. Assurance covers all interests of a project, including project business, beneficiary and supplier. UNDP Programme Officer will act as Project Assurance Officer and will play quality control function to ensure timely implementation of reporting, monitorin and evaluation activities.


Project Organization Structure
Multi Sectoral Expert Council
Project Board
Senior Beneficiary
Four representatives of NGOs working with MARPS, RAC
Executive
UNDP, Ministry of Health
Deputy Resident Representative/ MoH to assign
Senior Supplier
UNDP
Project Assurance
UNDP Programme Officer on Public Health
Programme assistant
LFA
Chief Technical Specialist (P4)
Project Support
- 1 Procurement Associate (funded by UNDP)
- 1 Finance Associate
UNDP PMU Team
• 1 Project Manager (funded by UNDP)
• 1 M&E coordinator
• 1 M&E specialists
• 1 M&E assistant
• 1 Treatment Coordinator
• 1 Prevention Coordinator
• 1 Prevention Specialist
• 1 Advocacy and Communication officer
• 1 Capacity Development Coordinator
• 1 Senior Procurement Specialists
• 1 Pharmacist with some procurement responsibilities
• 1 Procurement Specialist
• 2 Finance Associates
• 1 Finance Specialists
• 1 Human Resource Assistant
• 1 office assistance
• 1 Admin assistant
• 2 Driver & cleaner
• 1 Office cleaner
Team at Republican Aids Centre
• Programme Manager
• M&E expert
• M&E specialist
• Prevention Expert
• Treatment expert
• Finance Specialist
• Accounting/ Finance assistant
• Procurement Specialist
• Procurement and distribution
• Storage and warehouse
• Training specialist
• 2 Drivers

Project Management level

A Project Management Unit (PMU) consisting of a Chief Technical Specialist, Project Manager and a team of specialists will carry out day-to-day management of the project. The PMU will be established to manage the activities and SRs under the grant. The Chief Technical Specialist will work under the overall guidance and direct supervision of the UNDP Deputy Resident Representative. The Program Management Unit will have the following professional staff: i) 1 Program Manager (funded by UNDP), ii) an M&E coordinator, supported by 2 M&E specialists, v) 1 treatment coordinator; vi) 1 Capacity Development Coordinator, vii) Prevention Coordinator, supported by a prevention specialist; viii) advocacy and communication officer, ix) 2 Finance Associates, x) 1 finance specialists, xi) 1 senior procurement specialist, xii) 1 procurement specialists, xiii) 1 pharmacist with procurement responsibilities, xiv) HR assistant, xv) programme assistant, xvi) Admin specialist, xvii) Admin xviii) logistics assistant, xix)2 drivers and an office cleaner. The PMU will be supported by a procurement associate (funded by UNDP), a finance associate and an administrative assistant in the country office, funded by the grant. The structure of the PMU is presented in the Proect Board diagram.

The management arrangement follows the UNDP's POPP. UNDP's Direct Implementing Modality (DIM) will be used in executing the project.

The following are the main elements of the management structure of the project:

The PMU will be conducting capacity assessment of all SRs as requested by the MEC and those currently working under the R3 HIV grant, as a requirement of TGF grant agreement. Based on the assessment findings, a capacity development plan will be developed and implemented. This project will be implemented in partnership with Republican Aids Centre and regional Aids Centres. UNDP may seek services of private sector and NGOs for implementation of some of the training activities and logistics management as per the approved work plans. They will also look for support from development partners currently working in Uzbekistan as well as Grant Management Solutions.The capacity building activities will be initiated in close coordination with UNAIDS and the UN Theme Group on AIDS particularly with regards to monitoring and evaluation. Special consideration will be made to seek technical assistance from WHO regarding the treatment and care component of HIV/AIDS including the clinical training programmes.

The PMU reports to UNDP Resident Representative/ Deputy Resident Representative on matters of administrative management, subject to UNDP rules and procedures, and to the national counterpart appointed by the Ministry of Health on issues pertaining to implementation of the Work Plan. Progress and financial reports are submitted every three months to UNDP and the donor as agreed. The PMU is established for the duration of the project. All members are recruited on a competitive basis in accordance with UNDP rules and procedures.

Inputs: The Global Fund is the main funding agency for this project, with small funding from UNDP.

For the procurement of drugs and commodities the project will use UNDP procurement systems. All procurement will be carried out using UNDP procurement regulations, as included in the UNDP Procurement User Guide. UNDP regulations incorporate detailed procedures for the procurement of goods and services through competitive and transparent processes. UNDP also has long term agreements with suppliers for pharmaceuticals and health products.

The project will be supported by the other UNDP CO operations teams such as: Human Resource, procurement, and finance, for hiring of all personnel and other related operational tasks.

