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United Nations Development Programme
Country: TAJIKISTAN
Project Document

Project Title	Strengthening Tuberculosis Prevention and Control Program in the Framework of Health System Reform in the Republic of Tajikistan
UNDAF Outcome(s):	Outcome 2.4 - There is improved access for the vulnerable to quality basic services in health, education and social welfare Outcome 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
Expected CP Output:	Output 2.2. Public health care sector capacities are built to reduce the burden of TB in Tajikistan by 2015 in line with MDGs and STOP TB Partnership targets
Implementing Agency:	United Nations Development Programme in Tajikistan
Responsible Agencies:	Ministry of Health and its structures, Republican TB Control Center, World Health Organization (WHO), World Food Programme (WFP), Project HOPE, CBOs

Brief Description

UNDP Project 'Strengthening Tuberculosis Prevention and Control Program in the Framework of Health System Reform in the Republic of Tajikistan (Phase II)' will be implemented in Tajikistan from 1 October 2011 to 30 September 2013. This is the continuation of Phase I of Round 8 grant of the GFATM approved for Tajikistan. The overall goal of the project is to reduce the burden of TB in the Republic of Tajikistan by 2015 in line with the MDGs and Stop TB Partnership targets, aiming at strengthening TB prevention and control programme in the framework of health system reform. Impacts/ outcome indicators, related to MDG, will measure the effectiveness of the project: case detection rate to reach 70% of all estimated TB cases by the end of the programme; treatment success rate to exceed 85%; reduction in the incidence rate of TB cases to 60/100,000 population by the end of the programme; reduction in mortality rate 7 per 100,000. The indicators will be achieved through implementation of 7 grant objectives: (1) Ensure high quality DOTS expansion and enhancement actions; (2) Address TB/HIV, MDR and other challenges of the National TB Program (NTP); (3) Practical approach to lung diseases; (4) Engage all care providers in the NTP; (5) Empower people with TB and communities; (6) Operational research; and (7) Health system strengthening.

Programme Period:	2012-2013
Atlas Award ID:	00058599
Start date:	1 October 2011
End Date	30 September 2013
Implementation modality:	DIM

Total resources required: EURO 6,842,027
Total allocated resource: EURO 6,842,027

- Regular: N/A
- GFATM: EURO6,842,027

Unfunded budget:	n/a
In-kind contributions	n/a

Agreed by National Coordination Committee on AIDS, TB and Malaria Control:

Agreed by UNDP:

I. SITUATION ANALYSIS

Tajikistan is a landlocked country, with a population of 7.2 million and is more than 90% mountainous areas. Most health indicators deteriorated during the last decade. The country inherited rigidly-structured Soviet medical systems composed of an elaborate network of health facilities that focus on providing in-patient care, offered by a large but diminishing number of older physicians and financed by less than 2% of GDP. The poor have comparatively less access to health care services.

Despite sustained economic growth over the past few years and the country's notable achievements, poverty and low standards of living remain a pressing problem for the majority of Tajik people. About 41% of the population of Tajikistan lives under the poverty line and almost 80% of the poor live in rural areas. Health care provision in Tajikistan has less to do with a shortage of facilities than with the need to rationalize the existing system and to improve quality.

For Tajikistan, tuberculosis constitutes a serious problem for the country and communities. According to existing data, annually there have been from 6,000 to 8,000 new registered cases of tuberculosis, with this figure increasing over time, especially among prisoners. In 2010, the incidence rate reached 80.1, prevalence 265, and mortality 5.9 per 100,000 population. One of the serious challenges of the National Program is a high rate of multi-drug resistant (MDR)-TB, 16.8% among new cases and 61.6% among previously treated TB patients, as well as a growing trend of HIV infected patients among TB patients.

The absence of a long-term plan by the Ministry of Health of the Republic of Tajikistan on further development of the programme on tuberculosis control in Tajikistan, low provision of qualified specialists, insufficient awareness of doctors of general health networks in issues of early identification, methods of examination, treatment of tuberculosis patients in non-profiled health facilities and insufficient integration of primary health centres (PHC) and TB services, has led to a rapid increase in TB cases and the occurrence of more severe widespread processes, increase of deserted with multiple localization of pulmonary and non-pulmonary forms among first time identified patients. This has supported the spread of drug resistance strains of TB mycobacterium, the formation of chronic forms and further deterioration of the main indicators: TB incidence, prevalence, and mortality.

The Government of Tajikistan is aware of the TB problem and has shown strong political commitment to TB control by endorsing the National TB Control Program for 2010-2015; substantially increased funding for TB; the comprehensive regulatory framework established by the Ministry of Health and National TB Programme (NTP); many reforms (rationalization of health care services, reduction of TB beds, establishment of rational TB services and laboratory networks); health sector transformation support and involvement of PHCs; uninterrupted drugs supply and efforts to improve drug management; improving programme monitoring and evaluation of NTP activities; support for the integration and cooperation between TB control services in the civilian and penitentiary sectors; effective collaboration between the NTP and international partners; and successful implementation of previous Global Fund to Fight AIDS, TB and Malaria (GFATM) rounds' projects (3, 6 and 8). All these activities have created a favourable basis to respond comprehensively to the current epidemiological situation in the country.

Currently the main donor of anti-TB activities implemented in the country is the GFATM. From 2005 to the current date the donor has allocated more than USD 40 million to support implementation of the NTP, which was adopted by the country for the period 2005 to 2015. The National Coordination Committee to fight HIV/AIDS, TB and Malaria in the Republic of Tajikistan (NCC) proposed UNDP to be Principal Recipient (PR) of two GFATM grants for TB control. UNDP has been implementing projects on TB since August 2007, when implementation of Round

6 grant started. In 2009, the GFATM and NCC approved UNDP as PR for a new Round 8 grant based on achievements made in its TB programme, and also envisage further expansion of TB control activities in the country.

Implementation of UNDP Project 'Strengthening Tuberculosis Prevention and Control Program in the Framework of Health System Reform in the Republic of Tajikistan' Phase I started in Tajikistan on 1 October 2009 and ended on 30 September 2011. This project document is developed for Phase II of the project with a duration of 2 years: 1 October 2011 to 30 September 2013. The total approved budget is EURO6,842,027 (USD 9,338,866).

The overall goal of the project is to reduce the burden of TB in the Republic of Tajikistan by 2015 by sustaining universal coverage, improving the quality of Directly Observed Treatment Short courses (DOTS) interventions, and expanding the DOTS framework in line with the Millennium Development Goals (MDGs) and Stop TB Partnership targets.

Four impacts/ outcome indicators are accepted to measure the effectiveness of the project by the end of the programme:

1. Case detection rate to reach 70% of all estimated TB cases;
2. Treatment success rate to exceed than 85%;
3. Reduction in the incidence rate of TB cases to 60/100,000 population;
4. Reduction in the mortality rate 7 per 100,000.

II. STRATEGY

Within its programming cycle in 2010-2015, in close partnership and coordination with the NCC, UNDP will continue to manage the grants from the GFATM, which will play an instrumental role in achieving national AIDS, Malaria and TB objectives, as well as the UN's MDGs. UNDP will concentrate on developing the capacities of the Government of Tajikistan (particularly the Ministry of Health), and closely involve other UN agencies, international NGOs, and local community-based organizations (CBOs) in efforts to enhance prevention measures and improve access to health services.

The UNDP Tuberculosis Grant aims to support government strategies stated in the National Tuberculosis Control Programme of Tajikistan for 2010-2015.

Tajikistan adopted WHO's TB diagnostic & treatment approach, the Direct Observation Treatment Strategy ('DOTS') in 2002. Due to the DOTS implementation over 100% of the country (as well as efforts related to strengthening capacities, infrastructure, and laboratory services of TB facilities), case detection and cure rates have significantly improved (the incidence rate increased from 63.7% in 2002 to 80.6 in 2009; the cure rate increased 56% to 84% from 2004 to 2009)[1]. In 2009, Tajikistan started implementation of a MDR-TB treatment strategy which presently covers about 500 MDR-TB patients. UNDP has put significant effort towards controlling the TB/HIV co-infection. To this effect, a National TB/HIV Strategy 2008-2012 has been developed and a wide range of TB/HIV advocacy activities implemented to improve integration between AIDS and TB programmes. Significant improvements are expected in the detection of TB patients in prison system by implementing strengthened informational, educational, training and monitoring activities in each penitentiary facility, including strengthened collaboration with civil sector. The project provides equal opportunities for male and female TB patients in accessing TB services: prevention, diagnosis and treatment. Equal gender approach is also used for training of health personnel and IEC activities to be conducted countrywide within the project.

[1] Tajikistan Ministry of Health Statistics, 2008

This project document is developed to reflect the grant agreement for the implementation of Phase II of the GFATM consolidated grant for Tuberculosis. The current phase activities include the continuation of efforts started in Phase I in capacity building of national counterparts, training of TB and PHC health providers, strengthening collaboration of TB and HIV services in the management of co-infected cases and reporting systems, MDR-TB treatment, TB in Prison, Practical Approach to Lung Health (PAL) and Public Private Mix (PPM) interventions. The key focus of the project will be the continued expansion of the MDR-TB programme to additional pilots and enrolling 1,050 patients, and the establishment and strengthening of a bacteriology laboratory network by the end of Phase II. Special attention will be given to social mobilization activities and community DOTS and MDR-TB projects.

