

Progress Report

Version 11

Cover Sheet: Instructions

- This template is compatible with MS Excel 2013 and later versions. Some drop-downs and formulae may not work with earlier versions and specifically MS Excel 2010. Hence, Principal Recipients with earlier MS versions are requested to upgrade to MS Excel 2013 to have the full functionalities of this tool.
- Principal Recipients are first required to confirm the information on the Cover Sheet with the General Grant Information listed in the boxes below. They can refer to their Grant Face Sheet/Grant Confirmation to confirm part of this information.
- Principal Recipients are required to confirm the information related to the periods covered by the progress update and disbursement request.

Language
English

Country:	Tajikistan
(Disease) Component	HIV/AIDS
Grant Name/Number:	TJK-H-UNDP
Principal Recipient:	United Nations Development Programme
LFA Name:	
Program Start Date:	1-Jan-18
Grant Currency:	USD
Local Currency:	TJS

REPORTING PERIOD FOR PROGRAMMATIC REPORTING

Period of Programmatic Reporting	Beginning Date:	1-Jul-20	End Date:	31-Dec-20
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Period of Financial Reporting

Period of Financial Reporting	Beginning Date:	1-Jan-20	End Date:	31-Dec-20
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DISBURSEMENT REQUEST

Disbursement Request Execution Period	Beginning Date:	n/a	End Date:	n/a
Disbursement Request Buffer Period	Beginning Date:	n/a	End Date:	n/a

Progress Report

Section 1: Programmatic Information

Guidance: The table contains those Impact/Outcome indicators that are:

1. Included in the Grant Confirmation/Agreement through the latest signed Performance Framework
2. Are due for reporting in the current reporting period; and
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A- Impact/Outcome Indicators

Impact / Outcome	Impact/Outcome Indicator	Baseline (if applicable)		Target			Year of Target	Report Due Date	Geography	Result			Year of Result	Source	Comments on results on Impact/Outcome indicators and data sources, and any other comments
		Value	Value	N#	D#	%				N#	D#	%			
Impact	HIV I-11(M): Percentage of people who inject drugs who are living with HIV	12.8%	2014			11.00%	2020	14.06e.21	Tajikistan			11.90%	2018	BSS (Behavioral Surveillance Survey)	According to 2018 IBBS the HIV prevalence among PWID comprised 11.9% by varying from 3.1% in Bokhtar to 17.3 in Khujand. HIV prevalence in total 2350 sample of eight sites was 24.1% among women and 11.4% among men. Multiple regression analysis of the data has shown that factors that associated with significantly higher risk of HIV infection were HIV-positive sexual partner, length of drug use of over 5 years, no permanent employment, history of being in a penitentiary institution and female gender.
Impact	HIV I-10(M): Percentage of sex workers who are living with HIV	3.5%	2014			3.00%	2020	14.06e.21	Tajikistan			3.20%	2018	BSS (Behavioral Surveillance Survey)	Based on results of the 2018 IBBS the HIV prevalence among 2200 sample in eight sites was 3.2% and varied from 1.2% in Kulyab to 7.2% in Khujand. Prevalence of HIV infection among SW, who had sexual intercourse with PWID, was statistically significantly higher, than among SW, who did not have sexual intercourse with PWID (1.4% and 2.5%). Prevalence of HIV among SW, who had history of using injection drugs (SW/PWID), was 9.1% across all sites, which is significantly higher than among SW, who denied using drugs – 3.1% Prevalence of HIV among SW in 2018 has decreased compared to 2014 across the country from 3.5% to 3.2%.
Impact	HIV I-4: Number of AIDS-related deaths per 100,000 population	1.83	2016	0.94			2020	14.06e.21	Tajikistan	1.70			2019	HMIS	According to the 2019 GMES the country reported the AIDS-related death of 159 PLHIV in the calendar year. The denominator is the general population regardless of AIDS status that counted for 9,126,600 population as of 2019. The correlation between nominator and denominator comprised 1.7 per 100,000 population, which went down by 18% compared to 2018 correlation of 2.0
Outcome	HIV O-5(M): Percentage of sex workers reporting the use of a condom with their most recent client	71.4%	2014			85.00%	2020	14.06e.21	Tajikistan			85.00%	2018	BSS (Behavioral Surveillance Survey)	According to 2018 IBBS 85% of SW have answered that they have used a condom during their last sexual intercourse with a commercial client in the last 30 days. This indicator varied significantly from 37.1% in Panjakent to 98.4% in Khujand. Majority of SW (84.4%) have indicated that they have made their own decision on using a condom.
Outcome	HIV O-6(M): Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	90.3%	2014			97.00%	2020	14.06e.21	Tajikistan			51.70%	2018	BSS (Behavioral Surveillance Survey)	According to 2018 IBBS the share of PWID, who used none of the dangerous practices, during last injection in the last 30 days was only 51.7%. This indicator varied from 13.6% in Kulyab to 77% in Vahdat and Khorugh.

