

Project Document Revision Cover Page

Project Title: Strengthening Supportive Environment and Scaling up Prevention, Treatment and Care to reduce the burden of HIV and TB in the Republic of Tajikistan

Project Number: 00123607 (HIV-TB); 00128296 (C19RM)

Implementing Partner: Partner: United Nations Development Program Tajikistan

Start Date: 1 Jan 2021

End Date: 31 Dec 2023

PAC Meeting date: 30 Dec 2020


Brief Description

The Project Document reflects the scope of HIV and TB Consolidated Project interventions and COVID-19 Response Mechanism Funding for Tajikistan for the period of 3 years from 1 January 2021 to 31 December 2023. The overall goal of the Project is to reduce the burden of HIV and TB in the country through addressing challenges related to HIV, drug resistant (“DR”) TB, co-infection of TB/HIV, human rights barriers, underlying health systems shortcomings calling for urgent actions, and support the Government of the Republic of Tajikistan in implementation of the national response to C19 pandemic. The Project is streamlined around four main objectives, aiming at ensuring effective HIV response measures among key populations (KPs), scaling up access for early and quality diagnosis, treatment and care, ensuring integrated care for those affected both by TB and HIV and strengthening national public health response measures to C19. The Project will build up on the previous projects’ achievements and results; it will additionally, introduce innovative approaches, such as index testing for HIV, introduction of TB-LAM diagnostic method and new community active case finding interventions using innovative mobile solutions. Also, the Project will contribute to the national health care reform by building and improving the technical and managerial capacities of health professionals, promoting participation of civil society organizations in the response to the HIV/AIDS, TB and C19 epidemics, and enhancing the cooperation of non-governmental organizations with the public health sector. The targets are aligned with the objectives of the UNDP Strategic Plan (2018-2021), alongside with the National Health Strategy 2010-2030. The gender marker for the project is GEN2.

The purpose of the revision is to add the amount of US\$ 6,428,628 to reflect the activities under C19RM funding allocated additionally to the project by the GF to support the national HIV and TB services in mitigating COVID19 impact. It also reflects the activities of the NCC secretariat. The revised total amount of the project is now US\$ 32,299,585.

<p>Contributing Outcome (UNDAF/CPD, RPD or GPD):</p> <p>UNDAF Outcome 3. People in Tajikistan benefit from quality, equitable and inclusive health, education and social protection systems</p> <p>CPD Outcome 1. People in Tajikistan have their rights protected and benefit from improved access to justice and quality services delivered by accountable, transparent, and gender-responsive legislative, executive and judicial institutions at all levels.</p> <p>Indicative Output(s) with gender marker²:</p> <p>CPD Output 1.3 National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services</p> <p>Indicative Output(s) with gender marker: GEN2</p>	Total resources required:1	US\$ 46,458,831	
	Total resources allocated:	US\$ 32,299,585	
		UNDP TRAC:	US\$ 826,000
		Donor:	US\$ 31,473,585
	Government:	n/a	
In-Kind:	n/a		
Unfunded:	US\$ 14,159,246		

Agreed by (signatures):

Government	UNDP
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Date:	Date: 04-Nov-2021

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LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
ARV	Anti-retroviral therapy
CBO	Community-based Organization
C19	Coronavirus or '2019-nCoV or COVID19'
CPD	Country Program Document
CSO	Civil Society Organization
DOT	Directly observed treatment strategy
DR-TB	Drug-resistance tuberculosis
DST	Drug susceptibility test
FLD	First line drugs
FQs	Fluoroquinolones
GBAO	Gorno-Badakhshan Autonomic Oblast
GF	Global fund
HIV	Human immune deficiency
HTC	HIV testing and counselling
KP	Key population
LTBI	Latent tuberculosis infection
MDR-TB	Multi-drug resistance tuberculosis
MoHSPP	Ministry of Health and Social Protection of Population
MSM	Men having sex men
mSTR	Modified short term treatment regimen
NCC	National Coordination Committee
NDS	National Development Strategy
NGO	Non-governmental organization
NHS	National Health Strategy
NTCP	National TB Control Program
NTP	National TB Program
OST	Opioid substitution therapy
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission
PR	Principal Recipinet
PreP	Pre Exposure Prophylaxis
PWID	People who inject drugs
RAC	Republican AIDS Center
RR-TB	Rifampicin resistance tuberculosis
RTBC	Republican TB Control Center
SLD	Second line drugs
SR	Sub-Recipient
SRL	Supra National Laboratory
SW	Sex workers
TB	Tuberculosis
TB LAM	Tuberculosis mycobacterial lipoarabinomannan antigen
USAID	United States Assistance for International Development
WHO	World health organization
XDR-TB	Extremely drug resistance tuberculosis

I. DEVELOPMENT CHALLENGE

In 2016, Tajikistan developed and adopted the National Development Strategy for the period up to 2030 (NDS-2030). NDS-2030 sets the highest goal of long-term development of the country aligned with SDGs to improve the living standards and wellbeing of the population based on sustainable economic development. In line with the objectives of the NHS-2030, the National TB Control Program for the period of 2021-2025 (NTCP-2025) has been developed to support the country's commitment to the SDG 3.3 target of ending TB as a global health threat by 2030.

The health system in Tajikistan flows from specialized hospitals and disease specific centers with specialist staff at the national level to intermediate level hospitals and PHC centers at regional, city and district levels. Ministry of Health and Social Protection of Population (MoHSPP) is responsible for national health care services including those concerned with disease control such as HIV infection and tuberculosis; Republican AIDS Center (RAC) and Republican TB Control Center (RTBC) work within the ambit of MoHSPP. Administration of health services at regional and lower levels is the responsibility of regional or district authorities.

HIV epidemic is on the rise in Tajikistan with reported HIV prevalence of 96¹ per 100,000 population in 2019. HIV prevalence among key populations ("KPs") is significantly higher than among general population. There are estimated 14,565 people living with HIV ("PLHIV") in Tajikistan², out of them 8,756 registered with health system as living with HIV as of 1 January 2020³. There is growing 'Unknown' mode of transmission in Tajikistan. Among PLHIV, 31.6% (98% male; 2% female) had a history of injecting drugs; 56.8% had a history of unprotected sexual intercourse; 4% were infected by mother to child transmission; and 7.6% were infected due to unknown reasons⁴.

KPs are not sufficiently covered under the prevention program requiring further expansion. In January-June 2019 only some 14,165 (or 63% of estimate) people who inject drugs (PWID), 10,518 (60%) sex workers (SW) and 7,117 (53%) men having sex men (MSM) were reached with services. Opioid substitution therapy (OST) for PWID is available in 15 sites across the country, but the coverage remains low – at 650 patients. According to Republican AIDS Center, the trend in the epidemic is shifting from transmission through injecting drug use to transmission through high-risk unprotected sexual activity. To this end, the project continues reaching by prevention programme the high risk groups, including prisoners, as the main drivers of the HIV epidemic in Tajikistan. HIV testing strategy is relying on general population, thus finding very low numbers of HIV positive cases. Only 67% of estimated PLHIV know their positive status; 54% of estimated number of PLHIV are receiving antiretroviral therapy (ART). The activities should be strengthened and continuously implemented to focus on reaching the 90% testing of KPs, enrolment of 90% of PLHIV to treatment and achieving 90% reduced suppression of those who receive ARV.

In the past decade, both TB incidence and mortality continued to decrease, but despite a steadily improving epidemiologic situation, Tajikistan remains among the world's 27 high multidrug-resistant ("MDR") TB burden countries. It is also included into the list of 18 high TB priority countries in the World Health Organization ("WHO") European Region. According to WHO (2018), the estimated TB incidence (all forms) is 7,600, or 84 per 100,000 populations; There is a growing number of children with MDR in 2018, 346 paediatric cases were notified (334 new cases), including 43 children had MDR- and 5 XDR-TB.

A passive case finding strategy predominantly used in Tajikistan, lack of contact tracing, screening for latent tuberculosis infection (LTBI), preventive treatment protocols lead to missing large proportion of TB cases (treatment coverage 75 percent – National TB Control Program-2025; GF evaluation report). Capacities of primary health care (PHC) facilities to rule out active TB are limited; there is a lack of knowledge, sensitization and motivation to work with TB contacts appropriately at PHC level. Treatment success rate remains low for rifampicine resistant multi-

¹ RAC data.

² SPECTRUM 2020 estimate.

³ Republican AIDS Center ("RAC") data.

⁴ RAC epidemiological report, 2019.

drug (RR/MDR) TB and extremely drug resistance (XDR-TB) TB patients (65% and 47%, respectively; 2016 cohort). Migration to another country, moving within country, side effects of treatment and previous treatment are significant risk factors for lost-to-follow up patients.^{5,6} TB remains one of the most prevalent co-infections and a leading cause of death among PLHIV⁷. Coverage of PLHIV with TB screening is increasing but still insufficient (76.7% in 2018). The Project focused on achieving the TB global target on achieving 90% of TB cases detection, enrolment of 90% of detected to TB and/or drug-resistant tuberculosis (DR-TB) treatment and 90% of successfully cured patients.

Stigma and discrimination against PLHIV and TB, especially women and KP persist in Tajik society. It should also be noted that, gender inequality contributes to the spread of HIV, increases infection rates, and reduces the ability of women and girls to cope with the epidemic. Often, women and girls have less information about HIV and fewer resources to take preventive measures. Many women living with HIV struggle with stigma and exclusion, aggravated by lack of rights. The discrimination that the KPs experience from society and law enforcement agencies prevents them from accessing adequate preventive and treatment services. Stigma of TB patients in communities causes delays of detection and treatment initiation, hence increases the risk of TB transmission among contacts and the population. This results in late presentation for diagnostics and treatment services, leading to poor treatment outcomes and the spread of infection⁸.

The HIV and TB epidemic situation in the country was even worsen by the C19. First confirmed cases of C19 infection were announced in Tajikistan in April 2020. The C19 pandemic has created a significant risk of disruptions in the essential health services on both supply side (e.g., declining government revenues and health budgets, disruptions in global markets for essential medications and supplies, health work force challenges) and demand side (e.g. avoiding to seek care out of fear of becoming infected with C19, lack of resources to pay for health care due to declining revenues, mobility restrictions). Shortages of key equipment and supplies, rapid increase in infections cases resulted in the healthcare infrastructure to be used to its full capacity.

C19 epidemic has primarily affected the number of people getting tested for HIV and the detection of HIV cases, especially among key populations (KPs). According to the Republican AIDS Center data the total number of people tested for HIV dropped from 1 062 508 in 2019 to 836 487 in 2020 (- 21%), following in decrease in total number of registered new HIV cases from 1320 in 2019 to 1084 in 2020 (-18%). Totally, 29 cases of C19 have been detected among PLHIV and 5 deaths among them. During the restriction measures, KPs were limited in their ability to visit service delivery and testing sites, and healthcare facilities. The epidemic measures affected the health care seeking behavior of KPs in terms of postponing or cancelling the HIV testing. Consequently, HIV counseling was not provided in a timely manner, there were cases of delayed HIV follow-up examinations for newly diagnosed PLHIV.

C19 pandemic has had far-reaching effects on essential TB services including reallocation of human, financial and other resources from TB to the C19 response. In Tajikistan, similarly to all other countries, TB and MDR-TB were mainly affected. According to NTP data admission to treatment of MDR TB patients declined by 48% in Q2, 2020 in comparison to Q2, 2019. C19 resulted in an increase of undetected TB cases though TB incidence remained ongoing and a risk of 'silent' TB epidemic spreading in the communities was high. As of 1 January 2021, there were 22 cases of C19 among the TB patients. Significant decline of TB case finding poses a high risk of sudden influx of TB incidence in the coming year. Further lockdowns, movement restrictions, fear of people to contact C19 all negatively reflected on TB patients further prevented them from attending TB facilities. In the same time the pandemic has affected TB control by

⁵ Wohlleben et al. Risk factors associated with loss to follow-up from tuberculosis treatment in Tajikistan: a case-control study. *BMC Infectious Diseases* 2017, 17:543.

⁶ Makhmudova M et al. Risk factors for unfavourable treatment outcomes among rifampicin-resistant tuberculosis patients in Tajikistan. *Int J Tuberc Lung Dis.* 2019 Mar 1;23(3):331-336.

⁷ UNAIDS, 2019.

⁸ Output 1.1: The national and subnational governments have the capacity to strategically plan, budget, monitor and deliver basic services in an inclusive, transparent and participatory manner

Output 1.3: National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services

creating and aggravating inaccessibility to basic services, such as TB screening, treatment initiation and treatment continuation during C19 lockdowns, side effect management, exacerbation of stigma and discrimination.

In general an overburdened healthcare system in Tajikistan and growing disruptions in medical supply chains had a significant effect on HIV and TB prevention and treatment, especially among the vulnerable population and those who face societal stigma and discrimination.

II. STRATEGY

In 2019, the Government of Tajikistan initiated revision of the National Health Strategy for the period up to 2030 (NHS-2030). In line with the objectives of the NHS-2030, the National TB Control Program for the period of 2021-2025 (NTP-2025) has been developed to support the country's commitment to the SDG 3.3 target of ending TB as a global health threat by 2030. It has been also aligned with the UN General Assembly High Level Meeting targets for TB. Newly developed National AIDS Program for the period 2021-2025 (NAP-2025) complies with the main priorities of the NDS-2030 and closely linked to the global Sustainable Development Goals and the Political Declaration on HIV and AIDS adopted by the UN General Assembly in 2016: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. Both programs have been submitted to the parliament for review and approval. The project goals and objectives are aligned with the HIV and TB strategies.

National HIV program 2021-2025 aims to accelerate the progress and curbing the HIV epidemic in the Republic of Tajikistan, reducing AIDS mortality and achieving universal access to high quality HIV prevention, treatment and care services for everyone. In general, it aims to improving health and the quality of life of the entire population. The Strategic Directions of the program are: HIV prevention among key and vulnerable groups with a combination of services and innovative approaches to reduce new HIV infections; Ensuring universal access to HIV treatment for adults and children in accordance with international standards to reduce AIDS-related mortality and improve the quality of life of people living with HIV; Reducing mother-to-child transmission of HIV and creating conditions for eliminating the "vertical" transmission of HIV; Ensuring blood safety and improving infection control in healthcare facilities; Raising awareness and HIV prevention among youth, adolescents, young women and girls; Overcoming existing barriers and strengthening the supportive environment for an effective national response to the HIV epidemic.

The TB funding request is designed in accordance with the proposed investment package for EECA settings that have a high proportion of DR-TB of the Global Plan to End-TB 2018–2022, and in line the national targets and objectives. The National TB Control Program 2021-2025 has four main Objectives: Provide universal access to quality early diagnosis of all forms of TB with high focus on testing of contacts and high-risk population; Provide universal access to quality, up-to-date treatment of all forms of TB with appropriate patient support through patient centered care models; Implement effective, comprehensive TB prevention measures to protect the individuals exposed to TB as well as general population from TB disease and have an impact on reduction of TB epidemic in the country; Create enabling environment and systems for effective TB control. Concrete goals to achieving universal access were defined during country-wide consultations and were approved by the National Coordination Committee on AIDS, Tuberculosis and Malaria. Specifically, the project will contribute to achieve UNDP strategic plan on Adolescent health and HIV and will contribute to country programme output one⁹ by enhancing the capacity of national/subnational governments and Civil Society Organisation (SCO) to effectively deliver HIV related services to most at-risk population and people living with HIV. Such support to national capacities will be built on foundations of inclusive and accountable governance, together with a strong focus on gender equality, the empowerment of women and girls and meeting the needs of vulnerable groups, to ensure that no one is left behind.

UNDP with close partnership of the National Coordination Committee (NCC) will address the development challenge of HIV and TB prevention and control in Tajikistan by providing continuous support in developing capacity of the Ministry of Health and Social Protection of

Population to implement goals and objectives of the National AIDS Prevention Programme and the National TB Programme, as well as National Action Plan to mitigate the risk of COVID 19 in Tajikistan, using innovative and evidence based approaches and interventions. Working in greater strategic partnership helps to ensure proper alignment of project implementation with the UNDP country programme and the government’s strategic plans.