The overall goal of the project is to reduce the burden of TB in the Republic of Tajikistan by 2015 in line with the MDGs and Stop TB Partnership targets aiming at strengthening TB prevention and control programme in the framework of health system reform.

The goal of this project should be accomplished by seven general objectives (Activities in ATLAS):

- To ensure high quality DOTS expansion and enhancement;
- To address TB/HIV, MDR-TB and other challenges;
- To improve the general management of the introduction of PAL;
- To engage all care providers;
- To empower people with TB and communities by improving knowledge about TB;
- To enable and promote TB research;
- Health system strengthening (HSS);

Objective 1. Ensure High Quality DOTS Expansion and Enhancement

Targeted populations: decisions makers, TB patients, TB suspects, Health workers (HWs)

The priority of this objective is to ensure timely case detection and to improve the case detection rate in the country, as well as the detection and rapid treatment of smear positive cases, continued support to patients during the whole treatment period. Activities under this objective will be implemented in collaboration with the Republican TB Control Center, the Republican TB Clinic Hospital, World Food Programme (WFP) and Project HOPE.

SDA 1.1: Political commitment and sustainable financing

This activity will help to increase the awareness and capacity of policy makers on the different levels of health care system. The expected result would be increased financial and political support of the Government for the NTP. Training will be provided to 80 specialists from the Ministry of Health, Ministry of Finance, local oblast authorities, NTP, district chief doctors, and TB coordinators from different areas on health issues, finance, planning and policy. The activity is also focused on improving the management skills and knowledge of groups of TB leaders each year through their attendance at an international training course in a best practice country.

SDA 1.2 Improve case detection rate through strengthening laboratory QA system

The main purpose of this activity is to strengthen TB laboratory service by improving bacteriologic lab networks, quality assurance systems, and the training of laboratory technicians. Construction of a level 3 bio-safety laboratory in Dushanbe is also planned under this SDA. A National Reference Laboratory will ensure the quality control process of microscopy and bacteriological laboratories at the oblast and district levels and will collaborate with the SNRL Gauting in EQA and rechecking of

culture and DST tests. The proposed project also includes updating guidelines and manuals for TB laboratory procedures.

SDA 1.3: Patient support.

This activity aims at improving patient adherence to TB treatment. The proposed project will maintain the achievement of earlier interventions in order to further decrease the rate of default. Social support of patients and their families is a part of this objective. Incentives (food and transportation) will be provided to 8,500 TB and MDR-TB patients each year. In addition, 120 TB patients in prison will receive food support each year. This activity will be implemented under a joint WFP project. The WFP will cover 4 family members from its own funds, while the project will cover all TB/MDR-TB patients registered countrywide.

SDA 1.4: Drug supply and management system

This activity includes the establishment of a drug storage warehouse in Gorno-Badakhshan Autonomy Oblast (GBAO). GBAO is one of the most isolated regions in the country due to its geographical location. For more the half the year, access to the region is difficult. One regional drug warehouse was renovated within Phase I to ensure regular drug supply in the region. The project envisages the procurement of necessary equipment and furniture for this drug warehouses in Phase II.

SDA 1.5: M&E systems and impact measurement

Although the existing TB project has provided technical support to the NTP for the monitoring of programme activities, there is no national M&E system and/or plans established for TB. The project will strengthen the NTP M&E system by institutionalizing M&E systems by adopting and integrating key TB forms into the national medical statistics report. Within this activity, during Phase I, the project supported the development of National M&E plans including MDR TB, TB/HIV collaborative activities and the development of a recording and reporting system for TB/HIV and MDR TB. Under Phase II, two advocacy and round table meetings will be organized for stakeholders each year. Further, support will be provided to cover the fuel and maintenance costs of M&E team visits.

SDA 1.6: Human Resource Development (HRD)

Considering the acute shortage of TB specialists in the country, the project has planned a range of HRD activities: exchanges for prison officials to best practice countries, training on epidemiology, training on microscopy and TB training for family doctors and nurses. A group of Department of Penitentiary Affairs' officials will be supported to visit best practice countries each year to share experiences. International experts will be recruited to conduct training on epidemiology and community based interventions. The project, in collaboration with the Tajik Post Graduate Institute (PGI), will support TB training for family doctors. It is planned to conduct five two month trainings for 150 family doctors in years 3 and 4 of the project.

Objective 2: Address TB/HIV, MDR-TB and Other Challenges

Targeted population: TB/HIV patients, TB risk groups.

Activities under this objective are focused on strengthening the current focuses of the NTP. The project is going to support TB and AIDS services in the improvement of the collaboration and integration of systems, improving testing of PLWHA on HIV and vice-versa TB patients on HIV, and reporting system on tested and detected cases. The project envisages a rapid expansion of the MDR-TB project with the enrolment of an additional 600 MDR patients from 17 pilot projects, including in the penitentiary system. Special focus will be given to the improvement of case detection in prison facilities. The prison activities will include the improvement of referral and reporting systems, conducting information, education and communication (IEC) campaigns, and

peer-to-peer education among prisoners. Further activities are envisaged for detecting latent TB infection among children and teenagers. To achieve objective targets, UNDP will collaborate with the Republican TB Control Program, the Republican TB Clinic Hospital Machiton, Department of Penitentiary Affairs/Ministry of Justice and Project HOPE.

SDA 2.1: Implementation of Collaborative TB/HIV Activities.

The current TB grant is funding technical support to address TB/HIV co-infections. In 2010, HIV prevalence contributed to a radical change in TB epidemiologies in many countries, including Tajikistan. There has been a growth of active TB among HIV infected patients observed in Tajikistan. 5,356 of 7,991 TB patients or 69.6% of all TB cases were screened for HIV in 2010. Among all screened patients, 64 patients were found to have HIV positive status. TB/HIV collaborative activities will be strengthened at central, district and community levels in synergy with the National AIDS Programme. The creation of a focal point for TB/HIV at the regional level will contribute to the commitment for collaborative TB/HIV activities and result in effective implementation of the National TB/HIV Policy. The proposed project will ensure regular HIV test supplies to the NTP, strengthen the referral system of TB and HIV health facilities for the provision of preventive and antiretroviral treatment, and train TB doctors on HIV/TB co-infection management.

SDA 2.2 Prevent and Control MDR-TB in Tajikistan

There is a high MDR-TB rate in Tajikistan, 16% among newly detected cases and 61% among re-treated cases. Within Phase I, a MDR-TB project was started with two pilots in 2009 and was further expanded upon positive feedbacks from a GLC monitoring mission in 2010 to 5 pilot districts, including the penitentiary system. Considering the needs of programme to scale up MDR treatment and following GLC recommendations, the NTP decided to expand the project to 16 districts and cover the country if resources were available. It is estimated that 1,050 patients (450 in Phase I and 600 in Phase II) will be enrolled cumulatively by the end of Phase II across 16 pilots. The countrywide estimation is 1,460 MDR-TB cases annually. The project will ensure the motivation of MDR staff in Machiton as well as social support to MDR-TB patients over the treatment (not less than 18 months). Infrastructure of the MDR TB in-patient care department within the NTP will be improved (infectious control provision of personal respiratory protection and further consumables).

SDA 2.3 Improve Tuberculosis Management among risk groups (TB contacts, migrants, IDUs, people with psychiatric illnesses, prisoners, children in institutions, and Roma populations)

This activity is aimed at covering hard-to-reach population for TB case identification, TB treatment and patient support. The proposed project will promote greater participation of risk groups in the NTP. Routine tuberculosis testing of groups at risk will be introduced for early diagnosis, and prompt and effective treatment. Local networks of CSOs, representatives of the groups at risk, and specialized and public health networks, will be established and take part in the tracing, referral of suspect cases and treatment follow up. It is expected that by the end of the project, 70% of TB cases among risk groups will be treated successfully. The project seeks to improve the health status of inmates. It is planned to scale up the DOTS programme in prison, renovate/upgrade prison health facilities, and hire 19 TB specialists and nurses for the prison health care system. The project will improve infection control in prison health facilities by developing infection control guidelines and training prison HWs on infection control principles. A referral system after-release will be established between prisons and the NTP in order to notify the programme before a patient still on treatment is released

SDA 2.4 Improve quality of care and nosocomial infection control

The SDA envisages the procurement of masks, gloves, laboratory coats for medical staff and patients including 50 HWs at MDR-TB health facilities, and the training of 50 HWs on infection control principles.

SDA 2.5 TB management of children

The main purpose of this activity is to improve TB management among children through standardizing algorithms of TB detection and contact tracing among children. National trainings on paediatrics TB management will be organized.

Objective 3. PAL

Targeted population: TB and non-TB patients, general population, HWs.

