Joint Programme Document

Country: Tajikistan

Project Title

UN Joint Advocacy Project on HIV (UN JAP on HIV)

UNDAF Outcome:

Outcome 2.4. There is improved access for the vulnerable to quality basic services in health, education and social protection

UNDAF Outputs:

Output 3.5. Increased awareness and understanding among at-risk groups, community and civil society members, opinion-leaders and decision-makers, about positive behaviours and policies in prevention, treatment, counselling and care, and living with infectious diseases

Expected JP Output:

Building national capacities for scaling up the national response on HIV prevention, treatment and care in Tajikistan.

Managing Agent:

UNDP Tajikistan

Responsible Partners:

UN Agencies, Department of Health, Women and Family affairs of the President office, MoH, MoL, MoE, MoJ, Republican Centre on HIV, Republican Centre of HLS, Islamic University, academic institutions, NGOs and CSOs

Brief Description

The main goal of the proposed UN JAP in 2010-2011 is to build national capacities for scaling up the national response on HIV prevention, treatment and care in Tajikistan. The key objectives of the project is to strengthen the implementation of UN Cares Programme, enhance the national capacity for strategic planning, costing and budgeting, and M&E, as well as to support activities aiming at reducing stigma and discrimination and promoting gender and human rights of PLWH. The project will also complement activities under GFATM-funded HIV projects and projects supported by other UN agencies, and seek the linkages to other initiatives in the country and region. Other tasks of the project include support to the national response to HIV and follow-up the UN Joint Programming on HIV in accordance with UNDGO and Global Task Team (GTT).

Programme Period: 01.01.2010-31.12.2011

Key Result Area (Strategic Plan): HIV/AIDS

 Atlas Award ID:
 00038886

 Project ID:
 00043360

 Start date:
 01.01.2010

 End Date
 31.12.2011

Management Arrangements: pooled funds of UNAIDS, UNICEF, UNDP, parallel funds of UNFPA, with UNDP as MA.

Approved by: UNDP Theme Group on HIV

\$531690 Total resources required Total allocated resources: \$228244 \$328473 Resources to be mobilized: UNAIDS \$138,224 0 UNFPA \$20,000 0 \$20,000 UNICEF 0 UNDP \$50,000 0 In-kind Contributions: n/a

Agreed by UNAIDS:

Agreed by UNDP:

Agreed by UNFPA

Agreed by UNICEF

I. SITUATION ANALYSIS

At present, the total number of HIV registered cases in Tajikistan amounts to 1,853 with 10,000 estimated number of PLWH. At that, more than 300 new cases belong to the past 3 years. 80.6% of the registered cases are found among males and 19.4% among females accordingly. However, the percentage of HIV registered cases among women is constantly growing. The most vulnerable group and driving force of epidemic is IDUs, which contributes 55.0%. The factors, which facilitate the increase rate, are associated with the grown commercial sex and migration. The results of Sentinel Surveillance hold in 2009 showed 17.6% IDUs increase, with 2.8% of SW and 0.5% of migrants' contribution. Therefore, since the HIV prevalence consistently exceeds 5% among sub-population, Tajikistan is recognized as a country standing in the concentrated stage of HIV epidemic.¹

The Government of the Republic of Tajikistan highly recognises the HIV problem and its impacts at high political level. Tajikistan is one of the first countries, who developed its *National Development Strategy* (NDS) to achieve the MDGs with the latter to prioritize efficient access to health care system. The *Poverty Reduction Strategy* (PRS) outlines priorities to stabilize HIV/AIDS epidemic by 2015. On the other hand, the *National Programme to respond to HIV epidemic for 2007-2010* envisages scaling up HIV prevention, treatment and care towards Universal Access (UA). Therefore, the prerogatives of the country to proceed with the HIV/AIDS policy stand in place. The key contributor to support the implementation of the National Programme and achieve UA targets prior 2010 as well as MDG priorities is the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which continued to be one of the key global partners of the country. The contribution of other donors is also recognized. The most prominent remains the contribution from United Nations, World Bank, DFID, USAID, AFEW, etc.

Although, despite the substantial efforts made by key players in the filed of HIV/AIDS, including donors, governmental and non-governmental organizations, the main challenges are attributed to low coverage of the risk groups by HIV prevention and treatment measures, limited capacity of service providers, insufficient supportive environment, including legislation and policy. All these stand hand-on-hand with the low level of awareness and understanding on HIV, low social perception of using condoms, high risk behavior and high level of stigma and discrimination towards PL PLWH. Several activities related to the implementation of HIV policy at the line ministry level are progressing slowly enough. The limited development is seen in Healthy Lifestyle integration to school curriculum, introduction of HIV policy at the working place, and reducing vulnerability of women. It is also needed to improve epidemiological surveillance, including second generation of sentinel surveillance, enhance M&E system to track epidemic dynamics, improve strategic planning and reduce stigma and discrimination of PLWH.

II. STRATEGY

The UNDP Country Programme for the period of 2010-2015 aims to achieve the objectives identified in the National Development Strategy of the Republic of Tajikistan up to 2015, in accordance with the Millennium Development Goals. 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, integrating best practices and lessons learned to expand prevention programmes, access to care and treatment, reduction of stigma and discrimination and expanding awareness campaigns. The strategy of the project foresees the development of new National Programme to respond to HIV epidemic for 2011-2015. Therefore, the focus will be given to evaluation process of the existing Programme to adequately review the progress against the objectives, identify the gaps and needs and propose recommendations, which will be incorporated in the new Programme.

The collaboration and extension of networking with all partners and stakeholders, including policy-makers, experts, general public, media and CSO is another strategic priority. To ensure national ownership, as well as, to avoid duplication of activities and possible overlaps at the country level, the proposed project intends to cooperate with the National Coordination Committee to fight HIV/AIDS, TB and Malaria (NCC), Department of health, women and family affairs under the President's Office which among other responsibilities should determine current priority

¹ Data of sentinel surveys 2008-2009, MOH www.ncc.tj.org

strategies on HIV/AIDS prevention. On the other hand, the involvement of civic society and international partners will prove the transparency and efficiency of undertaken activities.

The UN Joint HIV Advocacy Project (UN JAP) in Tajikistan has been implemented since 2005 with an annual update in planned outcomes, activities and budgeting. The overall goal of the project is to support the National Response to HIV and follow-up with the UN Joint Programming on HIV in accordance with UNDGO and Global Task Team (GTT). The budget of the UN JAP envisages co-financing resources and a pooled funding mechanism. Over the past years, the UN JAP activities were supported through the pooled and parallel funding from UNDP, UNAIDS, UNICEF and UNFPA.

The main goal of the proposed UN JAP in 2010-2011 is to scale up the National Response on HIV prevention, treatment and care in Tajikistan. The key objectives of the project is to strengthen the implementation of UN Cares Programme, enhance the capacity for strategic planning, costing and budgeting, and M&E, as well as to support activities aiming at reducing stigma and discrimination and promoting human rights and gender issues of PLWH and vulnerable people. The project will also complement activities under GFATM-funded HIV projects and projects supported by other UN agencies, and seek the linkages to other initiatives in the country and region.