Taking into consideration the strategic programmes and plans such as SDG, UNDP Strategic Plan (2018-2021), this **project’s overall goal** is to reduce the burden of HIV and TB in Tajikistan by providing universal access to TB and HIV prevention, treatment and care and to support Government of Tajikistan through contribution towards implementation of the National C19 Response measures.

The program is streamlined around five main outcomes:

Outcome 1. Effective HIV response measures among most at-risk populations, including prevention, early HIV diagnostics, and immediate treatment initiation, reached 90-90-90 HIV care targets

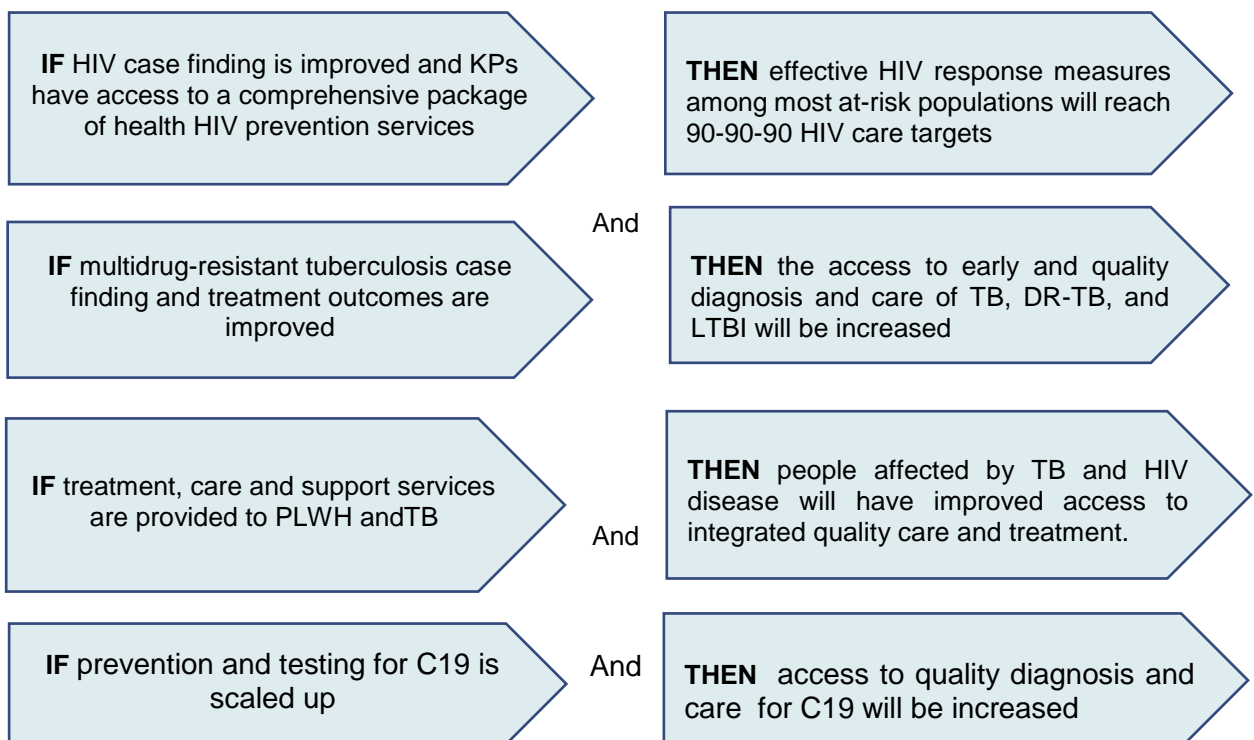
Outcome 2. Increased access of the population to early and quality diagnosis and care of Tuberculosis (TB), Drug Resistant Tuberculosis (DR-TB) and Latent TB Infection (LTBI)

Outcome 3. People affected by TB and HIV disease have access to integrated care and treatment

Outcome 4. Strengthened national public health response ensures universal, patient-centered, efficient, human rights and gender-sensitive approach to HIV and TB integrated services

Outcome 5. Strengthened national public health response to COVID19 and access to quality healthcare services

The projects **theory of change** is based on the following rationale:



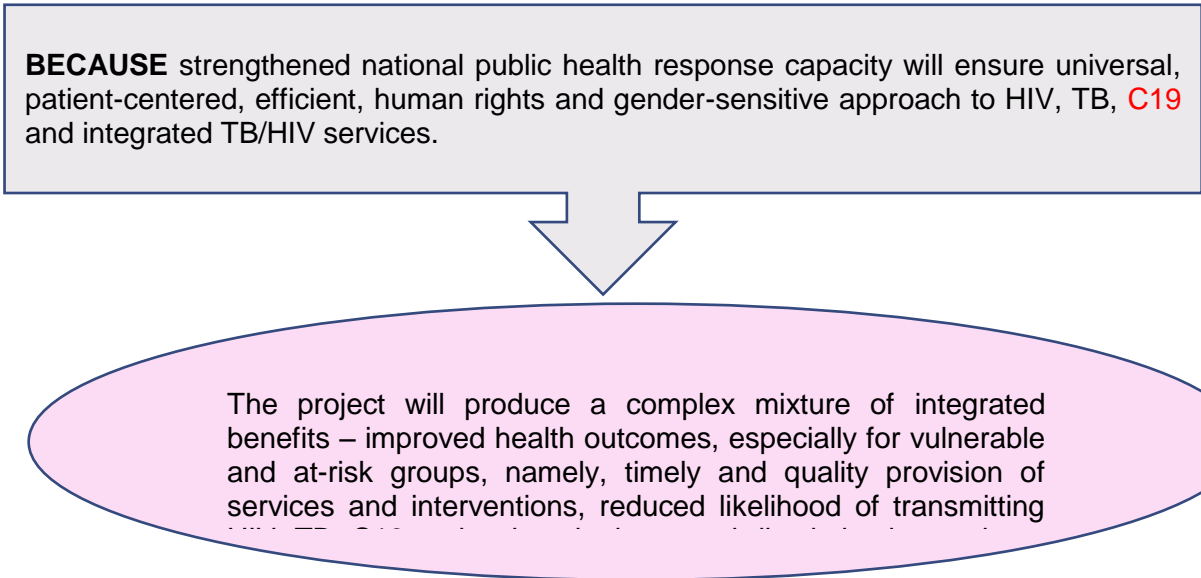
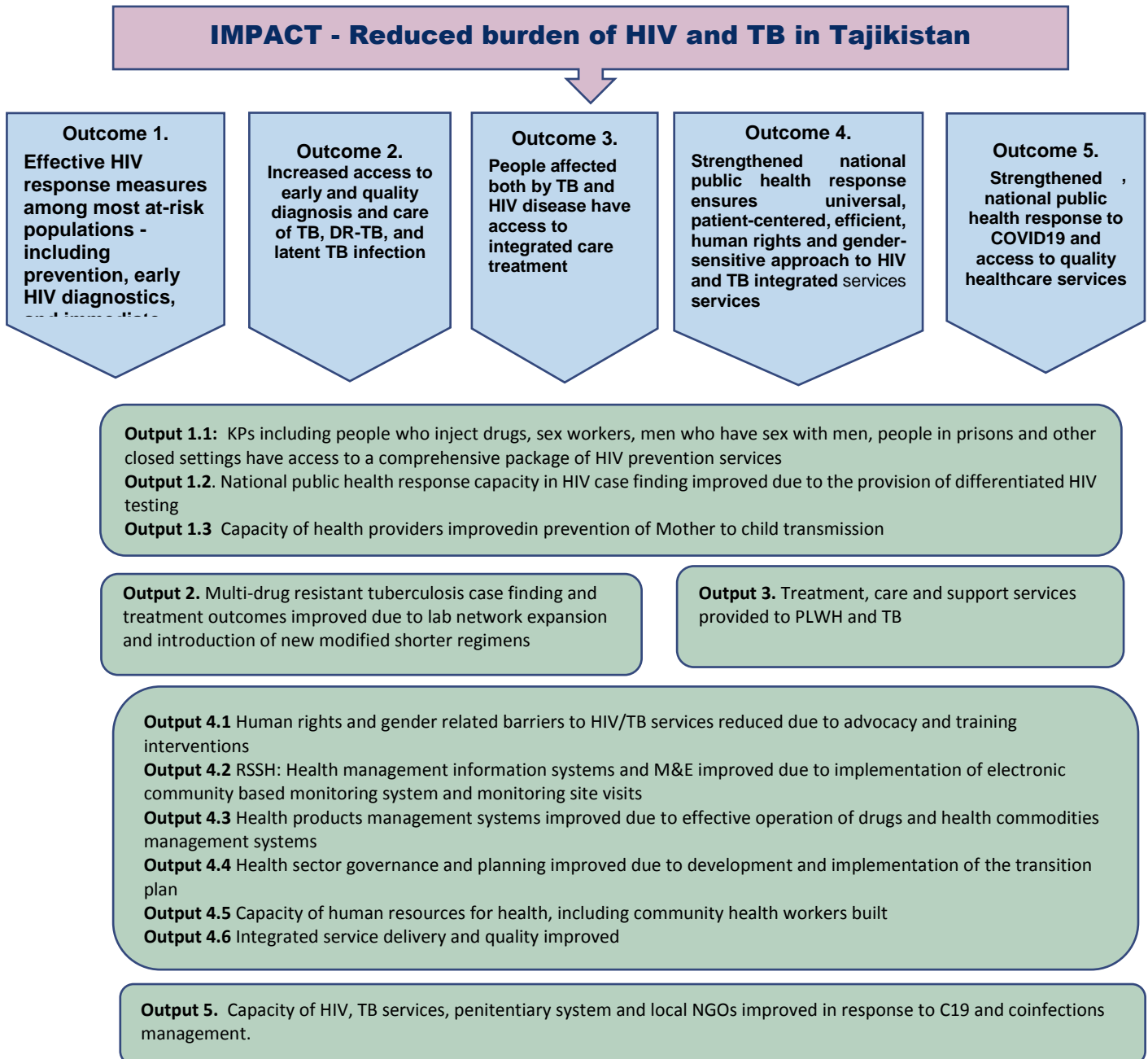


Figure 1. Theory of Change of the Project¹⁰



¹⁰ The figure contains all outcomes and outputs including those unfunded.

Key activities:

- To scale up HIV prevention among KPs
- To implement new HIV testing strategies.
- To improve ARV treatment coverage
- Scale up of HIV prevention among KPs identified by the National AIDS Program: PWID, SW, MSM and Prisoners
- To strengthen TB people-centered approach and patient support contact tracing
- To expand and decentralize lab network to provide timely and quality results for DR-TB
- To introduce and scale up a new WHO recommended modified all oral shortened DR-TB treatment regimen
- Implementation of TB/HIV coinfection interventions

- Implementation of TB LAM
- TB Screening of KPs Improving TB/HIV Recording and Reporting
- Implementing activities to address human rights and gender barriers
- Implementation of CBM intervention using One Impact
- Improving capacity of government health institutions in M&E
- Introduction of LMIS in the NTP and capacity building of drug management staff
- Renovation of storage facilities at central level for drugs and health commodities
- Monitoring and on-job coaching at workplace

- Improving capacity through trainings for healthcare staff;
- Ensure C19 infection control in health facilities by providing PPE, tests, other IC and lab equipments including to penitentiary system;
- Implementation of C19 response activities in communities;
- Provision of PCR tests to MoHSP for C19 testing
- Health products and waste management systems improved

Risks

1. High staff turnover in the Ministry of Health of Social Population and Government SRs resulting in poor capacity for program delivery and scale-up.
2. Increased criminalization of HIV may result in increasing vulnerability of PLHIV, including HIV+ KPs, thus hindering access to them
3. There are challenges with functioning of NGOs working with the KP which require national support to avoid interruption of services for some key populations (MSM and SW)
4. The risk of stock-out, overstocks, and wastage due to inadequate capacity of the national SRs in the supply chain management, warehousing/storage capacity
5. Delays in reporting of activities by project Sub Recipients lack of solid data and weakness of national and local M&E system
6. COVID-19 related restrictions and global lockdowns results in decreased number of people getting tested for HIV and the detection, tracking of HIV/TB cases
7. Loss of income and poverty, to continue working during the pandemic, increasing the risks of KP to COVID-19 co-infection
8. Lack of proper and/or unified data collection and reporting system for the C19 may downsize the real number of C19 notified cases that may create risks in forecasting and making right decisions in testing, procurement and other relevant activities
9. Lack of capacity and systemic approach to medical waste management and control in country
10. Procurement of genomic sequencing equipment is conditioned by the GF and is subject to submission of the approved National Strategy for Genomic Sequencing developed by MOH with technical support from WHO;
11. Unstable situation in Afghanistan and refugee influx might have influence on project activities implementation.

For details of risks, impacts and mitigation activities please refer to the Annex 3. Risk Log attached.

The HIV and TB program intends to continue supporting a variety of service delivery points for PWID, SWs, MSM, prisoners and to improve access to HIV and TB prevention, treatment, care, support for key affected populations, PLHIV, TB patients, TB/HIV patients, HIV-infected pregnant women, household contacts of patients with DR-TB, migrants affected by TB, community-service organizations of KPs, members of affected families and communities by TB, all patients diagnosed with RR/MDR TB and XDR TB. The Program remains the only source of funding for strengthening HIV testing and counselling (“HTC”) services in the country, expanding the services to prevent the transmission of HIV from mother-to-child, and providing treatment for anti-retroviral (“ARV”) therapy and opportunistic infections. Additionally, 2021 COVID-19 Response Mechanism Funding will be implemented in Tajikistan to respond to C19 pandemic and its impact in TB and HIV control.

The Program will continue to support the national health system in building and improving the technical and managerial capacities of health professionals, strengthening the Health Management Information System, Monitoring and Evaluation systems as well as enhancing the participation and cooperation of non-governmental organizations with the public health sector in HIV, TB and C19 prevention and control activities.

III. RESULTS AND PARTNERSHIPS

Expected Results

The project is aimed to achieve the following results to address the challenges related to HIV, DR-TB, co-infection of TB/HIV, human rights and gender barriers

Outcome 1. Effective HIV response measures among most at-risk populations - including prevention, early HIV diagnostics, and immediate treatment initiation

Output 1.1: KPs including people who inject drugs, sex workers, men who have sex with men, people in prisons and other closed settings have access to a comprehensive package of HIV prevention services

Output 1.2: National public health response capacity in HIV case finding improved due to the provision of differentiated HIV testing

Output 1.3 Capacity of health providers improved in prevention of Mother to child transmission

Key activities:

- *Scale up of HIV prevention among key population: PWID, SW, MSM and Prisoners. The project will work with the Government organizations and NGOs to reach out to growing numbers of KPs identified by the National AIDS Program.*
- *Implementation of new HIV testing strategies - All KPs reached will be tested for HIV with rapid tests (twice testing every 6 months for 80% of KPs). Self-testing will be implemented across programs for key populations using oral tests. Index testing model implemented previously by other partners (USAID Projects) in Dushanbe, Sughd region and DRS will be expanded to other 50 districts located in Khatlon, GBAO and Districts of Republican Subordination of Tajikistan. Pre Exposure Prophylaxis (PreP) interventions will be implemented.*
- *ARV treatment coverage to reach 78% of estimated PLHIV and reach 98% - Antiretroviral treatment therapy will be further expanded to reach growing numbers of PLHIV. An ambitious 19% increase in ART coverage is planned leading Tajikistan to reach 78% estimated PLHIV by prevention activities by the end of 2023.*
- *Prevention Mother to Child transmission - As per the updated national protocol on Prevention of mother to child transmission (PMTCT), it is required to test every pregnant*

woman for HIV during antenatal period of pregnancy; the project is intending to provide ART during pregnancy and/or labor and delivery to 98% of HIV-positive pregnant women and at least 95% of infants born to HIV positive women in its third year.