Data validation checks on PR data	Verification Method	Verified Result			Year of Result	Source	LFA comments on (a) verified result, (b) source of information used by the PR to report results, including the status of
		N#	D#	%			
Continue							
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A- Impact/Outcome Indicators - Disaggregation

Impact / Outcome	Standard Impact/Outcome Indicator	Disaggregation	Category	Baseline			Disaggregation Report Year	Geography	Result		Comments
				Value	Year	Source			Value	Source	
Impact	HIV I-11(M): Percentage of people who inject drugs who are living with HIV	25+	Age				2020	Tajikistan			Tajikistan is not a selected country and is opted out to report on this disaggregation
Impact	HIV I-11(M): Percentage of people who inject drugs who are living with HIV	U25	Age				2020	Tajikistan			Tajikistan is not a selected country and is opted out to report on this disaggregation
Impact	HIV I-10(M): Percentage of sex workers who are living with HIV	U25	Age	0.9%	2014	IBBS (Integrated Behavioral Surveillance	2020	Tajikistan	2.10	BSS (Behavioral Surveillance Survey)	The conducted IBBS in 2018 revealed the prevalence of HIV infection in the age group below 25 years as 2.1%, which varied from 0% in Khorugh and Khujand to 5.4% in Bokhtar sites.
Impact	HIV I-10(M): Percentage of sex workers who are living with HIV	25+	Age	4.4%	2014	IBBS (Integrated Behavioral Surveillance	2020	Tajikistan	3.40	BSS (Behavioral Surveillance Survey)	The same surveillance conducted in 2018 showed that in the age group above 25 years the HIV prevalence was 3.4% and varied from 1.1% in Kulyab to 8.9% in Khujand.
Impact	HIV I-4: Number of AIDS-related deaths per 100,000 population	Female	Gender	0.97	2016	NAC Report	2020	Tajikistan	0.60	HMIS	28 female patients died from AIDS-related diseases in 2019 that comprised 0.6 ratio per 100,000 population.
Impact	HIV I-4: Number of AIDS-related deaths per 100,000 population	Male	Gender	2.66	2016	NAC Report	2020	Tajikistan	2.80	HMIS	Of total 159 AIDS-related deaths in 2019, 131 male patients died that corresponds to 2.8 ratio per 100,000 population. The ratio remains almost unchanged since 2016.
Impact	HIV I-4: Number of AIDS-related deaths per 100,000 population	Female 20-24	Gender Age				2020	Tajikistan			Tajikistan is not a selected country and is opted out to report on this disaggregation
Impact	HIV I-4: Number of AIDS-related deaths per 100,000 population	Male 20-24	Gender Age				2020	Tajikistan			Tajikistan is not a selected country and is opted out to report on this disaggregation
Impact	HIV I-4: Number of AIDS-related deaths per 100,000 population	Male 15-19	Gender Age				2020	Tajikistan			Tajikistan is not a selected country and is opted out to report on this disaggregation
Impact	HIV I-4: Number of AIDS-related deaths per 100,000 population	15+	Age	2.69	2016	NAC Report	2020	Tajikistan	2.60	HMIS	158 PLHIV (130 men and 28 women) aged 15 and above died from AIDS in 2019 that comprises 2.6 ratio per 100,000 population against 2.69 ratio in 2016.
Impact	HIV I-4: Number of AIDS-related deaths per 100,000 population	U15	Age	0.20	2016	NAC Report	2020	Tajikistan	0.10	HMIS	Based on the RAC report the mortality among PLHIV aged under 15 comprised 1 patient in 2019, thus reaching 0.1 ratio per 100,000 population vs. 0.20 ratio in 2016.
Impact	HIV I-4: Number of AIDS-related deaths per 100,000 population	Female 15-19	Gender Age				2020	Tajikistan			Tajikistan is not a selected country and is opted out to report on this disaggregation
Outcome	HIV O-6(M): Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	25+	Age				2020	Tajikistan			Tajikistan is not a selected country and is opted out to report on this disaggregation
Outcome	HIV O-6(M): Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	Female	Gender				2020	Tajikistan			Tajikistan is not a selected country and is opted out to report on this disaggregation
Outcome	HIV O-6(M): Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	Male	Gender				2020	Tajikistan			Tajikistan is not a selected country and is opted out to report on this disaggregation