Objective 1: Strengthening the implementation of UN Cares Programme and capacity of UN Joint Team on AIDS to Deliver as One

The objective envisages achievement of the following expected results by the end of project:

- Achievement of 10 minimum standards of UN Cares in majority of UN agencies by 2011
- Development of joint programming framework for HIV/AIDS with involvement of all UN agencies by the end of 2010.

The UN Cares programme is a single harmonized programme, which was designed to help UN system personnel and their families in all entities and all duty stations to access their rights defined in the 1991 United Nations HIV/AIDS Personnel Policy and in the ILO Code of Practice on HIV/AIDS and the World of Work and recognize their individual responsibilities related to HIV. The programme was developed through interagency consultation between UNAIDS Cosponsors. The UN Cares programme is summarised as the ten UN Cares Minimum Standards, to be achieved by 2011.

The first three standards mainly relate to providing information to UN personnel and their families. The study on defining the knowledge and needs on HIV and AIDS issues was conducted among UN staff in 2008. The results of the survey showed low HIV and AIDS awareness among UN staff and their families. To raise awareness of staff, it is planned to facilitate learning session for UN personnel, print information and education materials on HIV and AIDS for UN staff at country level and disseminate information on UN Cares and HIV/AIDs through available means of communication in the UN offices (network, web-site, mass media, bulletins, etc). The provision of condoms for UN personnel is another objective of the project; distribution of condoms will be combined with providing information on safe sexual behaviour to reduce vulnerability of staff to HIV and sexually transmitted infections. Condoms will also be used as advocacy material during various social gathering and events (UN day, UN retreats, etc).

The implementation of UN Learning Strategy on HIV at the workplace has already been started at UN agencies in Tajikistan. In close consultation with the UN Joint Team on AIDS, some agencies have already appointed HIV focal points within their offices, a total of five UN HIV Learning facilitators are available in the country currently. Retreats and information sessions are conducted. However, in order to meet the ten UN Minimum Standards, the agencies still need technical support from UNJAP. Thus, UNJAP will continue advocating UN agencies to improve the implementation of UN Cares programme. Each UN agency will elaborate action plan for implementation of UN Cares strategy to achieve 10 minimum standards of the workplace policy and will follow up on implementation of this plan.

Another expected result of the first objective of UN JAP will be the development of joint programming approach for all UN agencies acting in the country. To align actions of UN agencies with UNDAF priorities for HIV/AIDS prevention and control, one UN joint programming document will be developed and endorsed by UN agencies by the end of 2010, with one M&E framework, one action plan and one report to UN RC. The joint programme document will make a basis for future coordination and planning of joint actions to support implementation of UN actions for HIV.

Capacities of UN Joint team to plan, oversee and implement the programme will be further improved through active participation in thematic working groups for HIV/AIDS, trainings and workshops. Proactive coordination and communication with national and international partners and stakeholders will be ensured. It is envisaged that UN Joint Team will gather at least on quarterly basis to review implementation on UN JAP and to discuss further planning of joint activities.

Objective 2: High level advocacy and capacity building for strategic planning, costing, budgeting and M&E under HIV Programme

The objective foresees the following expected results:

- Evaluation of the existing National programme on HIV/AIDS for 2007-2010;
- Development of new National programme on HIV/AIDS for 2011-2015 with integrated action plan, M&E plan and budget by the end of 2010.

The Government of Tajikistan is committed to expanding HIV prevention, treatment and care interventions in accordance with MDG commitments, National Development Strategy and PRS papers. A number of national policies, action plans, guidelines have been issued to support these interventions. Existing National Programme on HIV will be completed in the end of 2010. Although a wide range of HIV prevention and control activities are now underway in Tajikistan, senior leadership of the country has recognized that more needs to be done to assess the effectiveness of these activities. In order to guide the planning and implementation of HIV services and activities at the national and provincial levels, it is planned to develop new Tajik National HIV Programme for the next coming four years.

The project will ensure technical and advisory support to enable the Government of Tajikistan to follow-up participatory and inclusive process for the development of new National HIV/AIDS programme for 2011-2015 and its related Monitoring and Evaluation Plan. Evaluation of the existing programme will be undertaken to define the gaps in the national response, identify lessons learnt and provide recommendations for the new programme cycle. Competent national and international consultants will be invited to guide national thematic workgroups, which will consist of government experts as well as representatives of local and international society-based organizations and donor communities. Capacities of national experts will be developed to conduct AIDS spending assessment that will contribute to costing and budgeting of the national response and planning of future programmes as well as applications to new GFATM call for proposals. M&E guidelines will be revised and developed to ensure quality monitoring and reporting of results achieved by Tajikistan in the frame of UNGASS commitments under HIV/AIDS.

Objective 3: Reducing HIV-related stigma and discrimination and promotion of human rights of PLWH

The expected result under this objective envisages:

 Contribution to CPAP outcome on raising positive attitude and increased tolerance towards people with HIV/AIDS by 70% in 2014.

The specific results include:

 Development of the National Action Plan to reduce stigma and discrimination and its integration into the National Programme on HIV by 2010

- Capacity building of the national experts, governmental institution members and SCOs, mass media on stigma and discrimination, and promotion of human rights increased through advocacy seminars, workshops and round tables by 2011
- Raising awareness of vulnerable population, general public and PLWH to prevent HIV and reduce stigma and discrimination in 2010 - 2011

Within its duration, the project will assist the National Coordination Committee to fight HIV, TB and Malaria (NCC) and SCOs working for PLWH to develop and endorse National Plan of Action to reduce HIV related stigma and discrimination. The purpose of this action plan will be to protect the rights of vulnerable groups and to provide opportunities for active participation of these groups in the national response. National experts will be involved in the process to review existing legislation for HIV/AIDS to align it with international standards for human rights of PLWH.

In addition, series of advocacy sessions are planned to reduce stigma towards people living with HIV. Advocacy sessions will particularly be conducted in the course of events dedicated to the International Memorial Day (May) and World AIDS Day campaigns. The need of conducting advocacy campaigns was defined following the results of the national survey on defining forms of stigma and discrimination towards PLWH conducted in 2008. All activities will be coordinated with other partners as well as NCC and SCOs.

The project also envisages series of trainings for policy-makers, lawyers, judges, post-graduate education institutions, representatives of SBOs and employees devoted to raising awareness on stigma and discrimination issues and promoting international standards for HIV workplace policies.

III. RESULTS AND RESOURCES FRAMEWORK

Intended Outcome as stated in the United Nations Development Assistance Framework:

There is improved access for the vulnerable to quality basic services in health, education and social welfare (UNDAF Outcome)

UNDAF outputs, indicators, baseline and targets:

Output 3.5. Increased awareness and understanding among at-risk groups, community and civil society members, opinion-leaders and decision-makers, about positive behaviours and policies in prevention, treatment, counselling and care, and living with infectious diseases

Indicators: % of most at risk population (IDUs, SW) reached with HIV prevention programmes

Baseline: IDUs – 18,9%, SW – 44,6% **Target**: IDUs, - \geq 60%, SW - \geq 80%

Indicator: % of most at risk population (IDUs, SW who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission)

Baseline: IDUs 46%, SW 41,3% Target: IDUs, SW ≥ 60%

Indicator: % of MARA who have comprehensive HIV/AIDS knowledge

Baseline: 41,3% Target: 70%

Indicator: % of young people aged 15-24 who have both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

Baseline: n/a Target: 60%

Indicator: # of journalists equipped with skills and tools to report HIV and AIDS accurately