Outcome 2. Increased access to early and quality diagnosis and care of TB, DR-TB, and latent TB infection

Output 2: Multidrug-resistant tuberculosis case finding and treatment outcomes improved due to the laboratory network expansion and introduction of new modified treatment regimens

Key activities:

- *Expanding and decentralizing laboratory network to provide timely and quality results for DR-TB* - the project will support transportation of biological samples from peripheral laboratories to regional and reference laboratories for further culturing and drug susceptibility test DST, which will be gradually taken to the state funding (Year 1: 25% government co-funding and 75% from Government funds; Year 2: 50/50; and Year 3: 75/25). In order to assure the routine (DST) drug resistance surveillance system and external laboratory quality assurance a specific technical assistance is required from Supra National Lab (SRL) in Gauting, Germany. The project will support establishment of module laboratories to cover the needs for diagnosis of DR-TB cases in Khatlon region.
- *Introduction and scale up of modified all-oral shortened treatment regimens for DR-TB (z) under operational research* - The project will support the country's transition to the mSTR by procuring anti-TB drugs and supporting operational research for all eligible patients in the country. During the three project years, the NTP plans to enroll in treatment a total of 3,390 patients with DR-TB; including 1,355 patients with resistance to Fluoroquinolones (FQs). The new drugs and new regimens require strong systems for patient monitoring, adherence support, drugmanagement and pharmacovigilance for preventing severe adverse events and development of resistance to new drugs, and achieving the best patient outcomes.
- *Pediatric management of DR-TB* - In line with the NTCP-2025 the proposed project includes the strategies and mechanisms for supporting specific intervention for children with DR-TB and their parents as well as training and capacity building focused on response to childhood DR-TB including mentorship and supportive supervision. The revised pediatric TB management guideline will adopt adjusted regimens and doses as the international recommendations are updated during the project implementation period. Provision of treatment with SLDs for children with DR-TB including child-friendly medication formulations is planned under this request.
- *Strengthening people-centered approach and patient support* - To support patients on treatment the project will provide food packages to improve treatment adherence for DR-TB patients. This intervention will cover the needs of all DR-TB patients who live in areas not covered by partners' development programs¹¹ (75% of patients); the Government will share half of the cost by providing direct services and payments to eligible patients. The project will also add digital adherence technologies that make digital-supported DOT a more feasible option.
- *TB Contact tracing* - As an innovation of this project, protocols for contact tracing, screening for LTBI, preventive treatment protocols will be developed and a web-based recording & reporting system will be established, preference given to integrated solutions enabling effective coordination between TB and HIV services and integration with the National E-TB Register. This will contribute to the overall TB case finding system (both DS-TB and DR-TB).

Outcome 3. People affected both by TB and HIV disease have access to integrated care treatment

Output 3: Treatment, care and support services provided to PLWH and TB

Key activities:

- *Implementation of TB/HIV coinfection interventions* - In order to facilitate timely detection and ensure quality treatment of HIV-associated TB, rapid HIV testing assays will be provided for diagnostic counselling and testing of TB patients by TB healthcare staff. Rapid tests for Hepatitis B and C will be also procured.
- *Implementation of TB LAM* As part of the integrated TB/HIV approach, the project will also introduce the TB mycobacterial lipoarabinomannan antigen (TB-LAM) diagnostic method to cover the needs for PLHIV testing, both in-patient and out-patient, according to the clinical protocols (see the HIV section).¹² Training in HIV counselling and testing will be conducted to TB care providers with special emphasis on the WHO-recommended practices, including the use of rapid HIV test at the point of care.
- *TB Screening of KPs* - As an innovation of this project, all NGOs implementing projects among KPs programs will also be conducting TB screening using WHO recommended questionnaire for 100% of reached key populations and provide referral of positive cases for confirmation and treatment.
- *Improving TB/HIV Recording and Reporting* - One of the greatest challenges in TB/HIV management is poor coordination on reporting. The program will improve cooperation between HIV and TB in reporting forms, modes and developing joint reports. This way both programs will see the challenges and bottlenecks through reported data, which will significantly contribute to improved coordination.

Outcome 4.1 Strengthened national public health response ensures universal, patient-centered, efficient, human rights and gender-sensitive approach to HIV and TB integrated TB/HIV services

Output 4.1. Human rights and gender related barriers to HIV and TB services reduced due to advocacy and training interventions

Output 4.2 Health management information systems and M&E improved due to implementation of electronic community based monitoring system

Output 4.3 Health products management systems improved due to effective operation of drugs and health commodities management systems

Output 4.4 Health sector governance and planning improved due to development and implementation of the transition plan

Output 4.5 Capacity of human resources for health, including community health workers built

Output 4.6 Integrated service delivery and quality improved

Key activities:

- *Addressing human rights and gender barriers to improve access to services* - The program includes activities to increase the capacity of women living with HIV to lobby for the protection of rights and interests. It will collaborate with the Tajikistan Network of women living with HIV to provide adequate HIV services for women on various areas including lobbying interests and participating in decision-making, legal literacy and protection of the rights of women living with HIV (training of street lawyers), improving skills of cooperation with state and non-governmental institutions on the program of social support for women living with HIV, skills for social support of women leaders living with HIV and community mobilization skills to address the problems of women living with HIV. The project will comprehensively respond to human rights barriers to access to services in the following ways:
 - o client support: outreach street lawyers supported through NGOs working with KPs;
 - o training of KPs by NGOs on confidentiality and rights;
 - o systematically record human rights violations in the key populations level using ReACT platform;
 - o education and informing: sensitization trainings for police officers on HIV, ART;
 - o sensitizing judiciary.
- *Implementation of CBM interventions* - In 2018, the Stop TB Partnership, Tajikistan, adapted to the national context and piloted in 6 districts a digital solution to facilitate the implementation of CBM interventions inclusive . This project will scale up it in ten districts by involving local CBOs.

¹² The country has experience of TB-LAM pilot use in the MSF-supported project areas.

- *Monitoring and supervision visits* by the Republican AIDS Center and Republican TB Center staff, MoHSP to the regional centers/labs and selected districts will help to oversee HIV/AIDS, TB control program implementation.
- *Training of medical staff on TB, HIV key populations* including case finding and linkage to care is critically important for services quality and expansion. Capacity building for health workers, including those at community level. In line with the principles and priorities for resilient and sustainable systems for health, the Government will ensure that the needs of HIV, TB control are properly integrated. For this purpose, a set of additional actions will be undertaken for strengthening main health system functions, including: governance and management, resource development, and service delivery.
- Improving capacity of government health institutions: training of procurement officials on newly developed Procurement Regulations and best international procurements practices, introduction of 1C based LMIS in the NTP and training of pharmacists.
- Renovation of storage facilities in Dushanbe as the main storage for health commodities.
- Monitoring and on-job coaching at workplace

Outcome 5. Strengthened national public health response to COVID19 and access to quality healthcare services

Output 5. Capacity of HIV, TB services, penitentiary system and local NGOs improved in C19 response and coinfection management is strengthened

In addition to TB and HIV interventions, UNDP Tajikistan secured the funds from Global Fund in September 2021 to support the National strategic preparedness and response plan in healthcare sector in response to the novel coronavirus (COVID-19). The interventions are focused in strengthening national coordination and planning, mitigation of C19 impact to implementation of HIV and TB services, prevention, diagnosis and treatment activities, including in penitentiary system, management of coinfections as well as strengthening infection prevention and control with provision of PPE, other needed lab equipments, health products and waste management systems management. The activities will address the community, rights and gender issues by improving social mobilization and involvement of community-based organization and NGOs in COVID19 response activities.

Key activities:

- Improving capacity of healthcare staff in HIV, TB, PHC and penitentiary system for C19 diagnostic and case management
- Ensure protection and control from C19 infection at healthcare facilities by provision of PPE, tests, IC and lab equipments including to penitentiary system, TB, HIV, Narcology services, OST sites, CSOs and civil health sectors. Further, trainings on Infection Prevention and Control (IPC) and rational use of PPE for prison health care workers, essential medical and military staff, and administration will be conducted
- Implementation of C19 response activities in communities through social mobilization: phone and internet consultations, psychological support and trainings to the clients (needle exchange programs, women facing GBV and mitigation of C19 impact through provision of quality access of KP and those vulnerable to the quality healthcare services
- Provision of PCR tests to MoHSP to scale up testing for C19
- Health products and waste management systems improved in country. Implementation of Quality Management Systems (QMS) in the COVID-19 laboratories, mentorship program and training QMS conducted by international staff/consultant to COVID- laboratories staff. Quality management monitoring visits by the National COVID-19 virology laboratory staff to the regional COVID SDESC laboratories. Environmental control measures improved in the health facilities of the penitentiary system and HIV service. The risk of airborne exposure reduced.

Resources Required to Achieve the Expected Results

Technical assistance needed (local, region or HQ level) to develop long-term technical assistance plan in key areas, provision of international experts in development of standards strategies, policies and guidelines and support in adaptation of the international best practices at country level.

Expert support needed (local, region or HQ level) to empower the national institutions in fundraising, because funding is the most critical issue in the current and future HIV/AIDS program. The focus should be not only on major international donors, but also to local government, nontraditional donors, private sector, local business associations.

Expert support needed (local, region or HQ level) to assist the Government to address the issues of discrimination of the rights of PLHIV and other key groups of population. Support is needed to civil society organizations to participate in policy discussions so that they are part of the solutions to address stigma and discrimination against population facing HIV/AIDS

Technical support in capacity development of the national health institutions is required in the field of programmatic management, drug and health commodities, financial management and reporting. Local NGOs and CBOs network also require solid support in capacity building at management level as well as programmatic and financial implementation.

Partnerships

UNDP will closely collaborate with National Coordination Committee, the key coordination body that oversees the GF grant implementation in the country and the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan that is a responsible body for implementation of health strategies.

USAID is another key donor supporting HIV and TB program implemented via ETICA for TB and EPIC project for HIV interventions. There are also other donors supporting the HIV/AIDS and TB National Programs such as PEPFAR, through CDC, Russian Federation, UN agencies and international organizations such as MSF and KNCV.

The UN Preliminary sub-recipients were identified during the proposal development process where objectives and activities per each Government and Non-Government organization were determined. UNDP conducted the Capacity Assessment of the seven Government and eight Non-Government sub-recipients in 2020 covering all programmatic and financial areas including programme management, monitoring and evaluation, staffing, accounting policies and procedures, internal audit, financial reporting and monitoring, procurement and contract administration. The details of the government SRs are as follows:

Republican Centre on AIDS prevention and Control and 3 Oblast AIDS Centers

The Republican Centre on AIDS Prevention and Control is the national reference centre on HIV/AIDS prevention and is based in the country's capital city of Dushanbe and has its three regional centers in Sughd, Khatlon and GBAO. The Centre with the network of 65 regional and district centers are responsible for HIV programs development, implementation and evaluation. It acted as sub-recipient of Global Fund program with UNDP as PR in previous periods. The government is currently fully funding some essential HIV/AIDS interventions as: AIDS centers infrastructure and staff costs; HIV testing for pregnant women and those planning to get married; formula for children born to HIV-positive mothers; social support to children with HIV; blood centers and HIV safety; medical waste management. The RAC is entrusted by Tajikistan's Ministry of Health and Social Protection with the responsibility of planning, implementing, monitoring and evaluating the National HIV/AIDS Program. In the implementation of the GF-funded project, the RAC will continue activities on M&E, HCT, HIV/TB co-infection, ART, PMTCT programmes, national sentinel surveillance, local training of government, and training of primary health care staff.

Republican Clinical Narcological Centre named after prof. Gulyamov

Republican Clinical Narcological Centre was selected as a SR to initiate, establishing new sites and implement opioid substitution therapy and detoxication to HIV-infected PWID in close cooperation with NGOs working with this key population. The main responsibility of the SR is to provide OST and detoxication to enrolled clients, ensure adherence to treatment, advocate to safe behaviour among PWID.

Chief Department on Execution of Criminal Penalty of Ministry of Justice

The Department will be fully responsible for conducting prevention programs in closed settings, coordinating the training of medical and non-medical staff, conducting peer education among prisoners, providing HCT and establishing the proper social environment for expanding prevention programs in 13 prisons throughout Tajikistan. Additionally, the DPA will manage previously opened two OST sites and four NSEP points within the colonies and support opening additional OST sites.

Republican TB Control Center

The Republican Centre of Protection of Population from TB (RCPPT) is located in Dushanbe and manages four regional TB centers in Sughd, Khatlon and GBAO and 66 district level centers. The center acts in the capacity of the NTP central unit and is responsible for operational planning and practical aspects related to implementation, monitoring and evaluation of the program interventions. The RCPPT became the solo Principal Recipient (PR) of the TGF in 2018-2020. The RAC is entrusted by Tajikistan's Ministry of Health and Social Protection with the responsibility of planning, implementing, monitoring and evaluating the National HIV/AIDS Program. In the implementation of the GF-funded project, the Republican Centre of Protection of Population from TB will act as sub-recipient and continue activities on M&E, data collection and reporting, TB and DR-TB case finding and case management, laboratory diagnostics, management of lab network, HIV/TB co-infection, drug management, national operational researches, local training of government, and primary health care staff.

Ministry of Health and Social Protection of the Population of Tajikistan

UNDP will partner with Ministry of Health and Social Protection of the Population of the Republic of Tajikistan (MoHSPP) in implementing grant activities in regard to C19RM. The MOHSPP bears the overall responsibility for public health issues in the country, including COVID, HIV and TB control. It undertakes this function in close interaction with other relevant state entities and collaborates with non-governmental organizations and international partners in planning, implementation, monitoring and evaluation of activities. The MoHSPP is responsible for collecting and analyzing epidemiological data, data on the availability of beds in hospitals, stock of medicines, the need for them, the assistance provided to the health care system, and so on. The National Institute for Prophylactic Medicine under the MoHSPP will perform PCR testing and Covid19 research work including genome sequencing. The MOHSPP RT with support of the project intends to introduce the sequencing technology for early detection and characterization of emerging variants and for assessing the impact of genetic and antigenic variants to guide public health action.

Secretariat of the National Coordination Committee to fight HIV, TB and Malaria

The National Coordination Committee (NCC) chaired by the Vice Prime Minister has crucial role in the implementation of the Global Fund Grant to fight HIV/AIDS and TB and is fully responsible for carrying out, with due diligence and efficiency, all activities in accordance with its financial and programmatic regulations, rules and other directives, and the arrangements. NCC secretariat is responsible for cooperation with state, international and public organizations on the prevention and control of AIDS and Tuberculosis and support UNDP in organization of the work of the Oversight Commission and technical working groups under the NCC. The Secretariat is also responsible for coordination of work on preparation of requests for funding from the Global Fund and other donors to fight HIV / AIDS and Tuberculosis. NCC as coordinating organization have

to participate in monitoring / overseeing the implementation of grants of the Global Fund, other related grants, and national programs for two infections. NCC also organizes work on the development of national programs, strategic plans for the prevention and control of HIV/AIDS and Tuberculosis and organization of regular meetings of partners with the management and members of the NCC.

In addition, the project will also engage local NGOs and CBOs that will be engage in prevention, referral and testing activities among key populations: PWID, SW and MSM.

Risks and Assumptions

Key risks identified by UNDP with respect to the project implementation are as following:

1. High staff turnover in the Ministry of Health of Social Population and Government SRs resulting in poor capacity for program delivery and scale-up.
2. Increased criminalization of HIV may result in increasing vulnerability of PLHIV, including HIV+ KPs, thus hindering access to them
3. There are challenges with functioning of NGOs working with the KP which require national support to avoid interruption of services for some key populations (MSM and SW)
4. The risk of stock-out, overstocks, and wastage due to inadequate capacity of the national SRs in the supply chain management, warehousing/storage capacity
5. Delays in reporting of activities by project Sub Recipients lack of solid data and weakness of national and local M&E system
6. COVID-19 related restrictions and global lockdowns results in decreased number of people getting tested for HIV and the detection, tracking of HIV/TB cases
7. Loss of income and poverty, to continue working during the pandemic, increasing the risks of KP to COVID-19 co-infection
8. Lack of proper and/or unified data collection and reporting system for the C19 may downsize the real number of C19 notified cases that may create risks in forecasting and making right decisions in testing, procurement and other relevant activities
9. Lack of capacity and systemic approach to medical waste management and control in country
10. Procurement of genomic sequencing equipment is conditioned by the GF and is subject to submission of the approved National Strategy for Genomic Sequencing developed by MOH and signed off by WHO
11. Unstable situation in Afghanistan and refugee influx might have influence on project activities implementation;

UNDP ensures the timely management response to risks and proper monitoring to mitigate the risks at the project level. Also, it envisages the capacity building activities with the Government and Non-government organization to support them in project planning, management and reporting, implementation of new approaches and interventions, training of the medical and non-medical staff and regular monitoring, supervision and on job mentoring at sites.