The activities include developing a national strategy of joint activities and responsibilities of different ministries (Ministry of Health, Ministry of Interior, Ministry of Finance, Ministry of Defence, Ministry of Education, Ministry of Justice) and different health sectors (such as HIV, TB and Lung Diseases). The objective will look at possibilities of PAL implementation in the country and strategy development, with support from an international expert. UNDP will closely collaborate with the Ministry of Health, the Republican TB Control Center and WHO to achieve targets under this objective.

SDA 3.1: PAL general management

This activity is aimed at improving the general management of the introduction of PAL in the country. It will explore PAL implementation by conducting a needs assessment and developing a PAL strategy. External technical assistance will be required to develop the PAL strategy. The creation of National Guidelines on PAL is planned, followed by the gradual expansion of PAL countrywide along with the implementation of the PAL model using M&E tools. Several meetings and consultations will be held with PAL experts and regional focal points: the Association of Pulmonary and TB physicians (APTB) and the PAL national working group. Support will be provided to strengthen the activities of the APTB. 150 doctors (80 TB specialist and 50 general practitioners) will be trained on PAL.

Objective 4. Engage all care providers

Target groups: PHC and TB HWs, TB patients

The activities include involving different health sectors in joint meetings and discussing broader approaches to support the NTP within health sector reforms in the country. Further this approach will aim to motivate medical providers to improve case detection and treatment outcomes. UNDP will closely collaborate with the Republican TB Control Center, WHO and NGOs to undertake activities under this objective.

SDA 4.1: Public-Public and Public-Private Mixes *at National level*

National level advocacy meetings will be held on a regular basis (twice a year), with further development/printing of guidelines, IEC materials and tools for Public Private Mixes (PPM). P-P and PPM trainings for representatives of different sectors will be conducted once per year.

SDA 4.2 Public-Public and Public-Private Mixes *at Oblast level*

National experience in PPM will be strengthened through a training programme, and development or update of guidelines. Five regional three day trainings on DOTS for private practitioners and family physicians are planned within this SDA. Further M&E of PPM activities is planned at four oblast health facilities.

Objective 5: Empower people with TB and communities.

Targeted population: TB patients, journalist, mahala leaders, civil society members, HWs.

The activities within this objective will focus on increasing TB knowledge among the general population and TB patients. IEC activities with TB patients, their family members, and health staff directly involved in TB counselling with these groups, will be used to increase adherence to treatment and decrease stigma and discrimination toward TB patients. The activities envisaged by the project will enhance political and societal commitment through raising existing low-level of public awareness and minimize the stigma associated with TB that contributes to low case detection. Advocacy, Communication and Social Mobilization (ACSM) can build stronger political and societal commitment and enhance maximum use of accessible, affordable and effective diagnosis and treatment facilities. ACSM aims at increasing TB-related knowledge and awareness among the public on early signs and symptoms of TB, to reduce stigma, and increase treatment adherence among TB patients. To implement planned activities, UNDP will collaborate with the Republican TB Control Center, Project HOPE and CSOs.

SDA 5.1: ACSM

One of the main challenges in DOTS programmes is the inadequate level of awareness among local political leaders and incorrect TB media coverage. The main target audiences for advocacy activities are journalists, media groups and decision makers, including political, faith and opinion leaders. Within this activity, it is planned to engage CSOs in peer education, awareness raising and community mobilization. The CSOs will also contribute in implementing community based TB and MDR-TB projects. The goal of all mass media and behaviour change communication interventions in the project is to increase health-seeking behaviours, awareness and knowledge of TB, and reduce TB-related stigma among health care providers and the general public. Under this activity, the project will design, print and distribute different types of IEC material for different target groups. All materials will be available in the most appropriate local language(s) and be pre-tested thoroughly. 300,000 copies per year of five types of IEC materials will be printed and disseminated among different target groups.

Objective 6. Enable and Promote Research

Targeted population: TB patients, HWs.

The objective is to create a systematic process of collecting, analyzing and interpreting data for generating new knowledge. Trainings for the NTP will be conducted and experience shared on operational research. This objective will be implemented with the collaboration of technical agency KNCV.

SDA *6.1: Operational research.*

The activity aims to strengthen the capacity of the NTP to conduct operational research and studies on TB. The proposed operational research and studies will serve as a systematic process of collection, analysis and data interpretation for generating new knowledge or to answer questions arising from TB control in Tajikistan. International and local training on operational research is planned annually under this SDA.

Objective 7. HSS

Within the framework of the HSS cross-cutting component, HSS concepts and approaches for improving financial management, budget formulation and planning will be supported in close collaboration with international donors. With HSS tools, the Ministry of Health will be empowered in designing and developing an overarching comprehensive health care strategy, where inputs from other relevant Government of Tajikistan structures, NGOs, donors, and other parties would contribute to the strengthened health finance and planning for TB, HIV/AIDS, and malaria. It is

envisaged to conduct a series of trainings to build the capacity of local health authorities, representatives of the Ministry of Finance at the regional level, and HIV/AIDS, TB and malaria services on budget preparation, planning and financial management.

SDA 7.1 Leadership and Governance

An international consultant will be hired to analyze progress towards the implementation of the health system approach to HIV/AIDS, TB, and malaria and existing barriers, and to provide recommendations.

SDA 7.2 Information

The inputting of all health data into relevant software is envisaged under this SDA over the course of the project. Support for fuel and maintenance of two vehicles for management of data collection services and analysis will be provided.

SDA 7.3 Service delivery

Activities under this objective include training on protocols and logarithms for treatment (evidence-based-medicine) as well as supervision visits for implementation of protocols and logarithms.
DOTS training for PHC health providers are also envisaged under this SDA.

III. RESULTS AND RESOURCES FRAMEWORK

Intended Outcome as stated in the Country Programme Results and Resource Framework: 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

Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:

Indicator: Prevalence of HIV 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. Incidence of confirmed malaria cases in 2007 was less than 9 per 100,000 population. TB incidence rate in 2005 comprised 67 per 100,000 population.

Target: HIV prevalence among IDUs is reduced to 8.5% and among SW is contained at <3% level. Malaria and TB incidence rate is 0 and 75 per 100000 population respectively.

Applicable Key Result Area (from 2008-11 Strategic Plan): Reducing Burden of HIV, TB and Malaria

Partnership Strategy: Republican TB Control Center, Republican TB Clinic Hospital, Department of Penitentiary Affairs/Ministry of Justice, PGI, WHO, WFP, Project HOPE, CSOs

Project title and ID (ATLAS Award ID): Strengthening Tuberculosis Prevention and Control Program in the Framework of Health System Reform in the Republic of Tajikistan (Award ID: 00058599, Project ID: 00072835)

INTENDED OUTPUTS	OUTPUT TARGETS FOR 2011-2013 (targets are cumulative)	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
Output: Public health care sector capacities built to reduce the burden of TB in Tajikistan by 2015 in line with the MDGs and 'Stop TB Partnership' targets.				**TOTAL: € 6,842,027.00**
Activity 1. Ensure high quality DOTS expansion and enhancement action **Baseline** 1.1) 2,290 new smear positive TB cases detected 1.2) 93 new TB cases detected in the penitentiary sector 1.3) 81.3% (1604/1972) new smear positive TB cases successfully treated (cured +	**Targets** 1.1) 3,280 new smear positive TB cases detected under DOTS 1.2) 200 new TB cases detected in the penitentiary sector 1.3) 85% (2195/2583) new smear positive TB cases successfully treated 1.4) 73% (135/186) new TB cases in the penitentiary sector successfully treated under DOTS	Training (local) for 80 decision makers from the Ministry of Health, MOF, local authorities at oblast level, NTP and district chief doctors. One study tour abroad Maintenance support and supply to microscopy and bacteriology laboratories including BSL-3 External and local technical support and trainings will be	UNDP/PIU Republican TB Control Center, WFP, PGI, Project HOPE,	**Total: € 1,926,025.12** Technical Assistance: € 104,943.68 Training: € 117,479.44 Health Products and Equipment:€ 478,722.75 Procurement and Supply Management Cost: € 57,558.41

completed treatment) 1.4) 69.2% (88/118) new TB cases in the penitentiary sector successfully treated under DOTS 1.5) 81.5% microscopy and bacteriology laboratories perform adequate EQA 1.6) 51.7% confirmation rate by sputum smear among new pulmonary TB cases (proportion of SS+ new pulmonary TB cases /new pulmonary TB cases) 1.7) 5,314 TB patients received incentives **Indicators** 1.1 Number of new smear positive TB cases detected 1.2 Number of new TB cases detected in the penitentiary sector 1.3 Number and percentage of new smear positive TB cases successfully treated 1.4 Number and percentage of new TB cases in the penitentiary sector successfully treated under DOTS 1.5 Number and percentage of microscopy and bacteriology laboratories that perform adequate EQA 1.6 Confirmation rate by sputum smear among new pulmonary TB cases (proportion of SS+	1.5) 96% (68/92) microscopy and bacteriology laboratories perform adequate EQA 1.6) 55% (1,804/3,280) confirmation rate by sputum smear among new pulmonary TB cases (proportion of SS+ new pulmonary TB cases /new pulmonary TB cases) 1.7) 7,600 TB patients to have received incentives	provided for strengthening microscopy and bacteriology lab network including SRNL Refresh training for lab specialists Provision of food support to TB and MDR patients, including prisoners Advocacy round table meetings on M&E Limited maintenance and fuel support for regional monitoring teams External technical support to design the community based DOTS project for 10 pilot districts.		Infrastructure and Other Equipment: € 72,043.84 Living Support to Clients/Target Population: € 1,095,277.00