Baseline: 68 (2009) Target: 120

Partnership Strategy: Ministry of Health, National Coordination Committee for HIV/AIDS, TB and Malaria, AIDS-servicing NGOs, National and regional AIDS centres

Project title and ID (ATLAS Award ID): Award ID - 00038886, PID- 00043360

INTENDED OUTPUTS	OUTPUT TARGETS FOR 2010-2011	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
Output 1: Building national capacity for scaling up the national response on HIV prevention, treatment and care in Tajikistan Baseline: 1.1. There is a limited number of UN agencies, who received practice on UN HIV policy at workplace. 1.2. There is a need to evaluate the existing UN Joint Programming document to define gaps and needs, and set-up priorities for the development of	Targets (2010 - 2011): 1.1. UN Care Programme is in place in majority of UN agencies by 2010 1.2. UN Joint Programming document developed and endorsed by UN agencies by 2010	Activity 1: Joint action for HIV response. Strengthening the implementation of UN Cares Programme and capacity of UN Joint Team on AIDS to Deliver as One. a. Lead the process to ensure that UN learning strategy and UN Policy on HIV at workplace is in place in each agency (providing guidelines, organizing annual retreat for UN HIV focal points and increase awareness of the managers to review learning plan on HIV in agencies,	UNDP/UNAIDS/ UNDP/UNAIDS/UN Joint Team/UN HIV TG/ Joint Team on AIDS, MoH, National Center on HIV, CSOs, TWGs UN Joint Team on AIDS	Trainings: total \$22,000 \$7,000 (UNDP for 2010) \$5,000 (UNDP for 2011) \$10,000 TBM for 2011

the new Document

- 2.1. There is a need to evaluate the existing National HIV Programme to define the gaps and needs, and set-up priorities for the development of new Programme.
- 2.2. There is a need to develop new National HIV Programme, including costing, budgeting and M&E.
- 2.3. Existing National Guidelines on M&E, including sentinel surveillance system needs revision and user-friendly update
- 2.4. There is a need to efficiently use M&E data for tracking HIV epidemic and national response measures on a regular base
- 3.1. There is a need to develop the National Action Plan to reduce stigma and discrimination of PLWH and vulnerable groups.
- 3.2. There is a need to enhance capacity of the goal groups, including national experts, governmental institution members and SCOs, mass media on stigma and discrimination, promotion of human rights.
- 3.3. There is a lack of SCOs and/or PLWH initiative groups in other oblasts and cities of the country to address stigma and discrimination.
- 3.4. There is a need to continue producing IEC materials, particularly booklets, brochures, posters and billboards on HIV prevention, reducing stigma and discrimination towards PLWH.
- 3.5. There is a need to continue HIV/AIDS awareness raising campaigns for young people.

Indicators:

1.1 # of UN agencies, including UNDP, UNFPA, UNICEF, **UNAIDS** fully meet UN Care standard

- 2.1. Evaluation of the National HIV Programme for 2007-2010 conducted and the results widely discussed among interested partners;
- 2.2. Draft of the new National HIV Programme, including costing, budgeting and M&E developed and presented to NCC by the end of 2010.
- 2.3. National Guidelines on M&E, including sentinel surveillance system, developed and circulated among the stakeholders by 2011
- 2.4. M&E data used for tracking HIV epidemic and national response measures on a regular base by 2010
- 3.1. National Action Plan to reduce stigma and discrimination developed and integrated into National HIV Programme by 2010
- 3.2. At least six advocacy campaigns (seminars, workshops and round tables) on stigma and discrimination and promotion of human rights conducted for national experts, governmental institution members and SCOs and mass media by 2011
- 3.3. SCOs and/or PLWH initiative groups established at least in each oblast and main cities of the country by 2011
- 3.4. At least 200,000 IEC materials on HIV prevention and reducing stigma and discrimination towards PLWH developed and distributed at country level in 2010 - 2011.
- 3.5 At least 10 awareness raising campaigns on HIV/AIDS issues stigma and discrimination towards PLWH conducted for the duration of project 2010 - 2011.

b. Meetings of UN Joint HIV/AIDS to discuss advocacy and coordination issues for HIV/AIDS and to provide technical support to the implementation of donors' grants, particularly GFATM grants on HIV upon request.

etc.).

- c. Provision of free condoms to UN staff.
- d. Update UN Joint work plan for intensification of UN support for scaling up National response on HIV based on selected priority areas from UNAIDS Outcome Framework for 2010-2011 (review and agree with all UNAIDS Cosponsors and linked with UNDAF outcome/outputs and agencies Country programmes).
- e. Development of UN Joint Programming document for 2010-2011 based on updated work plan.
- f. Coordination and harmonization of Technical support to National response, particularly on the implementation of GFATM and development of UN Technical support plan for 2010-2011.
- g. Support the functioning of UNDP/UN Joint Advocacy project.

- Activity 2: High level advocacy and capacity building for strategic planning, costing, budgeting and M&E under HIV Programme
- a. Facilitate the process and provide support to establish multisectoral TWG on the evaluation of current Programme HIV and the development of new National programme on HIV for the period 2011-2015
- b. Series of out- and in- country trainings and workshops for National experts on

Un Joint Team on AIDS, NCC

\$2,000 - UNAIDS for 2010 \$3,000 - TBM for 2011

Procurement of goods: total

Trainings: total \$5,000

UNAIDS, UNDP

\$6,000 \$3,000 UNDP, UNAIDS for 2010; \$3,000 TBM for 2011

UN Joint Team on AIDS

Local consultant: total \$1,000 \$1,000 - for 2010 (UNAIDS)

UNAIDS, UNDP, NCC, SCOs

Local consultant: total \$3,000 \$1,000 for 2010 (UNDP) \$2,000 for 2010 (UNAIDS)

International consultant: total

\$5,000 for 2010 (UNAIDS);

\$5,000 TBM for 2011

\$10,000

UNDP/UNAIDS/ UNDP/UNAIDS/UN Joint Team/UN HIV TG/ Joint Team on AIDS, MoH, National Center on HIV, CSOs, TWGs

UNDP/UNAIDS/UNICEF/UNF PA

Administration cost and Human resource: \$151,257 UNDP - \$25,740 for 2010 UNAIDS-\$31,244 for 2010 UNICEF-\$9,000 for 2010 UNFPA -\$7,800 for 2010 For 2011 TBI: \$77,473 (TBM for 2011, UNDP \$27,000)

UNDP/UNAIDS/ UNDP/UNAIDS/UN Joint Team/UN HIV TG/ Joint Team on AIDS, MoH, National Center on HIV, CSOs, TWGs