Outcome	HIV O-6(M): Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	U25	Age				2020	Tajikistan			Tajikistan is not a selected country and is opted out to report on this disaggregation
Outcome	HIV O-5(M): Percentage of sex workers reporting the use of a condom with their most recent client	U25	Age	70.2%	2014	IBBS (Integrated Behavioral Surveillance	2020	Tajikistan			Age disaggregation data on the use of condoms with the most recent client among SWs was not featured in the 2018 IBBS.
Outcome	HIV O-5(M): Percentage of sex workers reporting the use of a condom with their most recent client	25+	Age	72.1%	2014	IBBS (Integrated Behavioral Surveillance	2020	Tajikistan			Age disaggregation data on the use of condoms with the most recent client among SWs was not featured in the 2018 IBBS.
Outcome	HIV O-5(M): Percentage of sex workers reporting the use of a condom with their most recent client	Female	Gender	71.4%	2014	IBBS (Integrated Behavioral Surveillance Survey)	2020	Tajikistan	85.00	BSS (Behavioral Surveillance Survey)	85% SWs have answered that they have used a condom during their last sexual intercourse with a client in the last 30 days based on the 2018 IBBS. This indicator varied significantly from 37.1% in Panjakent to 98.4% in Khujand. Majority of SW (84.4%) have indicated that they have made their own decision on using a condom
Outcome	HIV O-5(M): Percentage of sex workers reporting the use of a condom with their most recent client	Male	Gender				2020	Tajikistan			N/A. The country covers female sex workers with HIV prevention services.