new pulmonary TB cases /new pulmonary TB cases) 1.7 Number of TB patients receiving incentives				
Activity 2. Address TB/HIV, MDR-TB and other challenges **Baseline** 2. 1 80 TB service providers trained in provision of HIV counselling and testing among TB patients 2. 2 34.3% (2,638/7,691)TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients 2. 3 295 bacteriological confirmed MDR-TB cases detected and under treatment. 2.4 38 TB service providers trained in the management of drug-resistant TB **Indicators** 2.1 Number of TB service providers trained in provision of HIV counselling and testing among TB patients 2.2 Number and percentage of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients 2.3 Number of bacteriological confirmed MDR TB cases	**Targets** 2.1) 120 TB service providers trained in provision of HIV counselling and testing among TB patients 2.2) 75% (4,556/6,075) of registered TB patients having an HIV test result recorded in the TB register 2.3) 970 bacteriological confirmed MDR TB cases detected and registered. 2.4) 155 TB service providers trained in the management of drug-resistant TB	- Implementation of collaborative TB/HIV activities - MDR-TB prevention and control activities in Tajikistan - Improve tuberculosis management among risk groups (TB contacts, migrants, IDUs, people with psychiatric illnesses, prisoners, children in institutions, and Roma population) - Improve quality of care and nosocomial infection control - Implementation of TB prevention activities among children	UNDP/PIU, Republican TB Control Center, WHO, Project HOPE	**Total: €3,301,859.91** Human Resources: €154,157.76 Technical Assistance: €84,744.50 Training: €45,649.74 Health Products and Equipment: €137,338.11 Medicines and Pharmaceutical Products: €2,685,334.84 Procurement and Supply Management Cost: €25,100.72 Infrastructure and Other Equipment: €3,864.48 Communication Materials: €10,820.00 Monitoring and Evaluation: €70,081.76 Living Support to Clients/Target Population: €72,000.00

detected and registered 2.4 Number of TB service providers trained in the management of drug-resistant TB				Planning and administration: €12,768.00
Activity 3. PAL **Baseline** 3.1 19 doctors trained on PAL **Indicator** 3.1 Number of doctors trained on PAL	**Target** 3.1) 30 doctors trained on PAL	- Development of PAL strategy - One national and eight regional two day trainings on PAL for TB specialists - Two one day national consultative workshops on PAL	UNDP/PIU, Republican TB Control Center WHO	**Total: €26,531.44** Technical Assistance: €500.00 **Training:** €26,031.44
Activity 4. Engage all care providers **Baseline** 4.1 0 DOTS training conducted for private practitioners **Indicator** 4.1 Number of DOTS trainings conducted for private practitioners	**Target** 4.1) 20 private practitioners trained in DOTS	- One day national advocacy meeting for stakeholders from NTP and the Ministry of Health - One national three day training on DOTS for private practitioners and family physicians - Printing of 2,500 copies of guidelines, 5,000 copies of IEC materials and 500 tools for PPM	UNDP/PIU, Republican TB Control Center,	**Total: €13,549.50** Training: €5,644.50 Communication Materials: €7,905.00
Activity 5. Empower people with TB and communities **Baseline** 5.1 50% Individuals with correct knowledge about TB (such as mode of transmission, curability and duration of treatment)	**Target:** 5.1) 70% Individuals with correct knowledge about TB (such as mode of transmission, curability and duration of treatment)	- Design and conduction of KAP survey by international expert - 18 educational sessions will be organized for awareness raising of religious and community leaders - Four two day regional round tables (orientation meetings) on TB and TB/HIV - An event (round table with	UNDP/PIU, Republican TB Control Center, Center for Strategic Researches, Aga Khan Foundation, Red Crescent	**Total: € 306,078.13** Technical Assistance: €5,170.00 Training: €16,371.18 Infrastructure and Other Equipment: €10,243.20

Indicator 5.1 Percentage of Individuals with correct knowledge about TB (such as mode of transmission, curability and duration of treatment		participation of mass media representatives) devoted to World TB Day will be organized in Dushanbe; similar actions will be conducted in each oblast centre - 20 seminars will be organized for armed forces to raise awareness on TB - Grants will be provided to seven CSOs for awareness raising in 5 regions - Print 15 types of IEC materials and promo materials, and disseminate 250,000 IEC and promo materials among the different target groups within two years	Society, local NGOs: Nakukor, Gender & Development, Jomea va Peshraft, Farodis, Anti Spid, Najibullo	Communication Materials: €274,293.75
Activity 6. Operational research **Baseline** 6.1 0 operational research has been conducted **Indicator** 6.1 Number of pieces of operational research conducted	**Targets** 6.1) 1 piece of operational research conducted	- Technical assistance will be provided on Operational Research to NTP - International training course (capacity development) will be organised for three key NTP staff	UNDP,	**Total: € 35,398.02** Technical Assistance: € 25,067.52 Training: € 10,330.50
Activity 7. HSS cross-cutting issues ***Baseline*** 7.1 20 medical staff trained in integrated and standardized	**Targets:** 7.1) 36 medical staff trained in integrated and standardized case management of patients with HIV/AIDS, TB, and malaria at the PHC level 7.2) 85.4% (597/700) treatment	- An international consultant will be hired to analyze progress towards implementation of the health system approach to HIV/AIDS, TB and malaria and existing barriers, and to provide recommendations	UNDP/PIU Republican TB Control Center, WHO	**Total: € 269,504.52** Human resources: € 194,354.64 Technical Assistance: € 19,354.00

case management of patients with HIV/AIDS, TB and malaria at the PHC level 7.2 0 treatment success rate among new smear positive TB patients co-managed by the community and HWs ***Indicators*** 7.1 Number of medical staff trained in integrated and standardized case management of patients with HIV/AIDS, TB, and malaria at the PHC level 7.2 Treatment success rate among new smear positive TB patients co-managed by the community and HWs	success rate among new smear positive TB patients co-managed by the community and HWs	- Input all health data into relevant software over the course of the project - Fuel and maintenance of two vehicles for management of data collection services - M&E will be performed at a national level to supervise the implementation and usage of the developed protocols - Three day training on protocols and algorithms for treatment (evidence-based-medicine) - 10 regional trainings/re-trainings on DOTS will be provided for PHC staff - 14 national coordinators, eight central level laboratory specialists and 89 regional NTP staff will be provided incentives for performing project activities		Training: € 41,427.08 Infrastructure and Other Equipment: € 2,560.80 Monitoring and Evaluation: € 11,808.00
Activity 8. Project Management		- Salaries of PIU staff (18) - PIU office operating costs, equipment and vehicles - Annual External Audit - M&E of programme activities	UNDP	**Total: € 515,471.12** Human resources: € 349,490.64 Infrastructure and Other Equipment: € 22,798.56 Monitoring and Evaluation: € 63,439.92 Planning and Administration: €79,742.00

IV. ANNUAL WORK PLANS FOR CONSOLIDATED TB PROJECT

Considering the approved length of the project from October 1 2011 to September 30, 2013, the project has adjusted existing Annual Work Plan for 2011 (see attachment 5) and developed new detailed AWP for 2012 calendar year. The 2013 Plan will be developed next year based on implementation progress of 2012 work plan. The project documents' AWPs will be revised according to consecutive programmatic arrangements with GFATM.