The detailed mitigation measures are provided in the Risk Log annexed.

Stakeholder Engagement

The project is focused on covering the following target groups: PLHIV, PWID, SW, MSM, prisoners, TB/HIV co-infected patients TB (DR) patients, their contacts, migrants.

PLHIV will be reached through RAC and AIDS centers at country, regional and district levels (in total 65 centers). The target group will receive basic package of services that includes: providing ARV treatment, conducting CD4 count tests and VL testing. Additional support will include

psychological and social support; referral to ARV clinical settings; opportunistic infection treatment, recording and reporting of cases as well as monitoring and evaluation activities.

PWID, SW and MSM will be provided comprehensive prevention services through Civil Society Organisations (CSOs) and RAC. There are more than 100 service delivery points (SDP) in country that provide services to the key population (52 PWID SDP, 30 SW SDP, and 25 MSM SDP). The SDPs will provide the basic package services that includes: distribution of behavior change and/or information education communication materials (BCC, IEC); provision of prevention commodities (sterile injecting materials and/or condoms), counseling/peer counseling (with provision of essential information on HIV prevention). Additional services will include: referral to HCT (HIV Counselling and Testing), legal and social support, referral to OST program. The testing services will be covered by both CSOs and AIDS Centers.

The services of **TB and DR-TB** patients will be provided in collaboration with the Republican TB Control center and its regional and districts centers (in total 66 centers) throughout the country. The TB service will be responsible for detection, diagnostics and treatment of TB and DR-TB patients as well as monitoring, evaluation and data reporting on cases. The project is also focusing on integration of activities with primary health care centers that have responsibilities in referral, case finding and DOT (directly observed treatment) of the TB and DR-TB patients on treatment as well as contact tracing. The active case finding services among the key population and contacts of detected TB patients will be also supported by the local NGOs. People with TB/HIV will be managed by close collaboration with both TB and AIDS services and the project will support the strengthening of the integration of the services as well as monitoring and reporting systems.

The services to **prisoners** will be provided through Chief Department on Execution of Criminal Penalty of the Ministry of Justice of Republic of Tajikistan. The prisoners will be provided basic package of services, which includes distribution of BCC educational materials, and provision of condoms. Additional services will be provided upon request such as referral to HTC, and OI treatment.

C19 services will be provided through Ministry of Health and Social Protection of Population in the Republic of Tajikistan focused on enhanced access to quality diagnostic and testing, including contact tracing of both TB/HIV high-risk groups of population. Diagnostic equipment improved for the patients of civilian and penitentiary systems (including KPs, PLHIV, PWID, SW, MSM and TB patients)

To engage the target groups, the project is putting in place a robust M&E plan, which requires meetings with the target groups during monitoring visits to collect their feedback on services and commodities they are receiving for prevention purposes. In addition, before purchasing any commodities focus group discussions will be organized with each target group and the quality of the commodities will be discussed their needs will be considered for procurement of commodities.

South-South and Triangular Cooperation (SSC/TrC)

The UNDP Project envisages transfer of knowledge and skills to key personnel of the MoHSPP at the national and oblast levels. Technical and advisory support from UNDP global Health and Development team will be sought as needed to ensure synergy with and to grasp potential benefit and knowledge from the other health-related activities implemented at UNDP corporate level. In addition, best practices of EECA countries, in particular recommended new WHO diagnosis and treatment methods for TB and HIV will be introduced and supported. This approach ensures sustainable investment in human capital in technical areas as well as governance and management.

Knowledge

Besides the evaluation and surveys that will be conducted among key population groups the project will create visibilities through participation in the nation-wide campaigns on Worlds AIDS Day, Human Rights and gender against violence campaigns and other advocacy actions, including mass media campaigns and community mobilization activities at the regional and district levels. Additionally, new information, education and communication (IEC) materials will be

developed in coordination the Ministry of Health and Social Protection of the Populations through its HIV and TB structures. The IEC materials will be disseminated among targeted population as well as general population attending advocacy and awareness campaigns. Advocacy campaign will be also supported by posters, billboards to reflect HIV, TB and C19 related issues including stigma and discrimination, the promotion of gender issues and human rights of PLHIV.

Sustainability and Scaling Up

The Government of Tajikistan is committed to secure the increasing and sustainable financing of all essential HIV and TB control interventions, outlined in the HIV and NTCP-2025. The five-year period covered by the National HIV and TB Control Programs is crucial for the national HIV and TB response in terms of effective financial takeover from the Global Fund and other external donors.

The MOHSPP and National TB and National HIV centers will carry out advocacy activities within the Government to secure sufficient level of HIV and TB-related funding and reliable allocation mechanisms at all levels of health care. Within the ongoing process of transition to Universal Health Coverage system, MOHSPP will make sure that HIV and TB interventions are properly included in this coverage, taking into account the importance of HIV and TB control as a key public health responsibility and the financial vulnerability of clients as the majority of HIV and TB patients are at risk of catastrophic expenditures if required to pay a substantial share of costs directly out-of-pocket. Therefore, diagnostic and treatment interventions for HIV and all forms of TB (including M/XDR-TB), as well as adherence support to patients, investigation of HIV and TB contacts, TB preventive activities and NTP supportive measures (training, supervision, information system, etc.) will be gradually covered with the state budget in accordance to the scheme that will be designed and applied by the Government in the coming years. It is stipulated that funding to the package of TB services will increase gradually and will include all essential needs by the end of 2027.

Tajikistan is committed to reach the targets of the UN General Assembly High Level Meeting on TB. With support from the UNDP and the GF, Tajikistan was able to successfully close major gaps in TB diagnostics, treatment and prevention, including DR-TB. However, even with the increased GF allocation for the period of 2021-2022, the gap in reaching DR-TB targets will be 823 patients.

In regards to C19 services in line with the principles and priorities for resilient and sustainable systems for health, the Government will ensure that key actions will be undertaken for strengthening main health system functions for standing against C19 including testing, diagnosis, resource development, quality service delivery, governance and management .

IV. PROJECT MANAGEMENT

The UNDP provides the overall programmatic and financial oversight at the Project Management Level. The UNDP project in support of the Government of Tajikistan funded by The Global Fund consists of Project Management team and Project Support teams including Operations Team, Procurement and Administrative support.

As a Principal Recipient (PR) of the GF grant to Tajikistan, UNDP's management consists of role of managing grants, ensuring adequate financial management, accountability, and supporting program departments and implementing entities towards an improved program and financial performance. In this regard, a dedicated Program Implementation Unit (PIU) is set up. In its role as a PR, UNDP's PIU ensures quality financial management, sub recipient (SR) management, timely procurement of supplies and service delivery as well as efficient monitoring and evaluation of grant implementation activities. Procurement of Health commodities will continue to be managed through UNDP. In close collaboration and coordination with SRs and development partners, UNDP will be responsible the procurement of various health commodities, which includes quantification, forecasting, storage and distribution, quality assurance of medicines and procurement of non-health products, service delivery at primary, secondary and tertiary facilities.

The PIU consists of international and national staff. The international staff comprises of the Project Manager & Capacity building Adviser and the Finance/Administrative analyst. Project Manager shall be responsible to lead, supervise and coordinate the daily activities of the Global Fund projects and provide strategic direction for the development and provision of support services in the implementation of projects, in order to assure: i) the achievement of planned targets and ii) the effective and transparent execution of the financial resources of the project. The Project Manager provides technical assistance to the implementation of the grant, in collaboration with Government, UN Agencies, donors and other partners, to ensure that the implemented project will contribute to the broader national strategy. At the same time, the Project Manager will devote minimum 30% of his/her time to capacity strengthening of the national partners.

Under the guidance and direct supervision of the Program Manager, the Administrative and Finance Analyst will ensure effective execution of financial and administrative services and processes at the project and transparent utilization and management of donor and UNDP core financial resources and other related services consistent with UNDP rules and regulations.

The main role is to coordinate and facilitate activities to build management capacities of key national counterparts, strengthen operations management skills of UNDP administrative and finance project team, ensuring smooth functioning of the projects operations, consistent services delivery and constant evaluation and readjustment of the operations to take into account changes in the operating environment as and when needed. The Admin and Finance Analyst leads and guides the project's Administrative and Finance team and works in close collaboration with implementing partners and government officials to successfully deliver administrative and financial services.

Cost efficiency and effectiveness will be achieved by leveraging activities and partnerships with other initiatives, such as USAID, CDC funded projects, research and expert centers participating in the development assistance. Theory of change analysis demonstrates how the proposed activities will lead to achieving maximum results by leveraging the expertise and supporting capacity building with available resource.

V. RESULTS FRAMEWORK

Intended Outcome as stated in the UNDAF/Country Programme Results and Resource Framework: **Outcome 3: People in Tajikistan benefit from quality, equitable and inclusive health, education and social protection systems**

CPD Outcome 1. People in Tajikistan have their rights protected and benefit from improved access to justice and quality services delivered by accountable, transparent, and gender-responsive legislative, executive and judicial institutions at all levels.

Indicative Output(s): CPD Output 1.3 National institutions, systems, laws and policies strengthened for equitable, accountable and effective delivery of HIV and related services

SP 2018-2021 Outcome 1. Advance poverty eradication in all its forms and dimensions,

Corresponding SDG target: 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. Corresponding SDG Indicator: 3.3.1

Project title and Atlas Project Number: Strengthening Supportive Environment and Scaling up Prevention, Treatment and Care to reduce the burden of HIV and TB in the Republic of Tajikistan; **award ID 00123607 and Project ID 00130160**

EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)			DATA COLLECTION METHODS & RISKS
			Value	Year	Year 1	Year 2	Year 3	
<i>Output 1.1 KPs including people who inject drugs, sex workers, men who have sex with men, people in prisons and other closed settings have access to a comprehensive package of HIV prevention service</i>	1) Percentage of people who inject drugs reached with HIV prevention programs - defined package of services - including women	PR Report	61.50% (0.64%)	2019	70,60% (0,7%)	72,72% (0,75%)	77,4% (0,80%)	The data will be collected from primary restoration books of trust points and friendly cabinets as well as daily registration books of social and outreach workers Risk: There is risk of double counting and human error.
	2) Percentage of sex workers reached with HIV prevention programs - defined package of services	PR Report	60.23%	2019	61.69%	67.86%	74.64%	
	3) Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	PR Report	49.87%	2019	52.96%	56.67%	60.64%	
	4) Number of people in prisons and other closed settings reached with HIV prevention programs - defined package of services, including women	PR Report	5,060	2019	6,552	6,880	7,088	
	5) Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months, including women	PR Report	56.88%	2019	70.14%	75.20%	80.00%	

Output 1.2 National public health response capacity in HIV case finding improved due to the provision of differentiated HIV testing	1) Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results - including women	PR Report	42.52% (1.69%)	2019	56.49% (1,73%)	58.18% (1,78%)	61.92% (1,8%)	The data will be collected from primary registration books and existing HIV testing database Risk: delayed data entry into the database and human error.
	2) Percentage of sex workers that have received an HIV test during the reporting period and know their results	PR Report	42.12%	2019	49.35%	54.28%	59.72%	
	3) Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	PR Report	34.58%	2019	42.37%	45.34%	48.51%	
	4) Number of people in prisons or other closed settings that have received an HIV test during the reporting period and know their results - including women	PR Report	3,380	2019	5,242	5,504	5,670	
Output 2. Multi-drug resistant tuberculosis case finding and treatment outcomes improved due to lab network expansion and introduction of new modified shorter regimens	1) MDR TB-2 ^(M) Number of TB cases with RR-TB and/or MDR-TB notified - women/men	RTBC Report	904 (360/544)	2018	1,050 (525/525)	1,140 (570/570)	1,200 (600/600)	The data will be collected from primary registration books and existing database Risk: There is risk of double counting, delayed reporting and human error.
	2) Number of cases with RR-TB and/or MDR-TB that began second-line treatment (disaggregated by sex and age)	RTBC Report	867	2018	1,050	1,140	1,200	
	3) Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases (disaggregated by sex and age)	RTBC Report	5,755	2019	6,100	6,000	5,900	
Output 3. Treatment, care and support services provided to PLWH and TB	1) Percentage of people on ART among all people living with HIV at the end of the reporting period - % of women/men	RAC Report	50.61% (58/42%)	2019	66.46% (57/43%)	73.61% (55/45%)	80.75% (50/50%)	The data will be retrieved from HIV database The risk is that National AIDS Center does not input the data in the database
	2) Percentage of HIV-positive new and relapse TB patients on ART during TB treatment - % of women/men	RAC Report	93,75%	2019	96.00%	96.00%	96.00%	
Output 5. Capacity of HIV, TB services, penitentiary system and local NGOs improved in Covid19 response and coinfection management	Number of health and non-health staff trained in Covid 19 integrated activities (male and female 50% each)	n/a	0	0	130	290 (130+160)	0	The data will be retrieved from UNDP SRs reports

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans: *[Note: monitoring and evaluation plans should be adapted to project context, as needed]*

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost USD (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Deviation from the expected progress will be addressed by project management.	UNDP	74,876
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.	UNDP, project partners and CSO	160,610
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Training, working groups. Relevant lessons are captured by the project team and used to inform management decisions.	UNDP,	314,501
Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Bi- Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	UNDP	n/a
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	UNDP	n/a
Project Report (Progress Update and Disbursement Request)	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary,	Annually, and at the end of the project (final report)		UNDP	n/a

	an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.				
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Specify frequency (i.e., at least annually)	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	UNDP, RAC, RTBC, Narcology center, Prison administration and CSO	n/a

Evaluation Plan¹³

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding, USD
Mid-term review of the project	UNDP	to assess how effectively a program is working, as part of the ongoing pursuit of higher levels of achievement and quality	Outcome 1	Q1, 2022	project partners	40,000
Final review of the project	UNDP		Outcome 1	Q4, 2023	Project partners	50,000

¹³ Optional, if needed

VII. MULTI-YEAR WORK PLAN

A. 2021-2023 HIV-TB Workplan funded by GF

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1	Y2	Y3		Funding Source	Budget Description	Amount
Output 1.1 KPs including people who inject drugs, sex workers, men who have sex with men, people in prisons and other closed settings have access to a comprehensive package of HIV prevention services <i>Gender marker: GEN2</i>	Activity 2. HR cost of NGO working with PWID	132,598.81	143,206.72	154,663.25	NGO2 PWID	GF	1.2 Salaries - outreach workers, medical staff and other service providers	430,468.78
	Activity 3. HR cost to support of existing Trust Points (TP) to provide HTC services to PWID at the basis on AIDS Centers	80,606.57	87,055.09	94,019.50	AIDS Center	GF	1.2 Salaries - outreach workers, medical staff and other service providers	261,681.15
	Activity 4. HR cost for NSEP in prison for provision of syringes in 3 colonies.	25,257.56	27,278.16	29,460.42	Ministry of Justice (DPA)	GF	13.4 Incentives for Community Health Workers (CHW), outreach workers, medical staff a	81,996.14
	Activity 5. HR cost for OST points in prison in 2 colonies and 1 OST to be opened by the end of 2020.	14,951.38	16,147.49	17,439.29	Ministry of Justice (DPA)	GF	13.4 Incentives for Community Health Workers (CHW), outreach workers, medical staff a	48,538.15
	Activity 6. HR cost for staff engaged to OST points for HIV prevention and detection among PWID	180,678.19	195,132.44	210,743.04	RCNC	GF	13.4 Incentives for Community Health Workers (CHW), outreach workers, medical staff a	586,553.66
	Activity 8. HR cost to support of NGO working with SWs	72,022.53	77,784.33	84,007.08	NGO3 SW	GF	1.2 Salaries - outreach workers, medical staff and other service providers	233,813.94
	Activity 9. HR cost for Friendly cabinets for SW under AIDS center	57,595.46	62,203.10	67,179.35	AIDS Center	GF	1.2 Salaries - outreach workers, medical staff and other service providers	186,977.91
	Activity 11. HR cost for NGO working with MSM to provide friendly services	72,490.55	78,289.79	84,552.98	NGO4 MSM	GF	1.2 Salaries - outreach workers, medical staff and other service providers	235,333.32
	Activity 20. Four one day meeting on coordination of the PWID network of partners in GBAO, Khatlon, Dushanbe/RRP and Soghd	1,365.62	1,474.87	1,592.85	NGO2 PWID	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	4,433.34