International consultant: total \$20,000

\$20,000 (TBC) for 2010;

requirements	strategic planning process including		
1.2. UN Joint Programming document developed	costing, budgeting, M&E aspects	UNDP/UNAIDS/ UNDP/UNAIDS/UN Joint Team/UN HIV TG/ Joint Team	Trainings:\$38,000 \$13,000 for 2010 (UNDP-\$5,000,
t.1 Evaluation of the existing National HIV Programme conducted.	c. One-day National consultation to build consensus on the results of the evaluation and Partnership Forums and to agree with	on AIDS, MoH, National Center on HIV, CSOs, TWGs	UNAIDS-\$8,000); \$15,000- TBM for 2011
2.2. Draft of the new National HIV Programme, including costing, budgeting and M&E developed.	the structure and content of new National Programme on HIV and plan on M&E. d. Gap analysis on financing, costing	UNAIDS/NCC	Training: total \$10,000 \$5,000 for 2010 (UNAIDS)
.3. National Guidelines on M&E, necluding sentinel surveillance system, evised and updated	exercise and budgeting for new National programme		\$5,000 TBM for 2011 Trainings:
2.4. M&E data used for tracking HIV epidemic and national response measures on a regular base	e. Involvement of national experts to develop national plan on M&E for the new National Programme.	UNAIDS/UNDP/NCC	\$15,000 TBM for 2011;
e.1. National action plan to reduce HIV elated stigma and discrimination eleveloped	f. Participation of Tajik delegation in regional and international gatherings, meetings and workshops on HIV issues, labour migrants' access to HIV prevention,	UNDP/UNAIDS/ UNDP/UNAIDS/UN Joint Team/UN HIV TG/ Joint Team on AIDS, MoH, National Center on HIV, CSOs, TWGs	Local consultant: total \$9,000 \$4,000 for 2010 (UNAIDS) \$5,000 TBM for 2011
overnmental institution members and COs, mass media educated on stigma nd discrimination and promotion of	care and support, strengthening network of Tajik authorities and CSOs in labour migrants' receiving countries.	UNAIDS/UNDP/NCC	Travel: total \$27,200
numan rights 3.3. SCOs and/or PLWH initiative groups established at least in each	g. Providing support to the organization of the Fourth Regional AIDS Conference in Dushanbe in 2011 (IEC materials,		\$17,200 for 2010 (UNICEF, UNFPA, UNDP) \$10,000 TBM for 2011
a.4. Number of IEC materials on HIV prevention, stigma and discrimination towards PLWH produced and distributed. 3.5. Number of HIV/AIDS and stigma awareness raising campaigns conducted at country level.	exhibitions, round-tables, conference press centre and other logistic issues). h. Facilitate the process, mobilize resources, lead providing of TS to strengthen national capacity on M&E system and information management through CRIS at National and sub-national level (updating National manual on M&E	UNDP/UNAIDS/ UNDP/UNAIDS/UN Joint Team/UN HIV TG/ Joint Team on AIDS, MoH, National Center on HIV, CSOs, TWGs	Travel:total \$50,000 (\$10,000 – UNDP (TBM) \$20,000 – UNAIDS (TBM) \$20,000 – TBI) for 2011 Trainings: total \$9,000
	and National protocols and evidence-based standards on sentinel surveillance to train National experts on M&E, CRIS installation and using etc) i. Launch and publishing of UNGASS report for 2009-2010 to present the main	UNDP/UNAIDS/ UNDP/UNAIDS/UN Joint Team/UN HIV TG/ Joint Team on AIDS, MoH, National Center on HIV, CSOs, TWGs	\$4,000 – for 2010 (UNAIDS) \$5,000 TBM for 2011
	evidence-based data on progress of the National response to all partners j. Launch of the results of HIV impact analysis and preliminary result of National	UNDP/UNAIDS/NCC	Trainings: total \$8,000 \$8,000 for 2010 (UNAIDS)
	AIDS spend assessment (NASA)		Trainings: total \$5.260

Trainings: total \$5,260 \$5,260 for 2010 (UNDP)

Activity 3: Reducing HIV-related stigma and discrimination and promotion of human rights of PLWH	UNAIDS/UNDP/NCC/CSOs	Local consultants total \$2,000
a. Regular discussions with partners to develop National action plan to reduce HIV related stigma and discrimination and integrated within new National Programme.	UNDP/UNAIDS/	Local consultant: total \$3,000 \$3,000 for 2010 (UNAIDS)
b. Organization of advocacy campaigns to increase awareness on HIV among general population and target groups supported to create a tolerated public opinion on HIV issues and specially towards PLWH	UNDP/UNAIDS/UN Joint Team/UN HIV TG/ Joint Team on AIDS, MoH, National Center on HIV, CSOs, TWGs	Trainings: total \$20,000 \$10,000 for 2010 (UNAIDS) \$10,000 TBM for 2011;
through mobilization of community, new partners involving, private sector, religious leaders c. Capacity building of decision makers,	UNAIDS/UNDP/NCC/AIDS Centre, Journalism School	Trainings: total \$24,000
local authorities, government officials (cities and oblast Hukumats), employers, law enforcements representatives, SCOs on HIV issues including the protection of		\$24,000 for 2011 TBM
human rights through advocacy seminars, round tables and workshops d. Support to mass media campaigns	UNAIDS/UNDP/UNFPA/NCC	Communication and audio visual
through newsletters, TV and Radio and other channels provided and competition for the best journalism materials on HIV/AIDS stigma and discrimination conducted.		equipments: total \$18,000 \$8,000 for 2010 (UNAIDS) \$10,000 TBM for 2011
e. Development and production of culturally, gender and politically relevant IEC materials, posters, billboards to reflect issues on stigma and discrimination, violence against women and the promotion of human rights of PLWH;	UNAIDS/UNDP/NCC/SCOs	Printing materials: total \$18,000 \$8,000 for 2010 (UNAIDS) \$10,000 TBM for 2011
f. Greater involvement of PLWH to National response to fight stigma and discrimination and promotion of human rights through supporting the creation of official Tajik network of PLWH and improving capacity of SCOs working with	UNAIDS/UNDP/UNFPA/UNIC EF/NCC/SCOs	Trainings and educational campaigns: total \$19,000 \$8,000 for 2010 (UNAIDS) \$11,000 TBM for 2011
PLWH g. Nation-wide campaigns and national	UNAIDS/NCC	Trainings and educational campaigns: total \$20,000
events to protect human rights of target groups and to reduce stigma and discrimination towards most at risk and other vulnerable groups of population (IDUs, SW, MSM, youth, women, PLWH). h. Support to revising national policy and strategy on travel restrictions (sharing information through mass media, development of IEC materials, support to	UNAIDS/UNDP/NCC	\$10,000 – for 2010 (UNFPA,UNICEF) \$10,000 TBM for 2011 (\$8,000 – UNDP and \$2,000) Printing materials: total \$5,000 \$5,000 for 2010 (UNAIDS)

national experts on this issue). i. Five-day in-country workshop for 20 staff members from juridical system (lawyers, judges etc) with the involvement of international consultant to address the issues related to stigma and discrimination of PLWH and this will be followed by regional workshops in the country. j. Advocacy sessions to include HIV and AIDS issues into learning curriculum of the Tajik Institutes for Further Education of Governmental Personnel. k. Introduction of the national HIV policy at workplace among employers through sessions for government and private sector in close collaboration with the UN Joint Team on AIDS.	UNAIDS/UNDP/NCC/Executive Office of Tajik President UNAIDS/UNDP/NCC/Ministry of Employment/ILO	Training: total \$20,000 \$20,000 TBM for 2011 Training and educational campaign: total \$10,000 \$10,000 – TBM for 2011 Training and educational campaign: total \$10,000 \$10,000 TBM for 2011
	TOTAL FOR 2010	\$228244
	TOTAL FOR 2011	\$328473
	GRAND TOTAL FOR 2010-11:	\$531690