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B- Coverage Indicators

Module	Coverage Indicator	Targets cumulative?	Target			Result			Source	Achievement Ratio	Comments: Reasons for programmatic deviation from intended target and deviations from the related workplan activities
			N#	D#	%	N#	D#	%			
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	KP-1d(M): Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	N-Non-cumulative	16,909.00	23,100.00	73.1991%	14,223.00	23,100.00	61.5714%	Reports (specify)	84%	The target indicator was attained by 84%. The 24-supported TPs under RAC and five CSOs outreached 14,223 (including 389 female) PWID with the package of prevention services. The underachievement can be attributed to severe restrictions and the repeated surge of pandemic in the second half of 2020. As per the words of an outreach worker in Soghd, many PWID stayed home as long as possible due to fear of being infected. Furthermore, tough governmental anti-drug measures resulted into switch to non-injection addictive substance, like alcohol and/or psychotropic medicines. During the reporting period over 1,397,000 syringes were distributed to PWID by the service providers.
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	KP-3d(M): Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results	N-Non-cumulative	12,705.00	22,200.00	57.2297%	10,131.00	22,200.00	45.6351%	Reports (specify)	80%	The PR achieved the target by 80%, providing HIV test for 10,131 PWID in six months. The target was underachieved due to restrictions and the repeated surge of pandemic in the second half of 2020, when outreach workers as well as the targeted group stayed home to avoid contacts and minimize the risk of acquiring COVID-19. Since HCT occurrence closely linked to coverage of PWID subsequently the target indicator was underachieved. It should be noted that the estimated size of PWID in Tajikistan totals to 23,100 to be used as denominator number. The current calculation is done against 22,200 estimation; even applying the acknowledged denominator number (23,100) the achievement ratio will not be changed.
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	KP-5: Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	N-Non-cumulative	70.00	100.00	70.00%	57.00	100.00	57.00%	Reports (specify)	81%	The PR reached the target by 94%. Out of 87 enrolled patients in January-June 2020, 57 PWID continued the methadone-based therapy within 6 months after initiation of treatment without interruption; thus, demonstrating retention in OST. By the end of December 2020 total 627 (including 29 female) patients were receiving treatment via 15-supported OST sites, including 48 new clients enrolled in the second half of 2020. At the same time, total 27 PWID withdrew from the therapy due to different reasons: death, detention, planned discharge from substitution therapy, transfer to different points, etc.
Comprehensive prevention programs for sex workers and their clients	KP-1c(M): Percentage of sex workers reached with HIV prevention programs - defined package of services	N-Non-cumulative	9,870.00	14,100.00	70.00%	7,725.00	14,100.00	54.7872%	Reports (specify)	78%	The PR accomplished the intended target by 78% reaching 7,725 SWs with HIV prevention package of services. The basic package of services has been delivered through 11 friendly cabinets for SW under RAC and three local NGOs. Underachievement of the target can be reasoned with the stricter chase of key populations by law enforcement. Also, one of the SR NGOs, Apeiron, stopped working with key populations [SWs and MSM] in Khatlon starting from July 2020 due to prosecution pursuit. The PR managed to contract the other SR NGO, working with the MSM and SWs group in Dushanbe and Sughd region, 'Equal Opportunities', to start working in Khatlon region 'Equal Opportunities', at the end of 2020 only (due to resistance caused by the Apeiron case). This also adversely affected the achievement of the target for the indicator.
Comprehensive prevention programs for sex workers and their clients	KP-3c(M): Percentage of sex workers that have received an HIV test during the reporting period and know their results	N-Non-cumulative	7,755.00	14,100.00	55.00%	5,054.00	14,100.00	35.844%	Reports (specify)	65%	The PR achieved the target by 65% providing HCT for 5,054 SWs during July-December period. Along with capillary HIV testing the saliva-based testing were widely used by the trained social workers of FCS. Nonetheless, due to lower outreach rate of SWs with HIV prevention vs. pre-Covid-19 period, the testing of the targeted key populations significantly decreased as well. Also, one of the SR NGOs, Apeiron, stopped working with key populations [SWs and MSM] in Khatlon starting from July 2020 due to prosecution pursuit. The PR managed to contract the other SR NGO, working with the MSM and SWs group in Dushanbe and Sughd region, 'Equal Opportunities', to start working in Khatlon region 'Equal Opportunities', at the end of 2020 only (due to resistance caused by the Apeiron case). This also adversely affected the achievement of the target for the indicator.
Comprehensive prevention programs for MSM	KP-1a(M): Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	N-Non-cumulative	7,370.00	13,400.00	55.00%	4,643.00	13,400.00	34.6493%	Reports (specify)	63%	The PR attained the target indicator by 63% reaching total 4,643 MSM in three densely populated regions: Dushanbe, Bokhtar, Soghd. The prosecution pursuit of one the NGOs, Apeiron, in summer 2020 prompted the targeted group to go underground and it was very difficult to outreach the hidden group over the reporting period. The PR managed to contract the other SR NGO, working with the MSM and SWs group in Dushanbe and Sughd region, 'Equal Opportunities', to start working in Khatlon region 'Equal Opportunities', at the end of 2020 only. On top of it, the global pandemic urged service providers and key populations stay home with fewer contact or access to prevention services.
Comprehensive prevention programs for MSM	KP-3a(M): Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	N-Non-cumulative	3,350.00	13,400.00	25.00%	2,261.00	13,400.00	16.8731%	Reports (specify)	67%	The target indicator is underachieved resulting in 67% attainment. Over the reporting period total 2,261 MSM were tested and reported about knowing their status. There are several reasons behind this low achievement: (i) going underground after legal pursuit of a service provider in mid-2020 (see above); (ii) in spite of availability of both capillary and saliva tests the target group avoided going to AIDS centres or do not disclose their status at anonymous cabinets of AIDS centres; (iii) staying home of both service providers and MSM during the global pandemic.
Comprehensive programs for people in prisons and other closed settings	KP-other 2: Percentage of other vulnerable populations (prisoners) reached with HIV prevention programs - defined package of services	N-Non-cumulative	7,800.00	10,000.00	78.00%	10,330.00	10,000.00	103.30%	Reports (specify)	120%	The target indicator is achieved by 120% that encompasses 10,330 (including 366 female) prisoners covered with HIV prevention services in 15-supported closed settings. The overachievement tightly correlates with the question of estimated size of prisoners, which is never officially stated in the country. The PR has requested the Prison Administration via email to affirm an approximate size of prisoners countrywide, which was articulated as over 12,000 prisoners as of December 2020. Hence, considering informal estimation, the coverage of 10,330 prisoners could be attributed to increase in the total estimated number in 2020. Also, in the second half of 2020, total 21 trainings on HIV prevention among over 250 prisoners were held amongst the targeted group. Three established NSEP sites [at 3/1, 3/4 and 3/5 colonies] reached total 78 PWID with prevention services, including dissemination of sterile instruments. Two OST sites provided substitution therapy for 34 PWID in penitentiary system.