Activity 22. Comprehensive assessment of PWID profile (Narco scene)	25,974.00	-	-	UNDP	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	25,974.00
Activity 23. Annual meeting with CSOs, NGOs and other stakeholders working with PWID in Tajikistan (one day meetings, 25 participatns each year)	2,762.48	2,983.48	3,222.16	AIDS Center	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	8,968.12
Activity 28. Trainings for NGOs and AIDS Centers on outreach work and social support	3,632.45	3,632.45	3,632.45	UNDP	GF	2.1 Training related per diems/transport/other costs	10,897.35
Activity 29. Trainings for NGOs and AIDS Centers on the philosophy of harm reduction	3,632.45	3,632.45	3,632.45	NGO2 PWID	GF	2.1 Training related per diems/transport/other costs	10,897.35
Activity 30. Training for AIDS Centers on the postcontact prevention measures and safety in the working environment	3,632.45	3,632.45	3,632.45	AIDS Center	GF	2.1 Training related per diems/transport/other costs	10,897.35
Activity 40. Conduction of Focus groups by DPA at OST sites in prisons	1,206.39	1,302.90	1,407.13	Ministry of Justice (DPA)	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	3,916.41
Activity 59. Transportation costs (fuel) SW TP for transportation of commodities	1,509.30	1,630.05	1,760.45	NGO3 SW	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	4,899.81
Activity 66. Printing of communication material for KP (IEC on risk reduction)	-	45,965.88	49,176.72	UNDP	GF	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	95,142.60
Activity 70. Office related cost of NGO working with PWID	38,173.76	41,227.66	44,525.87	NGO2 PWID	GF	11.1 Office related costs	123,927.28
Activity 71. Office related-costs for TP under AIDS centers (stationery and other supplies)	14,752.82	15,933.05	17,207.69	AIDS Center	GF	11.1 Office related costs	47,893.55
Activity 72. Office related cost of NGO working with MSM	17,107.65	18,476.26	19,954.37	NGO4 MSM	GF	11.1 Office related costs	55,538.28
Activity 74. Office related cost of NGO working with SW	11,405.10	12,317.51	13,302.91	NGO3 SW	GF	11.1 Office related costs	37,025.52
Activity 76. The operating costs of 3 NSEPs in prisons	2,976.28	3,214.38	3,471.53	Ministry of Justice (DPA)	GF	11.1 Office related costs	9,662.19
Activity 77. The operating costs of 10 OST points based on RCNC	8,155.00	8,807.40	9,512.00	RCNC	GF	11.1 Office related costs	26,474.41
Activity 78. The operating costs of 3 OST points based on DPA	2,446.50	2,642.22	2,853.60	Ministry of Justice (DPA)	GF	11.1 Office related costs	7,942.32
Activity 86. Motivation packages for prisoners	41,533.79	41,533.79	41,533.79	UNDP	GF	12.2 Food and care packages	124,601.38
Activity 87. Conduction of mini education session among inmates in prison (Training	9,518.14	10,279.59	11,101.96	Ministry of Justice (DPA)	GF	2.1 Training related per diems/transport/other costs	30,899.69

	for peer trainers on HIV prevention and stigma and discrimination reduction)							
	Activity 103. Procurement of condoms & lubricants for KPs. Detailed assumptions are in HPMT.	-	150,876.03	154,222.95	UNDP	GF	5.2 Condoms - Male	305,098.98
	Activity 104. Procurement of condoms & lubricants for Sex workers and their clients. Detailed assumptions are in HPMT.	-	10,375.12	10,740.80	UNDP	GF	5.2 Condoms - Male	21,115.92
	Activity 105. Procurement of condoms and lubricants. Detailed assumptions are in HPMT.	-	11,304.00	11,400.00	UNDP	GF	5.8 Other consumables	22,704.00
	Activity 106. PSM costs associated to procurement of Condoms and lubricants for KPs (BLs 103-105). Detailed assumptions are in HPMT.	-	56,114.93	57,353.49	UNDP	GF	7.7 Other PSM costs	113,468.43
	Activity 107. Procurement of syringes and consumables for PWID. Detailed assumptions are in HPMT.	-	174,071.39	174,104.93	UNDP	GF	5.7 Syringes and needles	348,176.32
	Activity 108. OST for People who inject drugs and their partners. Detailed assumptions are in HPMT.	59,817.66	142,423.00	170,907.60	UNDP	GF	4.4 Opioid substitutes medicines	373,148.26
	Activity 109. PSM costs associated to procurement of syringes and consumables, opioid substitutes medicines (BLs 107-108). Detailed assumptions are in HPMT.	18,854.53	44,891.73	53,870.08	UNDP	GF	7.7 Other PSM costs	117,616.33
	Sub-Total for Output 1.1	904,657.42	1,495,839.72	1,606,185.12				4,006,682.26
Output 1.2: National public health response capacity in HIV case finding improved due to the provision of differentiated HIV testing	Activity 24. Index testing among SW (Dushanbe)	1,553.58	1,677.87	1,812.10	NGO3 SW	GF	2.1 Training related per diems/transport/other costs	5,043.56
	Activity 48. International consultant to train outreach workers on index testing.	20,730.00	-	-	UNDP	GF	3.1 Technical Assistance Fees/Consultants	20,730.00
	Activity 49. Two national consultant hired to support index testing among KPs	6,600.00	-	-	UNDP	GF	3.1 Technical Assistance Fees/Consultants	6,600.00
	Activity 90. Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for KPs	3,347.27	34,430.18	35,153.58	UNDP	GF	5.4 Rapid Diagnostic Test	72,931.03
	Activity 91. PSM costs related to procurement of RDTs (BL 90). Detailed assumptions are in HPMT.	1,055.06	10,852.39	11,080.41	UNDP	GF	7.7 Other PSM costs	22,987.86
	Activity 92. Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for KPs. Detailed assumptions are in HPMT.	13,389.08	137,720.72	140,614.32	UNDP	GF	5.4 Rapid Diagnostic Test	291,724.12
	Activity 93. PSM costs associated to procurement of HIV RDTs (BL92). Detailed assumptions are in HPMT.	4,220.24	43,409.57	44,321.63	UNDP	GF	7.7 Other PSM costs	91,951.44
Sub-Total for Output 1.2	50,895.23	228,090.74	232,982.04				511,968.01	

Output 2: Multidrug-resistant tuberculosis case finding and treatment outcomes improved due to the laboratory network expansion and introduction of new modified treatment regimens Gender marker:GEN2	Activity 17. Incentives for every case identified and treatment initiated (Active TB case finding)	3,410.82	3,683.68	3,978.38	NGO2 PWID	GF	13.4 Incentives for Community Health Workers (CHW), outreach workers, medical staff a	11,072.87
	Activity 18. HR cost for staff involved to project implementation under TB centers	58,323.63	62,989.52	68,028.68	Republican Center of Tuberculosis Control - Tajikistan	GF	13.4 Incentives for Community Health Workers (CHW), outreach workers, medical staff a	189,341.83
	Activity 25. International TA for Preventive maintenance and servicing of laboratory equipment	16,801.00	16,801.00	16,801.00	UNDP	GF	3.1 Technical Assistance Fees/Consultants	50,403.00
	Activity 47. Active TB case finding	3,552.09	3,836.26	4,143.16	UNDP	GF	2.1 Training related per diems/transport/other costs	11,531.50
	Activity 53. External technical assistance by SRL	33,490.00	33,490.00	33,490.00	UNDP	GF	3.4 Other external professional services	100,470.00
	Activity 54. Blind rechecking of phenotypic DST results (EQA and WGS)	28,640.00	28,640.00	28,640.00	UNDP	GF	3.4 Other external professional services	85,920.00
	Activity 56. Support to GLC operations	50,000.00	50,000.00	50,000.00	UNDP	GF	4.2 Anti-tuberculosis medicines	150,000.00
	Activity 62. Support to specimen transportation system countrywide (from Districts to Reg.Centers, from Reg.Centers to Dushanbe)	65,864.26	43,909.51	21,954.75	UNDP	GF	9.4 Maintenance and service costs non-health equipment	131,728.52
	Activity 65. Tablets for CHWs for contact tracing	15,096.00	-	-	UNDP	GF	9.1 IT - computers, computer equipment, software and applications	15,096.00
	Activity 81. Office related costs of NGOs working on MDR-TB case detection	3,512.01	3,792.97	-	NGO5 MDR-TB	GF	11.1 Office related costs	7,304.98
	Activity 82. Support of office running costs of NTP	2,321.50	2,507.22	2,707.79	Republican Center of Tuberculosis Control - Tajikistan	GF	11.1 Office related costs	7,536.51
	Activity 83. Internet support for tablets (contact investigation)	8,414.88	9,088.07	9,815.11	Republican Center of Tuberculosis Control - Tajikistan	GF	11.4 Other PA costs	27,318.06
	Activity 88. DR-TB Care Package	191,896.60	191,896.60	191,896.60	UNDP	GF	12.2 Food and care packages	575,689.80
	Activity 94. Procurement of RDTs to diagnose TB. Detailed assumptions are in HPMT.	709,431.00	476,118.00	13,300.00	UNDP	GF	5.4 Rapid Diagnostic Test	1,198,849.00
	Activity 95. Procurement of laboratory reagents. Detailed assumptions are in HPMT.	320,896.90	287,678.79	271,343.29	UNDP	GF	5.6 Laboratory reagents	879,918.98
Activity 96. Procurement of consumables. Detailed assumptions are in HPMT.	24,722.72	29,206.52	34,519.84	UNDP	GF	5.8 Other consumables	88,449.08	

	Activity 97. Procurement of TB Molecular Test equipment. Detailed assumptions are in HPMT.	46,800.00	-	-	UNDP	GF	6.4 TB Molecular Test equipment	46,800.00
	Activity 98. Maintenance and service contracts. Detailed assumptions are in HPMT.	61,184.00	11,184.00	11,184.00	UNDP	GF	6.5 Maintenance and service costs for health equipment	83,552.00
	Activity 99. Procurement of other health equipment. Detailed assumptions are in HPMT.	467,548.28	32,876.00	32,876.00	UNDP	GF	6.6 Other health equipment	533,300.28
	Activity 100. PSM costs associated to procurement of TB RDTs, lab reagents and other (BL 94-99). Detailed assumptions are in HPMT.	480,590.36	260,297.18	110,945.06	UNDP	GF	7.7 Other PSM costs	851,832.60
	Activity 101. Procurement of anti-TB medicines for prevention incl pediatric formulation. Detailed assumptions are in HPMT.	2,131,880.76	1,987,311.34	-	UNDP	GF	4.2 Anti-tuberculosis medicines	4,119,192.10
	Activity 102. PSM costs associated to procurement of anti-TB medicines for prevention (BL 101). Detailed assumptions are in HPMT.	329,162.39	306,840.87	-	UNDP	GF	7.7 Other PSM costs	636,003.26
	Activity 110. Treatment of drug-resistant TB. Detailed assumptions are in HPMT.	29,715.00	29,715.00	29,715.00	UNDP	GF	4.2 Anti-tuberculosis medicines	89,145.00
	Activity 111. PSM costs associated to procurement of drugs for the treatment of drug-resistant TB (BL 110). Detailed assumptions are in HPMT.	2,085.99	2,085.99	2,085.99	UNDP	GF	7.7 Other PSM costs	6,257.98
	Sub-Total for Output 2	5,085,340.19	3,873,948.52	937,424.65				9,896,713.36
Output 3. Treatment, care and support services provided to PLWH and TB <i>Gender marker: GEN2</i>	Activity 12. Counselling services to PLHIV	68,184.17	73,638.91	79,530.02	AIDS Center	GF	1.2 Salaries - outreach workers, medical staff and other service providers	221,353.10
	Activity 13. HR cost for staff involved to project implementation under AIDS centers	84,506.41	91,266.92	98,568.28	AIDS Center	GF	13.4 Incentives for Community Health Workers (CHW), outreach workers, medical staff a	274,341.61
	Activity 67. Printing of ART education material for PLHIV;	-	3,709.80	4,069.80	UNDP	GF	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	7,779.60
	Activity 73. Office related costs of 6 AIDS Centers	13,928.99	15,043.30	16,246.77	AIDS Center	GF	11.1 Office related costs	45,219.06
	Activity 85. Motivation packages for PLHIV	40,516.18	40,516.18	40,516.18	UNDP	GF	12.2 Food and care packages	121,548.53
	Activity 112. Procurement of Antiretroviral medicines for PrEP and PLHIV treatment. Detailed assumptions are in HPMT.	256,283.47	800,831.77	872,449.35	UNDP	GF	4.1 Antiretroviral medicines	1,929,564.59
	Activity 113. Procurement of laboratory reagents. Detailed assumptions are in HPMT.	87,542.20	271,147.24	295,748.69	UNDP	GF	5.6 Laboratory reagents	654,438.13

	Activity 114. Procurement of consumables. Detailed assumptions are in HPMT.	24,478.93	139,990.28	162,891.07	UNDP	GF	5.8 Other consumables	327,360.28
	Activity 115. Maintenance and service contracts. Detailed assumptions are in HPMT.	3,295.47	5,459.60	6,060.46	UNDP	GF	6.5 Maintenance and service costs for health equipment	14,815.53
	Activity 116. PSM costs associated to procurement of ARV drugs, lab.reagents, consumables etc. (BLs 112-115). Detailed assumptions are in HPMT.	116,214.18	437,232.21	474,816.46	UNDP	GF	7.7 Other PSM costs	1,028,262.85
	Activity 117. Procurement of OI and STI medicines. Detailed assumptions are in HPMT.	33,767.40	61,600.80	67,764.34	UNDP	GF	4.1 Antiretroviral medicines	163,132.54
	Activity 118. Procurement of other medicines. Detailed assumptions are in HPMT.	-	23,546.25	24,249.75	UNDP	GF	4.1 Antiretroviral medicines	47,796.00
	Activity 119. PSM costs associated to procurement of OI and STI medicines and other drugs (BLs 117-118). Detailed assumptions are in HPMT.	10,643.48	26,838.35	29,002.84	UNDP	GF	7.7 Other PSM costs	66,484.68
	Sub-Total for Output 3	739,360.88	1,990,821.61	2,171,914.00				4,902,096.50
Output 4.1. Gender and human rights-related barriers to HIV/TB services reduced due to advocacy and training interventions Gender marker: GEN2	Activity 15. HR cost for NGO working with KP on Human rights and improving of access to services	22,322.09	24,107.86	26,036.49	NGO1 Human Rights	GF	1.2 Salaries - outreach workers, medical staff and other service providers	72,466.44
	Activity 16. REACT. HR cost for NGO working with KP on Human rights and improving of access to services	-	8,349.68	9,017.65	NGO1 Human Rights	GF	1.2 Salaries - outreach workers, medical staff and other service providers	17,367.33
	Activity 21. Four one day meetings with employees of the drug control agency under the President of the Republic of Tajikistan, with law enforcement agencies in order to establish relationships with police officers and protect the rights and interests of the PWID community in GBAO, Khatlon, Dushanbe/RRP and Soghd	3,038.28	3,281.35	3,543.86	NGO2 PWID	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	9,863.49
	Activity 31. Trainings on stigma and discrimination reduction; Increasing the capacity of women living with HIV to lobby for the protection of rights and their interests	10,357.25	11,185.83	12,080.70	NGO1 Human Rights	GF	2.1 Training related per diems/transport/other costs	33,623.79
	Activity 32. Round table dialogue with representatives of law enforcement agencies to achieve high-level support for the development of program	9,478.99	10,237.30	11,056.29	NGO1 Human Rights	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	30,772.58
	Activity 33. Meeting for REACT data base specialists in Y2 and Y3. One meeting per year, for 20 participants.	-	2,934.81	3,169.59	NGO1 Human Rights	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	6,104.40