YEAR: 2010

EXPECTED OUTPUTS Baseline, indicators and targets	PLANNED ACTIVITIES		TIME	FRAN	/IE	RESPONSIBLE PARTY	PLANNED BUDGET			
		Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount	
Output 1 UN Joint Advocacy Project on HIV	ACTIVITY 1: Joint action for Joint Team on AIDS to Delive Donor-00012, Fund-04000			onse.	Streng	thening the imple	mentation of	f UN Cares Programme and capa	acity of UN	
Baseline:	a. At least two retreats conducted									
1.1. There is a limited number of UN agencies, who received practice on UN HIV policy at workplace.	for UN staff on UN learning strategy and UN Policy on HIV at workplace and about 1,000 IEC						UNDP	Trainings: IA:001981,		
1.2. There is a need to evaluate the existing UN Joint Programming document to define gaps and needs, and set-up priorities for the development of the new Document	materials on HIV at the workplace printed and disseminated for UN staff and their families.	х	х	х	x	UNDP	core funding: \$7,000	Activity-1, Atlas account -72145- \$7,000	\$7,000	
2.1. There is a need to evaluate the	b. At least six work meetings of					UN Joint Team				
existing National HIV Programme to define the gaps and needs, and set-up priorities for the development of new Programme.	UN Joint HIV/AIDS to discuss advocacy and coordination issues for HIV/AIDS conducted and the possibilities of providing					UN HIV TG		Trainings:		
2.2. There is a need to develop new National HIV Programme, including costing, budgeting and M&E.	technical support to the implementation of donors' grants, particularly GFATM grants on	х	х	х	х	Joint Team on AIDS,	UNAIDS: \$2,000	IA -001981, Activity-1, Atlas account- 72145- \$2,000	\$2,000	
2.3. Existing National Guidelines on M&E, including sentinel surveillance system needs revision and user-friendly update	HIV discussed upon request.					MoH, National Center		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2.4. There is a need to efficiently use M&E data for tracking HIV epidemic and national response measures on a regular base	c. At least 80% of UN staff provided with access to free condoms.		x	×	х	on HIV	UNAIDS - \$1,000 UNDP- \$2,000	Procurement of goods: IA-001981, Activity-1, Atlas account- 72300 - \$3,000;	\$3,000	

 3.1. There is a need to develop the National Action Plan to reduce stigma and discrimination of PLWH and vulnerable groups. 3.3. There is a lack of SCOs and/or PLWH initiative groups in other oblasts and cities of the country to address stigma and discrimination. 3.4. There is a need to continue producing IEC materials, particularly booklets, brochures, posters and billboards on HIV prevention, reducing stigma and 	d. At least one work session is conducted to update UN Joint work plan for intensification of UN support for scaling up National response on HIV based on selected priority areas from UNAIDS Outcome Framework for 2010-2011 agreed with all UNAIDS Co-sponsors and linked with UNDAF outcome/outputs and agencies country programmes.		x				UNAIDS - \$1,000	Local consultant IA-001981, Activity-1, Atlas account- 71300 - \$1,000	\$1,000
discrimination towards PLWH. 3.5. There is a need to continue HIV/AIDS awareness raising campaigns for young people. Indicators: 1.1 # of UN agencies, including UNDP,UNFPA,UNICEF, UNAIDS fully	e. At least two trainings are provided to develop UN Joint Programming document for 2010-2011 based on updated work plan and the possibility of involving international consultant is discussed.			x	x		UNDP - \$1,000 UNAIDS - \$2,000	Local Consultant IA-001981, Activity-1, Atlas account- 71300-\$3,000	\$3,000
meet UN Care standard requirements 1.2. UN Joint Programming document developed 2.1 Evaluation of the existing National HIV Programme conducted. 2.2. Draft of the new National HIV Programme, including costing, budgeting and M&E developed.	f. One international consultant is hired to provide technical support to coordinate National response, particularly on the implementation of GFATM and developed UN Technical support plan for 2010-2011.	x	х	×	x		UNAIDS - \$5,000	International Consultant IA-001981, Activity-1, Atlas account- 71200- \$5,000;	\$5,000
 2.3. National Guidelines on M&E, including sentinel surveillance system, revised and updated 2.4. M&E data used for tracking HIV epidemic and national response measures on a regular base 3.1. National action plan to reduce HIV related stigma and discrimination developed 3.3. SCOs and/or PLWH initiative groups established at least in each oblast and main cities of the country. 3.4. Number of IEC materials on HIV prevention, stigma and discrimination towards PLWH produced and distributed. 3.5. Number of HIV/AIDS and stigma awareness raising campaigns conducted 	g. Support to functioning of UNDP/UN Joint Advocacy project in 2010.	×	×	×	х	UNDP UNAIDS UNICEF UNFPA	UNDP- \$25,740 UNAIDS- \$31,224 UNICEF- \$9,000 UNFPA - \$7.800	UNDP core funding: Atlas account: IA-001981, Act-1 Contractual Service Individual: Atlas account- 71400 - \$29420; Communication &Audio Visual Equipment: Atlas account- 72400 - \$ 1920; Travel: Atlas account- 71600- \$ 4,000; Supplies: Atlas account- 72500 - \$1000; Miscellaneous Expenses: Atlas account- 74500 - \$500; Rental and maintenance: Atlas account- 73100 - \$5,700 UNAIDS:\$31,224 (cost sharing renting office)	\$73,784
at country level.	Total for Activity 1:								\$94,784
Targets:	ACTIVITY 2: High level ad Programme	vocac	ey an	id ca	pacity	building for str	ategic planni	ng, costing, budgeting and M&	E under HI

Programme

 1.1. UN Care Programme is in place in majority of UN agencies by 2010 1.2. UN Joint Programming document developed and endorsed by UN agencies by 2010 2.1. Evaluation of the National HIV Programme for 2007-2010 conducted and the results widely discussed among interested partners; 	a. A technical working group (TWG) formed and at least two consultants (national and international) hired to facilitate the the evaluation of current Programme on HIV and the development of new National programme on HIV for the period 2011-2015	x	x	х	х		UNAIDS- \$20,000 (TBC)	International/Local Consultant IA-001981, Activity-2, Atlas account- 71300 - \$20,000;	\$20,000
 2.2. Draft of the new National HIV Programme, including costing, budgeting and M&E developed and presented to NCC by the end of 2010. 2.3. M&E data used for tracking HIV epidemic and national response measures 	b. A least three out- and in- country trainings and workshops for National experts on strategic planning process including costing, budgeting, M&E aspects		x	х	х		UNAIDS- \$8,000 UNDP- \$5,000	Trainings: IA-001981, Activity -2, Atlas account- 72100-\$13,000	\$13,000
on a regular base by 2010 3.1. National Action Plan to reduce stigma and discrimination developed and integrated into National HIV Programme by 2010 3.3. SCOs and/or PLWH initiative groups established in at least three cities (Dushanbe, Khujand and Kurgantube) of the country 3.4. At least 100,000 IEC materials on HIV prevention and reducing stigma and discrimination towards PLWH developed	c. One-day National consultation to build consensus on the results of the evaluation and Partnership Forums conducted and to agree with the structure and content of new National Programme on HIV and plan on M&E.			x		UNDP UNAIDS UN Joint Team on AIDS UN TG on HIV, NCC	UNAIDS: \$5,000	Trainings: IA-001981, Activity-2, Atlas account -72100-\$5,000	\$5,000
and distributed at country level in 2010. 3.5. At least 5 awareness raising campaigns on HIV/AIDS issues stigma and discrimination towards PLWH conducted for the duration of project 2010 – 2011.	d. One workshop on gap analysis on financing, costing exercise and budgeting for new National programme conducted with the involvement of national or international consultant.			x	x	MoH, Center on HIV, TWGs, SCOs	UNAIDS: \$5,000	Trainings: IA-001981, Activity-2, Atlas account -72100-\$5,000	\$5,000
	e. Involvement of at least four national experts to develop national plan on M&E for the new National Programme.				х		UNAIDS: \$4,000	Local Consultant: IA-001981, Activity-2, Atlas account - 71300-\$4,000	\$4,000
	f. The participation of Tajik delegation in at least three regional and international gatherings, meetings, events and workshops on HIV issues, labour migrants' access to HIV prevention, care and support, strengthening network of Tajik authorities and CSOs in labour migrants' receiving countries is provided.			x	x		UNICEF: \$6,000 UNPFA - \$7,200 UNDP- \$4,000	Travel: IA-001981, Activity-2, Atlas account-71600-\$17,200	\$17,200

