



UNITED NATIONS DEVELOPMENT PROGRAMME

Country: Tajikistan

PROJECT DOCUMENT

Project Title:	Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan
UNDAF Outcome:	Outcome 4.3. There is greater access for the most vulnerable to quality health care services and an improvement in health behaviours, thereby preventing and reducing communicable diseases
Expected CP Outcome:	Outcome 2 – Sustainable and efficient multi-sectoral response structures are established to halt the spread of HIV/AIDS and TB epidemics and eliminate Malaria by 2015 in line with MDGs
Expected Output(s):	Output 2.1 - To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building government capacities for response
Implementing Agency:	United Nations Development Programme in Tajikistan
Responsible Agencies:	Republican AIDS Centre, Republican Scientific Blood Centre, National Centre for Dermatology and Venereal Diseases, Ministry of Labour and Social Protection of the Population, Department of Penitentiary Affairs of the Ministry of Justice, National Centre for Monitoring and Prevention of Drug Addiction, National Centre of Narcology, Committee on Youth, Sport and Tourism, Central Military Hospital of Ministry of Defence, International non-governmental organization <i>AIDS Foundation East-West (AFEW)</i> , International Organization for Migration (IOM), World Health Organization (WHO), United Nation's Children's Fund (UNICEF), Civil Society Organizations

Brief Description

Round 8 HIV Grant *Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan*, is a five-year project that intends to reach highly at-risk and vulnerable groups of population by HIV prevention and harm reduction program in Tajikistan. The project document corresponds to Phase 2 period; and is considered to be the continuation of Phase 1 period (October 2009 – September 2011).

The key goal of the project is to provide universal access to HIV services, and lay the foundation for stabilizing the country's epidemic.

The project is based on the outcomes of ongoing HIV project, which is focused on health system strengthening interventions, particularly, on the expansion and integration of VCT services into the Primary Health Care. It will also keep contributing to national health care reform through building and improving technical and managerial capacities of health professionals, promoting participation of civil society in the response to the epidemic, and enhancing the cooperation of NGOs with the public health sector. In addition, the current HIV project intends to continue supporting a variety of service delivery points for IDUs, SWs, MSM, prisoners, ex-inmates, migrants, vulnerable women and other high-risk groups. The project remains the only source of funding for strengthening VCT services in the country; expanding the program to prevent the transmission of HIV from mother-to-child; improving the system of monitoring and evaluation; and providing treatment for ARV therapy and opportunistic infections.

Programme Period: 2011-2014

Key Result Area (Strategic Plan):

Atlas Award ID: 00058593

Start date: 01.10.2011

End Date: 30.09.2014

PAC Meeting Date:

Management Arrangements: DIM

Total resources required: € 15,638.846.00

Total allocated resources: € 15,638.846.00

- Regular n/a
- Other:
 - GFATM € 15,638.846.00

Unfunded budget: n/a

In-kind Contributions n/a

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



Agreed by UNDP:



I. SITUATION ANALYSIS

The population of Tajikistan is approximately 7.3 million, of which over 73% live in rural areas and 40% is under the age of 18. The country is faced with challenging geography, as it is 93% mountainous and landlocked, with limited access to other regions. Following the civil war period (1992-97), Tajikistan slowly transitioned from the status of post-conflict recovery requiring direct humanitarian assistance into an economically viable nation-state, promoting sustainable development based upon nascent democratic and market economy principles. Tajikistan faces significant challenges in terms of its struggling national economy, fragmented administration, and considerable capacity constraints (in human and financial resources). The country often faces natural disasters, electricity supply shortages, and threats to food security, which negatively impact economic growth and human development.

Tajikistan's economy is particularly susceptible to the global economic crisis, due to its reliance on labour migration. In 2008, 33% of the economically active population was engaged in external labour migration and remittances comprised approximately 50% of GDP. In 2009, a 30% decrease in remittance inflows is expected and will likely further increase the current rate of unemployment (presently at 33%, as stated by the World Bank¹). With the Human Development Index (HDI) of 0.688, the country is ranked 127th among 182 world countries listed by this indicator in the UNDP Human Development Report 2009.

Transition to the market economy impacted to all fields of living including the health care. The Government commits and recognizes the human resource shortages and undertakes measures to strengthen the human capacity. Majority of socio-economic spheres in Tajikistan, in particular, healthcare system in the post-Soviet period has been severely affected by civil war, economic collapse, and a dramatic decline in health financing. Tajikistan's health sector budget is only 1.2% of GDP, which covers only 16% of total health sector expenditure². The government budget is not sufficient to cover all needs of building capacities. In particular, there is a risk of exponential increase in HIV / AIDS, tuberculosis and malaria, if not immediately addressed. In general, these ongoing challenges require the continued support of UNDP, in partnership with the government and other national partners, as well as with other UN and international agencies.

MDG Achievement and Poverty Reduction: Tajikistan is making progress towards reducing poverty: from 1999-2008, the number of people living with less than \$2.15 USD per day decreased from 81% to 55%. However, Tajikistan still ranks in the bottom quartile on the 2008 Human Development Index (124th out of 179 countries) and has even slipped two spots since 2007. In 2000 the Republic of Tajikistan signed the UN Millennium Declaration. A detailed assessment of resources required for MDG achievement was completed by the Government, in partnership with UNDP, in 2005. The MDG Needs Assessment report provided a comprehensive analysis of development trends and major challenges and formulated key policy directions necessary to accelerate progress. It was identified that a large resource gap existed and concluded that donors would need to double the amount of aid to help the country to meet its MDG targets by 2015. To identify and plan the country's development priorities alongside the national Millennium Development Goals (MDGs), the Republic of Tajikistan adopted its National Development Strategy (NDS) from 2007-2015.

This strategy was further complemented by the Poverty Reduction Strategy, an implementation instrument for the NDS⁴. Since these strategies were developed, Tajikistan has faced unanticipated development challenges, notably arising from a compound water, energy and food crisis, and further exacerbated by the 2008-2009 global economic crisis.

By contrast to many other development issues, HIV/AIDS may appear to be a comparatively minor issue in Tajikistan; nonetheless, the increase of HIV infection cases in Central Asian region, including Tajikistan, causes alarm. Over the last decade, the number of *officially registered* HIV cases has skyrocketed, increasing from 119 in 2000 to 3395 in July 2011. The estimated number of PLHIV consists of approximately 10,000 in accordance with National AIDS report. In recent years, the rate of

¹ World Bank 2008

² Tajikistan Ministry of Health statistics 2008

HIV has risen among injecting drug users (IDU), commercial sex workers (CSW) and prisoners, the main drivers of the epidemic. From 2005 to 2008, HIV prevalence varied from 15% to 19 % among IDUs, 0.7% to 1.8% for CSW, and 6.5% to 6.4% for prisoners. Furthermore, HIV is spreading rapidly among other demographic groups, such as labour migrants and young people. Approximately 81% of cases are registered among men and 19% among women (increasing from 16% in 2004). While the government has taken the first steps in addressing this issue through the formulation of the National Programme on HIV/AIDS (2007) and the establishment of the National Coordination Committee for HIV/AIDS Prevention, a commensurate effort has not been made to provide government funding to HIV/AIDS projects. This financing gap has largely been filled by the Global Fund to Fight AIDS, TB and Malaria (GFATM).

II. STRATEGY

The UNDP country programme for the period of 2010-2015 aims to achieve the objectives set out in the National Development Strategy of the Republic of Tajikistan for the period up to 2015, in accordance with the Millennium Development Goals. The promotion of national development policies and programmes will be undertaken through a combination of policy support for the MDGs and capacity development support for service delivery, strategic planning, and resource mobilization. HIV/AIDS, Malaria and Tuberculosis will be one of the key focus areas for future programme cycle. Particular attention will be given to the scaling up of proven successful initiatives, utilizing best practices and lessons learned to expand prevention programmes, access to care and treatment, protection of rights of people affected by disease and promoting gender equality as a cross-cutting issue.

Additionally, the UNDP intends to maximize the potential of partnerships. This will be accomplished through strengthening the capacity of local counterparts and government personnel; expansion of partnership with domestic and international stakeholders and technical agencies; more effective use of existing UNDP country office implementation structures in cross cutting areas and continuing to advance effective coordination and collaboration with existing and future partners. Joint programming and project implementation with other UN agencies will be pursued in line with UNDAF priorities with involvement of the UN Joint Advocacy project implementation mechanism. Working in greater strategic partnership will help ensure proper alignment of project implementation with the UNDP country programme and the government's strategic plans.

Taking into consideration the UNDP strategic programmes and plans, this project will aim at halting the spread of HIV by providing universal access to HIV/AIDS prevention, treatment, care and support. Concrete goals to achieving universal access were defined during country-wide consultations and were approved by the National Coordination Committee on AIDS, Tuberculosis and Malaria. This project is a result of consolidation of the Round 8 proposal to GFATM (which was submitted by the NCC in June 2008 and approved by GFATM for funding in early 2009) consolidated with the Phase 2 of the Round 6 HIV grant in Tajikistan (which is implemented by UNDP since May 2007).

Round 8 HIV grant foresees the implementation of tasks to scale-up equal access for all segments of the population, including vulnerable groups to preventive services, while also achieving the following key outcome and output indicators by September 2014:

- At least 90% of those in need of ARV therapy have access to ARV therapy.
- Coverage of prevention programs among risk population is at least 50% among IDUs, 53% among SWs, 16.6% among MSM, and 60% of prisoners.
- At least 60% of young people between the ages of 15-24 reporting consistent use of condoms with non-regular partners in the last year.
- At least 60% of HIV-positive pregnant women and their newborn babies have access to prophylaxis of mother-to-child transmission.
- 100% of blood is tested for HIV according to WHO guidelines.

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

Furthermore, UNDP desires to enhance capacity of healthcare facilities in providing quality antiretroviral (ARV) therapy. Although the national antiretroviral (ARV) therapy program began in 2006, only 504 patients have received treatment up to the end of December 2010. UNDP proposes to increase ARV treatment coverage, such that 90% of those requiring ARV drugs receive it by the end of 2014. UNDP proposes to do the following: provide training and equipment to support timely HIV diagnosis and testing, including the prevention of mother-to-child transmission (e.g. ARV prescription, baby-care techniques, etc.); support provision of ARV and opportunistic treatment, care and support; and create, equip, and provide on-going support to five ARV clinics. Furthermore, UNDP will mobilize technical and advisory assistance.

Another pressing issue in reversing HIV/AIDS epidemics is considered to be stigma and discrimination towards vulnerable people in the society. HIV/AIDS discrimination has created an atmosphere of denial, and has fuelled its growth. According to the Stigma and Discrimination survey conducted by the State Centre for Strategic Research in 2008, only 48% of Tajikistan's population demonstrates a positive attitude towards those living with HIV/AIDS. UNDP and the UN Joint Advocacy Programme will work with communities to build HIV / AIDS awareness, such that 70% of the population and not less than 65% of health workers will express positive attitudes to those living with the disease by 2014. UNDP will promote the role of mass media to communicate a consistent message of acceptance; facilitate workshops to the most vulnerable groups, particularly women; increase the role of law enforcement officers and religious leaders to prevent stigma and discrimination; and cooperate with medical specialists to create a non-judgmental environment in the health service sector.

Linkages with other related grants in the country

The consolidated Program builds on the results of the Round 1 HIV grant (TAJ-102-G01-H-00) that was completed in April 2006. This grant funded HIV prevention interventions among IDUs, SWs, MSM and youth (aged <29 years). It also aimed to build a system for blood safety control.

The Round 4 HIV grant (TAJ-404-G03-H) started on 1 January 2005 and funds the provision of HIV prevention and treatment interventions among the migrant population, street children, PLWHA and prisoners. The grant is in the final year of its life-cycle and will end on 31 December 2009.

The goal of Round 8 GFATM-funded project "Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan" (GFATM grant # TAJ-809-G07-H) is to provide universal access to HIV services and lay the foundation for stabilizing the country's epidemic. The program consists of six core objectives that aim to expand upon the national response to attain universal access by 2010 and to further efforts geared at achieving the Millennium Development Goals.

OBJECTIVES (Activities in ATLAS)

Objective 1: To reduce high-risk sexual and injecting behaviours among populations most vulnerable to HIV infection including IDUs, SWs, prisoner, and MSM.

In recent years, data of sentinel surveillance has indicated a rising rate of HIV among IDUs, SWs and prisoners in Tajikistan. Also, a recent study indicates that the country has a large number of MSM, a population that is largely closed and has not been widely reached by preventive services. As such, in order to truly get a grip on the epidemic, considerable efforts need be made in targeting these high-risk groups.

Activity 1.1. Prevention: BCC – Community Outreach – IDUs

Currently, there are 43 trust points providing services to IDUs in Tajikistan. Of these, 21 are functioning under GFATM Round 6 to date and the current project will continue supporting them within the grant framework. Twenty eight trust points funded by other donors will need financial and human resource support to continue operation as of 2011. Rather than establish additional trust points, Round 8 IDUs component aims to strengthen existing points by increasing the quality and range of services.

On yearly basis, the sub-grants will be provided to 15 local existing and new NGOs that will offer a comprehensive service package including client management, medical and psycho-social support, harm reduction, HIV prevention, STI treatment, legal support and referral services for IDUs and SWs as well as distribution of needles, syringes, sterile injection kits for IDUs. Moreover, 700 IDUs will get expanded service package including detox and substitution therapy.