	Activity 50. Rendering technical assistance for advocacy of law revision with clear identification of the cases of intended HIV virus transmission (Article 125). Assessment of cases (34 cases in Y1, 33 cases Y2, 33 cases in Y3)	16,109.56	16,886.61	18,237.54	NGO1 Human Rights	GF	3.1 Technical Assistance Fees/Consultants	51,233.72
	Activity 51. Lawyers to support KPs on human rights related issues in all NGOs.	3,789.80	4,092.98	4,420.42	NGO1 Human Rights	GF	3.4 Other external professional services	12,303.19
	Activity 52. Rendering 24 Data security experts each year in national, regional and districts levels,	12,857.53	13,886.13	14,997.02	NGO1 Human Rights	GF	3.4 Other external professional services	41,740.67
	Activity 68. Printing of information materials for future dissemination information about the existing services (crisis centers, legal support, and psychosocial support)	-	15,225.41	16,369.63	UNDP	GF	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	31,595.04
	Activity 79. Office related costs of NGOs working in the human rights related component	5,154.92	5,567.31	6,012.69	NGO1 Human Rights	GF	11.1 Office related costs	16,734.92
	Activity 80. Communication support for REACT platform functioning in 10 sites	-	3,035.80	3,278.67	NGO1 Human Rights	GF	11.1 Office related costs	6,314.47
	Sub-Total for Output 4.1	83,108.42	118,791.07	128,220.55				330,120.04
Output 4.2. RSSH: Health management information systems and M&E improved due to implementation of electronic community based monitoring system and monitoring site visits <i>Gender marker: GEN2</i>	Activity 26. PR M&E cost	24,958.80	24,958.80	24,958.80	UNDP	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	74,876.40
	Activity 35. Training of CSOs on using the CBM tool, 3 trainings for 35 participants	3,950.22	4,266.23	4,607.53	NGO5 MDR-TB	GF	2.1 Training related per diems/transport/other costs	12,823.98
	Activity 37. Support for M&E visits of NGO's working with PWID to districts and cities of Kulyab, Bokhtar, GBAO and Sogd (2 person, 3 days, 1 visit each six months per region)	2,673.10	2,886.94	3,117.90	NGO2 PWID	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	8,677.94
	Activity 38. Support for M&E visits of AIDS Center's to Sogd, Khatlon and GBAO regions (3 persons, 3 days, 1 visit each quarter)	2,004.82	2,165.21	2,338.42	AIDS Center	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	6,508.45
	Activity 39. Support for M&E visits of DPA.	1,435.76	1,550.62	1,674.67	Ministry of Justice (DPA)	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	4,661.04
	Activity 41. Support for M&E visits of RCNC for conduction of supervision at OST sites and conduction the on-site trainings.	2,888.97	3,120.09	3,369.70	RCNC	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	9,378.77

Activity 42. Support for M&E visits of NGO's working with SW to Sogd and Khatlon regions (4 persons, 3 days, 1 visit each quarter per region)	1,336.55	1,443.47	1,558.95	NGO3 SW	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	4,338.97
Activity 44. Support for M&E visits of NGOs working with MSM to districts and cities of Kulyab, Bokhtar and Sogd (3 persons, 2 days, 1 visit each six month per regions)	1,503.62	1,623.91	1,753.82	NGO4 MSM	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	4,881.34
Activity 45. Support for M&E visits of AIDS Centers to Sogd, Khatlon and GBAO regions (4 persons, 4 days, 3 visits per year) (PLHIV)	9,652.07	10,424.24	11,258.18	AIDS Center	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	31,334.49
Activity 46. Support to NTP supervision M&E visits to Sogd, Khatlon, DRS and GBAO regions (4 persons, 5 days, 8 visits per year)	22,262.57	24,043.57	25,967.06	Republican Center of Tuberculosis Control - Tajikistan	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	72,273.20
Activity 55. Consultants for the clinical part of mSTR study and for Research Database Management (Epi Info)	9,097.17	9,824.94	-	Republican Center of Tuberculosis Control - Tajikistan	GF	3.1 Technical Assistance Fees/Consultants	18,922.11
Activity 57. Transportation costs (fuel) per each NGO working with PWID for M&E visits within a region, transportation of commodities	3,000.09	3,240.10	3,499.30	NGO2 PWID	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	9,739.49
Activity 63. IT equipment for the research group to carry out their tasks on the introduction of the DR-TB mSTR	4,526.00	-	-	UNDP	GF	9.1 IT - computers, computer equipment, software and applications	4,526.00
Activity 64. IT equipment for HMIS system of NTP (server) to support all electronic data systems including contact tracing and web-based R&R system	30,000.00	-	-	UNDP	GF	9.1 IT - computers, computer equipment, software and applications	30,000.00
Activity 84. The operating costs of Operational research groups on the introduction of the DR-TB mSTR	2,956.44	2,857.23	-	Republican Center of Tuberculosis Control - Tajikistan	GF	11.4 Other PA costs	5,813.67
Activity 128. Rapid assessment of the status of nosocomial infection control in the pilot sites in the country	13,601.00	-	-	UNDP	GF	3.1 Technical Assistance Fees/Consultants	13,601.00
Activity 130. Review and updating of the regulatory framework to improve infection control	-	10,350.00	-	UNDP	GF	3.1 Technical Assistance Fees/Consultants	10,350.00
Activity 131. ART outcome analysis conducted with international expertise jointly with local consultants/national partners.	14,500.00	-	-	UNDP	GF	3.1 Technical Assistance Fees/Consultants	14,500.00

	Activity 132. Testing yield analysis conducted by international specialist and two local specialists	-	10,000.00	-	UNDP	GF	3.1 Technical Assistance Fees/Consultants	10,000.00
	Sub-Total for Output 4.2	150,347.16	112,755.35	84,104.33				347,206.84
Output 4.3 RSSH: Health products management systems improved due to effective operation of drugs and health commodities management systems <i>Gender marker: GEN2</i>	Activity 121. Training of procurement officials on newly developed Procurement Regulations and best international procurements practices	5,379.33	-	-	UNDP	GF	2.1 Training related per diems/transport/other costs	5,379.33
	Activity 122. Renovation of storage facilities in Dushanbe as the main storage place (obligations)	128,160.24	-	-	UNDP	GF	8.2 Renovation/constructions	128,160.24
	Activity 123. Introduction of "1C" LMIS at NTP service delivery points	6,240.00	-	-	UNDP	GF	3.4 Other external professional services	6,240.00
	Activity 124. Taining on reporting/data collection to SRs including induction training on 1C software	5,977.03	3,873.12	-	UNDP	GF	2.1 Training related per diems/transport/other costs	9,850.15
	Activity 125. 1. International TA for Review of the Terms of Reference for the Thematic Working Group responsible for Quantification and Forecasting in light of transition and revise if necessary (TRP 6) 2. Local TA for review and revision of the national SOP on FPP storage, inventory management and distribution practices at each level of supply chain with subsequent approval at MOHSSP level. Introduction and dissemination of the revised and approved SOPs among all HIV and TB services delivery points	3,850.00	4,850.00	-	UNDP	GF	3.1 Technical Assistance Fees/Consultants	8,700.00
	Activity 126. Regular on-job coaching of all local staff involved in prescribing of ARV and TB drugs on correct appliance of the approved treatment regimens	7,721.66	7,721.66	7,721.66	UNDP	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	23,164.98
	Activity 127. Consultant Pharmacist for central warehouse	5,685.73	6,140.59	6,631.83	UNDP	GF	3.1 Technical Assistance Fees/Consultants	18,458.15
	Sub-Total for Output 4.3	163,013.99	22,585.36	14,353.49				199,952.84
Effective program management <i>Gender marker: GEN2</i>	Activity 1. HR cost of Administrative staff of the NGO working with PWID	45,761.78	49,422.72	53,376.54	NGO2 PWID	GF	1.1 Salaries - program management	148,561.04
	Activity 7. HR cost of Administrative staff of the NGO working with SWs	20,635.44	22,286.27	24,069.17	NGO3 SW	GF	1.1 Salaries - program management	66,990.88
	Activity 10. HR cost of Administrative staff of the NGO working with MSM	28,309.77	30,574.55	33,020.52	NGO4 MSM	GF	1.1 Salaries - program management	91,904.84
	Activity 14. HR cost of Administrative staff of the NGO working with KP on Human rights and improving of access to services	31,095.27	33,582.89	36,269.52	NGO1 Human Rights	GF	1.1 Salaries - program management	100,947.69

Activity 19. HR cost of Administrative staff of the NGO working with MDR-TB, community-based DR-TB case finding/referrals	34,221.85	36,959.60	-	NGO5 MDR-TB	GF	1.1 Salaries - program management	71,181.45
Activity 27. Cost of assets insurance	-	30,000.00	30,000.00	UNDP	GF	3.5 Insurance related costs	60,000.00
Activity 34. Consultative Project meetings a) for project staff on reporting and guidelines of the Global fund b) Induction workshop Activity 57. Transportation costs (fuel) per each NGO working with PWID for M&E visits within a region, transportation of commodities Train the SRs on reporting tools; and Train the SRs on specific UNDP requirements	19,723.60	19,723.60	19,723.60	UNDP	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	59,170.81
Activity 36. Support to national partners and CSOs for participation in the international conferences and meetings, workshops, study tours	15,725.00	15,725.00	15,725.00	UNDP	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	47,175.00
Activity 43. Annual audit of SRs and PR	13,911.13	105,097.00	20,097.00	UNDP	GF	3.3 External audit fees	139,105.13
Activity 58. Vehicle running costs of AIDS Centers (fuel, maintenance) for M&E visits within a region, transportation of commodities, implementation of project activities	4,063.61	4,388.70	4,739.80	AIDS Center	GF	9.4 Maintenance and service costs non-health equipment	13,192.11
Activity 60. Maintenance and service costs (fuel, washing, vehicle maintenance, spare parts, etc.)	16,200.00	16,200.00	16,200.00	UNDP	GF	9.4 Maintenance and service costs non-health equipment	48,600.00
Activity 61. Vehicle running costs of NTP (fuel, maintenance) for M&E visits and implementation of project activities.	3,108.03	3,356.67	3,625.21	Republican Center of Tuberculosis Control Tajikistan	GF	9.4 Maintenance and service costs non-health equipment	10,089.91
Activity 69. Printing of recording and reporting material for 195 Service Delivery points	-	11,411.40	11,411.40	UNDP	GF	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	22,822.80
Activity 75. PR Office related cost	128,827.26	128,827.26	128,827.26	UNDP	GF	11.1 Office related costs	386,481.78
Activity 89. PR HR cost	633,060.65	633,060.65	633,060.65	UNDP	GF	1.1 Salaries - program management	1,899,181.96
Activity 120. Fund allocated for implementation of CD plan	50,000.00	-	-	UNDP	GF	3.4 Other external professional services	50,000.00

	Activity 129. Organize 3 round tables (1 day each) for regional stakeholders (Hukumats, AIDS and TB centers and SES) to discuss findings of the infection control rapid assessment in the country	2,056.51	4,113.02	-	UNDP	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	6,169.53
	Sub-Total	1,046,699.91	1,144,729.35	1,030,145.67				3,221,574.93
General Management Support	Activity 133. GMS - 7%	572,139.62	625,629.32	430,873.09	UNDP	GF	11.3 Indirect cost recovery (ICR) - % based	1,628,642.03
GRAND TOTAL	TOTAL	8,795,562.83	9,613,191.03	6,636,202.96				25,044,956.82

B. 2021-2023 C19RM Workplan funded by GF

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1	Y2	Y3		Funding Source	Budget Description	Amount
Outcome 5. Strengthened national public health response to COVID19 and access to quality healthcare services Output 5 Capacity of HIV, TB services, penitentiary system and local NGOs improved in Covid19 response and coinfection management Gender marker:GEN2	Activity C1. Continuous meetings with national stakeholders, CSOs, service providers to coordinate and support inter-sectoral collaboration On COVID response, including Inter-ministerial roadmap supporting the coordination of HIV, TB, DR-TB, and COVID response between MOH and MOJ (quarterly)	1,096.09	2,367.56	-	Ministry of Justice (DPA)	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	3,463.65
	Activity C2. Workshops for SCOs and NGOs for sharing experience of working with KP, coordinate and plan activities (managers, social workers, CHW, volunteers). 5 meetings, involving participants from Dushanbe and regions the regional levels and Dushanbe	3,515.23	5,694.68	-	NGO2 PWID	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	9,209.91
	Activity C3. Provide training to prison health workers and essential staff, including pre-detention center administration and LE officers, according to national strategy, on infection prevention and control (IPC) measures and rational use of PPE in the COVID-19 context, four trainings in 2021	2,604.12	2,812.45	-	Ministry of Justice (DPA)	GF	2.1 Training related per diems/transport/other costs	5,416.56

Activity C4. Trainer's cost for conduction of training to prison health workers and essential staff	444.88	480.48	-	Ministry of Justice (DPA)	GF	3.1 Technical Assistance Fees/Consultants	925.36
Activity C5. Conduction of training workshops to sensitize lawyers on TB/COVID-19 legal and human rights and gender issues. One 2 day training in 2021. Fee for trainers	-	4,216.73	-	NGO5 MDR-TB	GF	2.1 Training related per diems/transport/other costs	4,216.73
Activity C6. Trainer's cost for conduction of workshop to sensitize lawyers on TB/COVID-19	-	480.48	-	NGO5 MDR-TB	GF	3.1 Technical Assistance Fees/Consultants	480.48
Activity C7. Training seminar on stigma and discrimination – how stigma and discrimination manifests and how it can be remedied – for NGOs, TB Support Groups and CHWs and volunteers, development of curriculum, trainers' fees	-	4,915.98	-	NGO2 PWID	GF	2.1 Training related per diems/transport/other costs	4,915.98
Activity C8. Trainer's cost for conduction of seminar on stigma and discrimination	-	480.48	-	NGO2 PWID	GF	3.1 Technical Assistance Fees/Consultants	480.48
Activity C9. Conduct of regular workshops on follow-ups, feedbacks, exchange of practices and further planning for SCOs, TB Support Groups, social workers, CHWs, and volunteers.	-	9,435.43	-	NGO5 MDR-TB	GF	2.1 Training related per diems/transport/other costs	9,435.43
Activity C10. Trainer's cost for conduction of NGO workshops, TB Support Groups, CHWs etc.	-	2,882.85	-	NGO5 MDR-TB	GF	3.1 Technical Assistance Fees/Consultants	2,882.85
Activity C11. Trainings for doctors of the diagnostic units of HIV service on management COVID-19/ HIV patients (based on the National Guidelines)	5,208.23	11,249.78	-	AIDS Center	GF	2.1 Training related per diems/transport/other costs	16,458.01
Activity C12. Trainer's cost for conduction of training for doctors of the diagnostic units of HIV service	889.77	1,921.90	-	AIDS Center	GF	3.1 Technical Assistance Fees/Consultants	2,811.67

	Activity C13. Support the Development of local COVID -19 action plans on the level of (pre) detention facilities - Working Groups meetings	-	8,351.26	-	Ministry of Justice (DPA)	GF	2.4 Meeting/Advocacy related per diems/transport/other costs	8,351.26
	Activity C14. Training and refresher training of the health workforce (TB and PHC) in management of COVID-19, using protocols based on international standards and WHO guidance. In total 10 two day trainings and refresh trainings, 2 per Dushanbe and regions. In total 10 trainings with 15 participants	6,113.05	9,903.13	-	Republican Center of Tuberculosis Control - Tajikistan	GF	2.1 Training related per diems/transport/other costs	16,016.18
	Activity C15. Conduct National assessment on influence COVID-19 epidemic at KP (access to the health service for marginalized populations, gender violence, stigma and discrimination, level of knowledge on COVID-19 including Khatlon region. National and/ or international consultancy	-	23,986.04	-	UNDP	GF	2.3 Supervision/surveys/ data collection related per diems/transport/other costs	23,986.04
	Activity C16. International TA to support the country on management of COVID-19, HIV. TB , laboratory using protocols based on international standards and WHO guidance.	-	13,000.00	-	UNDP	GF	3.1 Technical Assistance Fees/Consultants	13,000.00
	Activity C17. Travel related costs of the International TA to support the country on management of COVID-19, HIV, TB laboratory	-	2,836.00	-	UNDP	GF	2.2 Technical assistance-related per diems/transport/other costs	2,836.00
	Activity C18. Development, printing and distribution of the printing materials for the general materials on COVID/ HIV /TB for the general population, KPs, including prisoners, PLHIV, PWID, TB patients, health staff, SCO- all governmental services and SCOs	-	36,000.00	-	UNDP	GF	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	36,000.00