g. At least three national trainings are conducted with the involvement of national experts to strengthen national capacity on M&E system and information management through CRIS at National and sub-national level.		х	х	х		UNAIDS: \$4,000	Training: IA-001981, Activity-2, Atlas account- 72100-\$4,000	\$4,000
h. UNGASS report for 2009-2010 to present the main evidence-based data on progress of the National response to all partners launched and published.		x				UNAIDS: \$8,000	Printing: IA-001981, Activity-2, Atlas account- 72500-\$8,000	\$8,000
i. The results of HIV impact analysis and preliminary result of National AIDS spend assessment (NASA) launched.		x				UNDP - \$5,260	Printing IA-001981, Activity-2, 72500-\$5,2600	\$5,260
Total for Activity 2					NO REAL PROPERTY.			\$81,460
ACTIVITY 3: Reducing HIV-	relate	ed sti	gma a	nd disc	crimination and p	romotion of	human rights of PLWH	
a. At least two regular discussions are conducted with partners to develop National action plan to reduce HIV related stigma and discrimination and integrated within new National Programme.	х	x	x	x	UNAIDS UNDP NCC TWG on M&E	UNAIDS \$3,000	Local Consultants IA-001981, Activity-3, Atlas account- 71310 - \$3,000	\$3,000
b. At least one community mobilization campaign conducted at national level to cover at least 100,000 beneficiaries.	х	x	х	х	MOH Center on HIV	UNAIDS- \$10,000	Training IA-001981, Activity-3, Atlas account- 72100 - \$10,000;	\$10,000
c. Support provided to mass media campaigns through newsletters, TV and Radio and other channels and competition for the best journalism materials on HIV/AIDS stigma and discrimination conducted.		x	x	x		UNAIDS- \$8,000	Communication and audio visual equipment IA-001981, Activity-3, Atlas account- 72400-8,000;	\$8,000
d. At least 100,000 culturally, gender and politically relevant IEC materials, including posters, billboards to reflect issues on stigma and discrimination, violence against women and the promotion of human rights of PLWH are developed and printed.			x	×		UNAIDS- \$8,000	Printing IA-001981, Activity-3, Atlas account- 72400 - \$8,000;	\$8,000

TOTAL	4565					AND THE RESERVE OF THE PARTY OF	\$228,244
Total for Activity 3				THE STREET			\$52,000
g. Support to revising national policy and strategy on travel restrictions (sharing information through mass media, development of IEC materials, support to national experts on this issue)	x	x			UNAIDS- \$5,000	Printing IA-001981, Activity-2, Atlas account- 72400 - \$5,000;	\$5,000
f. At least two media campaigns and national events devoted to the World AIDS Day to protect human rights of target groups and to reduce stigma and discrimination towards most at risk and other vulnerable groups of population (IDUs, SW, MSM, youth, women, PLWH).			х	х	UNPFA - \$5,000 UNICEF: \$5,000	Training IA-001981, Activity-3, Atlas account- 72100-\$10,000	\$10,000
e. At least four round table discussions are conducted to support the creation of official Tajik network of PLWH and to improve the capacity of SCOs working with PLWH	x	x	x	х	UNAIDS- \$8,000	Audio visual equipment IA-001981, Activity-3, 72400 - \$8,000;	\$8,000

• Expected that the project will be implemented on cost sharing base (UNDP, UNAIDS, UNFPA, UNICEF)

Contribution from UNDP: \$ 50,000
Contribution from UNAIDS: \$138,224

• Contribution from UNFPA: \$20,000

• Contribution from UNICEF: \$20,000

Total for project - \$228,244

V. MANAGEMENT ARRANGEMENTS

The United Nations Resident Coordinator system is the lynchpin of field coordination and will continue to serve as the foundation of the UN system response to HIV/AIDS at the country level.

The Joint Advocacy Project is expected to be funded through combination of pooled and parallel fund mechanisms, in which UN agencies in Tajikistan should allocate available resources to the joint advocacy. The pooled mechanism is applied for all UN Participating Organizations, with the exception of UNFPA, which uses parallel funding. The accumulated fund will be coordinated by the UN Theme group on HIV. The UN Theme Group has responsibilities to provide collaborative oversight of the effective management and implementation of the pooled funds and to approve annual financial and programmatic reporting for UNRC.

The Joint UN Team on AIDS has responsibilities for: approving and monitoring the annual resource allocation plan for activities funded by the pooled and parallel funds; approving and monitoring work programmes, and preparing annual financial and programmatic reporting for review by the UN Theme Group for agencies contributing to the advocacy fund.

A Joint UN Team on AIDS will review the progress of the project implementation on a quarterly basis, submitting quarterly progress reports by the national partners, or more frequently, if any of the above UN agencies would like to convene a meeting of the joint UN Team on AIDS to review or discuss the Joint Advocacy Project.

In November or December of each year the Joint UN Team on AIDS will convene a year-end joint review meeting with the Government Coordinating Authority and Implementing Partners to review the implementation of the Annual Work Plan (AWP) for the given year and to agree on the AWP for the next year. The results of the year-end review meeting will be presented to the UN Country Team composed of the UN Heads of Agencies. Upon endorsement of the AWP by the UNCT on no-objection basis, the UNRC will approve the AWP for the next year.

UNDP CO will be the Managing Agent on administrative and financial issues of the project. UNDP CO will be accountable for supporting the (sub-) national partner in managing the joint advocacy programme in line with the common work plan, specifically for timely disbursement of funds, and supplies and for coordinating technical inputs by all participating UN organizations.

The project will be implemented under Direct Implementation Modality as part of the UNDP Country Programme Action Plan for 2010-2015. UNDP HIV/AIDS Programme Manager will be managing daily activities of the project. In accordance with the Joint Programming Guidelines and in agreement with the participating UN Agencies, UNDP will apply 7% General Management Service charge² to the pooled resources.

UNDP CO will also follow up with the (sub-) national partners on implementation, and is accountable for narrative and financial reporting to the UNTG. The UNDP CO cost-sharing modality will be disbursed the funds directly to implementing partners/agencies for approved proposals as part of the resource allocation plan developed by the UN Joint Team on AIDS.