Comprehensive programs for people in prisons and other closed settings	KP-other 3: Percentage of other vulnerable populations (prisoners) that have received an HIV test during the reporting period and know their results	N-Non-cumulative	6,240.00	10,000.00	62.40%	4,500.00	10,000.00	45.00%	Reports (specify)	72%	The PR underachieved the target by testing 72% of vulnerable populations in penitentiary system. Total 4,500 prisoners were tested based on the reports of 15 sites at prisons. This underachievement is explained by the prison administration with the lack of doctors during the global epidemic. The whole medical staff were mobilised by medical different facilities to fight against Covid-19 infection.
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	N-Non-cumulative	10,000.00	13,000.00	76.9231%	7,937.00	13,000.00	61.0538%	Reports (specify)	79%	The PR covered 79% PLWH on care with ART by the end of 2020. As of 1 January 2021, total 9,442 HIV cases were registered; of them, 7,937 (including 3,576 female) PLWH were receiving ART that consisted of 84% attainment of the second 90. The reason behind of low achievement of PLWH with ART can be social isolation of risky people due to Covid-19 pandemic. In addition, the social workers and peer consultants at HIV care facilities halted and/or decreased the frequency of restoring, counseling, and retaining the PLWH during national restrictions. Due to flight cancellation between Tajikistan and Russia, majority of labour migrants with HIV infection were not able to return home and continue therapy.
Treatment, care and support	TCS-3.1: Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Y- Cumulative annually	1,316.00	1,462.00	90.0137%	916.00	1,040.00	88.0769%	Reports (specify)	98%	The PR reached the target indicator by 98%. In 2018, a total of 1,153 new cases were revealed. Of these, 1,040 PLWH on ART for 12 months had VL testing in 2020. Out of tested 1,040 PLWH, 916 (88%) were found with viral suppression less than 1000 copies/ml.
PMTCT	PMTCT-2.1: Percentage of HIV-positive pregnant women who received ART during pregnancy	Y- Cumulative annually	320.00	320.00	100.00%	211.00	222.00	95.045%	Reports (specify)	95%	Based on the RAC report, 222 pregnant women with HIV infection were registered and under observation in antenatal clinics. Of them, 211 received ART during pregnancy [where one woman gave a birth to twins and she is recorded twice in HMIS, 223]. The remaining 11 pregnant women were found HIV-positive during childbirth.
PMTCT	PMTCT-3.1: Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	N-Non-cumulative			100.00%	179.00	194.00	92.268%	Reports (specify)	92%	According to the RAC report, out of 194 infants born to HIV-positive mother total 179 infants had a virological HIV test within 2 months of birth constituting 92% of target achievement.
TB/HIV	TB/HIV-3.1: Percentage of people living with HIV in care (including PMTCT) who are screened for TB in HIV care or treatment settings	N-Non-cumulative			100.00%	7,816.00	7,897.00	98.9743%	Reports (specify)	99%	The PR achieved the target by 99%. Over the reporting period out of 7,897 PLWH receiving ART total 7,816 patients were screened for TB during their last visit at HIV care and treatment facilities.
TB/HIV	TB/HIV-4.1: Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy	N-Non-cumulative			100.00%	856.00	856.00	100.00%	Reports (specify)	100%	The PR accomplished the target by 100%. In 2020, out of 935 patients who were on HIV care, total eligible 856 started on TB preventive therapy. Of 935 patients on care, 40 patients were with HIV/TB co-infection, while 39 patients were not eligible for ART because of medical indicators.
TB/HIV	TB/HIV-6(M): Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	N-Non-cumulative			100.00%	122.00	122.00	100.00%	Reports (specify)	100%	The target is attained by 100% during the reporting period. According to the RAC report cumulative 122 HIV patients with new and relapse TB infection were registered and started receiving ART. Out of all registered cases, 18 HIV/TB infected patients died in 2020. Both HIV and TB health services has aligned number of patients in their respective database.