Activity 1.2. Prevention: BCC – Community Outreach - SWs

At present, it is estimated that there are close to 8,000 female SWs in the country, and according to sentinel surveillance (2007) prevalence of HIV among SW is 1.8%. In addition, with a large portion of Tajikistan's working-age males leaving the country in search of jobs, women are left behind to sustain the family. Following on from R6 Project of GFATM, sixteen friendly clinics for SW will be supported that provide IEC, peer education, counselling, condom distribution, STI treatment, and referral.

Round 8 HIV project aims at scaling-up HIV prevention and care services and reaching, at least, 70% of the country's SWs cumulatively across phase 2, including hard-to-reach SWs by means of mobile medical units (MMUs). It also intends to reduce vulnerability and HIV risk among women through awareness raising campaigns, to prevent STI treatment, counselling and social and legal support services. Particular attention will be paid to improving the quality of services provided in order to increase demand for such services.

Activity 1.3: Prevention: BCC – Community Outreach - Prisoners

According to sentinel surveillance, the HIV prevalence among prisoners in Tajikistan exceeded 8% in 2007. As of 1 January 2008, there are approximately 10,000 people in Tajikistan's prison system. With the national health system structured in such a way that prison and civil healthcare have little interaction, many prisoners find themselves off the radar of necessary services when they are released. There are currently programs functioning inside prisons throughout the country within GFATM R4 programming, which will end by the end of 2009. This project will establish transitional client management services, designed to ensure a smooth transition from prison back into society and to continue and expand the work of peer-counselling services, harm reduction and STI treatment both in and outside (for ex-inmates) prisons.

Activity 1.4: Prevention: BCC – Community Outreach - MSM

In 2008, a comprehensive survey among MSM identified that the estimated number of men who regularly, irregularly or commercially engage in sexual relations with men is 30,000, most of who are not covered by any HIV prevention services. Currently, only one NGO is working with MSM in Dushanbe with coverage of approximately 700 clients, while the R6 target is to reach 3,000 MSM by 2012. The activities aim to scale-up prevention and care among MSM through the establishment of a network of NGOs and friendly services for MSM where they can receive counselling, informational materials, trainings, condoms, and STI treatment services. In the course of the Round 8 grant, at least 5000 MSM will be reached with prevention and care interventions.

Activity 1.5: Prevention – Condom Distribution

Within the activities of this project, condoms will be distributed, based on the needs of each group, at the various service delivery points established (i.e. trust points, outreach, drop-in centres, prisons, MMUs, etc.).

Activity 1.6: Prevention – STI diagnosis and treatment

The project will continue providing STI diagnosis and treatment services for IDUs, SWs, MSM and inmates at the service delivery points to reduce vulnerability of the targeted groups.

Activity 1.7: BCC – IEC Materials

IEC materials distribution, as one of the main purposes of Round 6, will also remain as an important activity in Round 8 to raise awareness of the targeted groups in terms of knowledge and rights and serves as capacity building activity for project target groups.

Activity 1.8: Supportive environment – Strengthening of civil society

This activity is planned to create supportive environment for risky population through provision of series of trainings for NGO staff, client managers, counsellors, healthcare providers, social workers, outreach workers on different topics such as principles and practices of VCT, principles of harm reduction and working with vulnerable groups (i.e. IDUs, SWs, MSM), principles of client management, motivational interviewing, organizing self-help groups, peer-counselling/education and IEC materials development, etc. Developing and distributing client management guidelines for NGO staff, social workers and health and psycho-social service providers and supporting NGOs participation in international and regional AIDS conferences will further enhance the sustainability of civil society.

Activity 1.9: HSS – Programme Management and Administration Costs

The activity will ensure regular site-visits and M&E activities at project sites to keep track of project dynamics as well as conducting operational research among IDUs and SWs to evaluate the effectiveness of project interventions.

Activity 1.10: Community Outreach – Uniformed Staff

Through this activity the project intends to ensure the quality coverage of uniformed staff by HIV prevention activities. In particular, awareness raising campaigns, theatre performance, and information sessions will be conducted among the targeted group. In addition, refresh trainings for trainers will be conducted for medical and field officers to further carry out information sessions about HIV prevention among cadets and praporshiks.

Objective 2: To reduce high-risk behaviours among other vulnerable populations including migrant’s families; and young people by scaling-up their coverage by comprehensive, quality prevention interventions.

In addition to the main driving forces of the epidemic (i.e. injecting drug use and sex business) Tajikistan faces a new threat resulting from high levels of labour migration, leaving not only men, but their wives particularly vulnerable. In addition, low levels of knowledge on methods of HIV prevention among the general population, particularly among youth, also require the increased attention of quality preventive programming.

Activity 2.1: Prevention: BCC – Community Outreach - Migrants and Vulnerable Women

Preventive measures and support will be provided to migrants and their wives via 30 existing friendly clinics for migrants and their spouses; additionally, 15 new clinics in areas with highest rates of

migration will be established that will provide expanded package of services including counselling, medical care, VCT and STI treatment. Nearly 30 local NGOs in 45 districts will obtain sub-grants to mobilize community for HIV/STI prevention for migrants and their families. Mainly, vulnerable women will be supported with legal and psycho-social help through the provision of sub-grants to the existing women's centre on the grounds of a local NGO (i.e. crisis centre).

Activity 2.2: Prevention: BCC – Community Outreach - Vulnerable Youth

Currently, 21 youth-friendly service centres exist on the ground where youth can receive social support, counselling, VCT and other health services. This activity will support 18 existing centres and 3 new youth-friendly centres with a wide range of prevention, counselling, health and psycho-social support services on the ground of local NGO and governmental organizations.

Moreover, it will also target in-school youth so that by the end of Phase Two 21.1% of Tajikistan's schools will be reached with trainings for students on HIV/AIDS issues.

Activity 2.3: Prevention – Condom Distribution

As the major preventive measure, procurement, distribution and promotion of condoms will reduce risk of HIV among migrants, their wives and at-risk youth.

Activity 2.4: BCC – IEC Materials

Distribution of IEC materials intends to educate students and at-risk youth on healthy life-style. Also, Life-style Education (LSE) manuals and reference books for teachers on HIV prevention and response education will be provided to teachers and students.

Activity 2.5: Prevention: BCC – Community Outreach - Migrants and vulnerable women

Series of trainings for NGO staff, counsellors, outreach workers and health and psycho-social service providers will be conducted to develop their capacity on the principles of harm reduction, working with vulnerable migrants, and gender-specific aspects of counselling and prevention. Subsequently, representative of NGOs will participate in international and regional AIDS conferences for sharing experience on work conducted with migrant population.

Activity 2.6: Prevention: BCC - Community Outreach - In-school youth

Educating in-school youth requires the development of certain facilities. Therefore, 4 LSE centres will be established and equipped with necessary IEC materials. 624 teachers (grades 7-9) and 160 inspectors will be trained on teaching HIV prevention and decreasing stigma and discrimination.

Activity 2.7: HSS – Information Systems

To confirm consistency of the activities, quarterly site-visits and monitoring and evaluation will be conducted at project sites. In addition, in order to strengthen the supervision of HIV prevention in schools, M&E teams will be created.

Activity 2.8: Prevention – STI diagnosis and treatment

Under this activity the project plans to provide STI diagnosis and treatment services for pregnant women, migrants and their partners and at-risk youth at service delivery points throughout the country, including procurement of medicines, tests, diagnostic means as well as training of health workers on STI treatment

Activity 2.9: HSS – Programme Management and Administration Costs

The activity will ensure management costs of SRs in coordinating activities among vulnerable women and at risk youth.

Objective 3: To eliminate the risk of HIV transmission through blood and blood products and decrease the risk of nosocomial transmission.

One of the key priorities for the country is to ensure 100% safe blood supply. Until now only 97% of blood is tested, therefore this proposal will focus on reaching 100% testing and quality control of the blood safety process, to eliminate the risk of transmission through blood. Trainings for doctors will also help lower the incidence of nosocomial transmission. This proposal aims to ensure 100% safe blood and strengthening the capacity of the National Blood Safety Service, providing it with training and state-of-the-art equipment.

Activity 3.1: HSS – Infrastructure

The activity will deliver equipment for quarantine of frozen plasma in 5 blood centres (Dushanbe, Kurgan-Tuppe, Kulab, Khudjand, and Khorog). Besides, procurement of 2 mobile collection units, needles, single-use gloves, disinfectants, sharp waste boxes, medical waste disposal bags, and blood collection bags, adequate supplies of supportive pharmaceuticals (including volume substitution, iron supplementation and plasma derivatives) has been planned for safe blood transfusion. Hospital transfusion committees will be established and trained in major hospitals for implementation of transfusion therapy. Further, special EQAS program for enrolment of regional blood bank laboratories will guarantee external quality assessment program for blood-borne infections and blood grouping in Tajikistan.

Activity 3.2: HSS – Information Systems

IT system/network for national recording and reporting will be developed, installed and implemented in 5 regional blood centres.

Activity 3.3: HSS – Human Resources

Trainings and seminars are the important components of building capacity of staff. For that reason, national and regional short courses will be organised on standardized processes and procedures in donor selection, blood collection, testing, processing and storage in line with WHO and international recommendations. Laboratory staff will also have trainings on the following topics – use of national blood donor identification system, optimal use of transfusion therapy based on national guidelines, use and administration of blood and blood products, basic haemovigilance concepts for medical staff working in blood centres and clinical sites, universal precaution and introduction of PEP kits for representatives of district hospitals, etc.

Activity 3.4: Supportive Environment – Policy Development

Another essential stage in ensuring safety of blood is development of sound policies. This activity will assist in developing and implementing national protocol on monitoring, disseminating national haemovigilance regulations based on international haemovigilance experience.

Activity 3.5: BCC – Mass Media and IEC Materials

Mass media is the powerful means of advocacy for promotion and educational campaigns including World Blood Donor Day. This activity will primarily target youth (i.e. schools, universities, and workplace) on retention of first-time donors and instructional materials on using PEP kits.

Activity 3.6: Administrative and overhead costs

The activity will cover administrative and overhead costs for the activities of the implementing agencies.

Objective 4: To prevent mother-to-child transmission of HIV and to improve the quality of life of PLHIV by providing high-quality ARV and opportunistic treatment, care and support.

Another key component of an effective response to the HIV epidemic is to ensure high quality of life for PLHIV. As such, the proposed project will provide quality ARV treatment for people in need, including preventive treatment for HIV-positive pregnant women and their babies. In addition, the quality of care and support services will also be enhanced throughout the country.

It is estimated that 6,800 people in Tajikistan are currently living with HIV. As of the end of December 2010, 504 people have started ARV therapy. The proposed project is aimed to increase ARV coverage. By the end of Round 8 Phase 2, it is planned to provide ARV to 920 PLHIV. Within this objective, the project will improve the quality of care and treatment of PLHIV by establishing five ARV clinics (Dushanbe, Khujand, Kurgan Tuppe, Kulab and Khorog) and strengthening the medical services and referral system for PLHIV. As of the end of December 2010, 21 HIV-positive pregnant women have received PMTCT services. It is planned to provide PMTCT prophylaxis to 260 pregnant women.

Activity 4.1: Treatment – Antiretroviral treatment and monitoring

Highly active antiretroviral treatment (HAART) will be provided free of charge to all eligible patients. For quality treatment, 1 integrated national and 4 regional HIV/ARV clinics (including provision of laboratory equipment such as biochemistry, automated full blood count) will be established. In addition, PCR laboratory will be continuously supported to provide quality and quantity diagnostic of HIV and viral load of PLHIV. Simultaneously, ARV providers (physicians, midwives, nurses) will be trained on OI, PMTCT, and ARV management.

Activity 4.2: Prevention – PMTCT

An individual attention will be paid to PMTCT prophylaxis therapy to HIV-positive pregnant women and their newborns. Training on counselling on HIV and feeding options will be held for health personnel to effectively plan, implement, monitor and evaluate PMTCT programs. This activity also entails quality assurance through conducting monitoring visits to participating health care and antenatal care facilities.

Activity 4.3: Care and Support – Care and Support for the chronically ill

Chronically ill people will be substantially supported through providing sub-grants to three NGOs working with PLHIV.

Activity 4.4: BCC – IEC Materials

Palliative care guidelines and other IEC materials will be developed and disseminated to PLHIV and social workers in order to improve knowledge and influence the adherence of PLHIV to ARV treatment.

Activity 4.5: HSS – Human Resources

Monitoring and evaluation verifies the successfulness and usefulness of applied actions in decreasing the vulnerability of the beneficiaries. ARV providers will be trained on M&E and DMIS mass interventions.

Objective 5: To strengthen the evidence base for a targeted and effective national response to HIV/AIDS through improved second generation sentinel surveillance.

It is crucial to have an effective surveillance system in place in order to be able to adequately respond to the HIV epidemic. As such, this project will work to enhance the country's capability both to conduct such research and to analyze it and use it in informing the implementation process and the development of new interventions to fit the needs of the target populations

Particularly in a low-prevalence environment, hard evidence is needed in order to mobilize resources and advocate for prioritizing HIV policies and programs. This project aims to contribute to the implementation and further development of the national M&E system and implementation of the National M&E Plan approved by the government in 2007. The project will support the strengthening of the country's sentinel surveillance system; the integration of second generation sentinel surveillance into general epidemiological surveillance; the improvement of M&E human resources; the strengthening of M&E infrastructure to support data collection and analysis on a regular basis; and the establishment of a national HIV/AIDS database.