Period: 1 January 2012 – 31 December 2012

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
And baseline, associated indicators and annual targets	*List activity results and associated actions*	Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (Euro)
Output 1: Strengthening Tuberculosis Prevention and Control Program in the Framework of Health System Reform in the Republic of Tajikistan **Baseline**: 1.1 2290 new smear positive TB cases notified 1.2 93 new TB cases detected in the penitentiary sector 1.3 81.3%(1604/1972) new smear positive TB cases successfully treated (cured + completed treatment) 1.4 69.2% (88/118) new TB cases in the penitentiary sector successfully treated under DOTS 1.5 81.5% microscopy and bacteriology laboratories perform adequate EQA 1.6 51.7 % confirmation rate by sputum smear among new pulmonary TB cases	***Activity 1. Ensure high quality dots explanation and enhancement action***								**€ 862,537.35**
	1.1.1 Training of 80 decision makers from MOH, MOF, Local authority from oblast level, NTP, district chief doctors				X	UNDP	GFATM	IA Code: 4000 Account: 72100	9,509.74
	1.2.3 Limited support to maintenance and supplies of the four culture TB laboratories with purpose to proper investigations.			X		UNDP	GFATM	IA Code: 1981 Account: 72300	95,000
	1.2.4 In order to improve the working conditions in all microscopy and culture laboratories it is planned to purchase the generators for microscopy labs and 4 culture laboratories	X				UNDP	GFATM	IA Code: 1981 Account: 72200	21,728
	1.2.5/1.2.6 International consultant and three national consultants will be recruited to develop the National Quality Assurance guidelines for TB bacteriological laboratories.			X		UNDP	GFATM	IA Code: 1981/4000 Account: 72100	€ 32,331.84
	1.2.7 Training for the laboratory technicians working in bacteriological laboratories		X			Project HOPE	GFATM	IA Code: 4000 Account: 72100	€ 3,109.80
	1.2.8 Annual review conferences for 120 TB laboratory workers			X		UNDP	GFATM	IA Code: 4001 Account: 72100	8,108.2
	1.2.9 Supporting the National Reference lab for quality control by SNRL and rechecking sputum samples by SNRL	X		X		UNDP	GFATM	IA Code: 1981 Account: 72100	14,546

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
And baseline, associated indicators and annual targets	*List activity results and associated actions*	Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (Euro)
(proportion of SS+ new pulmonary TB cases /new pulmonary TB cases) cases 1.7 5,314 TB patients received incentives 2. 4 80 TB service providers trained in provision of HIV counselling and testing among TB patients 2. 5 34.3% (2638/7691)TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients 2. 6 295 bacteriological confirmed MDR TB cases notified and under the treatment. 2.5 38 TB service providers trained in the management of drug-resistant TB 3.2 19 doctors trained on PAL 4.1 0 DOTC training for private practitioners conducted 5.1 50% Individuals with correct knowledge about TB (such as mode of transmission, curability, duration of treatment, etc.) 6.1 0 operational research is conducted	1.2.11 Procurement of reagents and supplies for 92 microscopy laboratories		X			UNDP	GFATM	IA Code: 1981 Account: 72300	23,585.00
	1.3.2 Provision of food parcels for TB and MDR-TB patients				X	WFP	GFATM	IA Code: 4002 Account: 72100	457,270.80
	1.3.3 Provision of food for MDR-TB patients on treatment in penitentiary facilities	X	X	X	X	UNDP	GFATM	IA Code: 1981 Account: 72100	59,604.50
	1.4.3 Transportation cost of procured items			X	X	UNDP	GFATM	IA Code: 1981 Account: 73400	€ 3,537.75
	1.5.3 Conducting 1-day Advocacy round table meetings at regional and national levels for decision makers	X				RTBC	GFATM	IA Code: 4001 Account: 72100	965.60
	1.5.9 Supporting NTP regional units to carry out monitoring visits (transport costs)	X	X	X	X	RTBC/DPA	GFATM	IA Code: 4001 Account: 72100, 71600	12,710.88
	1.6.3 Four 2 months (60 days) post graduate TB courses for family doctors and nurses	X	X	X		Post Graduate Institute	GFATM	IA Code: 4284 Account: 72100	38,624
	1.6.4.Conducting three 3-days National Trainings on TB epidemiology	X	X	X		UNDP/KNCV	GFATM	IA Code: 4000 Account: 72100	11,757
	1.6.6. Recruit international consultant to develop design of the community based DOTS for 10 pilot projects			X		UNDP	GFATM	IA Code: 1981 Account: 72100	8,384
	1.6.7 Refresher training for lab specialists on quality control in microscopy laboratories		X		X	RTBC	GFATM	IA Code: 4001 Account: 72100	4,171.96
	1.6.9 Support to conduct post-training assessment (transport cost)	X	X	X	X	RTBC	GFATM	IA Code: 4001 Account: 72200	1,164
	GMS (7%)								56427.68
	Activity 2. Address TB/HIV, MDR-TB and other challenges/action								**€ 328,045**
	2.1.3 Establishing five TWG at the oblast levels and conduct quarterly meetings.	X	X	X	X	RTBC	GFATM	IA Code: 4001 Account: 72100	1,300

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
And baseline, associated indicators and annual targets	*List activity results and associated actions*	Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (Euro)
7.3 201 medical staff trained in integrated and standardized case management of the patients with HIV/AIDS, TB, and Malaria at the PHC level 7.4 0 treatment success rate among new smear positive TB patients co-managed by the Community and health workers **Indicators:** 1.1 Number of new smear positive TB cases notified 1.2 Number of new TB cases detected in the penitentiary sector 1.3 Number and percentage of new smear positive TB cases successfully treated (cured + completed treatment) 1.4 Number and percentage of new TB cases in the penitentiary sector successfully treated under DOTS 1.5 Number and % of microscopy and bacteriology laboratories that perform adequate EQA 1.6 Confirmation rate by sputum smear among new pulmonary TB cases (proportion of SS+ new pulmonary TB cases /new	2.1.4 Provision of Isoniazid Preventive Therapy (IPT) among 230 PLWHA/year		X			UNDP	GFATM	IA Code: 1981 Account: 72300	15,000
	2.1.5 X-ray and sputum smear examination for all TB suspect cases among PLWH .	X				UNDP	GFATM	IA Code: 1981 Account: 72100	2,188
	2.1.7 Adopting and integration of TB/HIV reporting forms into the National TB data.		X			UNDP	GFATM	IA Code: 1981 Account: 74200	3,870
	2.2.2 Support to culture transportation from oblast bacteriological laboratories to NRL (based in Dushanbe city) for DST	X	X	X	X	RTBC	GFATM	IA Code: 4001 Account: 71200, 73400	6,450
	2.2.4 Support to central and regional field monitoring visits on quarterly basis	X	X	X	X	RTBC, DPA, RTCH	GFATM	IA Code: 4001/2633 Account: 71600	33,105.88
	2.2. 6 Support to GLC initiative	X				UNDP	GFATM	IA Code: 1981 Account: 72100	35,715.00
	2.5.2 Procurement of tuberculin test for contact children		X			UNDP	GFATM	IA Code: 1981 Account: 72300	€ 509.50
	2.2.9 All patients on MDR-TB treatment will receive hot food incentives for Macheton hospital	X	X	X	X	UNDP	GFATM	IA Code: 1981 Account: 72100	36,000.00
	2.2.11 Establishment of two LMIS sites in Khorog and Kurgan-Tuppe in years 3-4		X		X	Project HOPE	GFATM	IA Code: 4000 Account: 72100	6,384.00
	2.2.13 Printing referral LMIS forms				X	UNDP	GFATM	IA Code: 1981 Account: 72400	10,820.00
	2.2.16 Two 3-days National Trainings on MDR		X	X		UNDP	GFATM	IA Code: 1981 Account: 72100	9,017.00
	2.2.17 One 3-days National and six 3-days Regional trainings for lab specialists on culture and DST		X	X		Project HOPE	GFATM	IA Code: 4001 Account: 72100	7,406.72
	2.2.18 Provide financial support to 45 medical staff in the MDR-TB department including outpatients facilities	X	X	X	X	RTCH MAchiton	GFATM	IA Code: 1981 Account: 71400	40,678.20

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
And baseline, associated indicators and annual targets	*List activity results and associated actions*	Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (Euro)
pulmonary TB cases) cases 1.7 Number of TB patients received incentives 2.1 Number of TB service providers trained in provision of HIV counselling and testing among TB patients 2.2 Number and percentage of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients 2.3 Number of bacteriological confirmed MDR TB cases notified and registered. 2.4 Number of TB service providers trained in the management of drug-resistant TB 3.1 Number of doctors trained on PAL 4.1 Number of DOTS trainings conducted for private practitioners 5.1 Percentage of Individuals with correct knowledge about TB (such as mode of transmission, curability, duration of treatment, etc.) 6.1 Number of operational research conducted 7.1 Number of medical staff trained in integrated and standardized case management of the patients with HIV/AIDS, TB, and Malaria at the PHC level	2.1.19 Technical assistance in selected aspects of DR-TB management besides direct support to GLC operations (laboratory management of DR-TB cases, infection control, patient support / adherence counselling etc).		X			UNDP	GFATM	IA Code: 1981 Account: 71200	5,357.25
	2.3.3. Procure X-ray films for examining 15,000 high risk group per year			X		UNDP	GFATM	IA Code: 1981 Account: 72300	15,708.49
	2.3.4 Organize semi-annual joint review meetings for Penitentiary and civilian sector TB managers and clinicians. It is planed to organize meetings in Dushanbe and Khudjand	X	X	X	X	DPA	GFATM	IA Code: 1981 Account: 72100	6,000.00
	2.3.6 Develop referral forms and provide transportation for referral and defaulter tracing post release	X	X	X	X	DPA	GFATM	IA Code: 4001 Account: 72200	1,932.30
	2.3.9 Recruit Specialist to provide assistance in TB control as well as 28 TB doctors and Nurses for the prison health facilities	X	X	X	X	UNDP, DPA	GFATM	IA Code: 1981 Account: 71400	€ 36,400.68
	2.4.4 Two 3-days Regional trainings on infection control principles		X			RTBC	GFATM	IA Code: 4001 Account: 72100	3,417.94
	2.4.5 Procurement of the masks, gloves, lab. coats for medical staff and patients for 50 HWs at MDR-TB health facilities		X			UNDP	GFATM	IA Code: 1981 Account: 72300	8,708.06
	2.4.8 Provision og self measure for TB patients (surgical masks)	X				UNDP	GFATM	IA Code: 1981 Account: 72300	11,592.00
	2.5.4 Transportation costs of procured items	X	X	X	X	UNDP	GFATM	IA Code: 1981 Account: 73400	€ 9,023.48
	GMS (7%)								21,460.915
	Activity 3. Practical Approach to Lung Health								**€ 18,017.13**
	3.1.1 Technical Assistance for development of PAL - general			X		UNDP	GFATM	IA Code: 1981 Account: 72100	250.0