Activity C19. Internet and communication package for staff of syringe exchange points, and SCOs for supporting the continuity of services and contacting with clients, providing on- line consultations. Fixed Internet connection for all governmental SRs	-	21,492.02	23,211.38	AIDS Center	GF	11.4 Other PA costs	44,703.40
Activity C20. Office related cost of NGO working with MDR-TB	-	6,931.18	7,485.67	NGO5 MDR-TB	GF	11.1 Office related costs	14,416.85
Activity C21. Office related cost to support existing Dropin Centers (7 Dropin Centers for provision of services to PLHIV, PWID, victims of gender violence) in Dushanbe, Khujand, Khorog, Kulyab, Bokhtar.	-	25,951.61	28,027.74	NGO2 PWID	GF	11.1 Office related costs	53,979.35
Activity C22. HR cost of NGOs working with MDR-TB	-	21,215.34	22,912.57	NGO5 MDR-TB	GF	1.6 Salaries – community-based, incl. Community Health Workers and outreach workers	44,127.92
Activity C23. HR cost to support existing Dropin Centers (7 Dropin Centers for provision of services to PLHIV, PWID, victims of gender violence) in Dushanbe, Khujand, Khorog, Kulyab, Bokhtar.	-	45,421.95	52,980.16	NGO2 PWID	GF	1.6 Salaries – community-based, incl. Community Health Workers and outreach workers	98,402.11
Activity C24. Purchase of food / hygiene packages for victims of gender-based violence and clients of existing Dropin Centers	25,837.69	51,675.38	51,675.38	UNDP	GF	12.2 Food and care packages	129,188.45
Activity C31. Internet and communication package for staff of TB Centers for supporting the continuity of services and contacting with clients, providing on-line consultations. Fixed Internet connection	-	21,492.02	23,211.38	Republican Center of Tuberculosis Control - Tajikistan	GF	11.4 Other PA costs	44,703.40
Activity C32. Procurement of Ag RDTs for diagnosis	-	113,439.00	-	UNDP	GF	5.4 Rapid Diagnostic Test	113,439.00
Activity C33. Procurement of laboratory reagents for diagnosis	-	287,505.20	-	UNDP	GF	5.6 Laboratory reagents	287,505.20

Activity C34. Procurement of other consumables for diagnosis	-	531,272.60	-	UNDP	GF	5.8 Other consumables	531,272.60
Activity C35. Procurement of other health equipment for diagnosis	-	104,537.24	-	UNDP	GF	6.6 Other health equipment	104,537.24
Activity C36. Procurement of medical oxygen and consumables	12,125.68	-	-	UNDP	GF	5.12 Medical oxygen	12,125.68
Activity C37. Procurement of equipment to generate, transport, or provision of medical oxygen	272,315.00	-	-	UNDP	GF	6.7 Medical Oxygen - Equipment	272,315.00
Activity C38. Procurement of other health equipment for case management	10,060.00	-	-	UNDP	GF	6.6 Other health equipment	10,060.00
Activity C39. Procurement of PPE items	401,637.70	-	-	UNDP	GF	5.11 Personal Protective Equipment	401,637.70
Activity C40. Procurement of other health equipment for laboratory strengthening	-	16,000.00	-	UNDP	GF	6.6 Other health equipment	16,000.00
Activity C41. Procurement of laboratory reagents for surveillance	-	132,528.00	-	UNDP	GF	5.6 Laboratory reagents	132,528.00
Activity C42. Procurement of other health equipment for surveillance	-	100,000.00	-	UNDP	GF	6.6 Other health equipment	100,000.00
Activity C43. PSM Costs	98,733.84	-	-	UNDP	GF	7.7 Other PSM costs	98,733.84
Activity C44. PSM Costs	-	278,780.98	-	UNDP	GF	7.7 Other PSM costs	278,780.98
Activity C45. PSM Costs	105,811.45	-	-	UNDP	GF	7.7 Other PSM costs	105,811.45
Activity C46. PSM Costs	-	5,365.70	-	UNDP	GF	7.7 Other PSM costs	5,365.70
Activity C47. PSM Costs	-	94,256.62	-	UNDP	GF	7.7 Other PSM costs	94,256.62
Activity C49. Procurement of laboratory reagents for diagnosis	-	285,000.00	-	UNDP	GF	5.6 Laboratory reagents	285,000.00
Activity C50. Procurement of other consumables for diagnosis	-	843,574.00	-	UNDP	GF	5.8 Other consumables	843,574.00
Activity C51. Procurement of equipment to generate, transport, or provision of medical oxygen	-	16,490.00	-	UNDP	GF	6.7 Medical Oxygen - Equipment	16,490.00

	Activity C52. Procurement of other health equipment for case management	-	406,000.00	-	UNDP	GF	6.6 Other health equipment	406,000.00
	Activity C53. PSM Costs	-	365,510.22	-	UNDP	GF	7.7 Other PSM costs	365,510.22
	Activity C54. PSM Costs	-	140,524.11	-	UNDP	GF	7.7 Other PSM costs	140,524.11
	Activity C61. X Ray Maintenance and service costs for health equipment for 2023	-	8,000.00	-	UNDP	GF	6.5 Maintenance and service costs for health equipment	8,000.00
	Activity C65. Procurement of Ag RDTs for diagnosis	-	282,000.00	-	UNDP	GF	5.4 Rapid Diagnostic Test	282,000.00
	Sub-Total for Output 5	946,392.74	4,345,978.38	209,504.28			7.7 Other PSM costs	5,501,875.40
Program management for C19RM	Activity C25. PR HR cost	27,602.49	110,409.94	110,409.94	UNDP	GF	1.1 Salaries - program management	248,422.38
	Activity C26. PR M&E cost	2,079.90	2,079.90	2,079.90	UNDP	GF	2.3 Supervision/surveys/data collection related per diems/transport/other costs	6,239.70
	Activity C27. Audit cost	-	20,097.00	20,097.00	UNDP	GF	3.3 External audit fees	40,194.00
	Activity C28. Insurance cost	1,500.00	1,500.00	1,500.00	UNDP	GF	3.5 Insurance related costs	4,500.00
	Activity C29. Maintenance and service costs (fuel, washing, vehicle maintenance, spare parts, etc.)	675.00	675.00	675.00	UNDP	GF	9.4 Maintenance and service costs non-health equipment	2,025.00
	Activity C30. PR Office related cost	7,218.96	28,875.85	28,875.85	UNDP	GF	11.1 Office related costs	64,970.67
	Sub-Total	39,076.35	163,637.70	163,637.70				366,351.74
General Management Support	Activity C48. GMS - 7%	68,982.84	315,673.13	26,119.94	UNDP	GF	11.3 Indirect cost recovery (ICR) - % based	410,775.90
GRAND TOTAL	TOTAL	1,054,451.92	4,825,289.21	399,261.91				6,279,003.04

C. 2021-2022 CCM Workplan funded by GF

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1	Y2	Y3		Funding Source	Budget Description	Amount
CCM Output 1: Support to implementation of UNDP HIV and TB, and program control and capacity building of sub-recipients, national partner as potential Principal Recipients and internal UNDP staff for effective administration and management of donor funds. <i>Gender marker: GEN2</i>	CCM 1. Human Resources (Secretariat staff)	30,750.00	30,750.00	-	MOHSPP	GF	Human Resources	61,500.00
	CCM 2. Office rental and supplies	6,021.00	6,021.00	-	MOHSPP	GF	Indirect and Overhead Costs	12,042.00
	CCM 3. Vehicle maintenance	7,680.00	7,680.00	-	MOHSPP	GF	Indirect and Overhead Costs	15,360.00
	CCM 5. CCM Plenary/General Assembly meeting	1,980.00	1,980.00	-	MOHSPP	GF	Travel-related Costs	3,960.00
	CCM 6. Coordination meeting with members of regional coordinating councils in GBAO.	1,103.00	1,103.00	-	MOHSPP	GF	Travel-related Costs	2,206.00
	CCM 7. Coordination meeting with members of the regional coordinating councils in Sughd.	825.00	825.00	-	MOHSPP	GF	Travel-related Costs	1,650.00
	CCM 8. Coordination meeting with members of the regional coordinating councils in Bokhtar.	545.00	545.00	-	MOHSPP	GF	Travel-related Costs	1,090.00
	CCM 9. Coordination meeting with members of the regional coordinating councils in Kulyab.	805.00	805.00	-	MOHSPP	GF	Travel-related Costs	1,610.00
	CCM 10. Monitoring and evaluation of the quality and access to the provision of medical services in the framework of the implementation of grants from the Global Fund for HIV and TB in accordance with the regulation of NCC (Kulyab).	1,380.00	1,380.00	-	MOHSPP	GF	Travel-related Costs	2,760.00
	CCM 11. Monitoring and evaluation of quality and access to the provision of medical services in the framework of the implementation of grants from the Global Fund for HIV and TB in accordance with the regulation of NCC (Bokhtar).	1,380.00	1,380.00	-	MOHSPP	GF	Travel-related Costs	2,760.00
	CCM 12. Monitoring and evaluation of quality and access to the provision of medical services in the framework of the implementation of grants from the Global Fund for HIV and TB in accordance with the Regulation of NCC (GBAO).	2,240.00	2,240.00	-	MOHSPP	GF	Travel-related Costs	4,480.00

	CCM 13. Monitoring and evaluation of quality and access to the provision of medical services in the framework of the implementation of grants from the Global Fund for HIV and TB in accordance with the regulation of NCC (Sughd region).	1,420.00	1,420.00	-	MOHSPP	GF	Travel-related Costs	2,840.00
	CCM 14. Training for new NCC members. 15 participants.	1,294.00	1,294.00	-	MOHSPP	GF	Travel-related Costs	2,588.00
	CCM 15. Annual CCM Retreat.	1,555.00	1,555.00	-	MOHSPP	GF	Travel-related Costs	3,110.00
	CCM 16. Visits of the Oversight Commission to the regions.	1,628.00	1,628.00	-	MOHSPP	GF	Travel-related Costs	3,256.00
	CCM 17. The visits of the Oversight Committee in DDR	660.00	660.00	-	MOHSPP	GF	Travel-related Costs	1,320.00
	CCM 19. Development and printing of information materials and publications	884.00	884.00	-	MOHSPP	GF	Communication Material and Publications	1,768.00
	CCM 20. Consultation meetings with Civil Society	3,156.00	-	-	MOHSPP	GF	Travel-related Costs	3,156.00
	CCM 21. Consultation meetings with National Response Coordination (including government and international partners)	1,000.00	-	-	MOHSPP	GF	Travel-related Costs	1,000.00
	CCM 22. Local consultant to ensure consultation and coordination across stakeholders	12,469.00	-	-	MOHSPP	GF	External Professional Services	12,469.00
	Sub-Total for Output 1	78,775.00	62,150.00	-				140,925.00
General Management Support	CCM 4. GMS - 7%	4,350.00	4,350.00	-	UNDP	GF	11.3 Indirect cost recovery (ICR) - % based	8,700.00
GRAND TOTAL	TOTAL	83,125.00	66,500.00	-				149,625.00

D. Unfunded HIV-TB activities

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1	Y2	Y3		Funding Source	Budget Description	Amount
(M3): Output 1.1 KPs including people who inject drugs, sex workers, men who have sex with men, people in prisons and other closed settings have access to a comprehensive package of HIV prevention services <i>Gender marker: GEN2</i>	Activity 134. Printing of communication material, HIV prevention among migrants; Alcohol swabs, Cotton wool filter, safety boxes for PWID	-	1,132,884.00	-	UNDP	Unfunded	5.7 Syringes and needles	1,132,884.00
	Activity 135. Condoms procurement for migrants	-	34,803.00	-	UNDP	Unfunded	5.2 Condoms - Male	34,803.00
	Activity 136. Test kits for screening of HBV and HCV among PWID; Test kits for hematology and biochemistry testing of narcology clinics testing	-	201,325.00	-	UNDP	Unfunded	5.4 Rapid Diagnostic Test	201,325.00
	Sub-Total for Output 1.1	-	1,369,012.00	-				1,369,012.00
Output 1.2: National public health response capacity in HIV case finding improved due to the provision of differentiated HIV testing <i>Gender marker: GEN2</i>	Activity 137. HTC Motivation packages for Key population (PLHIV children milk formula and hygiene nappies)	-	80,000.00	-	UNDP	Unfunded	12.2 Food and care packages	80,000.00
	Activity 138. Rapid HIV and syphilis test procurement for Migrants (in total 90,000 persons plan to be tested)	-	380,651.00	-	UNDP	Unfunded	5.4 Rapid Diagnostic Test	380,651.00
	Sub-Total for Output 1.2	-	460,651.00	-				460,651.00

<p>(M2) Output 2: Multidrug-resistant tuberculosis case finding and treatment outcomes improved due to the laboratory network expansion and introduction of new modified treatment regimens</p> <p><i>Gender marker: GEN2</i></p>	<p>Activity 147. - Biosafety cabinets maintenance equipment set and preventive maintenance and servicing of laboratory equipment will ensure proper functioning of lab equipment for the period after 2023 (beyond the current grant).</p> <ul style="list-style-type: none"> - As part of Lab MIS integration, procurement of the EpiCenter connectivity system for Bactec MGIT 900 machines to improve servicing, quantification of consumables and transfer of results. - Upgrading the laboratory in Kulob, Khatlon region, with a BSL-3 module, including installation site preparation, to ensure decentralized SL-DST for all patients in the priority region to DR-TB interventions. - Procurement of 9 Xpert XDR platforms ('Satellite option') in addition to 3 platforms, included in the main allocation to further decentralize of rapid testing of RR-/MDR-TB for resistance to SLDs and H. Supplies of additional amount of novel XDR cartridges (1,500 pcs.). - X-ray equipment for 2 PHC facilities in Khatlon region to expand access to proper contact investigation, active case funding, ruling out TB and strengthening health system in general providing radial diagnostics for patients with other lung diseases. - PSM cost for health equipment, Lab reagents, etc. 	-	2,303,746.00	-	UNDP	Unfunded	6.6 Other health equipment	2,303,746.00
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	Activity 148. - Procurement of SLDs for 823 patients to cover the gap and reach the UN HLM TB targets; supply management of anti-TB drugs (SLDs). - Procurement of SLDs for 550 patients to cover the buffer (50%) and reach the UN HLM TB targets; supply management of anti-TB drugs (SLDs). - Event Monitoring Device for Medication Support (EMM) to support digitally observed DOT for DR-TB patients in outpatient settings - Quality life supporting equipment (for 40 hospice beds) will enable provision of adequate care for terminally ill TB patients. According to the NTCP-2025, the country will organize 10-bed departments in four TB hospitals by restructuring existing beds.	-	3,209,679.00	-	UNDP	Unfunded	4.2 Anti-tuberculosis medicines	3,209,679.00
	Sub-Total for Output 2	-	5,513,425.00	-				5,513,425.00
Output 3: Treatment, care and support services provided to PLWH and TB <i>Gender marker: GEN2</i>	Activity 139. Cervical censer screening for female PLHIV Consumables for Biochemistry Equipment GXpert Cartridge for Blood center IFA test for Blood center	-	1,518,770.00	-	UNDP	Unfunded	5.4 Rapid Diagnostic Test	1,518,770.00
	Activity 140. Test kits for screening of HBV and HCV among PLHIV GXpert kits for treatment monitoring of HBV and HCV HCV treatment	-	129,237.00	-	UNDP	Unfunded	5.4 Rapid Diagnostic Test	129,237.00
	Sub-Total for Output 3	-	1,648,007.00	-				1,648,007.00
Output 4.1: Gender and human rights-related barriers to HIV/TB services reduced due to advocacy and training interventions <i>Gender marker: GEN2</i>	Activity 142. Advocacy activities (Information campaign etc), trainings regarding stigma and discrimination reduction; Addressing gender barriers to service access	-	374,375.00	-	UNDP	Unfunded	2.1 Training related per diems/transport/other costs	374,375.00
	Sub-Total for Output 4.1	-	374,375.00	-				374,375.00
Output 4.2: RSSH: Health management information systems and M&E improved due to implementation of electronic community based monitoring system and monitoring site visits	Activity 143. Drug scen IBBS for PWID, SW, MSM, prison	-	310,000.00	-	UNDP	Unfunded	2.3 Supervision/surveys/data collection related per diems/transport/other costs	310,000.00
	Activity 144. Digitalization of HIV/TB services	-	225,000.00	-	UNDP	Unfunded	3.4 Other external professional services	225,000.00