Activity 5.1: HSS – Operational Research

Operational Research proposes to expand sentinel surveillance among highly vulnerable groups (currently in five sites) to 12 sites by the end of this project; establish and support M&E unit in the Republican AIDS Centre and four regional AIDS centres; conduct special study on measuring BCC among 15-49 age group; conduct operational research among ARV and substitution therapy on ARV adherence (2010). Along with program monitoring and on-site visits, mid-term project review and end of project evaluation will be conducted within project implementation.

Objective 6: To create a supportive environment for a sustainable national response to HIV.

Finally, no HIV response can be fully effective without creating an environment in which prevention, treatment, care and support programs can flourish. As such, specific objective six strives to create a supportive environment for a sustainable national response to HIV. This includes informing decision and opinion-makers on their role in fighting the HIV epidemic as well as educating the general population on methods of prevention and the importance of supporting PLHIV.

Activity 6.1: HSS – Infrastructure

Currently, there exist several serious roadblocks to the expansion of VCT and quality diagnostic services on the national level, namely: significant deficit in HIV tests; lack of HIV laboratories in many areas; difficulties in transporting blood samples to laboratories in other areas for confirmatory tests; insufficient laboratory quality control systems; and the absence of a reference laboratory. This activity will work to build the capacity of laboratory services nationwide in order to create an environment in which VCT and high-quality diagnostic services are available in an integrated, coordinated and effective system.

Activity 6.2: Prevention – Testing and Counselling

The activity aims to significantly scale-up the provision of HIV counselling and testing services to IDUs and SWs. The project will strive to test at least 60% of the total IDU population and 85% of SWs reached by this project. Targets will be reached by means of increasing the capacity of medical staff, provision of testing by mobile medical units and optimizing the resources of existing VCT, as well as procurement of a larger scale of rapid HIV tests.

***Activity 6.3: Supportive Environment: Strengthening of civil society
and institutional capacity building***

To further build up capacity of civil society, various trainings for sub-grant recipients and other local NGOs will be held on project and staff management, financing and reporting systems, and M&E.

Expansion of existing Regional Training & Resource Centres on the grounds of local NGOs will provide a space for trainings, network meetings and other project-related activities.

Activity 6.4: Supportive Environment - Policy development including workplace policy

Despite the fact that the absence of policies on HIV prevention in the workplace is a major barrier to access to universal access to prevention, treatment, care and support, currently, in Tajikistan this policy is still in the beginning stages. This activity will work to increase the capacity of the Ministry of Labour and Social Protection, trade unions and employer organizations to develop policies and programs on HIV/AIDS within the workplace and to contribute to the reduction of stigma and discrimination and enhance universal access.

Activity 6.5: Supportive Environment - Reducing stigma in all setting

To reduce stigma and discrimination in the communities and workplace, national and regional training workshops on vulnerability of women and girls to HIV for Committee of Women and Family Affairs and local civil society organizations will be conducted as well as workshops on HIV/AIDS, prevention and the role of the mass media in decreasing and discrimination towards vulnerable groups, vulnerable women and PLHIV. Since the role of law enforcement organs, religious leaders, medical specialists is vital, several workshops will be organized for them to raise their awareness on HIV/AIDS prevention in decreasing stigma and discrimination towards vulnerable groups, vulnerable women and PLHIV.

Activity 6.6: Prevention – BBC Mass Media

Annual nationwide HIV prevention campaigns dedicated to World AIDS Day will be fully covered in mass media to reach the majority of population.

III. RESULTS AND RESOURCES FRAMEWORK

Intended Outcome as stated in the Country Programme Results and Resource Framework:				
Outcome 2: The spread of HIV/AIDS and TB epidemics is halted and Malaria is eliminated by 2015, in line with MDGs				
Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:				
Indicator: Prevalence of HIV/AIDS among high risk groups, and incidence rate of TB and Malaria.				
Baseline: 2007 prevalence of HIV among IDUs and SWs is 19.4% and 1.8% respectively.				
Target: HIV prevalence among IDUs is decreased to 8.5% and among SW is contained at <3% level				
Applicable Key Result Area (from 2008-11 Strategic Plan): Reducing the Burden of HIV, TB and Malaria				
Partnership Strategy: UNDP will work with governmental institutions, including the Ministry of Health, as well as the Ministries of Justice, Defense, Labor and Social Protection of Population, Education and other key state agencies, local and international NGOs and UN technical agencies to promote a comprehensive multi-sectoral approach. New partnerships will be established to enhance implementation of new initiatives for the country, such as cooperation with the State Agency on Drug Control for implementation of substitution therapy for drug-users and establishment of NSE program in prisons.				
Project title and ID (ATLAS Award ID): Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan, ATLAS Award ID - 58593				
INTENDED OUTPUTS	OUTPUT TARGETS FOR (YEARS)	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
<p>Output 2.1: To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building government capacities for response.</p> <p>Baseline:</p> <p>1.1. 3,302 (13.2%) IDUs reached by HIV prevention services (2009)</p> <p>1.2. No IDUs received expanded package of services (substitution therapy and detox) (2008)</p> <p>1.3. 6,539 (52.3%) SWs reached by HIV prevention services (2009)</p> <p>1.4. 6,112 in 16 prisons (61%)</p>	<p>Year 1 (Oct 2011 – Dec 2011)</p> <p>1.1. 8,820 (35%) of IDUs reached by HIV prevention services</p> <p>1.2. 300 IDUs received expanded package of services (substitution therapy and detox)</p> <p>1.3. 5,678 (45%) of SWs reached by HIV prevention service</p> <p>1.4. 2,500 (27%) prisoners reached with HIV programs</p> <p>1.5. 2,500 (8.3%) MSM reached by HIV prevention services</p>	<p>1. To reduce high-risk sexual and injecting behaviours among populations most vulnerable to HIV infection including injecting drug users (IDUs); sex workers (SWs); prisoners, and men who have sex with men (MSM).</p> <ul style="list-style-type: none"> • Support and improve existing trust points for IDUs by increasing quality and range of services. • Provide sub-grants to 15 local NGOs to provide a expanded service package to IDUs and SWs. • Provide expanded harm reduction service package to IDUs including detox and substitution therapy for 700 IDUs • Support and improve existing client management 3+6 social bureaus on 	<p>UNDP AFEW NAC GoT/Prison Central Military Hospital Republican Centre of Dermatology and Venereal Diseases Narcology NGOs and other partners</p>	<p>Human resources €1,216,704.82 Account: 71400</p> <p>Training €275,205.19 Account: 72100</p> <p>Health products and health equipment €2,118,009.15 Account: 72300</p> <p>Medicines and pharmaceutical products €388,395.80</p>

<p>prisoners reached with HIV programs (2007)</p> <p>1.5. 861 (2.87%) MSM reached by HIV prevention services (2009)</p> <p>2.1. 142,341 young people aged 15-24 in rural areas who are reached by HIV prevention services through peer education (2009)</p> <p>2.2. 3,000 vulnerable youth reached by HIV prevention programme through YF clinics (2007)</p> <p>2.3. 0.7% schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year (2003)</p> <p>2.4. 571,336 migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom distribution) (2007)</p> <p>2.5. 5,420 (18%) uniformed staff members reached by HIV prevention services (2005)</p> <p>2.6. 3,246,101 condoms distributed to vulnerable groups and general population (2009)</p> <p>3.1. 97% (24,250/25,000) blood units transferred in the last 12 months that have been adequately screened for HIV according to WHO guidelines or national guidelines (2005)</p> <p>4.1. 160 (15.7%) people with advance HIV infection receiving ARVT (2008)</p>	<p>2.1. 37,000 young people aged 15-24 in rural areas who are reached by HIV prevention services through peer education</p> <p>2.2. 4,000 vulnerable youth reached by HIV prevention programme through YF clinics</p> <p>2.3. 264 (8.5%) schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year</p> <p>2.4. 110,000 migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom distribution)</p> <p>2.5. 400 (4%) uniformed staff members reached by HIV prevention services</p> <p>2.6. 1,100,270 condoms distributed to vulnerable groups and general population</p> <p>3.1. 6000 (100%) of blood units tested for HIV</p> <p>4.1. 663 (65%) people with advance HIV infection receiving ARVT</p> <p>4.2. 60 HIV positive women receive complete course of</p>	<p>the ground of local partners selected in tender process.</p> <ul style="list-style-type: none"> • Establish 4 (from Year 4) drop-in centers for IDUs on the ground of local NGOs selected in tender process. • Cover admin and staff costs of 6 mobile medical units for providing outreach needle exchange services • Procurement, distribution and exchange of needles, syringes, sterile injection kits for IDUs • Cover admin and staff costs of 2 mobile medical units for providing outreach work including harm reduction to hard-to-reach SWs • Provide expanded service package for SWs • Support existing and establish new peer-counselling programmes inside the country's 13 prisons through ToT and cascade training seminars. • Recruit 5 narcologists working in prisons in four regions (Sughd, Khatlon, Dushanbe, Nourek women colony and Vakhdat). • Conduct trainings for medical and non-medical prison staff on the principles of the prevention of HIV and co-infection; STIs; VCT; release preparedness; working with HIV-positive inmates; and ARV therapy. • Provide sub-grants to two NGOs to establish two crisis centers for MSM in Dushanbe and Khudjand to provide an extensive package of services including medical and psycho-social support, shelter, legal support, and 		<p>Account: 72300</p> <p>Procurement and Supply Management Costs €232,200.00 Account: 74500</p> <p>Infrastructure and Other Equipment €162,448.00 Account: 722000</p> <p>Communication Materials €225,233.00 Account: 74200</p> <p>Monitoring and Evaluation €87,528.00 Account: 71600</p> <p>Living Support to Clients/Target Population €683,875.50 Account: 72100, 72600</p> <p>Planning and Administration €408,420.84 Account: 72400, 73100, 71600</p>
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<p>4.2. 25 (25.5%) pregnant women receiving a complete course of ARV prophylaxis to reduce MTCT in accordance with approved treatment protocol (2009)</p> <p>5.1. 5 sentinel surveillance sites performing according to national standard (2007)</p> <p>6.1. 8 institutions to improve prevention and VCT services established and supported (2005)</p> <p>7.1. 19.6% (4,893/25,000) IDU receiving HIV tests, results and post-testing counselling in the period of the last 12 months (2010)</p> <p>7.2. 14.6% (1,831/12,500) SWs receiving HIV tests, results and post-testing counselling in the period of the last 12 months (2010)</p>	<p>ARV prophylaxis to reduce MTCT</p> <p>6.1. 10 sentinel surveillance sites performing according to national standard 3</p> <p>6.2. 3 institutions to improve prevention and VCT services established and supported</p> <p>7.1. 800 (3.2%) IDU receiving HIV tests, results and post-testing counselling in the period of the last 12 months</p> <p>7.2. 500 (4%) SW receiving HIV tests, results and post-testing counselling in the period of the last 12 months</p> <p>7.3. 133,000 (66.6%) pregnant women receive HIV tests, results and post-testing counselling</p>	<p>VCT.</p> <ul style="list-style-type: none"> • Procurement, distribution and promotion of condoms to reduce risk of HIV among IDUs, SWs, prisoners and MSM. • Provide STI diagnosis and treatment services for IDUs, SWs, MSM and inmates. • Procure STI medicines, gynaecological kits, rapid tests for syphilis for IDUs, SWs, inmates, MSM • Develop, produce and distribute generic IEC materials on prevention of HIV/AIDS and STI to be distributed among all vulnerable groups • Conduct trainings for NGO staff, counsellors and healthcare providers on principles and practices of VCT • Conduct series of trainings among NGOs staff, counsellors, outreach workers and health and psycho-social service providers on the principles of harm reduction and working with vulnerable groups (i.e. IDUs, SWs, and MSM) 		<p>Total for Activity 1: € 5,798,020.30</p>
<p>7.3. 14% (20,000/140,000) pregnant women receiving HIV tests, results and post-testing counselling (2007)</p> <p>Indicators:</p> <p>1.1. Number and percentage of IDUs reached by HIV prevention services</p> <p>1.2. Number of IDUs received expanded package of services (substitution therapy and detox)</p> <p>1.3. Number and percentage of SWs reached by HIV prevention</p>	<p>Year 2 (Jan 2012 - Dec 2012)</p> <p>1.1. 10,360 (41%) of IDUs reached by HIV prevention services</p> <p>1.2. 400 IDUs received expanded package of services (substitution therapy and detox)</p> <p>1.3. 6,062 (48%) of SWs reached by HIV prevention services</p>	<ul style="list-style-type: none"> • Conduct trainings for NGO staff, counsellors, outreach workers and health and psycho-social service providers on the principles of client management and the client management monitoring system, motivation interviewing, organizing self-help group • Conduct trainings for social workers and client managers on transitional client management, working with clients in transition and working with the Client Management monitoring 		