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B- Coverage Indicators - Disaggregation

Module	Coverage Indicator	Disaggregation	Category	Baseline					Geography	Results			Source	Comments	Ver
				N#	D#	%	Year	Source		N#	D#	%			
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	U15	Age	538.00	16,321.00	0.0	2016	PR Report	Tajikistan	879.00	7,937.00	11.00%	Reports (specify)	Based on the centralized HMIS 879 children under 15 years old have been on ART as of 1 January 2021 comprising 11% out of total 7937 PLWH on ART.	
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	15+	Age	3,464.00	16,321.00	21.2	2016	PR Report	Tajikistan	7,058.00	7,937.00	89.00%	Reports (specify)	7,058 PLWH aged above 15 were receiving ART by 1 January 2021 that comprised 89% out of overall PLWH on ART in the country	
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Female	Gender	1,710.00	16,321.00	0.1	2016	PR Report	Tajikistan	3,576.00	7,937.00	45.00%	Reports (specify)	3,576 patients have been female who represent 45% of total 7,937 PLWH on ART as of 1 January 2021.	
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Male	Gender	2,292.00	16,321.00	0.1	2016	PR Report	Tajikistan	4,361.00	7,937.00	55.00%	Reports (specify)	By 1 January 2021, total 4,361 male PLWH were receiving ART that comprised 55% of overall PLWH on ART in the country.	
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Female 20-24	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation	
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Female 15-19	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation	
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Female 15-24	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation	
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Male 20-24	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation	
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Male 15-19	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation	
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Male 15-24	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation	
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	PWIDs	Target / Risk population group	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation	

Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Sex workers	Target / Risk population group	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Transgender	Target / Risk population group	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation
Treatment, care and support	TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	MSM	Target / Risk population group	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation
Treatment, care and support	TCS-3.1: Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Male 15-19	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation
Treatment, care and support	TCS-3.1: Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Male 20-24	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation
Treatment, care and support	TCS-3.1: Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Female 20-24	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation
Treatment, care and support	TCS-3.1: Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Female 15-19	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation
Treatment, care and support	TCS-3.1: Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Female 15-19	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation
Treatment, care and support	TCS-3.1: Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Female 20-24	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation
Treatment, care and support	TCS-3.1: Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Female 15-19	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation
Treatment, care and support	TCS-3.1: Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Male 20-24	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation
Treatment, care and support	TCS-3.1: Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Female 20-24	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation
Treatment, care and support	TCS-3.1: Percentage of people living with HIV and on ART, who have a suppressed viral load at 12 months (<1000 copies/ml)	Female 15-24	Gender Age	0.00	0.00	0.0			Tajikistan					Tajikistan is not a selected country and is opted out to report on this disaggregation

Progress Report

Section 2: Financial Information	Period of Financial Reporting	Beginning Date:	01.январ.20	End Date:	31.дек.20
	Cumulative Period of Financial Reporting	Beginning Date:	01.январ.18	End Date:	31.дек.20