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
And baseline, associated indicators and annual targets	*List activity results and associated actions*	Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (Euro)
7.2 Treatment success rate among new smear positive TB patients co-managed by the Community and health workers".	management								
2012 targets	3.1.5 Three two-day Regional trainings on PAL			X	X	WHO	GFATM	IA Code: 4001 Account: 72100	5628.88
1.1) 1640 new smear positive TB cases notified	3.1.7 One national and five regional 2-days trainings on PAL for TB specialists			X	X	UNDP	GFATM	IA Code: 4001 Account: 72100	7,721.96
1.2) 100 new TB cases detected in the penitentiary sector	3.1.10 Two 1-day National consultative workshops on PAL			X		WHO	GFATM	IA Code: 4001 Account: 72100	3,237.60
	GMS (7%)								1178.6908
	Activity 4. Engage all care providers								**€ 14,497.97**
1.3) 84.5% (1489/1763) new smear positive TB cases successfully treated (cured + completed treatment)	4.1.4 1-day National advocacy meeting for stakeholders from NTP and MoH			X		RTBC	GFATM	IA Code: 4001 Account: 72100	1,881.50
1.4) 72% (67/93) new TB cases in the penitentiary sector successfully treated under DOTS	4.2.2 One national 3-days training on DOTS for private practitioners and family physicians			X		RTBC	GFATM	IA Code: 4001 Account: 72100	3,763.00
	4.2.3 Printing of 2,500 copies of guidelines, 5,000 copies of IEC materials and 500 tools for PPM			X		*UNDP*	GFATM	IA Code: 1981 Account: 72400	7,905.00
1.5) 95% (87/92) microscopy and bacteriology laboratories perform adequate EQA	GMS (7%)								948.465
	Activity 5. Empower people with TB and communities								**€ 140,278.73**
	5.1.1.5 Design and conduct KAP survey		X			CSR/UNDP	GFATM	IA Code: 4259/1981 Account:	5,170.00
1.6) 54% (886/1640) confirmation rate by sputum smear among new pulmonary TB cases (proportion of SS+ new pulmonary TB cases /new pulmonary	5.1.1.7 Provision of fuel and maintenance of four cars for ACSM activity	X	X	X	X	RTBC	GFATM	IA Code: 4001 Account:	€ 5,121.60
	5.1.2.1 Awareness raising activities for religious and community leaders – 18 educational sessions	X	X	X	X	RTBC	GFATM	IA Code: 4001 Account: 72100	€ 8,562.60

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
And baseline, associated indicators and annual targets	*List activity results and associated actions*	Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (Euro)
TB cases) cases 1.7) 7500 TB patients received incentives 2.1) 20 TB service providers trained in provision of HIV counselling and testing among TB patients 2.2) 70% (5870/8100) TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients 2.3) 870 bacteriological confirmed MDR TB cases Notified and registered. 2.4) 145 TB service providers trained in the management of drug-resistant TB 3.1) 65 doctors trained on PAL 4.1) 1 training for private practitioners conducted 5.1) 0% Individuals with correct knowledge about TB (such as mode of transmission, curability, duration of treatment, etc.) 6.1) 1 operational	5.1.2.3. Four 2-days regional Round Tables (orientation meeting) on TB and TB/HIV	X	X	X	X	RTBC	GFATM	IA Code: 4001 Account: 72100	2470.80
	5.1.2.4 World TB Day events (Round table with participation of Mass Media representatives) devoted to World TB Day will be organized in Dushanbe; similar actions will be conducted in each oblast center	X			X	UNDP	GFATM	IA Code: 1981 Account: 72100	9,195
	5.1.2.5. Awareness raising among staff members from armed forces (20 seminars)	X				RTBC	GFATM	IA Code: 4000 Account: 72400	528.24
	5.1.2.6 Provide grants to CSOs for awareness raising in 5 regions		X	X	X	Local NGOs	GFATM	Account: 72400	90,725.63
	5.1.3.3 Conduct regular and quality media campaigns - approx. 5 radio spots, 5 TV spots and 10 Newspaper articles/year		X		X	UNDP	GFATM	IA Code: 1981 Account: 72100	9,327.75
	GMS (7%)								9,177.11
	Activity 6. Operation research								**€ 24,464.76**
	6.1 TA on Operational Research to NTP	X	X	X	X	UNDP	GFATM	IA Code: 1981 Account: 72100	12,533.76
	6.2. International Training course (Capacity development)		X			UNDP	GFATM	IA Code: 1981 Account: 72100	10,330.50
	GMS (7%)								1,600.50
	Activity 7. Health system strengthening cross-cutting issues								**€ 156,899.26**

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
And baseline, associated indicators and annual targets	*List activity results and associated actions*	Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (Euro)
researches are conducted 7.1) 24 medical staff trained in integrated and standardized case management of the patients with HIV/AIDS, TB, and Malaria at the PHC level 7.2) 85.3% (298/350) treatment success rate among new smear positive TB patients co-managed by the Community and health workers	7.1.9 External evaluations (mid-term and final)		X			WHO	GFATM	IA Code: 2066 Account:72100	€ 9,677.00
	7.2.3. Input all health data in the software through the course of the project	X	X	X	X	UNDP	GFATM	IA Code: 2066 Account:71400	9,291.84
	7.2.5 Support to cover transportation costs for National Medical Statistic Center and SES	X	X	X	X	RTBC	GFATM	IA Code: 4001 Account:72200	1,280.40
	7.3.3. Supervision visits for implementation of protocols and logarithms	X	X	X	X	UNDP	GFATM	IA Code: 2066 Account: 71600 , 72100	5,904.00
	7.3.4 Three-day training on protocols and algorithms for treatment (evidence-based-medicine)	X				WHO	GFATM	IA Code: 2066 Account: 72100	11,990.48
	7.3.5 Ten regional trainings/re-trainings on DOTS for PHC	X	X	X	X	RTBC	GFATM	IA Code: 4001 Account: 72100	20,605.62
	7.3.6 Motivation support for key NTP central and regional staff	X	X	X	X	RTBC	GFATM	IA Code: 4001 Account: 72100	87,885.48
	GMS (7%)								10,264.44
	8. Project management								**€ 277,382.05**
	8.1 PIU staff	X	X	X	X	UNDP	GFATM	IA Code: 1981 Account: 71400	84,490.24
	8.2 PIU office costs	X	X	X	X	UNDP	GFATM	IA Code: 1981 Account:72200	48899.28
	8.3 Annual External Audit		X			UNDP	GFATM	IA Code: 1981 Account:	3,871.00
	8.4 Monitoring & Evaluation	X	X	X	X	UNDP	GFATM	IA Code: 1981 Account:	31,719.96
	GMS (7%)								18,146.48

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
And baseline, associated indicators and annual targets	*List activity results and associated actions*	Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (Euro)
Total									**€ 1,822,122.25**

V. MANAGEMENT ARRANGEMENTS

Programme Management Level

As a PR of the GFATM TB grants, UNDP in Tajikistan is considered to be an implementing agency at the programme management level that closely collaborates with the NCC, the Government Coordinating Agency. Involvement of the NCC and UNDP Country Office (CO) will foster national ownership and ensure UNDP's accountability for programming activities, results and the use of resources.

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

The UNDP in Tajikistan represents the Executive party at the programme management level, and is ultimately responsible for the project, 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 in 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, CSOs, and communities and peoples affected by diseases. The 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 (design, development, facilitation, procurement and implementation). All programmatic, logistical, administrative and finance support for project implementation will be provided with the existing programme, finance and administration structures of the UNDP CO.

The Local Fund Agent (Finconsult LLC) will play the role of project assurance, implementing independent periodical reviews of grant implementation, and verification of financial and programmatic reports and data submitted by UNDP CO to the donor. In addition to the LFA, the Programme Unit of UNDP CO, with assigned Programme Analyst and Programme Associate, will play quality control functions to ensure compliance of the decision made at the project management level with UNDP policies and procedures and facilitate timely implementation of reporting, monitoring and evaluation activities. Program and Operation unit of UNDP will also provide technical oversight and support to the project staff.