<p>services</p> <p>1.4. Number and percentage of prisoners reached with HIV programs</p> <p>1.5. Number and percentage of MSM reached by HIV prevention services</p> <p>2.1. Number and percentage of young people aged 15-24 in rural areas who are reached by HIV prevention services through peer education</p> <p>2.2. Number of vulnerable youth reached by HIV prevention programme through YF clinics</p> <p>2.3. Number and percentage of schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year</p>	<p>1.4. 9,000 (89%) prisoners reached with HIV programs</p> <p>1.5. 3,300 (11%) MSM reached by HIV prevention services</p> <p>2.1. 150,000 young people aged 15-24 in rural areas who are reached by HIV prevention services through peer education</p> <p>2.2. 14,000 vulnerable youth reached by HIV prevention programme through YF clinics</p> <p>2.3. 388 (12.5%) schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year</p>	<p>system</p> <ul style="list-style-type: none"> • Support NGOs participation in international and regional AIDS conferences for sharing experiences on work conducted in the field of HIV prevention, treatment, care and support. • Visit sites for programme monitoring of 28 trust points for IDUs and 16 FC for SW <p>2. To reduce high-risk behaviours among other populations at-risk of HIV infection including migrants and their wives; and young people by scaling up their coverage by comprehensive, quality prevention interventions.</p> <ul style="list-style-type: none"> • Strengthen 30 existing friendly clinics for migrants and their spouses and establish 15 new clinics in areas with highest rates of migration 	<p>UNDP/IOM MoH MoE AFEW UNICEF IOM Committee on Youth Republican Centre of Dermatology and Venereal Diseases Other partners</p>	<p>Human resources € 1,187,172.95 Account: 71400</p> <p>Training € 720,863.83 Account: 71400</p> <p>Health products and health equipment € 270,002.40 Account: 72300</p>
<p>2.4. Number of migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom distribution)</p> <p>2.5. Number and percentage of uniformed staff members reached by HIV prevention services</p> <p>2.6. Number of condoms distributed to vulnerable groups and general population</p> <p>3.1. Number and percentage of blood units transferred in the last 12 months that have been adequately screened for HIV</p>	<p>2.4. 500,000 migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom distribution)</p> <p>2.5. 4,000 (40%) uniformed staff members reached by HIV prevention services</p> <p>2.6. 4 401 080 condoms distributed to vulnerable groups and general population</p> <p>3.1. 25000 (100%) of blood</p>	<ul style="list-style-type: none"> • Provide sub-grants to 30 local NGOs to carry out community mobilization for HIV/STI prevention for migrants and their families in 45 districts. • Support outreach medical team to provide group counselling on sexual reproductive health issues to groups of vulnerable women in rural areas • Provide sub-grants to one women's center on the grounds of local NGOs (i.e. crisis centers) to provide legal and psycho-social support for vulnerable women. • Support 18 existing and open 3 		<p>Medicines and pharmaceutical products € 29,540.11 Account: 72300</p> <p>Infrastructure and Other Equipment € 35,095.80 Account: 72200</p>

<p>according to WHO guidelines or national guidelines</p> <p>4.1. Number and percentage of people with advance HIV infection receiving ARVT</p> <p>4.2. Number and percentage of pregnant women receiving a complete course of ARV prophylaxis to reduce MTCT in accordance with approved treatment protocol</p> <p>5.1. Number of sentinel surveillance sites performing according to national standard</p> <p>6.1. Number of institutions to improve prevention and VCT services established and supported</p> <p>7.1. Number of IDU receiving HIV tests, results and post-testing counselling in the period of the last 12 months</p> <p>7.2. Number and percentage of SW receiving HIV tests, results and post-testing counselling in the period of the last 12 months</p> <p>7.3. Number and percentage of pregnant women receiving HIV tests, results and post-testing counselling.</p>	<p>units tested for HIV</p> <p>4.1. 720 (70.5%) people with advance HIV infection receiving ARVT</p> <p>4.2. 65 HIV positive women receive complete course of ARV prophylaxis to reduce MTCT</p> <p>6.3. 10 sentinel surveillance sites performing according to national standard 3</p> <p>7.1. 5,000 (20%) IDU receiving HIV tests, results and post-testing counselling in the period of the last 12 months</p> <p>7.2. 2200 (18%) SW receiving HIV tests, results and post-testing counselling in the period of the last 12 months</p> <p>7.3. 140,000 (70.1%) pregnant women receiving HIV tests, results and post-testing counselling</p> <p>Year 3 (Jan 2013 - Dec 2013)</p> <p>1.1. 11375 (46%) IDUs reached by HIV prevention services</p> <p>1.2. 550 IDUs received expanded package of services (substitution therapy and detox)</p>	<p>new youth friendly centres for vulnerable youth with a wide range of prevention, counselling, health and psycho-social support services.</p> <ul style="list-style-type: none"> • Increase access of the rural youth to basic information on HIV prevention and support referral system to get qualified health and psycho-social support services • Procurement, distribution and promotion of condoms to reduce risk of HIV among migrants, their wives. • Develop, produce and distribute IEC materials specific to migrants and their spouses, at-risk youth, students. • Conduct four 3-days training for 80 NGO staff working with vulnerable migrants at regional and national levels • Conduct trainings and seminars on migration and HIV for NGO staff, outreach workers, peer-educators, migrants and family. • Support advocacy mission and participation of international and regional AIDS conference for sharing experience • Establish, fully equip and provide IT services for four LSE centers. • Conduct training for school teachers and education inspectors at RIITT in Dushanbe • Procure STI medicines for treatment of at-risk youth, 	<p>Communication Materials € 848,148.94 Account: 74200</p> <p>Monitoring and Evaluation € 13,509.60 Account: 71600</p> <p>Living Support to Clients/Target Population € 147,880.50 Account: 73100</p> <p>Planning and Administration € 590,743.70 Account: 73100</p> <p>Total for Activity 2: € 3,842,957.84</p>
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	<p>1.3. 6300 (50%) SWs reached by HIV prevention services</p> <p>1.4. 9 000 (89%) prisoners reached with HIV programs</p> <p>1.5. 4100 (13.6%) MSM reached by HIV prevention services</p> <p>2.1. 150,000 young people aged 15-24 in rural areas who are reached by HIV prevention services through peer education</p> <p>2.2. 18,000 vulnerable youth reached by HIV prevention programme through YF clinics</p> <p>2.3. 544 (17.5%) schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year</p> <p>2.4. 500,000 migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom distribution)</p> <p>2.5. 4,000 (40%) uniformed staff members reached by HIV prevention services</p> <p>2.6. 4,401,080 condoms distributed to vulnerable</p>	<p>migrants, vulnerable women</p> <ul style="list-style-type: none"> • Provide STI diagnosis and treatment services for pregnant women, migrants and their partners and at-risk youth. <p>3. To eliminate the risk of HIV transmission through blood and blood products and decrease the risk of nosocomial transmission.</p> <ul style="list-style-type: none"> • Procure and deliver equipment for quarantine of frozen plasma (Dushanbe, Kurgan-Tube, Kulyab, Khujand, and Khorog). • Select, procure and deliver two mobile collection units (blood drive). • Improve testing capacity-reagents and consumables for complete testing (transfusion transmissible Infections and immune hematology) for 30,000 blood units. • Procure and deliver adequate supplies of supportive pharmaceuticals (including volume substitution, iron supplementation and plasma derivatives). • Develop external quality assessment program for blood borne infections and blood grouping through the establishment of a national EQAS program and the enrolment of regional blood bank laboratories. • Develop national identification system supported by IT database program for accurate identification 	<p>UNDP WHO MoH/RSBC Other partners</p>	<p>Technical assistance € 19,774.20 Account: 72100</p> <p>Training € 68,841.60 Account: 72100</p> <p>Health products and health equipment € 38,412.00 Account: 72300</p> <p>Medicines and pharmaceutical products € 237,771.45 Account: 72300</p> <p>Infrastructure and Other Equipment € 21,600.00 Account: 72200</p> <p>Communication Materials € 73,772.00 Account: 74200</p>
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	<p>groups and general population</p> <p>3.1. 25000 (100%) of blood units transferred in the last 12 months that have been adequately screened for HIV according to WHO guidelines or national guidelines</p> <p>4.1. 820 (80.3%) people with advance HIV infection receiving ARVT</p> <p>4.2. 70 pregnant women receive a complete course of ARV prophylaxis according to approved treatment protocol</p> <p>5.1. 12 sentinel surveillance sites perform according to national standard</p> <p>7.1. 5650 (23%) IDU receiving HIV tests, results and post-testing counselling in the period of the last 12 months</p> <p>7.2. 3500 (28%) SW receiving HV tests, results and post-testing counselling in the period of the last 12 months</p> <p>7.3. 150 000 (75.1%) pregnant women receive HIV tests, results and post-testing counselling</p> <p>Year 4 (Jan 2014 – Sep 2014)</p> <p>1.1. 12600 (50%) IDUs</p>	<p>and cross-referencing of donor-unit-sample-patient.</p> <ul style="list-style-type: none"> • Conduct national training of trainers (ToT) and oblast follow-up seminars covering the latest knowledge on universal precaution and introduction of PEP kits for representatives of district hospitals • Develop and implement national protocol on monitoring and reporting of transfusion-related reactions and adverse events. • Conduct national and regional advocacy workshops for policy-makers on promotion of voluntary blood donors. • Develop promotion and educational materials targeting youth (i.e. schools, universities, workplace) on retention of first-time donors. • Implement annual national campaigns on World Blood Donor Day and semi-annual regional promotional campaigns. <p>4. Treatment - Antiretroviral treatment, PMTCT and monitoring.</p> <ul style="list-style-type: none"> • Establish 5 integrated ARV clinics in Dushanbe, Khorog, Kurgan-Tube, Kulyab and Khujand with clinical laboratories • Conduct training on opportunistic infections, PMTCT and ARV management for physicians and nurses and midwives 	<p>UNDP NAC MoH UNICEF Other partners</p>	<p>Planning and Administration € 36,596.60 Account: 72100</p> <p>Overheads € 16,277.61 Account: 74500</p> <p>Total for Activity 3: € 513,045.46</p> <p>Human resources € 45,771.23 Account: 71400</p> <p>Training € 83,021.01 Account: 72100</p> <p>Health products and health equipment € 118,567.81</p>
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	<p>reached by HIV prevention services</p> <p>1.2. 700 IDUs received expanded package of services (substitution therapy and detox)</p> <p>1.3. 6663 (53%) SWs reached by HIV prevention services</p> <p>1.4. 6750 (50%) prisoners reached with HIV programs</p> <p>1.5. 5000 (16.6%) MSM reached by HIV prevention services</p> <p>2.1. 75,000 young people aged 15-24 in rural areas who are reached by HIV prevention services through peer education</p> <p>2.2. 10,000 vulnerable youth reached by HIV prevention programme through YF clinics</p> <p>2.3. 80 (3.6%) schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year</p> <p>2.4. 250,000 migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom</p>	<ul style="list-style-type: none"> • Procure 1st line ARV treatment for 920 HIV positive patients • Procure 2nd line ARV treatment for 46 HIV positive patients • Procure 1st line ARV treatment for 70 HIV positive children • Strengthen CD4 testing capacity of the country for treatment monitoring of the PLHIV • Training of Health Personnel - Counselling, on HIV testing and feeding options • Development of capacities within the National, regional and district health departments to plan, implement and monitor and evaluate PMTCT • Procurement of drugs for ARV treatment for up to 260 HIV positive pregnant women • Monitoring and evaluation of implementation in all participating health care and antenatal care facilities. • Provide subgrants to three CSOs of PLWHA. • Develop, produce and distribute IEC materials for PLWH and social workers • Conduct training for ARVT providers on M&E and DMIS <p>Develop capacities of national, regional and district health department to plan, implement, monitor and evaluate mass interventions</p>		<p>Account: 72300</p> <p>Medicines and pharmaceutical products € 642,917.32</p> <p>Account: 72300</p> <p>Infrastructure and Other Equipment € 67,254.00</p> <p>Account: 72200</p> <p>Communication Materials € 6,000.00</p> <p>Account: 74200</p> <p>Monitoring and Evaluation € 23,923.80</p> <p>Account: 71600</p> <p>Living Support to Clients/Target Population € 86,688.00</p> <p>Account: 72300</p> <p>Planning and Administration € 174,193.74</p> <p>Account: 72600</p> <p>Total for Activity 4: € 1,248,336.91</p> <p>Human resources</p>
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	<p>distribution)</p> <p>2.5. 2025 (20.3%) uniformed staff members reached by HIV prevention services</p> <p>2.6. 3,300,810 condoms distributed to vulnerable groups and general population</p> <p>3.1 18,500 (100%) of blood units transferred in the last 12 months that have been adequately screened for HIV according to WHO guidelines or national guidelines</p> <p>4.1 920 (90%) people with advance HIV infection receiving ARVT</p> <p>4.2 60 pregnant women receive a complete course of ARV prophylaxis according to approved treatment protocol</p> <p>5.2. 12 sentinel surveillance sites perform according to national standard</p> <p>7.1. 5000 (20%) IDU receiving HIV tests, results and post-testing counselling in the period of the last 12 months</p> <p>7.2. 3500 (28%) SW receiving HV tests, results and post-testing counselling in the period of the last 12 months</p> <p>7.3. 160 000 (80.1%) pregnant women receive HIV tests, results and</p>	<p>5. To strengthen the evidence base for a targeted and effective national response to HIV/AIDS through improved second generation sentinel surveillance.</p> <ul style="list-style-type: none"> Expand sentinel surveillance among highly vulnerable groups (currently in five sites) to 12 sites by the end of this project. Conduct annual conference on HIV surveillance Conduct two 5-day trainings at national level and six 3-day regional training on M&E system including data collection, analyses, reporting and use of data Support M&E unit in the Republican AIDS Center and four regional AIDS centers. Conduct special study on measuring BCC among 15-49 age group Conduct operational research on ARV adherence Conduct mid-term review and final evaluation of the grant Carry out programme monitoring and on-site visits for GFATM programme <p>6. To create a supportive environment for a sustainable national response to HIV.</p> <ul style="list-style-type: none"> Support AIDS Centres in areas with worsening epidemiological situation in order to expand VCT services. 	<p>UNDP NAC Other partners</p> <p>UNDP/NAC ILO/MoL AFEW UNFPA Other partners</p>	<p>€ 49,827.80 Account: 71400 Training € 112,519.20 Account: 72100 Health products and health equipment € 98,400.00 Account: 72300 Infrastructure and Other Equipment € 89,149.52 Account: 72200 Monitoring and Evaluation € 230,310.44 Account: 71600 Living Support to Clients/Target Population € 72,000.00 Account: 72300 Total for Activity 5: € 652,206.96 Technical assistance €54,390.00 Account: 72100 Training €129,292.48 Account: 72100</p>
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	post-testing counselling	<ul style="list-style-type: none"> • Establish and equip new ELISA laboratories • Equip the national HIV laboratory to meet requirements needed for reference laboratory certification • Strengthen quality control of HIV laboratories and develop methodological regulation on quality assurance and mechanism of test delivery • Procure and distribute TPHA and VDRL tests for quality diagnosis and effective treatment • Construct BSL3 laboratory for the improvement of case detection and condition • Procure HIV/AIDS diagnostic tests for rapid diagnostic, ELISA screening and confirmation of HIV status • Conduct capacity building training on project management, financial accountability and monitoring and evaluation • Conduct SR's meeting to monitor the progress, identify gaps, address needs, discuss new interventions etc • Conduct workshops for decision-makers in the Ministry of Labour and Social Protection, trade unions and employer organizations on the integration and implementation of HIV/AIDS programs and workplace policies • Conduct trainings on HIV/AIDS, prevention and the role of the mass media in decreasing and 		<p>Health products and health equipment €701,324.20 Account: 72300</p> <p>Infrastructure and Other Equipment €41,090.93 Account: 72200</p> <p>Planning and Administration €78,578.67 Account: 73400, 72100</p> <p>Other €25,806.40 Account: 72100</p> <p>Total for Activity 6: €1,030,482.68</p> <p>Human resources € 1,051,810.56 € 80,718.48 Account: 71400</p> <p>Training € 17,025.39 Account: 72100</p> <p>Infrastructure and Other Equipment € 2,117.72 Account: 72200</p> <p>Monitoring and Evaluation € 18,000.00 Account: 71600</p>
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		<p>discrimination towards vulnerable groups, vulnerable women and PLWH.</p> <ul style="list-style-type: none"> • Conduct training on HIV/AIDS, prevention for religious leaders in decreasing stigma and discrimination towards vulnerable groups, vulnerable women and PLWH. • Conduct annual nationwide HIV prevention campaigns devoted to World AIDS Day 		<p>Planning and Administration € 361,021.62 Account: 73100, 73400, 74500 Total for Activity 7: € 1,530,693.77 GMS (7%): € 1,023,102.07 Account 75100</p>
			Total for 2011-2014:	€ 15,638,846.00