To provide technical, administrative, financial support in the implementation of the UN Joint Advocacy Project (UN JAP) several staff member will be recruited such as Advocacy and Communication Officer and UN JAP Financing and Administrative Assistant. The UNDP country office, through the responsible Programme Analyst, will be responsible for project quality assurance. Other partners will support project implementation where relevant.

Decision making:

• Overall direction of the programme

The overall direction of the Joint Project will be decided and agreed upon by the UN and the Government Coordinating Authority during the year-end review meeting.

Decisions on programme implementation

² Exception is UNFPA, which resources will be allocated through parallel funding

The programme implementation will be governed by the rules and regulations of UNDP and by the agreements between UNDP and Implementing Partners. Any modifications to those agreements will be subject to the relevant procedures and rules specified in the agreements.

• Fund management option(s) (e.g., parallel, pooled, pass-through, or a combination)

The Joint Programme will use the <u>pooled and parallel funding mechanism</u>³, whereby the UN Participating Agencies will provide the funds to UNDP with the latter to manage the funds on behalf of the UN Agencies. The management of the Programme will fully comply with the Guidance Note on Joint Programming issued by the UNDG in December 2003.

• Role of Managing Agent

The UN Managing Agent (UNDP) will be accountable for supporting the Implementing Partners in managing the Joint Programme in line with AWP, specifically for timely disbursement of funds and supplies as well as for coordinating technical inputs by all participating UN organizations. The MA will also follow up with Implementing Partners on implementation, and will be accountable for narrative and financial reporting to the UN Joint Team on AIDS and the UNCT. The UNDP may engage in resource mobilization for the Joint Programme, in consultation with government and participating UN Agencies.

· Accounting and Reporting arrangements

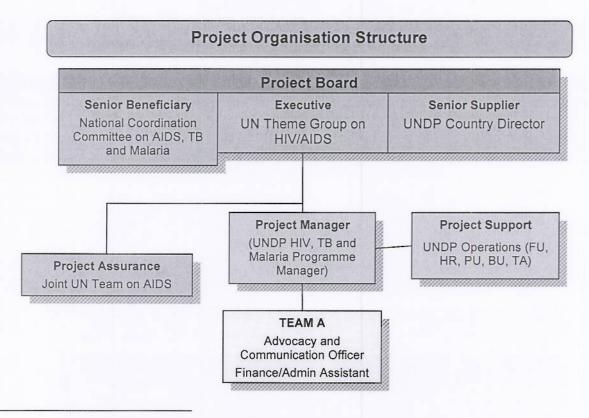
The Accounting and Reporting will follow UNDP rules and regulations, which are harmonized with the rules and regulations of the participating UN Agencies. All accounting and reporting mechanisms and arrangements will be spelled out in the relevant agreements with the Implementing Partners and in the Memorandum of Understanding between UNDP and Participating UN Agencies.

· Role of each UN organization participating in programme

UNDP will act as the Managing Agent for the Joint Programme

UNFPA and UNICEF will be involved in the work of the UN Joint Team on AIDS and will contribute to the review, monitoring, and decision-making in relation of the programme implementation, as specified in this Document and the Memorandum of Understanding.

UNAIDS will participate in the work of the UN Joint Team on AIDS and will contribute to the review, monitoring, and decision-making of the project, as specified in this Document and the Memorandum of Understanding. It will provide technical guidance and support to UNDP throughout implementation of the programme, monitoring and evaluation activities, including indicators and lessons learned. UNAIDS will also ensure that the programme direction is in line with the UN Declaration of Commitment and other relevant UN decisions and policies in the area of HIV/AIDS. UNAIDS will also support UNDP in managing and reporting on UNAIDS PAF funds that are planned to be pooled.



³ It is expected that the remained donor funds in 2010 will be deposited to the planned project activities for 2011.

VI. MONITORING FRAMEWORK AND EVALUATION

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

Within the annual cycle

- On a quarterly basis, the quality assessment shall record progress against the achieved targets in RRF and AWP through submission of the Quarterly Progress Monitoring Matrix to UNDP.
- ii. Update on the project Issue Log to facilitate tracking and resolution of potential problems or requests for change.
- iii. Update on progress attained against the Risk Log based on risk analysis; the Risk Log will be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
- iv. Update on the progress attained in Lesson Learned Log, which will ensure on-going positive activities or results which can be incorporated in other activities of the project or programme.
- v. Update on the Monitoring Schedule Plan, which will track key management responses, actions or events.

Annually

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

Reports will be reviewed and discussed by the UN Joint Team on AIDS, which is represented by all UN agencies during its regular meetings and submitted for approval to UN Theme Group on HIV/AIDS.

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;
- 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 The list can be (1999).http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm. This provision must be included in all sub-contracts or subagreements entered into under this Project Document.

VIII. ANNEXES

Annex I. Risk Log

Description	Date Identified	Type	Impact &	Countermeasures/Ma	Owner
			Probability	nagement response	
Insufficient leadership role of the government and country coordination mechanism could result in weakened country coordination processes, duplication of activities, and lack of national ownership of the HIV programme.	1 January 2010	Environmental Financial Operational Organizational Political Regulatory Strategic X Other	Describe the potential effect on the project if this risk were to occur Enter probability on a scale from 1 (low) to 5 (high) P = 4 Enter impact on a scale from 1 (low) to 5 (high) I = 3	Regular meetings with stakeholders and partners, constant coordination and effective communication with responsibble Government agencies and policy-makers.	Project Manager
Negative attitude of the society towards vulnerable groups /PLWH causes difficulties for the active participation of vulnerable groups in the national response.	1 January 2010	Environmental X Financial Operational Organizational Political Regulatory Strategic Other	Describe the potential effect on the project if this risk were to occur Enter probability on a scale from 1 (low) to 5 (high) P = 4 Enter impact on a scale from 1 (low) to 5 (high) I = 3	Intensive awareness and advocacy activities should be conducted at educational institutions, workplaces and communities	Project Manager
Lack of financial resources for the project can impede recruitment of highly qualified international consultants to support strategic planning, costing and budgeting activities	1 January 2010	Environmental Financial X Operational Organizational Political Regulatory Strategic Other	Describe the potential effect on the project if this risk were to occur Enter probability on a scale from 1 (low) to 5 (high) P = 3 Enter impact on a scale from 1 (low) to 5 (high) I = 4	Proactive role of UN Joint HIV team to ensure better planning of joint actions and fund-raising of additional funds to support implementation of planned activities.	Project Manager, UN HIV/AIDs focal points
	Insufficient leadership role of the government and country coordination mechanism could result in weakened country coordination processes, duplication of activities, and lack of national ownership of the HIV programme. Negative attitude of the society towards vulnerable groups /PLWH causes difficulties for the active participation of vulnerable groups in the national response. Lack of financial resources for the project can impede recruitment of highly qualified international consultants to support strategic planning, costing and budgeting	Insufficient leadership role of the government and country coordination mechanism could result in weakened country coordination processes, duplication of activities, and lack of national ownership of the HIV programme. Negative attitude of the society towards vulnerable groups /PLWH causes difficulties for the active participation of vulnerable groups in the national response. Lack of financial resources for the project can impede recruitment of highly qualified international consultants to support strategic planning, costing and budgeting	Insufficient leadership role of the government and country coordination mechanism could result in weakened country coordination processes, duplication of activities, and lack of national ownership of the HIV programme. Negative attitude of the society towards vulnerable groups /PLWH causes difficulties for the active participation of vulnerable groups in the national response. Lack of financial resources for the project can impede recruitment of highly qualified international consultants to support strategic planning, costing and budgeting	Insufficient leadership role of the government and country coordination mechanism could result in weakened country coordination processes, duplication of activities, and lack of national ownership of the HIV programme. Negative attitude of the society towards vulnerable groups /PLWH causes difficulties for the active participation of vulnerable groups in the national response. Lack of financial Regulatory Strategic Other Describe the potential effect on the project if this risk were to occur Describe the potential effect on the project if this risk were to occur Describe the potential effect on the project if this risk were to occur Describe the potential effect on the project if this risk were to occur Describe the potential effect on the project if this risk were to occur Enter probability on a scale from 1 (low) to 5 (high) P = 4 Enter impact on a scale from 1 (low) to 5 (high) I = 3 Describe the potential effect on the project if this risk were to occur Organizational Political Regulatory Strategic Other Describe the potential effect on the project if this risk were to occur Describe the potential effect on the project if this risk were to occur Describe the potential effect on the project if this risk were to occur Describe the potential effect on the project if this risk were to occur Describe the potential effect on the project if this risk were to occur Enter probability on a scale from 1 (low) to 5 (high) P = 3 Enter impact on a scale from 1 (low) to 5 (high) P = 3 Enter impact on a scale from 1 (low) to 5 (high) Describe	Insufficient leadership role of the government and country coordination mechanism could result in weakened country coordination processes, duplication of activities, and lack of national ownership of the HIV programme. Negative attitude of the society towards vulnerable groups / PLWII causes difficulties for the national response. Lack of financial response. Lack of financial response. Lack of financial response in the national ownership qualified international consultants to support strategic planning, costing and budgeting a country coordination are consultants and country operational Oper