Project Management Level

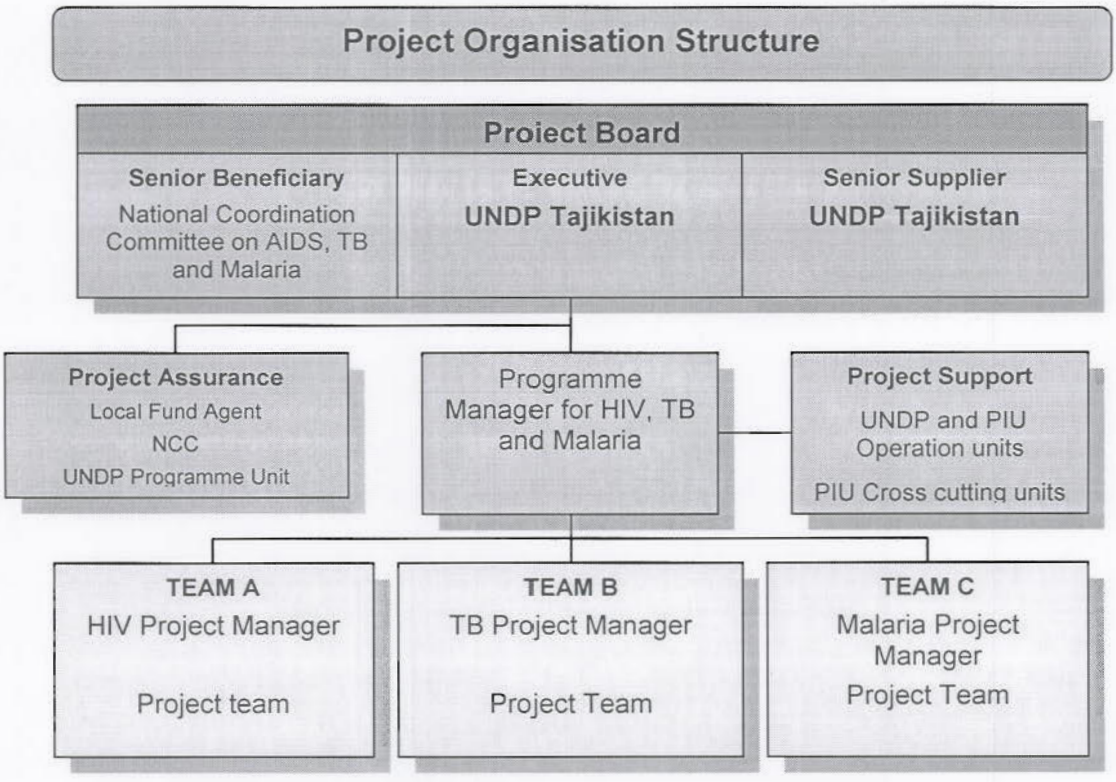
The project management level consists of a Program Manager, Deputy Program Manager, and TB Project Manager. The managers staff will work with project team and support staff, including TB project team, and cross-cutting teams on operations, communication, construction/renovation and training, that also serve the needs of other two teams on HIV and malaria.

The HIV/AIDS, TB and Malaria Programme Manager will be responsible to manage and oversee all projects within the program implementation unit on behalf of the UNDP Management. The TB

Project Manager is responsible and accountable 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 TB project or Project Manager. Detailed internal organizational chart for the HIV, TB and Malaria program is enclosed to the project document in Annexes .

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



Implementation arrangements for Sub-recipients

The proposal for Round 8 grant submitted to GFATM by the NCC included several sub-recipients (SRs), which are proposed to act as responsible parties during implementation of the project. According to UNDP Operational Manual for GFATM grants and Manual for Management of Sub-recipients, the procedures for selecting SRs depend on the type of SR (governmental entity, UN agency, non-governmental or private sector organization) and thus 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 UNDP CO 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 weaknesses in capacity. The selection and the capacity assessments are reviewed by the Local Programme Advisory Committee (LPAC). Once approved, the UNDP CO enters into a model Letter of Agreement tailored for GFATM projects.

The procedures in the Contract, Asset and Procurement Management section or procedures for micro-capital grants for capacity building of NGOs of UNDP's Programme and Operations Policies and Procedure will govern the selection of all NGOs and private sector entities. However, the

selection of NGOs that have been named as potential SRs in the grant proposal approved by the GFATM 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 manuals for projects financed by the GFATM for which UNDP is PR.

The following partners have been identified in the NCC proposal to Round 8 GFATM grant and Phase 2 submission request.

- The *National Tuberculosis Control Centre (RTBC)* acts in the capacity of the NTP Central Unit and is entrusted by the Ministry of Health with the responsibility of planning, implementation, monitoring and evaluation of the national programme. The NTBC will be involved in such activities as monitoring and supervision; local training of NTP staff, PHC providers and TB service staff; and social support project.

- *Republican TB Clinic Hospital (Machiton*) is the central level TB hospital caring for all TB forms. UNDP will collaborate with the hospital in implementation of the MDR project, including the food project for MDR patients.

- *Department of Penitentiary Affairs of* the Ministry of Justice, is the UNDP partner for implementing TB Control activities in the prison system. UNDP started collaboration with the Medical Unit of the DPA in 2010 for improving identification of TB cases and treatment outcomes of prisoners sick with TB. Activities also cover treatment of MDR-TB patients and TB/HIV interventions in prison facilities.

- *Post-Graduate Institute* for Health Specialists provides two and three month post graduate courses on TB management for family doctors and nurses. The courses are conducted in all regions of the country by highly qualified specialists.

- The *World Health Organization* is a specialized agency of the United Nations in the area of health and health care. Through the WHO Country Office in Tajikistan, it will render technical expertise for the project overall and will be SR for a number of activities that involve technical assistance, international training and a number of other interventions at country level.

- *UN World Food Programme:* WFP has been a long term partner of the NTP since the mid-1990s. WFP provides food to the poor and destitute in Tajikistan. WFP has been very instrumental for patient support and treatment adherence. It provides food parcels to TB patients and their families. This project seeks to support the TB patients and provide food incentives. WFP will be SR for procurement, distribution and monitoring of the food incentive activities.

- *Project HOPE,* is an international NGO, and currently acts as the PR of the GFATM first TB grant in Round 3. Project HOPE, as SR of the UNDP, has implemented a number of training, ACSM activities. In the new project, Project Hope will be involved in the implementation of a wide range of training activities, DRS, laboratory and ACSM interventions. UNDP has already conducted an SR assessment and is currently working on finalization of the assessment report. The assessment showed good results in the achievement of TB targets, and strong technical and financial capacity to implement the proposed activities for the UNDP.

In the process of programme implementation, a need arise may arise to select additional SRs. Selection of SRs will be implemented according to policies and operational procedures of UNDP and will follow the principles of competitiveness, transparency and efficiency.

Existing 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 CBOs. Memorandum of Understandings (MoUs) with key Government ministries responsible for control of TB issues, such as the Ministry of Health and Ministry of Justice, have been signed with clear descriptions of the responsibilities of parties for coordination of activities, technical support and communication within implementation of NTP.

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 laboratory and treatment services, strategic planning and oversight support.

The UNDP has also established good partnership with several technical agencies and local CSOs. The organizations were selected through competitive processes in Phase 1 and currently provide technical support and collaborate in implementation of grant objectives:

- *Institute of Microbiology and Laboratory Medicine* is TB Supra National Laboratory located in Gauting, Germany. UNDP started cooperation with the SRNL in 2011 for providing technical assistance in quality control of the National TB Reference Laboratory Dushanbe activities. The National TB Control Programme collaborates with the laboratory since 2009 in conducing drug resistance survey.

- *KNCV* is a Dutch TB Foundation and acts as a technical partner of the UNDP in implementation of monitoring and evaluation, TB/HIV interventions and operational research on TB implemented by experienced high professionals. The consultants of the organization have provided sound technical support in development of a number of training modules and guidelines on TB/HIV, National Monitoring & Evaluation Guidelines for the NTP and TB prison documents. UNDP has collaborated with KNCV since 2010 and has highly evaluated its performance of TB activities in Tajikistan.

- *Nakukor* is a local CSO working in TB awareness raising among the general population and risk groups. Since 2010, the organization has performed IEC and social mobilization activities on tuberculosis in Khatlon region, South Tajikistan, and is involved in the implementation of community based MDR-TB projects in two pilots. The CSO has established a network of volunteers in Kulyab and Vosse that provide DOTS to TB and MDR-TB patients in close collaboration with TB and PHC health providers.

- *Gender & Development* is a local CSO working in TB awareness raising among the general population and risk groups. UNDP has collaborated with the organization since 2010. Gender & Development has been performing IEC and social mobilization activities on tuberculosis in Dushanbe and Vahdat. The CSO has established a network of volunteers in pilot projects that provide DOTS to TB and MDR-TB patients in close collaboration with TB and PHC health providers.