IV. ANNUAL WORK PLAN

Considering the approved length of Phase 2 project from 1 October 2011 to 30 September 2014, the detailed Annual work plan is developed for 2011, 2012, 2013 and 2014 calendar years. The project documents' AWP's will be revised according to consecutive programmatic arrangements with GFATM.

Year: 2011

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (USD)
	Activity 1. To reduce high-risk sexual and injecting behaviours among populations most vulnerable to HIV infection including injecting drug users (IDUs); sex workers (SWs); prisoners, and men who have sex with men (MSM).								
<p>Output 2.1: To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building government capacities for response.</p> <p>Baseline:</p> <p>1.1 3,302 (13.2%) IDUs reached by HIV prevention services (2009)</p> <p>1.2 No IDUs received expanded package of services (substitution therapy and detox) (2008)</p> <p>1.3 6,539 (52.3%) SWs reached by HIV prevention services (2009)</p> <p>1.4 6,112 in 16 prisons (61%) prisoners reached with HIV programs (2007)</p> <p>1.5 861 (2.87%) MSM reached by HIV prevention services</p>	Support and improve existing trust points for IDUs by increasing quality and range of services.				x	UNDP NAC	GFATM	IA: UNDP IA Code: 1981 Account: 71600, 72100, 72200, 72300, 74200, 74500	\$ 579,945.29
	Provide sub-grants to 15 local NGOs to provide an expanded service package to IDUs and SWs.				x	UNDP NGOs	GFATM		
	Provide expanded harm reduction service package to IDUs including detox and substitution therapy for 700 IDUs				x	UNDP	GFATM	IA: NAC IA Code: 2632 Account: 71400, 71600, 72100, 73100, 72400	\$ 96,566.46
	Support infrastructure and equipment for establishment of SB.				x	Narcology	GFATM	IA: Prison IA Code: 2633 Account: 71400, 72100	\$ 20,803.42
	Establish 4 (from Year 4) drop-in centres for IDUs on the ground of local NGOs selected in tender process.				x	UNDP NGOs	GFATM		
	Cover costs of 6 Mobile Medical Units (MMUs) for providing outreach needle exchange services				x	NAC/NGOs	GFATM	IA: Narcology IA Code: 4285 Account: 71400, 71600, 72100, 72200, 72400	\$ 29,378.44
	Procurement, distribution and exchange of needles, syringes, sterile injection kits for IDUs				x	UNDP	GFATM		
	Support costs of 2 mobile units for providing outreach services including harm reduction to hard-to-reach SWs				x	UNDP	GFATM		

(2009)													
2.1	142,341 young people aged 15-24 in rural areas who are reached by HIV prevention services through peer education (2009)	Support existing and establish new peer-counselling programmes inside the country's 13 prisons through ToT and cascade training seminars.				x	GoT/Prison	GFATM				IA: CMH	\$ 24,997.95
2.2	3,000 vulnerable youth reached by HIV prevention programme through YF clinics (2007)	Recruit 5 narcologists working in prisons in four regions (Sughd, Khatlon, Dushanbe, Nourek women colony and Vakhdat).				x	GoT/Prison	GFATM				IA Code: 3427	
2.3	0.7% schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year (2003)	Conduct trainings for medical and non-medical prison staff on the principles of the prevention of HIV and co-infection; STIs; VCT; release preparedness; working with HIV-positive inmates; and ARV therapy.				x	GoT/Prison	GFATM				Account: 71600, 72100, 73100, 72400	
2.4	571,336 migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom distribution) (2007)	Provide sub-grants to two NGOs to establish two crisis centres for MSM in Dushanbe and Khudjand to provide an extensive package of services including medical and psycho-social support, shelter, legal support, and VCT.				x	UNDP NGOs	GFATM				IA: AFEW	\$ 10,083.77
2.5	5,420 (18%) uniformed staff members reached by HIV prevention services (2005)	Procurement, distribution and promotion of condoms to reduce risk of HIV among IDUs, SWs, prisoners and MSM.				x	UNDP	GFATM				IA Code: 4252	
2.6	3,246,101 condoms distributed to vulnerable groups and general population (2009)	Provide STI diagnosis and treatment services for IDUs, SWs, MSM and inmates.				x	UNDP GoT/Prison	GFATM				Account: 72100	
3.1	97% (24,250/25,000) blood units transferred in the last 12 months that have been adequately screened for HIV according to WHO guidelines or national guidelines (2005)	Develop, produce and distribute generic IEC materials on prevention of HIV/AIDS and STI to be distributed among all vulnerable groups				x	UNDP/AFEW					IA: NGOs	\$ 91,722.40
		Conduct trainings for social workers and client managers on transitional client management, working with clients in transition and working with the Client Management monitoring system				x	AFEW					Account: 72600	
		Programme monitoring and site visits in 28 trust points for IDUs and 16 FC for SW				x	UNDP	GFATM				GMS 7%	\$ 59,744.84

4.1	160 (15.7%) people with advance HIV infection receiving ARVT (2008)	Provide admin and project costs for community outreach- uniform staff-admin costs				x	UNDP / CMH	GFATM		
4.2	25 (25.5%) pregnant women receiving a complete course of ARV prophylaxis to reduce MTCT in accordance with approved treatment protocol (2009)	Sub-total for Activity 1								\$ 913,242.58
Activity 2. To reduce high-risk behaviours among other vulnerable populations including migrant's families; uniformed staff members (R6) and young people by scaling-up their coverage by comprehensive, quality prevention interventions, coverage by comprehensive, quality prevention interventions.										
5.1	5 sentinel surveillance sites performing according to national standard (2007)	Strengthen 30 existing friendly clinics for migrants and their spouses and establish 15 new clinics in areas with highest rates of migration				x	GoT/MoH	GFATM	IA: UNDP IA Code: 1981 Account: 72300, 74200	\$ 35,202.22
5.2	8 institutions to improve prevention and VCT services established and supported (2005)	Provide sub-grants to 30 local NGOs to carry out community mobilization for HIV/STI prevention for migrants and their families in 45 districts.				x	IOM/MoL	GFATM		IA: NAC IA Code: 2632 Account: 73400
7.1	19.6% (4,893/25,000) IDU receiving HIV tests, results and post-testing counselling in the period of the last 12 months (2010)	Support outreach medical team to provide group counselling on sexual reproductive health issues to groups of vulnerable women in rural areas				x	GoT/MoH NAC	GFATM	IA: RCVD IA Code: 2633 Account: 71400, 72100, 73100	\$ 33,713.24
7.2	14.6% (1,831/12,500) SWs receiving HIV tests, results and post-testing counselling in the period of the last 12 months (2010)	Provide sub-grants to one existing women's centre on the grounds of local NGOs (i.e. crisis centres) and State Women Committee to provide legal and psycho-social support for vulnerable women.				x	UNDP/AFEW/SWC	GFATM	IA: Women Committee IA Code: 4406 Account: 71400, 72100	\$ 1,580.85
7.3	14% (20,000/140,000) pregnant women receiving HIV tests, results and post-testing counselling (2007)	Support 18 existing and open 3 new youth friendly centres for vulnerable youth with a wide range of prevention, counselling, health and psycho-social support services on the ground of local organizations selected in tender process.				x	UNDP/UNICEF Committee on Youth	GFATM	IA: AFEW IA Code: 4252 Account: 73100	\$ 7,904.23
Targets by the end of 2011:										
1.1.	8,820 (35%) of IDUs reached by HIV prevention services	Develop a team of peer-educators among children in schools				x	UNICEF Committee on Youth	GFATM	IA: UNICEF	\$ 95,175.69
1.2.	300 IDUs received	Develop, produce and distribute reference and study books for student teachers on HIV prevention and response education.				x	UNDP	GFATM		

expanded package of services (substitution therapy and detox) 1.3. 5,678 (45%) of SWs reached by HIV prevention service 1.4. 2,500 (27%) prisoners reached with HIV programs 1.5. 2,500 (8.3%) MSM reached by HIV prevention services 2.1 37,000 young people aged 15-24 in rural areas who are reached by HIV prevention services through peer education 2.2 4,000 vulnerable youth reached by HIV prevention programme through YF clinics 2.3 264 (8.5%) schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year	Conduct training for school teachers at RIITT in Dushanbe				x	UNICEF	GFATM	IA Code: 3039 Account: 72100, 71600, 73100 IA: IOM IA Code: 794 Account: 72100, 73100 IA: Committee on Youth IA Code: 3818 Account: 716, 72100, 73100 GMS 7%	\$ 113,257.03
	Training of School Inspectors. The training will be on HIV prevention and response education, and healthy life-style education using a LSE approach				x	UNICEF	GFATM		
	Strengthen the supervision of HIV prevention programme in schools				x	UNICEF	GFATM		
	Procurement of STI medicines for treatment of migrants and vulnerable women, at-risk youth				x	UNDP	GFATM		
	Procurement of single use gynaecological kits for STI diagnostics				x	UNDP	GFATM		
	Procurement of diagnostic instruments, disposable materials, and disinfectants for STI treatment and diagnostics				x	UNDP	GFATM		
	Procurement of rapid tests for syphilis				x	UNDP	GFATM		
	Coordination of project implementation				x	UNICEF	GFATM		
	SR costs responsible for coordination of activities among vulnerable women and at risk youth				x	AFEW/SWC	GFATM		
	Sub-total for Activity 2								
Activity 3. To eliminate the risk of HIV transmission through blood and blood products and decrease the risk of nosocomial transmission.									
2.4 110,000 migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom distribution) 2.5 400 (4%) uniformed staff members reached by HIV prevention services 3.1 1,100,270 condoms distributed to vulnerable	Select, procure and deliver two mobile collection units (blood drive).				x	UNDP	GFATM	IA: UNDP IA Code: 1981 Account: 72300, 74200 IA: RSBC IA Code: 3428 Account: 72400, 73400	\$ 4,366.98
	Procure and deliver adequate supplies of supportive pharmaceuticals (including volume substitution, iron supplementation and plasma derivatives).				x	UNDP	GFATM		
	Develop external quality assessment program for blood grouping through the establishment of a national EQAS program and the enrolment of regional blood bank laboratories.				x	WHO	GFATM		

groups and general population	Develop and implement an IT system for national reporting.				x	RSBC/WHO	GFATM	GMS 7%	\$ 477.59
	4.1 6000 (100%) of blood units tested for HIV	Administrative costs and overhead costs for the activities of the implementing agencies.				x	WHO		
5.1. 663 (65%) people with advance HIV infection receiving ARVT	Sub-total for Activity 3								\$ 7,300.23
5.2. 60 HIV positive women receive complete course of ARV prophylaxis to reduce MTCT	Activity 4. Treatment - Antiretroviral treatment, PMTCT and monitoring.								
6.1 10 sentinel surveillance sites performing according to national standard 3	Support 5 integrated ARV clinics in Dushanbe, Khorog, Kurgan-Tube, Kulyab and Khujand with clinical laboratories				x	UNDP NAC	GFATM	IA: UNDP IA Code: 1981 Account: 72100, 72200, 72300	\$ 15,180.76
	6.2 3 institutions to improve prevention and VCT services established and supported	Conduct national training on OI, PMTCT and ARV management for physicians and nurses and midwives				x	NAC		
7.1 800 (3.2%) IDU receiving HIV tests, results and post-testing counselling in the period of the last 12 months	Procure 1 st line ARV for 920 patients				x	UNDP	GFATM	IA: NAC IA Code: 2632 Account: 71400, 72100	\$ 8,681.75
	7.2 500 (4%) SW receiving HV tests, results and post-testing counselling in the period of the last 12 months	Procure 2 nd line ARV for 46 patients				x	UNDP		
7.3 133,000 (66.6%) pregnant women receive HIV tests, results and post-testing counselling	Procure 1 st line ARV for 70 children				x			IA: NGOs Account: 72600	\$ 19,803.74
		Procurement of drugs for ARV treatment for up to 260 HIV positive pregnant women				x	UNDP		
	Monitoring and evaluation of implementation in all participating health care and antenatal care facilities.				x	UNICEF	GFATM	IA: UNICEF IA Code: 3039 Account: 71400, 72100, 71600, 73100	\$ 6,363.77
	Provide subgrants to three CSOs of PLWHA.				x	NGOs	GFATM		
	Develop, produce and distribute IEC materials for PLWH and social workers				x	UNDP	GFATM	GMS 7%	\$ 3,502.10
	Develop capacities of national, regional and district health department to plan, implement, monitor and evaluate mass interventions				x	UNICEF	GFATM		
	Sub-total for Activity 4								\$ 53,532.12