The audit of the project will be conducted as per UNDP rules and procedures in consultation with the Office of Audit and Investigation (OAI) UNDP headquarters. UNDP Country Office will arrange for an audit of UNDP's support provided to all SRs. Such audit will be conducted in coordination with the Ministry of Finance in Uzbekistan and MEC.

V. SR arrangements

RCC Wave 8 HIV national proposal indicated a number of SRs to undertake activities under the grant programme with particular focus on the areas of programme activities. Those organizations, especially governmental ones will be contracted after a detailed capacity assessment exercise. The list of the arganizations are as follows: the Republican Aids Centre will be responsible for the ARV treatment, testing and counseling and harm reduction. Civil Society organisations, including those mentioned in the proposal will work with CSWs and MSM. Kamalot will be responsible for training peer educators for the youth component. The training of medical professionals in delivery of ARVs will be undertaken by Tashkent Institute for Post Graduate Education, National Association of Nurses will be responsible for training of nurses, National Pediatric institute will be responsible for PMTCT training, Institute of Postgraduate Education of Nursing Centre of Excellence, will be responsible for integrating HIV related training into graduate and post graduate curricula for medical schools and universities. Other organisations such as Ministry of Education, Ministry of Higher Education, Womens Committee, Makhallah Foundation, Muslim Board are also expected to undertake some activities under the grant.

Transparent and competitive selection of those organizations and institutions that are not mentioned in the proposal will be conducted in line with a standard procedures assigned by the Global Fund and UNDP/ Global Fund partnership. Based on the guidelines, partnership with UN agencies can be agreed upon based on direct consultations.

UNDP applies a standard procedure in relation to sub-recipients. Sub-recipient capacity and potential risks are evaluated before a contract is made. UNDP has adopted a management manual outlining all applicable administrative and programmatic procedures. Sub-recipients are required to submit to UNDP quarterly financial reports and monthly progress reports. UNDP uses standard monitoring and evaluation forms for all indicators and submits reports to the Global Fund in accordance with the established procedure.

Interested organizations will be required to present the areas of their expertise and demonstrate that they have the capacity both for quality project implementation and financial management. Selection of SRs will be implemented according to policies and operation procedures of UNDP and will follow the principles of competitiveness, transparency and efficiency.

Permanent or provisional transfer of assets to the sub-recipient are made on the basis of a document of conveyance or transfer signed by the UNDP Resident Representative and the sub-recipient. By agreement with the principle recipient, sub-recipients may contract other organizations to meet coverage targets for preventive and other interventions.

Staff at the UNDP programme management unit will be under the direct responsibility of UNDP. The personnel and sub-contractors of the SR shall not be considered in any respect as being the employees or agents of UNDP. Any subcontractors, including NGOs assigned by the SR to the programme/project, and under contract with the SR, shall work under the supervision of the designated official of the SR. These subcontractors shall remain accountable to the SR for the manner in which assigned functions are discharged. All other staff will be recruited by the SR or SSR. Each SR and SSR will be responsible for issuing each staff member with a contract of employment. At the end of each month worked, the SR will submit a verified list of employees to UNDP. UNDP will develop an operational framework that will minimize cash transactions during grant implementation. Each SR and SSR shall ensure that it complies with all relevant domestic and international laws, including, but not limited to, labour and taxation laws, with respect to Sub-recipient Personnel.

Monitoring and evaluation – at the start of the project a joint monitoring and evaluation team will be established at national level. The team will consist of representatives of the Republican AIDS center, UNDP/GFATM team, MEC and representative.

IV. Monitoring and Evaluation Framework

Monitoring and evaluation – at the start of the project a joint monitoring and evaluation team will be established at national level. The team will consist of representatives of the Republican AIDS center/PARK, UNDP/GFATM team, MEC and representative of CSOs. The ministry of health of the republic of Uzbekistan will issue ministerial Decree (Prikaz) for the establishment of the national M&E team. The national M&E team will conduct quarterly support supervision visits to all project sites national and sub-national levels), identify bottlenecks of the project implementation, document successes and lessons learned, and identify technical assistance needs and mobilize resources for technical support for the project implementation. Quarterly monitoring visit reports will be submitted to MoH, republican AIDS center and UNDP. The findings of the monitoring and evaluation reports will be used for decision-making and policy change.