- *Red Crescent Society Tajikistan* (RCST) assists in implementation of TB awareness raising among the general population and risk groups. UNDP has collaborated with the RCST since 2010 in Sogd region and 2011 in GBAO region. The organization has good experience in the field of TB and has established volunteers network countrywide to perform IEC and ACSM activities. The organization is also involved in providing DOTS to TB and MDR-TB patients in a number of districts.

- *Aga Khan Foundation* assists in implementation of TB awareness raising among the general population and risk groups. UNDP has collaborated with the AKF since 2010 in GBAO region. The organization has good experience in the field of TB and has established volunteers

network countrywide to perform IEC and ACSM activities. The organization is also involved in providing DOTS to TB and MDR-TB patients in districts of GBAO.

- In 2011, UNDP started collaboration with another four CSOs for its IEC and ACSM activities: *'Farodis'* in Kurgan-Tyube district, *'Najibullo'* in Rasht district, *'AntiSPID'* in Sogd region and *'Jomea va Peshraft'* in western districts of Districts of Republican Subordination region.

- Several external and local consultants will also be involved to provide technical assistance, particularly in the new areas of the TB programme, such as PAL implementation, TB/HIV, TB in prison and community MDR-TB.

In development of further partnership based on need of UNDP and its project, UNDP will be based on the relevant procedures defined by the UNDP Programme and Operation Policies and Procedures.

VI. Monitoring Framework And Evaluation

MONITORING

The goal of this component is to effectively implement the TB project by improving case detection and to increase tuberculosis treatment efficiency.

The M&E Plan was developed in accordance with the National TB Program for 2003-2010 for the Republic of Tajikistan and GFATM Guidelines for a PR's Monitoring and Evaluation Plan.

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

1. *Central level:* The National Monitoring Team consists of three specialists, who are responsible for data collection, analysis of major achievements and constraints, and suggesting recommendations for further adjustment of the interventions. The SR, the National TB Centre, will 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, and training of TB centres' staff at central and regional levels on programme management and key principles of M&E system and reporting.

2. *Oblast level:* Regional monitoring teams have been established under regional TB centres, each consisting of three specialists. All regional, as well as central level specialists on monitoring, were trained on conducting M&E under Round 3. With the vehicles purchased in Round 3, each team has the opportunity to conduct monitoring visits. The established regional monitoring teams will help improve the quality of anti-TB activities. This is important as the central level is not able to visit each district regularly and regional trips are less expensive. All visits are carried out together with rayon coordinators. This coordination of two levels (regional and district) is very useful in identifying mistakes and problems, which can at times be resolved during the visits. After each visit, the regional specialists will provide recommendations for the improvement of the TB situation in the districts. The PR will develop this coordination. The funds for independent regional monitoring visits are only included in the Round 6 proposal.

3. *District level*: There are no monitoring teams at the district level. There are only rayon coordinators who are responsible for NTP implementation. Rayon coordinators collect data and send it to the regional TB centres. During monitoring visits, all information provided by rayon coordinators is rechecked by the monitoring team.

Coordination and implementation of the M&E system will be ensured through the network of central, regional and district level TB centres. Quarterly reports on programme implementation against the target indicators will be submitted to the central level – to the National TB Centre and PR.

Supporting of a TB database

All data on TB morbidity and mortality, social and economic status, and community data related to TB provided by the Ministry of Health (i.e. the National TB Center, sanitary epidemiological stations and regional TB centres) information systems, supervision reports and health centre reports will be compiled in an Access database in the National Center of Medical Statistics.

Monitoring mechanisms

- Quarterly coordination meetings at central (Coordination Council in the Ministry of Health) and regional levels;
- Joint field monitoring visits to the project areas - with involvement of the UNDP Country office and project staff, SR coordinators, members of the NCC, other partners and beneficiaries leading to feedback and recommendations on improving the TB situation and identification of compliance of activities with plans and result-based management framework of the project.
- TB technical studies and Cohort Analysis and evaluations: baseline, mid-term, impact evaluations and operational research on specific thematic area of the project;
- Quarterly reports: at the district, regional and central levels on the key indicators to be determined by the multi-sectoral technical working group, NCC, and national TB centres in consultation with WHO;
- Quarterly reports from Project to Country office of UNDP.
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EVALUATION

Since the project represents continuation of the "Strengthening Tuberculosis Prevention and Control Program in the Framework of Health System Reform in the Republic of Tajikistan" project implemented by UNDP in October 2009-September 2011, the project obtains necessary information derived from baseline study and mid-terms reviews of project results by various partners and donor.

The following evaluation stages will be applicable for Phase 2 of the project:

End of Project Evaluation

Evaluation of the project results will be carried out in the end period of the grant implementation by independent national and/ or international experts. The final programme report on the end of project evaluation will describe programme implementation processes, incorporating the results from the external evaluations. The final report should be discussed with key partners and presented to the NCC. During the end of project evaluation, the key indicators will be evaluated based on comparative data from different sources and on the basis of performance reviews conducted in the form of evaluation missions and visits.

Impact study

A final evaluation on a representative scale (sample) will be conducted at the end of the programme to measure impact at community and health centers levels.

REPORTING

- *Semi-Annual Progress Update Report*. The project shall develop Progress Update Reports on a semi-annually basis and submit these to the GFATM no later than 45 working days after the end date of each reporting period. The report should include 1) financial activity of the reporting period 2) project progress toward achieving agreed indicators.

- *Annual Report.* Based on the above reports, an annual project report shall be developed upon completion of each fiscal year and submitted to the GFATM no later than 45 working days after each reporting period.

UNDP CO will also use customized tools and reports that have been developed in UNDP's ERP Atlas system in order to facilitate project monitoring and donor reporting for GFATM projects. The Result-based Management (RBM) platform in ATLAS will be used by UNDP CO to report project performance on a quarterly basis. Reporting to RBM will be linked with performance targets set by the GFATM and agreed in the Performance Framework attached to the Grant Agreement between UNDP and GFATM for this project (see attachment).

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:

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

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

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

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

The legal arrangement of this projects are also based on the UNDP-GFATM grant agreement for the grant number TAJ-809-G09-T 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 documents will come in force upon signature of final version of the Grant Agreement with 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.

Project work plan and budget is an inalienable part of the Grant Agreement for grant TAJ-809-G09-T 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.

RISK LOG for the Project: Strengthening Tuberculosis Prevention and Control Program in the Framework of Health System Reform in the Republic of Tajikistan

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	Insufficient leadership role of the Government and feeble country coordination mechanism could result in weakened country coordination processes, duplication of donor funds, and lack of national ownership of the TB programme	October 2009	Organizational	The funds need to be re-programmed in case the activities are duplicated P = 3 I = 2	UNDP intends to strengthen collaboration and communication lines with Ministry of Health and other stakeholders involved in the TB programme.	PM	PM	Sep 2011	
2	Lack of qualified human resources in TB service may result in under-achievement of case detection and successful treatment.	October 2009	Organizational	Lack of qualified workers may result in poor performance of TB service and result in low case finding of TB and coverage of TB-MDR patients P = 3 I = 4	UNDP continues training of laboratory specialists and TB service providers at the national and regional level. Comprehensive learning strategies will be developed and adopted jointly with the Ministry of Health and TB service, to have qualified human resources for TB control both at the national and regional level.	PM	PM	Sep 2011	
3	Slow progress of health reform to rationalise use of TB hospital services that result in inefficient government spending for TB control and insufficient development of ambulatory services.	October 2009	Strategic	Health reform, in particular rationalization of TB beds, is progressing slowly, leaving the Ministry of Health spending 80% of all existing funds for in-patient facilities, adversely affecting	UNDP plans training programme for high level decision makers on planning, financing and management of the health sector to facilitate the process of health reform.	PM	PM	Sep 2011	

				the TB burden in Tajikistan and leading to resistant cases of TB. Priority to support hospitals rather than ambulatory service can result in early case finding. P = 4 I = 4					
4	The prison system, as a closed area, has barriers to respond quickly to TB findings	October 2009	Strategic	It will be complicated to organize TB programme management including case finding, treatment and monitoring. P = 3 I = 4	UNDP will facilitate the development and adoption of the joint Ministry of Justice and Ministry of Health inter-sectoral strategy for diagnosis, treatment and follow up of TB patients in and outside of prison settings. For implementation of project activities, a MoU will be signed between the Ministry of Health and the Ministry of Justice.	PM	PM	Sep 2011	
5	Providing universal access to MDR-TB treatment in Tajikistan	August 2009	Financial and Strategic	Tajikistan is a country with a high burden of MDR-TB, according to DRS 2009. MDR-TB treatment is very costly and therefore the Government and the project cannot cover the actual number of MDR-TB patients. P=4; I=4	UNDP will facilitate and closely work with the Government in searching for additional funds from other donors (UNTAID, Round 11 GFATM)	PM	PM	Sep 2011	

Attachment 3. Terms of Reference of key project staff

Attachment 4. Monitoring and Evaluation Plan

Attachment 5. Annual Work Plan 2011

Attachment 6. Capacity Assessment reports for key SRs