Activity 5. To strengthen the evidence base for a targeted and effective national response to HIV/AIDS through improved second generation sentinel surveillance.								
Establish and support M&E unit in the Republican AIDS Centre and four regional AIDS centres				x	UNDP NAC	GFATM	IA: UNDP IA Code: 1981 Account: 71200, 72100, 72300	\$ 16,064.80
Carry out programme monitoring and on-site visits for GFATM programme				x	UNDP	GFATM	IA: NAC IA Code: 2632 Account: 71400, 73400	\$ 7,244.72
							GMS 7%	\$ 1,631.67
Sub-total for Activity 5								\$ 24,941.18
Activity 6. To create a supportive environment for a sustainable national response to HIV.								
Support five new AIDS Centre in areas with worsening epidemiological situation in order to expand VCT services.				x	NAC	GFATM	IA: UNDP IA Code: 1981 Account: 71200, 72100, 72300	\$ 46,199.10
Equip the national HIV laboratory to meet requirements needed for reference laboratory certification				x	UNDP	GFATM	IA: NAC IA Code: 2632 Account: 71400, 73400	\$ 6,188.47
Conduct SR's meeting to monitor the progress, identify gaps, address needs, discuss new interventions etc				x	UNDP	GFATM	IA: MOL IA Code: 1177 Account: 72100	\$ 3,961.19
Hold three national and three regional workshops for decision-makers in the Ministry of Labour and Social Protection, trade unions and employer organizations on the integration and implementation of HIV/AIDS programs and workplace policies.				x	MoL	GFATM	GMS 7%	\$ 3,944.41
Sub-total for Activity 6								\$ 60,293.16

Activity 7. PIU									
								IA: UNDP IA Code: 1981 Account: 71400, 72200, 73100, 73400, 71600, 72100	\$ 1,978,138.18
								IA: NAC IA Code: 2632 Account: 71400 GMS 7%	\$ 110,120.71 \$12,063.90
	Sub-total for Activity 7								\$184,405.30
	TOTAL								\$1,640,489.19

Year 2012

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount In EUR
	Activity 1. To reduce high-risk sexual and injecting behaviours among populations most vulnerable to HIV infection including injecting drug users (IDUs); sex workers (SWs); prisoners, and men who have sex with men (MSM).								
Output 2.1: To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building government capacities for response. Baseline:	Support and improve existing trust points for IDUs by increasing quality and range of services.	x	x	x	x	UNDP NAC	GFATM	IA: UNDP IA Code: 1981 Account: 71600, 72100, 72200, 72300, 74200, 74500	€1,268,765.94
	Provide sub-grants to 15 local NGOs to provide an expanded service package to IDUs and SWs.	x	x	x	x	UNDP NGOs	GFATM		
	Provide expanded harm reduction service package to IDUs including detox and substitution therapy for 700 IDUs				x	UNDP	GFATM	IA: NAC IA Code: 2632	€283,132.87

1.1. 3,302 (13.2%) IDUs reached by HIV prevention services (2009)	Support infrastructure and equipment for establishment of SB.	x	x	x	x	Narcology		Account: 71400, 71600, 72100, 73100, 72400	€67,378.54
1.2. 0 IDUs received expanded package of services (substitution therapy and detox) (2008)	Establish 4 (from Year 4) drop-in centres for IDUs on the ground of local NGOs selected in tender process.	x	x	x	x	UNDP NGOs	GFATM		
1.3. 6,539 (52.3%) SWs reached by HIV prevention services (2009)	Support of costs of 6 Mobile Medical Units (MMUs) for providing outreach needle exchange services	x	x	x	x	NAC/NGOs	GFATM	Account: 71400, 72100	
1.4. 6,112 in 16 prisons (61%) prisoners reached with HIV programs (2007)	Procurement, distribution and exchange of needles, syringes, sterile injection kits for IDUs				x	UNDP	GFATM	IA: RCVD IA Code: 2631	€6,640.36
1.5. 861 (2.87%) MSM reached by HIV prevention services (2009)	Support of costs 2 mobile units for providing outreach services including harm reduction to hard-to-reach SWs	x	x	x	x	UNDP NAC/NGOs	GFATM	Account: 71400, 72100	
2.1 142,341 young people aged 15-24 in rural areas who are reached by HIV prevention services through peer education (2009)	Provide expanded service package for sex workers				x	NGOs UNDP	GFATM	IA: Narcology IA Code: 4285	€67,464.30
2.2 3,000 vulnerable youth reached by HIV prevention programme through YF clinics (2007)	Support existing and establish new peer-counselling programmes inside the country's 13 prisons through ToT and cascade training seminars.	x	x	x	x	GoT/Prison	GFATM	Account: 71400, 71600, 72100, 72200, 72400	
2.3 0.7% schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year (2003)	Recruit 5 narcologists working in prisons in four regions (Sughd, Khatlon, Dushanbe, Nourek women colony and Vakhdat).	x	x	x	x	GoT/Prison	GFATM	IA: CMH IA Code: 3427 Account: 71600, 72100, 73100, 72400	€44,862.88
	Conduct trainings for medical and non-medical prison staff on the principles of the prevention of HIV and co-infection; STIs; VCT; release preparedness; working with HIV-positive inmates; and ARV therapy.				x	GoT/Prison	GFATM	IA: AFEW IA Code: 4252 Account: 72100	€37,940.18

2.4	571,336 migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom distribution) (2007)	Provide sub-grants to two NGOs to establish two crisis centres for MSM in Dushanbe and Khudjand to provide an extensive package of services including medical and psycho-social support, shelter, legal support, and VCT.	x	x	x	x	UNDP NGOs	GFATM	IA: NGOs Account: 72600	€311,866.16
2.5	5,420 (18%) uniformed staff members reached by HIV prevention services (2005)	Procurement, distribution and promotion of condoms to reduce risk of HIV among IDUs, SWs, prisoners and MSM.				x	UNDP	GFATM		
2.6	3,246,101 condoms distributed to vulnerable groups and general population (2009)	Procurement of STI drugs for IDUs, SWs, MSM and inmates.				x	UNDP	GFATM		
		Support 18 FCs in prison	x	x	x	x	GoT/Prison	GFATM		
3.1	97% (24,250/25,000) blood units transferred in the last 12 months that have been adequately screened for HIV according to WHO guidelines or national guidelines (2005)	Training of health workers from prisons, trust points, SW and MSM on STI syndrome treatment approach	x				RCVD	GFATM		
		Develop, produce and distribute generic IEC materials on prevention of HIV/AIDS and STI to be distributed among all vulnerable groups	x				UNDP	GFATM		
4.1	160 (15.7%) people with advance HIV infection receiving ARVT (2008)	Develop, produce and distribute IEC materials specific to IDUs, SWs, ex-inmates, MSM	x				UNDP	GFATM		
4.2	25 (25.5%) pregnant women receiving a complete course of ARV prophylaxis to reduce MTCT in accordance with approved treatment protocol (2009)	Conduct trainings for NGO staff, counsellors and healthcare providers on principles and practices of VCT	x	x			AFEW	GFATM		
6.1	5 sentinel surveillance sites performing according to national standard (2007)	Conduct trainings for social workers and client managers on transitional client management, working with clients in transition and working with the Client Management monitoring system				x	AFEW	GFATM		
6.2	8 institutions to improve prevention and VCT services established and supported	Develop, produce and distribute ToT manuals for prison trainers and peer-educators	x				UNDP/AFEW	GFATM		

(2005)	Support NGOs participation in international and regional AIDS conferences for sharing experiences on work conducted in the field of HIV prevention, treatment, care and support.	x					UNDP	GFATM		
7.1 19.6% (4,893/25,000) IDU receiving HIV tests, results and post-testing counselling in the period of the last 12 months (2010)										
7.2 14.6% (1,831/12,500) SWs receiving HIV tests, results and post-testing counselling in the period of the last 12 months (2010)	Programme monitoring and site visits in 28 trust points for IDUs and 16 FC for SW	x	x	x	x		UNDP	GFATM		
	Provide admin and project costs for community outreach- uniform staff-admin costs	x	x	x	x		CMH	GFATM	GMS 7%	€146,163.59
	Sub-total for Activity 1									€2,234,214.82
7.3 14% (20,000/140,000) pregnant women receiving HIV tests, results and post-testing counselling (2007)	Activity 2. To reduce high-risk behaviours among other vulnerable populations including migrant's families; uniformed staff members (R6) and young people by scaling-up their coverage by comprehensive, quality prevention interventions, coverage by comprehensive, quality prevention interventions.									
	Strengthen 30 existing friendly clinics for migrants and their spouses and establish 15 new clinics in areas with highest rates of migration	x	x	x	x		GoT/MoH	GFATM	IA: UNDP IA Code: 1981 Account: 72300, 74200	€347,472.41
Targets by the end of 2012:										
1.1. 10360 (41%) of IDUs reached by HIV prevention services	Provide sub-grants to 30 local NGOs to carry out community mobilization for HIV/STI prevention for migrants and their families in 45 districts.	x	x	x	x		IOM/MoL	GFATM	IA: NAC IA Code: 2632 Account: 73400	€18,624.00
1.2. 400 IDUs received expanded package of services (substitution therapy and detox)	Support outreach medical team to provide group counselling on sexual reproductive health issues to groups of vulnerable women in rural areas	x	x	x	x		GoT/MoH NAC	GFATM		
1.3. 6062 (48%) of SWs reached by HIV prevention services	Provide sub-grants to three existing women's centres on the grounds of local NGOs (i.e. crisis centres) and State Women Committee to provide legal and psycho-social support for vulnerable women	x	x	x	x		UNDP/AFEW/SWC	GFATM	IA: RCVD IA Code: 2633 Account: 71400, 72100, 73100	€114,133.52
1.4. 9,000 (89%) prisoners reached with HIV programs										
1.5. 3300 (11%) MSM reached by HIV prevention services										
2.1 150,000 young people aged 15-24 in rural areas who are reached by HIV prevention services through peer education	Support 19 existing and open 6 new youth friendly centres for vulnerable youth with a wide range of prevention, counselling, health and psycho-social support services on the ground of local organizations selected in tender process.	x	x	x	x		UNDP/UNICEF Committee on Youth	GFATM	IA: Women Committee IA Code: 4406 Account: 71400, 72100	€5,145.83
2.2 14,000 vulnerable youth										

reached by HIV prevention programme through YF clinics	Develop and support a network of team of peer-educators among children in schools	x	x	x	x	UNICEF Committee on Youth	GFATM	IA: AFEW IA Code: 4252 Account: 73100	€25,729.17
2.3 388 (12.5%) schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year	Increase access of the rural youth to basic information on HIV prevention and support referral system to get qualified health and psycho-social support services	x	x	x	x	UNICEF Committee on Youth	GFATM		
2.4 500,000 migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom distribution)	Procurement, distribution and promotion of condoms to reduce risk of HIV among migrants and their wives.				x	UNDP	GFATM	IA: UNICEF IA Code: 3039 Account: 72100, 71600, 73100	€264,775.61
	Develop, produce and distribute IEC materials specific to migrants and their spouses		x			UNDP	GFATM		
	Develop, produce and distribute IEC materials specific to at-risk youth.				x	UNDP	GFATM		
2.5 4,000 (40%) uniformed staff members reached by HIV prevention services	Develop, produce and distribute reference and study books for student teachers on HIV prevention and response education.	x				UNDP	GFATM	IA: IOM IA Code: 794 Account: 72100, 73100	€345,041.97
2.6 4 401 080 condoms distributed to vulnerable groups and general population	Conduct trainings and seminars on migration and HIV for NGO staff, outreach workers, peer-educators, migrants and family.	x		x		IOM	GFATM		
3.1 25000 (100%) of blood units tested for HIV	Support advocacy mission and participation of international and regional AIDS conference for sharing experience	x				UNDP	GFATM	IA: Committee on Youth IA Code: 3818 Account: 716, 72100, 73100	€227,617.49
4.1 720 (70.5%) people with advance HIV infection receiving ARVT	Establish, fully equip and provide IT services for four LSE centres.				x	UNDP	GFATM		
4.2 65 HIV positive women receive complete course of ARV prophylaxis to reduce MTCT	Conduct training for school teachers at RIITT in Dushanbe	x	x	x	x	UNICEF	GFATM		
6.1 10 sentinel surveillance sites performing according to national standard 3	Training of School Inspectors. The training will be on HIV prevention and response education, and healthy life-style education using a LSE approach				x	UNICEF	GFATM		
7.1 5,000 (20%) IDU receiving HIV tests, results and post-	Strengthen the supervision of HIV prevention programme in the school	x	x	x	x	UNICEF	GFATM		