The purpose of monitoring and evaluation is to update all stakeholders on progress towards achieving the project goals and objectives. Monitoring is governed by uniform procedures and is based on periodic evaluation of outputs and outcomes, and a review of project performance. The monitoring indicators enable measurement of progress against the targets in terms of quality, quantity, and timeliness. The monitoring and evaluation plan is a fundamental document shaping the working relationship of parties with the Global Fund.
Specific monitoring and evaluation tools will include:

- Semi-annual and annual programmatic and financial reports prepared by the Project Management Unit jointly with national partners.
- Site visits by the Monitoring and Evaluation team in the project, Ministry of Health representatives, UNDP Country Office staff, and other personnel.
  Meetings of the Country Coordination Mechanism/MEC to review reports prepared by the Project Management Unit against the progress targets outlined in the project work plan.
  Independent project evaluation
  Regular visits and reporting by the local representative of the Global Fund.
- UNDP, the Global Fund and Ministry of Health, may jointly agree to revise performance indicators if unspent budgetary resources are available, if indicated by progress reports, or to respond to new needs.

The Local Funding Agent (LFA) will carry out its annual On-Site-Data-Verification (OSDV) exercise. The UNDP will support and facilitate this exercise. Finding of the OSDV will be used as management tool for decision-making and policy change for the GFATM project.

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

Within the annual cycle

- On a quarterly basis, a quality assessment shall record progress towards the completion of key results, based on quality criteria and methods captured in the Quality Management table below.
- An Issue Log shall be activated in Atlas and updated by the Project Coordinator to facilitate tracking and resolution of potential problems or requests for change.
- Based on the initial risk analysis submitted (see annex 1), a risk log shall be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
- Based on the above information recorded in Atlas, a Quarterly Progress Reports (QPR) shall be submitted by the Project to the Project Board through Project Assurance, using the standard report format available in the Executive Snapshot.

- a project Lesson-learned log shall be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the project
- a Monitoring Schedule Plan shall be activated in Atlas and updated to track key management actions/events

Annually

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

Quality Management for Project Activity Results

<table>
<tr><td colspan="3">OUTPUT 1: To scale up coverage and increase quality and comprehensiveness of HIV prevention services for most at risk populations (MARP)</td></tr>
<tr><td>Activity Result 1 (Atlas Activity ID)</td><td>Short title to be used for Atlas Activity ID
Prevention services to MARPS</td><td>Start Date: 2011
End Date: 2013</td></tr>
<tr><td>Purpose</td><td colspan="2">To scale up prevention activities currently supported by the Round 3 HIV grant</td></tr>
<tr><td>Description</td><td colspan="2">• IDUs reached through trust points and community outreach;
• SW reached with HIV prevention practices
• MSM reached with HIV prevention practices;
• Young people reached by peer education;
• STI treatment courses provided in friendly cabinets</td></tr>
<tr><td colspan="2">Quality Criteria
how/with what indicators the quality of the activity result will be measured?</td><td>Quality Method
Means of verification. what method will be used to determine if quality criteria has been met?</td><td>Date of Assessment
When will the assessment of quality be performed?</td></tr>
<tr><td colspan="2">- % of IDUs who are HIV infected;
- % of sex workers who are HIV</td><td>Sentinel survey</td><td>June 2012</td></tr>
</table>

infected - % of MSM who are HIV infected		
Output 2: To scale up treatment care and support for people living with HIV		
Activity Result	Increased number of people on ARV treatment and receiving support services	Start date: 2011 End date: 2013
Purpose	To scale up number of people receiving ART as well as support services including treatment of OIs, psycho-social support and PMTCT.	
Description	• Provision of ARVs; • Provision of OI treatment courses; • Provision of psycho-social support; • Provision of PMTCT	
Quality Criteria *how/with what indicators the quality of the activity result will be measured?*	**Quality Method** *Means of verification. what method will be used to determine if quality criteria has been met?*	**Date of Assessment** *When will the assessment of quality be performed?*
% of adult women and men and children with HIV known to be on treatment 12 months after initiation of ARV therapy Number of infant girls and boys born to HIV positive mothers who are HIV infected	Patient records Patient records	Quarterly Quarterly

Output 3: To strengthen the health care system in Uzbekistan		
Activity Result	% of medical professionals reporting maintenance of infectious safety	Start date: 2011 End date: 2013
Purpose	To increase number of people trained on infection control.	
Description	• Increase decision makers' awareness of HIV-related issues; • Standardization of medical care; • Support to the development of a new National AIDS programme; • Improving and institutionalising educational programmes for health workers on HIV; • Developing and conducting special training on infection control and prevention of nosocomial infection by blood born viruses; • Provide the information materials and increasing access to advanced medical practices.	