<i>Gender marker: GEN2</i>	Activity 149. WHO review of the national TB program	-	-	90,000.00	UNDP	Unfunded	3.4 Other external professional services	90,000.00
	Activity 150. Replacement of laptops (50% devices) used for the National E-TB Register.	-	-	43,000.00	UNDP	Unfunded	9.1 IT - computers, computer equipment, software and applications	43,000.00
	Activity 151. TB Patient Cost survey is planned to determine the baseline of TB patients (and their households) treated in the TB care network, who incur catastrophic costs due to TB, as well as to document the magnitude and main drivers of different types of costs incurred.	-	-	75,000.00	UNDP	Unfunded	2.3 Supervision/surveys/data collection related per diems/transport/other costs	75,000.00
	Sub-Total for Output 4.2	-	535,000.00	208,000.00				743,000.00
Output 1.3: Capacity of health providers improved in prevention of Mother to child transmission <i>Gender marker: GEN2</i>	Activity 141. Trainings for centers of reproductive health	-	88,630.00	-	UNDP	Unfunded	2.1 Training related per diems/transport/other costs	88,630.00
	Sub-Total for Output 1.3	-	88,630.00	-				88,630.00
(M 10) Output 4.4: RSSH: Health sector governance and planning improved due to development and implementation of the transition plan <i>Gender marker: GEN2</i>	Activity 154. To support HIV transition plan	-	-	1,201,020.00	UNDP	Unfunded	3.4 Other external professional services	1,201,020.00
	Sub-Total for Output 4	-	-	1,201,020.00				1,201,020.00
Output 4.5: RSSH: Capacity of human resources for health, including community health workers built <i>Gender marker: GEN2</i>	Activity 145. Trainings for NGOs, AIDS center regarding Index testing, HIV /TB prevention etc	-	132,947.00	-	UNDP	Unfunded	2.1 Training related per diems/transport/other costs	132,947.00
	Activity 152. To ensure expansion of people-centered TB services at community level: capacity building of CHLS staff, local volunteers and members of CSOs (topics include: case finding, contact tracing, referrals, community case management, bioethics).	-	-	100,000.00	UNDP	Unfunded	2.1 Training related per diems/transport/other costs	100,000.00

	Activity 153. To support innovative interventions in laboratory diagnostics, introduction of novel all-oral DR-TB regimens, childhood TB and patient support services: capacity building of laboratory staff; PHC and TB service staff (physicians, nurses). Institutionalization of e-Learning into the Institute for Family Medicine (development of the e-Learning Management System and distance learning courses). In-country SORT-TB training will support national research related to project interventions (novel treatment modalities, intensified case finding, case-based surveillance and patient adherence support).	-	-	345,000.00	UNDP	Unfunded	2.1 Training related per diems/transport/other costs	345,000.00
	Sub-Total for Output 4.5	-	132,947.00	445,000.00				577,947.00
Output 4.6: RSSH: Integrated service delivery and quality improved <i>Gender marker: GEN2</i>	Activity 146. Autoclave sterilizers On-job trainings for nurses Printing of communication material for nurses	-	148,000.00	-	UNDP	Unfunded	2.1 Training related per diems/transport/other costs	148,000.00
	Sub-Total for Output 4.6	-	148,000.00	-				148,000.00
General Management Support								
GRAND TOTAL	TOTAL	-	10,270,047.00	1,854,020.00				12,124,067.00

E. Unfunded C19RM activities

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1	Y2	Y3		Funding Source	Budget Description	Amount
Output 5. Capacity of HIV, TB services, penitentiary system and local NGOs improved in response to C19 and coinfections management.	Activity C55. 2 two day training for NGOs on HIV and COVID19 for outreach workers of the NGOs. 2 trainings, 20 participants per training, in Dushanbe	-	7,253.56	-	UNDP	Unfunded	2.1 Training related per diems/transport/other costs	7,253.56

Gender marker:	Activity C56. Trainer's cost for conduction of trainings to NGOs on HIV and COVID19 for outreach workers	-	960.95	-	UNDP	Unfunded	3.1 Technical Assistance Fees/Consultants	960.95
	Activity C57. Implement Quality Management Systems (QMS) in the COVID-19 laboratories through mentorship program and training (QMS training by international staff/consultants for 15 staff of COVID- laboratories)	-	3,961.41	-	UNDP	Unfunded	2.1 Training related per diems/transport/other costs	3,961.41
	Activity C58. International TA to conduct training for laboratory staff of COVID-19 laboratories and carry out quality management monitoring visits to the regional SSESC Covid-19 laboratories (including 5 regions)	-	7,500.00	-	UNDP	Unfunded	3.1 Technical Assistance Fees/Consultants	7,500.00
	Activity C59. Travel related costs of the International TA, refer to BL 58	-	2,188.13	-	UNDP	Unfunded	2.2 Technical assistance-related per diems/transport/other costs	2,188.13
	Activity C60. Quality management monitoring visits of the staff of the National COVID laboratory (SSESC) to the regional SSESC laboratories Kulyab, Bokhtar, DRS, GBAO and Sogd (3 persons, 4 days, 5 visits in total)	-	2,904.11	-	UNDP	Unfunded	2.3 Supervision/surveys/ data collection related per diems/transport/other costs	2,904.11
	Activity C62. HR cost of NGOs working to provide psychological, social support, legal assistance, to the people in difficult situation, pregnant women, women living with HIV, TB patients, COVID-19 survivors, including Khatlon oblast, Kulab, Bohtar, Farhor, Chaihon (SCO and NGO salaries, trainings, administrative costs, transport costs)	-	57,214.34	61,791.48	NGO2 PWID	Unfunded	1.6 Salaries – community-based, incl. Community Health Workers and outreach workers	119,005.82

	Activity C63. Office related cost of NGOs working to provide psychological, social support, legal assistance, to the people in difficult situation, pregnant women, women living with HIV, TB patients, COVID-19 survivors, including Khatlon oblast, Kulab, Bohtar, Farhor, Chaihon (SCO and NGO salaries, trainings, administrative costs, transport costs)	-	7,382.51	7,973.11	NGO2 PWID	Unfunded	11.1 Office related costs	15,355.62
	Activity C64. Purchase of food / hygiene packages for victims of gender-based violence and clients of existing Dropin Centers	-	5,787.64	5,781.19	UNDP	Unfunded	12.2 Food and care packages	11,568.83
	Activity C67. Procurement of other health equipment for case management (Balance of BL#52)	-	913,500.00	-	UNDP	Unfunded	6.6 Other health equipment	913,500.00
	Activity C68. X Ray Maintenance and service costs for health equipment for 2023 (Balance of BL#61)	-	18,000.00	-	UNDP	Unfunded	6.5 Maintenance and service costs for health equipment	18,000.00
	Activity C69. PSM Costs (balance of BL# 54)	-	428,327.77	-	UNDP	Unfunded	7.7 Other PSM costs	428,327.77
	Activity C70. Procurement of equipment to generate, transport, or provision of medical oxygen (balance of BL# 51)	-	371,510.00	-	UNDP	Unfunded	6.7 Medical Oxygen - Equipment	371,510.00
	Sub-Total for Output 5	-	1,826,490.40	75,545.78				1,902,036.18
General Management Support	Activity C48. GMS - 7%	-	127,854.33	5,288.20	UNDP	Unfunded	11.3 Indirect cost recovery (ICR) - % based	133,142.53
GRAND TOTAL	TOTAL	-	1,954,344.73	80,833.98				2,035,178.71

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

The National Coordination Committee (NCC) will oversee the overall implementation of the project and ensures proper coordination between different sectors as well as different programs implemented by other external partners. The NCC will closely monitor the project progress through its Oversight Committee to ensure that the activities are carried out according to the work-plan, and indicators of programmatic and financial performance are accomplished. It will make the key financial and programmatic decisions and will have the responsibility to address the main problems and challenges related to the project. The NCC meetings will be convened quarterly or more frequently as necessary. The NCC will ensure practical coordination and collaboration with all local partners involved.

On March 20th, 2020, the NCC nominated the United Nations Development Program in Tajikistan for the role of Principal Recipient for HIV and TB grant.

This new arrangement with the joint HIV/TB application united HIV and TB program under one PR – UNDP, thus reducing management cost and providing opportunities for streamlining both programs. The former PR for the TB program – Republican Center of Tuberculosis Control – will become the main sub-recipient of TB component.

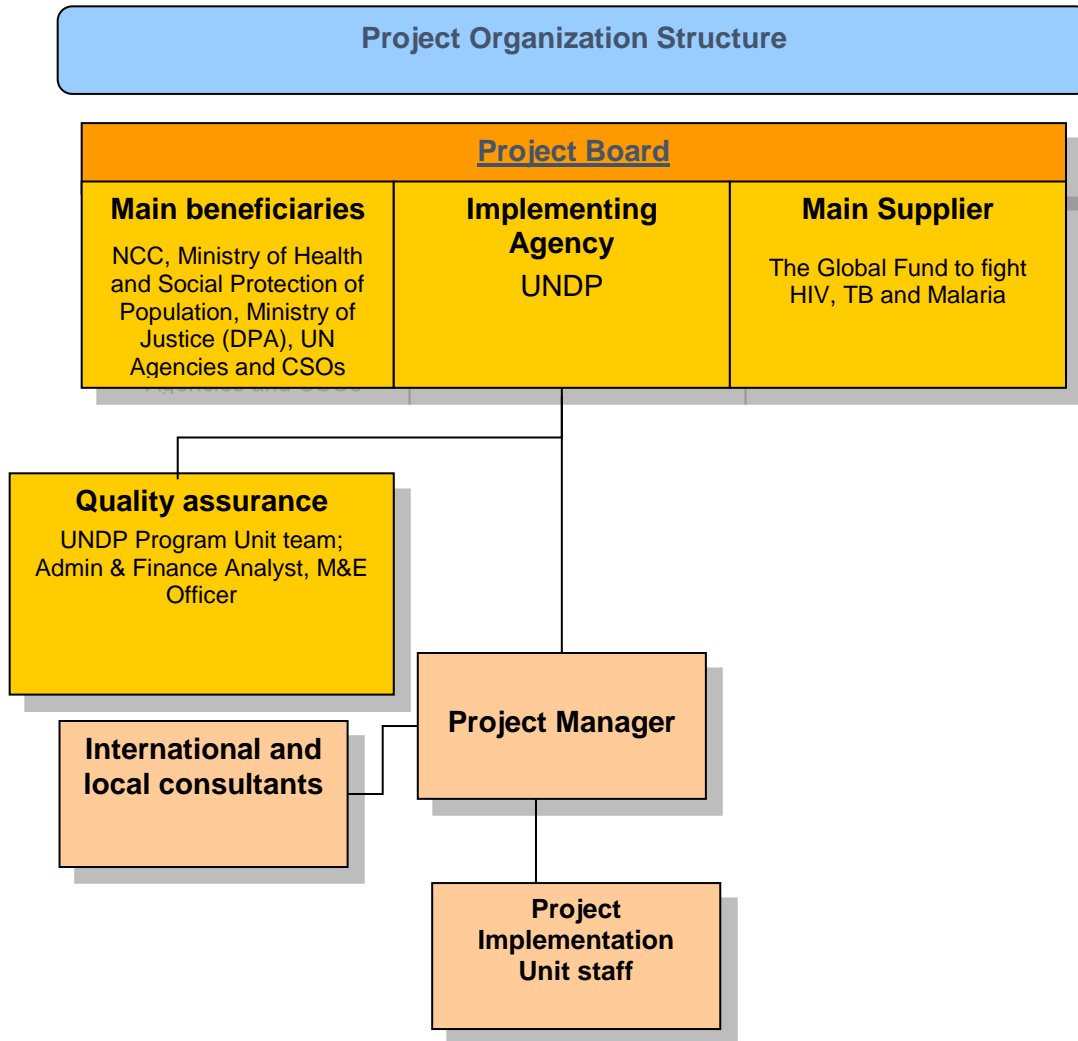
Thus, for the implementation of HIV/AIDS program, Republican AIDS Center will remain the main sub-recipient, alongside with NGOs implementing KP programs and Ministry of Justice in penitentiary system. For TB component the main sub-recipient will be Republican Center of Tuberculosis Control, alongside sub-recipient NGOs and Ministry of Justice. MoHSP will be the main partner for implementation of the C19 RM response measures.

The PR will be responsible for all practical issues related to the project implementation including oversight of the sub-recipient organizations, procurement of equipment, commodities and reagents, medical drugs, and services, including training of medical staff, financial management, project-related monitoring and evaluation and reporting to the Global Fund.

The PR will develop work plans for project implementation and will present project performance reports to the NCC. Financial and activity progress reports will be forwarded to the NCC members for review. The NCC through its oversight committee will continue to assess the effectiveness of activities implemented by the PR. Representatives of key populations will actively participate in project implementation through a range of mechanisms, including addressing gender and human rights sensitivity dimension through the NCC's oversight function and capacity development support to NCC members.

The NCC Secretariat and the PR will communicate with GF on the project progress. Progress Updates and Disbursement Requests will be forwarded to GF FPM on a semi-annual basis or as otherwise agreed; other documentation will be provided as requested by TGF. The Local Fund Agent will act within the Terms of Reference agreed upon with GF, including on-site verifications of project performance. External audits evaluating the project performance and financial management are an integral part of the proposed management arrangements.

In relation to C19 no changes will be made to the planned procurement mechanisms as compared to those in the current consolidated HIV and TB grant being implemented for the period of 2021-2023. The MoHSPP RT, including its subordinate national TB and HIV programs, as well as the PR when it comes to non-governmental organizations, will be responsible for planning, forecasting and quantification of required COVID-19 related commodities. Procurement will be conducted by the PR according to UNDP standard operating procedures as well as the procedures established for the procurement process related to COVID-19. Drugs, health products and equipment will be procured according to the current UNDP guideline, and ambulances or similar items through UNDP LTA or by international tender. Domestic distribution and storage of goods at the sub-recipient level and monitoring of these processes will be the responsibility of the PR and MoHSPP RT.



IX. LEGAL CONTEXT

Option a. Where the country has signed the Standard Basic Assistance Agreement (SBAA)

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of (country) and UNDP, signed on (date). All references in the SBAA to “Executing Agency” shall be deemed to refer to “Implementing Partner.”

This project will be implemented by UNDP Tajikistan (“Implementing Partner”) and responsible parties in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

X. RISK MANAGEMENT

Option b. UNDP (DIM)

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)
2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the [project funds]¹⁴ [UNDP funds received pursuant to the Project Document]¹⁵ 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/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.
3. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).
4. UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
5. In the implementation of the activities under this Project Document, UNDP as the Implementing Partner will handle any sexual exploitation and abuse (“SEA”) and sexual harassment (“SH”) allegations in accordance with its regulations, rules, policies and procedures.
6. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.
7. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:
 - a. Consistent with the Article III of the SBAA [*or the Supplemental Provisions to the Project Document*], the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP’s property in such responsible party’s, subcontractor’s and sub-recipient’s custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:

¹⁴ To be used where UNDP is the Implementing Partner

¹⁵ To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

- i. 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;
 - ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.
- b. 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 the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.
- c. In the performance of the activities under this Project, UNDP as the Implementing Partner shall ensure, with respect to the activities of any of its responsible parties, sub-recipients and other entities engaged under the Project, either as contractors or subcontractors, their personnel and any individuals performing services for them, that those entities have in place adequate and proper procedures, processes and policies to prevent and/or address SEA and SH.
- d. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.
- e. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.
- f. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.
- g. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

- h. UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement.

Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Note: The term “Project Document” as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

- i. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.
- j. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.
- k. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled “Risk Management” are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled “Risk Management Standard Clauses” are adequately reflected, *mutatis mutandis*, in all its sub-contracts or sub-agreements entered into further to this Project Document.

XI. ANNEXES

Annex 1. Project Quality Assurance Report (see attached)

Annex 2. Social and Environmental Screening Report (see attached)

Annex 3. Risk Log (see attached)

Annex 4. Capacity Assessment Reports (see attached)

Annex 5. Project Organizational Chart (see attached)

Annex 6. Project Board Terms of Reference and TORs of key management positions (see attached)