testing counselling in the period of the last 12 months	Procurement of STI medicines for treatment of migrants and vulnerable women				x	UNDP	GFATM		
	Procurement of STI medicines for treatment of at-risk youth				x	UNDP	GFATM		
7.2 2200 (18%) SW receiving HIV tests, results and post-testing counselling in the period of the last 12 months	Provide training for health workers on STI diagnosis and treatment	x				RCVD	GFATM		
7.3 140,000 (70.1%) pregnant women receiving HIV tests, results and post-testing counselling	Procurement of single use gynaecological kits for STI diagnostics				x	UNDP	GFATM		
	Procurement of diagnostic instruments, disposable materials, and disinfectants for STI treatment and diagnostics				x	UNDP	GFATM		
	Procurement of rapid tests for syphilis				x	UNDP	GFATM		
	Coordination of project implementation	x	x	x	x	UNICEF	GFATM		
	SR costs responsible for coordination of activities among vulnerable women and at risk youth	x	x	x	x	AFEW/SWC	GFATM		
	Sub-total for Activity 2								€1,442,937.81
Activity 3. To eliminate the risk of HIV transmission through blood and blood products and decrease the risk of nosocomial transmission.									
	Select, procure and deliver two mobile collection units (blood drive).	x	x	x	x	UNDP	GFATM	IA: UNDP IA Code: 1981 Account: 72300, 74200	€197,490.30
	Procure and deliver adequate supplies of supportive pharmaceuticals (including volume substitution, iron supplementation and plasma derivatives).				x	UNDP	GFATM		
	Develop external quality assessment program for blood grouping through the establishment of a national EQAS program and the enrolment of regional blood bank laboratories.	x				WHO	GFATM	IA: RSBC IA Code: 3428 Account: 72400, 73400	€18,673.60
	Develop and implement an IT system for national reporting.	x	x	x	x	RSBC/WHO	GFATM		

Conduct national training of trainers (ToT) and oblast follow-up seminars covering the latest knowledge on universal precaution and introduction of PEP kits for representatives of district hospitals	x					RSBC/WHO	GFATM	IA: WHO IA Code: 2066 Account: 72100, 74500	€57,478.66
Develop and implement national protocol on monitoring and reporting of transfusion-related reactions and adverse events.	x					WHO	GFATM		
Conduct national and regional advocacy workshops for policy-makers on promotion of voluntary blood donors.	x					WHO	GFATM		
Develop promotion and educational materials targeting youth (i.e. schools, universities, workplace) on retention of first-time donors.	x					UNDP	GFATM		
Administrative costs and overhead costs for the activities of the implementing agencies.	x					WHO	GFATM	GMS 7%	€19,154.98
Sub-total for Activity 3									€292,797.54
Activity 4. Treatment - Antiretroviral treatment, PMTCT and monitoring.									
Support 5 integrated ARV clinics in Dushanbe, Khorog, Kurgan-Tube, Kulyab and Khujand with clinical laboratories	x	x	x	x		UNDP NAC	GFATM	IA: UNDP IA Code: 1981 Account: 72100, 72200, 72300	€547,417.34
Conduct national training on OI, PMTCT and ARV management for physicians and nurses and midwives				x		NAC	GFATM		
Procure 1 st line ARV for 920 patients				x		UNDP	GFATM	IA: NAC IA Code: 2632 Account: 71400, 72100	€8,909.26
Procure 2 nd line ARV for 46 patients				x		UNDP	GFATM		
Procure 1 st line ARV for 70 children				x		UNDP	GFATM		
Support of PCR laboratory functioning for quality and quantity diagnostic of HIV and of viral load of PLWH.				x		UNDP	GFATM	IA: NGOs Account: 72600	€58,064.58

Training of Health Personnel - Counselling, on HIV testing and feeding options	x	x			UNICEF	GFATM	IA: UNICEF IA Code: 3039 Account: 71400, 72100, 71600, 73100	€36,101.13
Development of Capacities within the National, regional and district health Departments to plan, implement and monitor and evaluate PMTCT	x				UNICEF	GFATM		
Procurement of drugs for ARV treatment for up to 260 HIV positive pregnant women				x	UNDP	GFATM		
Monitoring and evaluation of implementation in all participating health care and antenatal care facilities.	x	x	x	x	UNICEF	GFATM		
Provide sub-grants to three CSOs of PLWHA.	x	x	x	x	NGOs	GFATM		
Field trip and on-site monitoring visits by coordinators	x	x	x	x	UNDP	GFATM		
Develop, produce and distribute IEC materials for PLWH and social workers				x	UNDP	GFATM		
Training of ARV providers on M&E and DMIS		x			UNDP	GFATM		
Develop capacities of national, regional and district health department to plan, implement, monitor and evaluate mass interventions	x	x	x	x	UNICEF	GFATM		
Sub-total for Activity 4								€696,026.77
Activity 5. To strengthen the evidence base for a targeted and effective national response to HIV/AIDS through improved second generation sentinel surveillance.								
Expand sentinel surveillance among highly vulnerable groups (currently in five sites) to 12 sites by the end of this project.	x	x	x	x	NAC UNDP	GFATM	IA: UNDP IA Code: 1981 Account: 71200, 72100, 72300	€160,681.88
Conduct annual conference on HIV Surveillance	x				NAC	GFATM		

Conduct two 5-day trainings at national level and six 3-day regional training on M&E system including data collection, analyses, reporting and use of data	x	x			NAC	GFATM	IA: NAC IA Code: 2632 Account: 71400, 73400	€123,125.41
Establish and support M&E unit in the Republican AIDS Centre and four regional AIDS centres.	x	x	x	x	NAC UNDP	GFATM		
Conduct special study on measuring BCC among 15-49 age group		x			UNDP	GFATM		
Conduct Operational research on ARV adherence		x			UNDP	GFATM		
Carry out programme monitoring and on-site visits for GFATM programme	x	x	x	x	UNDP	GFATM	GMS 7%	€19,866.51
Sub-total for Activity 5								€303,673.81
Activity 6. To create a supportive environment for a sustainable national response to HIV.								
Open and support five new AIDS Centre in areas with worsening epidemiological situation in order to expand VCT services.	x	x x	x	x	NAC	GFATM	IA: UNDP IA Code: 1981	€325,020.66
Strengthen quality control of HIV laboratories and develop methodological regulation on quality assurance and mechanism of test delivery						GFATM	Account: 71200, 72100, 72300	
Conduct training for AIDS centre and laboratory staff on proper use of equipment and establishment of laboratory quality control systems	x					GFATM	IA: NAC IA Code: 2632 Account: 71400, 73400	€18,425.54
Procure and distribute TPHA and VDRL tests for quality diagnosis and effective treatment		x				GFATM	IA: Islamic University	€20,497.70
Procurement of HIV/AIDS diagnostic tests for rapid diagnostic, ELISA screening and confirmation of HIV status	x					GFATM	IA Code: 4407 Account: 72100	

	Conduct capacity building training on project management, financial accountability and monitoring and evaluation		x				GFATM	IA: MOL IA Code: 1177 Account: 72100 GMS 7%	€11,614.20
	Conduct SR's meeting to monitor the progress, identify gaps, address needs, discuss new interventions etc				x		GFATM		
	Hold three national and three regional workshops for decision-makers in the Ministry of Labour and Social Protection, trade unions and employer organizations on the integration and implementation of HIV/AIDS programs and workplace policies.	x	x	x	x	MoL	GFATM		
	Conduct training on HIV/AIDS, prevention and the religious leaders in decreasing stigma and discrimination towards vulnerable groups, vulnerable women and PLWH.	x	x			Islamic University	GFATM		
	Conduct annually nationwide HIV prevention campaigns devoted to World AIDS Day	x				UNDP/NAC	GFATM		€26,289.07
	Sub-total for Activity 6								
	Activity 7. PIU cost								
								IA: UNDP IA Code: 1981 Account: 71400, 72200, 73100, 73400, 71600, 72100	€ 485,363.94
								IA: NAC IA Code: 2632 Account: 71400	€ 26,906.16
								GMS 7%	€ 35,858.90
	Sub-total for Activity 7								€ 548,129.00
	Total for 2012								€5,919,626.92

V. MANAGEMENT ARRANGEMENTS

Programme Management Level

As a Principal Recipient of the GFATM HIV/AIDS grant, UNDP in Tajikistan is considered to be an implementing organization at the Programme Management level, which, in its turn, closely collaborates with the National Coordinating Committee (NCC) as a Government Coordinating Agency. Involvement of the NCC and UNDP Country Office will foster national ownership and ensure UNDP's accountability for programming activities and results and the use of resources. The project is part of Country Programme Action Plan and will be implemented under the Direct Implementation Modality (DIM).

The project will be implemented by UNDP through its Project Implementation Unit for GFATM grants using well-developed and transparent financial, accountability, procurement and supply chain management tools, and project management that facilitate the implementation of a variety of projects managed by UNDP in the country.

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

The Senior Beneficiary in the Project Board is considered to be the NCC, which in turn represents the multi-sectoral composition of target beneficiaries, including national structures responsible for control of TB, civil society organizations and communities and peoples affected by diseases. NCC is 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.

Within the GFATM-funded projects UNDP in Tajikistan also acts as the Senior Supplier. UNDP represents the interests of the parties which provide funding and/or technical expertise to the project (designing, developing, facilitating, procuring, implementing). All programmatic, logistical, administrative and finance support for project implementation will be provided with the existing programme, finance & administration structure of the UNDP Country Office.

Local Fund Agent (Finconsult LLC) will play the role of project assurance, implementing independent periodical review of grant implementation and verification of financial and programmatic reports and data submitted by UNDP CO to the donor. In addition to LFA the Programme Unit of UNDP CO, with assigned Programme Analyst and Programme Associate will play quality control functions to ensure timely implementation of reporting, monitoring and evaluation activities and provide technical oversight and support to the project staff.

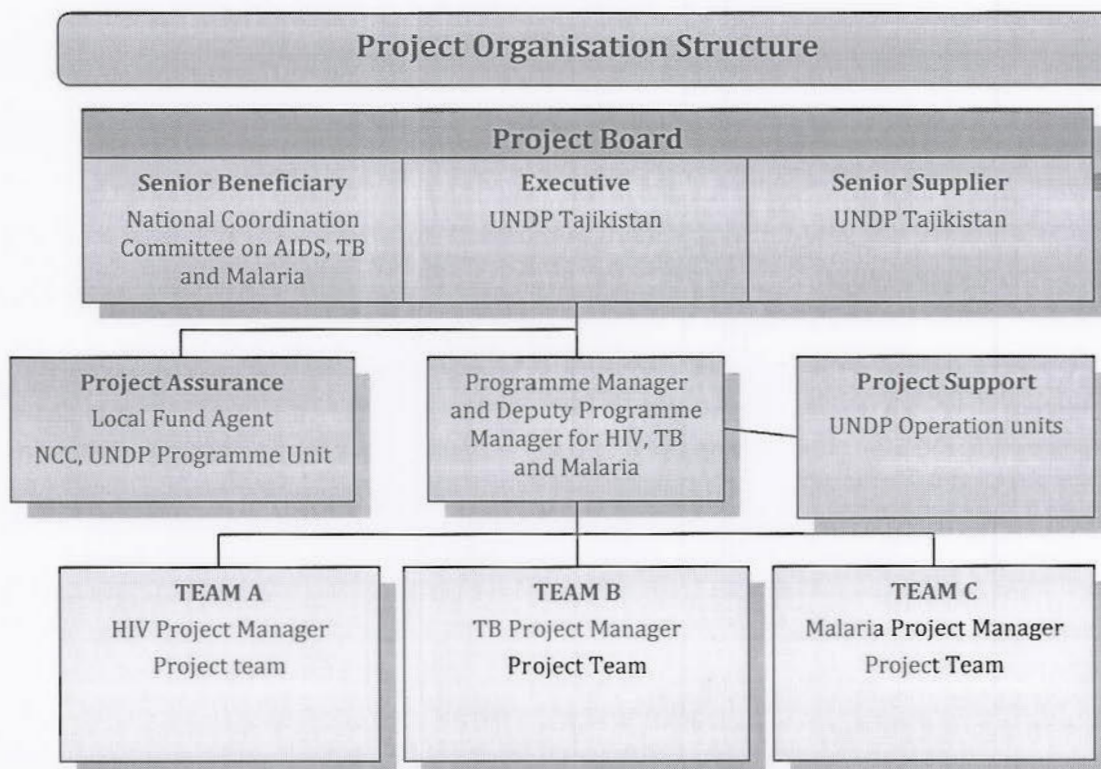
Project Management Level

The Project Management Level consists of Project Management team and Project Support teams, including HIV project team, and cross-cutting teams on M&E, operations and communication and training that also serve the needs of other two clusters on TB and Malaria.