Quality Criteria *how/with what indicators the quality of the activity result will be measured?*	**Quality Method** *Means of verification. what method will be used to determine if quality criteria has been met?*	**Date of Assessment** *When will the assessment of quality be performed?*
- % of medical professionals reporting maintenance of infectious safety (disaggregated by gender)	- Verification of M&E report	March 2012
Output 4: To create enabling environment for effective scale up of HIV prevention, treatment, care and support		
Activity Result	To increase number of people accessing HIV prevention, treatment care and support.	Start date: 2011 End date: 2013
Purpose	To create an environment to increase the number of people accessing prevention and treatment services	
Description	• Continued engagement of policy makers and implementers in facilitating Universal Access; • Implement a National NGO forum for ongoing dialogue and advocacy on current emerging issues; • Empower PLHIV and strengthen their role in addressing stigma; • Sensitize opinion makers and community leaders; • Sensitize Uniformed personnel	
Quality Criteria *how/with what indicators the quality of the activity result will be measured?*	**Quality Method** *Means of verification. what method will be used to determine if quality criteria has been met?*	**Date of Assessment** *When will the assessment of quality be performed?*
- % Civil society and community leaders who expressed accepting attitudes towards people living with HIV (disaggregated by gender)	- TBD	TBD

VI. Legal Context

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement (SBAA) between the Government of Uzbekistan and UNDP, signed on June 10, 1993.

Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the executing agency and its personnel and property, and of UNDP's property in the executing agency's custody, rests with the executing agency.

The executing agency shall:

a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;

b) assume all risks and liabilities related to the executing agency's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

The executing agency agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

VII. ANNEXES

ANNEX I. Risks log

№	Description	Category	Impact/ probability	Countermeasures/Mngt response	Owner
1	Legal environment around MARPS in particular IDU's may result in suspension of grant activities with these vulnerable groups	Strategic	Probability: High Impact: May delay/ suspend project implementation Activities under Component	Effective engagement of MEC representatives with technical support from UN agencies and development partners in Uzbekistan.	MEC and UNDP CO
2	Existing Approach to legal registration and advance of funds on the bank accounts limited the number of local and international counterparts that are active in the country overall and in the area of HIV in particular	Strategic	Probability: High Impact: limited capacity for technical assistance and also little number of potential implementers which leads to low level of competitive selection Activities under Component	Built the project implementation arrangements on the existing infrastructure of local and international organizations/ institutions	GFATM and UNDP
3	Delay in commencement of project implementation	Programmatic	Probability: High Impact: lack of funding, Interruption of service delivery to the key affected population, delayed establishment of PMU and operations of the project implementation. (Procurement of goods and services).	• Develop risk mitigation plan on potential interruption of services, • Regular communication with MEC and GFATM secretariat.	GFATM, and UNDP
4	Slow implementation of grant particularly in start up phase	Programmatic	Probability: High Impact: Critical activities may not occur on time, delayed (SR selections and contracting, procurement activities,	• Assess the risk, negotiate and prioritize of the CP for the first reporting period. • Negotiate with the GFATM the first reporting period to move 31 Dec 2011. • Initiate immediately all procurement of good and services for 2011.	UNDP CO, GFATM partnership unit

			and establishing PMU), potential low project delivery rate and loss of funding. Potential risk for not addressing all Conditions Precedent by end of June 2011. Activities under Components 1 &2	• Contract all SRs of the projects for phase I of the project. • Crucial activities to be identified and road map for grant implementation to be developed and followed .	
4	Accurate data on number of people in need of treatment is not available. Number of patients receiving treatment is not linked to drug management system. Inadequate data of number of key affected populations covered by the prevention programme This could result in under or over procurement of ARVs, and other health product. Thus, potentially resulting in stock-outs/ expired drugs.	Programmatic	Probability: Medium Impact: Potential stock outs of ARVs Activities within Component 2	• • Develop Logistic Management Information system (LMIS) for ARV drugs supply chain management • Develop computerized database for key affected populations (PLHIV, IDUs, MSM, and SWs). • Develop and implement unified coding registration system for service delivery points for Key affected population (IDUs, MSM, SWs and PLHIV)	Project team
5	Incomplete information at handover date resulting in assets and stock that should be used for grant activities not being available for use.	Operational	Probability: High Impact: Assets may not be used optimally. Activities within all Components	Obtain comprehensive list of assets and stock at date of handover. Physically verify all stock within one week and all assets within the 1st quarter.	GFATM secretariat , Republican AIDS center, and LFA

Annex II. Terms of Reference

1. Chief Technical Specialist
2. Project Manager
3. M&E coordinator,
4. M&E specialist,
5. M&E assistant
6. Treatment coordinator;
7. Capacity Development Coordinator,
8. Prevention Coordinator,
9. Prevention Specialist;
10. Advocacy and communication officer,
11. Finance Associate,
12. Finance associate,
13. Finance specialist,
14. Senior procurement specialist,
15. Pharmacist with procurement responsibilities,
16. Procurement specialist,
17. Administrative Specialist
18. Administrative Assistant
19. Human Resource Assistant
20. Office Assistant
21. 2 Drivers
22. Cleaner
23. Country office finance associate,
24. Country office procurement associate,
25. Programme Assistant

Annex III Grant Agreement

Annex IV. PSM Plan

Annex V. M&E Plan