TERMS OF REFERENCE FOR ADVOCACY AND COMMUNICATION OFFICER

PRINCIPAL FUNCTIONS:

- In coordination with the reporting officers and grant managers, develop compelling information profiles on the Global Fund grants, highlighting programme effectiveness that raises awareness among the general public, donors and partners
- 2 In close coordination with other members of PIU/GFAMT staff, to ensure timely and substantial reporting on activities implemented.
- 3 In close collaboration with the UNAIDS country officer implement Joint UN Advocacy and Communications strategy
- Support implementation of Political Advocacy Strategy for Tajikistan and develop workplan identifying
 priority actions as well as new advocacy opportunities, in coordination with cosponsors' HIV/AIDS focal
 points
- Plan and implement media advocacy initiatives including training and sensitization of arts and media practitioners, editors, media organizations and promoting partnerships with mass media organizations for wider dissemination of information on vital issues on HIV/AIDS, TB and Malaria under UNDP PIU guidance
- 6. Foster and strengthen National and sub-national media networks and promote sharing of information on HIV/AIDS, TB and Malaria issues among them through online and offline methods
- Organize high visibility advocacy events and press conferences, create policy notes and press handouts on HIV/AIDS, TB and Malaria and disseminate them periodically
- 8 Create public information systems and materials such as films, multimedia tools, best practices, books, background papers and briefing kits to disseminate state-of-the-art information and knowledge on HIV& human development; HIV and MDGs: gender; human rights, GIPA and trans-border issues such as mobility, migration and trafficking
- 9 Coordinate with Cosponsors, NGO and other partners' HIV/AIDS focal points, including collection and collation of agency specific messages and activities for WAD, TB and Malaria, consultations with the National AIDS Center; other related national structures and NGO Forum on their participation and collaboration in organizing specific activities and organizing round tables
- 10 Compile and maintain contact list of top reporters and media outlets in country/region, including health/medical reporters or editors for daily and weekly newspapers, radio networks and news programmes, television networks and news programmes, and news and health magazines.
- Draft regular monthly reports summarizing the state of HIV/AIDS, TB and Malaria media coverage in the country/region, as appropriate, including insights on government and NGO activities, as well as state of public knowledge and interest in the related issues
- 12 Promote UN Joint Team on AIDS as an effective change agent making a vital difference in people's life.

Signature of employee,

Nasrullo Ramazonov

Signature of supervisor,

Saleban Omar



Term of reference Joint HIV/AIDS Advocacy Project, Finance/Administrative Assistant

- Manages all financial issues Joint UN HIV/AIDS Project and Integration of HIV in Poverty Reduction Strategies funds. Prepare payment requests and financial statements. Acts as an alternative committing/certifying Officer for Joint UN HIV/AIDS Project. Prepares local payroll, travel authorizations and claims for UN joint advocacy personnel.
- Prepares the draft Cost Plan for the next year. Budget forecasting. Formulations budgets, checks financial records, conformity of activities, expenditure with work plans; follows up on activities, and monitors advance balances of resources disbursed. Verifies availability of funds for project activities, recommending and effecting necessary budget line changes. Preparation of the budget management report of the Joint UN HIV/AIDS Project.
- Monitors and updates information related to national currency in compare with USD (official and market exchange rates)
- Maintain and overview of office financial status. Prepare communications in respect of financial issues.
- Administers all office activities within Joint UN HIV/AIDS Project, in respect of procurement, travel, mission visits, security and finance.
- · Supervise Logistic Assistant/Driver in daily office activity.
- Associate UNDP Human Resources section in all matters relating to Joint UN HIV/AIDS Project start
 recruitment, contracts, benefits, overtime etc. Assist in ensuring that all new staff is properly inducted on
 administrative matters; keeps all staff informed about changes and amendments to existing guidelines.
- Maintains and updates Monthly Leave Reports and Attendance Record Cards for local and international staff, ensures all necessary attachments to Monthly Leave Reports (A/L, S/L and SLWP applications, travel claims, medical certificates.
- Provides UNDP HR unit with all documentation related to Joint UN HIV/AIDS Project personnel issues upon request.
- Participates in the recruitment process: assists UNDP HR unit in posting announcement of vacant posts, maintains
 roster of candidates in accordance with work requirements and conducts preliminary interviews of candidates with
 Head of Office, Coordination Officer and Coordination Focal Point.
- Manage project assets (vehicles, computers, etc) in close cooperation with UNDP Operations including inventory and repairs.
- Initiates procurement for Joint UN HIV/AIDS Project within established guidelines in cooperation with project focal points, the Coordination Unit Log's Assistant / Driver and UNDP Operations. Ensure suitable shipping logistics and customs clearances for office and staff related imports.
- Manage travel arrangements for the Joint UN HIV/AIDS Project staff, their dependants and visiting mission travel
 and logistics arrangements TA / TC, Security Clearance, visas, tickets, accommodation, registrations and ID
 cards.
- · Support UN and other partner agencies with ad-hoc logistical support, especially in times of humanitanan crisis.
- Provide backstopping during absence of other Joint UN HIV/AIDS Project colleagues.
- Administer all Joint UN HIV/AIDS Project timely office supplies (procurement, shipment customs procedures)
- · Perform other duties as required by the Country Office or Resident Representative

Supervisor: Mr. Saleban Omar

Employee: Ms. Sitora Gulomova