The HIV/AIDS, TB and Malaria Programme Manager (International P5 level) has the authority to run the project on a day-to-day basis on behalf of the UNDP Management. The Deputy Programme Manager assist the Programme Manager in coordinating the work of three projects, with direct responsibilities for overseeing work of cross-cutting units (communication, training, M&E, etc). The HIV Project Manager is responsible for day-to-day management and decision-making for the project. The Project Manager's prime responsibility is to ensure that the project produces the results specified in the project document, to the required standard of quality and within the specified constraints of time and cost.

The project teams including cross-cutting clusters will provide project administration, management and technical support to the Project Manager as required by the needs of the HIV project or Project Manager.

Organizational chart for UNDP HIV/AIDS, TB and Malaria Control Programme



Detailed organizational chart for Programme Implementation Unit is enclosed in Annexes.

Implementation arrangements for Sub-recipients

The proposal to Round 8 grant submitted to GFATM by the National Coordination Committee to fight AIDS, TB and Malaria has included several major Sub-recipients (SRs), which are proposed to act as responsible parties during implementation of the project. The procedures for selecting SRs depend on the type of SR (governmental entity, UN agency, non-governmental or private sector organization) and thus must be looked at individually.

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

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

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

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

Key Project Sub-recipients and Descriptions of Inputs by Partners

Preliminary sub-recipients were identified at the small groups meetings during the proposal development process where objectives and activities were determined taking into account the scope and content of these activities. The main criteria for selection of sub-recipients comprised from the organizational mandate, previous experience and areas of expertise. The nomination was approved by the NCC meeting and included in the NCC Proposal Round 8 to the Global Fund ad in Request for Continued funding in Phase 2.

- **Republican AIDS Centre**

The Republican AIDS Centre (RAC) is the national reference centre on HIV/AIDS prevention and is based in the country's capital city of Dushanbe. The RAC is entrusted by the Tajik Ministry of Health with the responsibility of planning, implementing, monitoring and evaluating the National HIV/AIDS Program. Therefore, in the implementation of the GFATM R8 project, the RAC will be responsible for M&E, VCT, ARV therapy program, local training of government, and training of primary health care staff.

- **National Scientific Blood Centre**

The National Scientific Blood Centre operates under the Tajik Ministry of Health. The centre is responsible for the organization of the country's blood safety system. In the proposed project, the Republican Scientific Blood Centre will be charged with the organization of an effective blood safety system in the country including training of health workers, establishing a quality assurance system and M&E.

- **State Committee on Youth, Sport and Tourism**

The State Committee on Youth, Sport and Tourism has been working among rural youth aged 15-24 since implementation of Round 6 grant. By now, the SR has established a well-functioning network on both national and regional levels throughout the country. 55 opened Youth clubs under local khukumats/authorities provide information-educational information on HIV prevention in rural areas. In Phase 2, young volunteers will start advocate for VCT and refer the targeted group to the UNICEF-coordinated youth-friendly clinics.

- **Republican Centre of Narcology**

The Republican Centre of Narcology was selected as a SR to initiate and implement opioid substitution therapy (OST) and detoxication to HIV-infected/IDUs in close cooperation with the National Centre for monitoring and Prevention of Drug Addiction. The main responsibility of the SR is to provide OST and detoxication to the at-risk group, ensure adherence to treatment, advocate to safe behaviour among IDUs.

- **Republican Centre on Dermatology and Venereal Diseases**

The Republican Centre on Dermatology and Venereal Diseases (RCDVD) has served as sub-recipient of previous grants in providing STI diagnosis and treatment for members of vulnerable groups. The centre has been particularly active in working with migrants through friendly clinics opened throughout the country. Under the GFATM R8 grant, the RCDVD will identify districts in which to establish new friendly clinics. Upon opening the clinics, the RCDVD will train medical staff on syndromatic approaches to STI diagnosis and treatment. The RCDVD will also supervise and monitor all activities related to its mandate under to project.

- **Ministry of Labour and Social Protection of the Population (MLSPP)**

The Ministry of Labour and Social Protection of the Population is one of the key ministries responsible for issues related to labour migrants and workplace policy. The Ministry plays a key role in establishing the social environment for conducting prevention activities among migrants as well as the protection of workers' rights. MLSPP has been operating as sub-recipient since implementation of R4 in the labour migrants-related component, where it has successfully implemented migrant HIV prevention in five regions. Under R8, MLSPP will continue to implement migrant HIV prevention activities in the five regions under R4 and five new regions. In addition, MLSPP will be a leading government ministry for the development of HIV workplace policy and capacity-building of the staff of MLSPP, trade unions, employers' organizations, CSOs, private sector on HIV prevention and World of Work based on ILO-developed Recommendation 200.

- **Department of Penitentiary Affairs of the Ministry of Justice (DPA MoJ)**

The Department of Penitentiary Affairs under the Ministry of Justice will be fully responsible for conducting prevention programs in prisons (including NSEP), coordinating the training of staff, introduction of peer education among prisoners, and establishing the proper social environment for expanding prevention programs in prisons throughout Tajikistan.

- **NGO AIDS Foundation East-West (AFEW)**

AIDS Foundation East-West (AFEW) is an international, humanitarian, public health NGO with considerable experience in implementing a variety of HIV prevention projects throughout Eastern Europe and Central Asia. *AFEW* works specifically with most-at-risk groups, and was the first NGO to implement prevention programs in the Tajik penal system. *AFEW* has also instituted a coordinated social support and escort system – client management services – for vulnerable groups, providing clients with referral to much-needed services and established low-threshold services for at-risk individuals. *AFEW* also focuses its efforts on the prevention of HIV/TB co-infection. In addition, *AFEW* has established a strong partnership with local NGOs working with most-at-risk groups, establishing a consortium, which currently boasts 35 members. This consortium is designed to consolidate the efforts of Tajikistan's HIV-service NGOs. In the GFATM R8 project, *AFEW*, along with other partners, will expand the availability and quality of services for most-at-risk populations while simultaneously building the capacity of other local NGOs in working with these groups. The *AFEW* could be selected as SR in case certain conditions met as per the UNDP guidelines for NGO SR selection (satisfactory capacity assessment and value for money assessment approved by PSO).

- **International Organization for Migration (IOM)**

The International Organization for Migration (IOM) is a specialized agency working with migrants. IOM has experience as a sub-recipient in previous GFATM grants. IOM will mobilize the efforts of both the governmental and non-governmental sectors to expand informational campaigns among labour migrants. In addition, IOM will provide technical support on issues relating to migrants' rights and on coordinating activities of NGOs in 35 districts during implementation the proposal.

- **World Health Organization (WHO)**

The World Health Organization (WHO) is a UN agency specialized in the area of health and healthcare. Through the Tajikistan Country Office, the WHO will render technical expertise for the project overall and will be sub-recipient for a number of activities that involve technical assistance in blood safety, international training and some other interventions at the country level.

- **United Nations Children's Fund (UNICEF)**

The United Nations Children's Fund (UNICEF) is a UN agency specialized in preventing mother-to-child transmission of HIV; developing and implementing HIV prevention school programs; and establishing

youth-friendly services for most-at-risk youth. Under R8, UNICEF will provide technical support to the MoE in implementing activities related to healthy lifestyles education in schools. In addition, it will work with the MoH on expanding the PMTCT program and will continue to work with governmental and non-governmental organizations in supporting youth-friendly services.

In the process of program implementation, there may arise a need to select additional sub-recipients. The Principal Recipients will determine the capacity of NGO sub-recipients through a transparent competitive process (through applying procurement or micro-capital grants procedures). Interested organizations will be required to present the areas of their expertise and prove 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.

Partnership with other stakeholders and technical agencies

For effective coordination with other stakeholders and partners in the country, UNDP will continue building partnerships with key agencies both from the Government and international community, as well as community based organizations. Memorandum of Understanding with key Government ministries responsible for control of HIV/AIDS issues, such as Ministry of Health and Ministry of Justice will be signed to clarify responsibilities of parties for coordination of activities, technical support and communication within implementation of National HIV/AIDS programme.

Also MoUs with other key stakeholders and technical agencies in and outside the country will be developed to ensure non-duplication and coordination of activities in civil and prison settings, technical support for lab and treatment services, strategic planning and oversight support.

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

VI. MONITORING FRAMEWORK AND EVALUATION

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

UNDP monitoring and evaluation approach – Country programme level

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

Monitoring and evaluation will be made at the following levels:

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

Detailed description of monitoring and evaluation activities within the project is given in enclosed M&E Plan, which was approved by donor and NCC (attachment 5). The main goal of the Monitoring and Evaluation Plan will be directed at strengthening the overall M&E structure in Tajikistan, with particular emphasis on the following areas.

- expansion of sentinel surveillance through increasing both its geographical scope and the quality of data collection;
- improving overall HIV/AIDS reporting through the integration of HIV general epidemiological surveillance and second generation sentinel surveillance;
- repeated surveys conducted with the purpose of better knowing the epidemic and improving the decision making of the programs.
- improving guidelines and protocols for monitoring HIV/AIDS;
- reinforcing the material and technical base for conducting M&E through introducing new technological approaches and software.
- establishing clear data flow channels between the different stakeholders;
- introducing a unified code for registration of clients from most-at-risk populations within Client Management Monitoring System (CMMS) on the level of service delivery points
- facilitating timely adjustments to achieve the Program's goals and objectives;
- improving capacity of M&E specialists in national and regional levels;

The M&E Plan is in line with the National Programme on the response to the epidemic of HIV/AIDS in the Republic of Tajikistan for the period of 2011-2015 for the Republic of Tajikistan and the Global Fund Guidelines for a Principal Recipient's Monitoring and Evaluation Plan. Most of the key indicators determined for the M&E of the GFATM grant are also included in the National HIV/AIDS Prevention Programme.

Continuous M&E will be the foundation to ongoing assessment of the programme progress, needs assessment, strategy reviews, and prioritising programme interventions accordingly. Monitoring and evaluation of the project will be ensured through:

Central level coordination – NCC, M&E units of National AIDS Centre, and UNDP. Coordination will envisage quarterly meetings and discussions on the progress in regard to the project implementation plan activities, analysis of major achievements, constraints and recommendations for further adjustment of the interventions. The Principle Recipient would also present tracking of financial expenditures in order to ensure effective financial management for timely implementation of the targeted activities.

The Ministry of Health and its structures in partnership with UNDP CO, NGOs/CBOs and international bilateral organizations will take overall coordination of programme implementation including technical

aspects of the planned interventions – surveillance systems, operational research/ developing national M&E system, reporting, training of AIDS Centers' staff at central and regional levels on programme management and key principles of M&E system and reporting.

Oblast and District level: Within the proposed HIV/AIDS project it is planned to expand the sentinel surveillance system. By the end of Phase 2 R8 grant there will be 12 sentinel sites in the country. UNDP together with international technical agencies will provide technical support to the republican AIDS Centers for implementation of sentinel surveillance among the vulnerable groups. The following indicators will be monitored:

- Prevalence of HIV/AIDS, syphilis and hepatitis C among the vulnerable groups such as: IDUs, SWs, prison inmates, and migrant population.
- Knowledge of vulnerable groups about HIV/AIDS (ways of prevention, rejection of major misconceptions about HIV/AIDS)
- Percentage of target group who have adopted behaviors that reduce transmission of HIV
- Accessibility of prevention services, etc

Coordination and implementation of the M&E system will be ensured through the network of central, regional and district level AIDS Centres (for AIDS prevention and VCT objectives) and blood centres (for blood safety components). Quarterly reports on programme implementation against the target indicators will be submitted from district and regional level to the central level – Republican AIDS Centre and Blood Centres and other SRs will submit then to Principle Recipient.

VII. LEGAL CONTEXT

This project document shall be the instrument referred to as such in Article 1 of the SBAA between the Government of Tajikistan and UNDP, signed on 1 October 1993 by the Deputy Chairman of the Council on Minister on behalf of the government and Associate Administrator of UNDP.

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

The executing agency shall:

- 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;
- 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.

The legal arrangement of this projects are also based on the UNDP-GFATM grant agreement for the grant number TAJ-809-G07-H, that is a non-standard cost-sharing agreement developed by UNDP LSO. Standard Grant Agreement is supplemented by the face sheet of the grant agreement for each individual grant, which indicated programme start and end dates, total amount approved, dates for conditions

precedent to disbursement. (Note: this project document will come in force upon signature of the the Grant Agreement between UNDP and GFATM, expected in beginning of November 2011. LPAC approval of the project is, therefore, conditional to the final approval of grant by the donor).

The Agreement with GFATM also include number of attachments such as: Annex A to the Agreement is the Programme Implementation Abstract that provides general description of goals, objectives, targeted beneficiaries and planned activities, as well as conditions precedent to disbursement; Performance-based framework for year 1 and 2 and sets forth the main objectives of the programme, baseline, indicators and targets to be achieved as well as reporting periods. PBF serves as a basis for performance assessment of UNDP and decisions for next disbursements.

Consolidated work plan and budget is an inalienable part of the Grant Agreement for grant TAJ-809-G07-H and provides detailed description of project expenditures for the first two years of the programme and indicative budget for the Phase 2 of the project proposal.

Agreements with Sub-recipients will be based on standard UNDP agreements tailored for GFATM-funded projects. Form of the agreement will depend on the type of the SR entity (Letter of Agreement for Government and UN agencies, Project Cooperation Agreement for NGOs. For organizations selected through micro-capital grant procedure, the standard micro-capital grant agreement for non-credit activities will be used).

VIII. ANNEXES

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

Attachment 2. RISKS LOG

Attachment 3. Organizational chart and Terms of Reference of the project staff

Attachment 4. Capacity Assessment of SRs

Attachment 5. M&E workplan for the project