A. Principal Recipient Cash Reconciliation Statement in Grant Currency

Item No.	Description	Principal Recipient:			For LFA Use Only			For the Global Fund Use Only		
		Cumulative for Previous Periods	Current Reporting Period	Comments	Cumulative for Previous Periods as validated by Global Fund	LFA Adjustments on Current Reporting Period	As verified by LFA	Comments	CT Adjustments (incl. External Audit adjustments)	The Global Fund Validated Figures
1.1	Cash Balance: Beginning of the Period		\$2,586,605			\$0	\$2,586,605		\$0	\$2,586,605
2. Grant Income										
Add:										
2.1	Disbursement made to the Principal Recipient	\$8,043,011	\$9,446,663		\$0	\$0	\$9,446,663		\$0	\$9,446,663
2.2	Disbursement to third parties by the Global Fund on behalf of the Principal Recipient	\$0	\$0		\$0	\$0	\$0		\$0	\$0
2.3	Interest received on bank accounts	\$78,877	\$97,442		\$0	\$0	\$97,442		\$0	\$97,442
2.4	Revenue from income-generating activities (if applicable)	\$0	\$0		\$0	\$0	\$0		\$0	\$0
2.5	Other income, if applicable (e.g. VAT/Other Tax returns, income from disposal of assets etc.)	\$28,445	\$147,324	The amount of US\$ 147,324 represents: 1. US\$ 78,456.93 - refunds from UNICEF 2. US\$ 68,866.81 - refunds from SRs	\$0	\$0	\$147,324		\$0	\$147,324
2.6	Total Grant Income	\$8,150,333	\$9,691,428		\$0	\$0	\$9,691,428		\$0	\$9,691,428
3. Financial Commitments										
Less:										
3.1	Principal Recipient Expenditure (including payments and other advance payments)	\$4,277,464	\$7,011,189		\$0	\$0	\$7,011,189		\$0	\$7,011,189
3.2	Disbursement to third parties by the Global Fund on behalf of the Principal Recipient	\$0	\$0		\$0	\$0	\$0		\$0	\$0
3.3	Principal Recipient disbursement to sub-recipients	\$1,933,563	\$1,330,026		\$0	\$0	\$1,330,026		\$0	\$1,330,026
3.4	Bank charges on disbursements and payments	\$7,256	\$3,641		\$0	\$0	\$3,641		\$0	\$3,641
3.5	Total Grant Cash Outflows	\$6,218,283	\$8,344,856		\$0	\$0	\$8,344,856		\$0	\$8,344,856
4. Reconciling Adjustments										
4.1	Other reconciliation adjustments (including for prior periods)	\$272,508	\$0		\$0	\$0	\$0		\$0	\$0
4.2	Net exchange gains/losses on translation of balances	\$3,173	\$3,459		\$0	\$0	\$3,459		\$0	\$3,459
4.3	Ineligible transactions from previous periods for which justification was approved by the Global Fund	\$0	\$0		\$0	\$0	\$0		\$0	\$0
4.4	Reimbursement of ineligible transaction from previous periods	\$0	\$0		\$0	\$0	\$0		\$0	\$0
4.5	Advance payment made for the next implementation period	\$0	\$0		\$0	\$0	\$0		\$0	\$0
5. Total Cash Balances: End of the reporting period										
5.1	Principal Recipient Cash Balance		\$3,936,636			\$0	\$3,936,636		\$0	\$3,936,636
5.2	Sub-Recipient Cash Balance		\$6,328			\$0	\$6,328		\$0	\$6,328

Financial Commitments

#	Module	Intervention	Activity Description	Cost input	Principal Recipient:				Comments
					Amount in Grant Currency	Delivery date	Expected Payment date	Effective Payment date	
1	Comprehensive prevention programs for MSM	Behavioral interventions for MSM	Printing of communication material for MSM - 2 IEC materials per year per SWs and their clients	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	\$6,049	31.12.2020	28.02.2021		Receipt Accruals
2	Comprehensive prevention programs for MSM	Community empowerment for MSM	Male Lates Condom;	5.2 Condoms - Male	\$45,274	30.12.2020	31.03.2021		Receipt Accruals
3	Comprehensive prevention programs for MSM	Condoms and lubricant programming for MSM	PSM costs	7.7 Other PSM costs	\$44,829	30.12.2020	31.03.2021		Receipt Accruals
4	Comprehensive prevention programs for people who inject drugs (PWID) and their partners	Behavioral interventions for PWID	Printing of communication material for PWID - 2 IEC materials per year per PWID, and additional 20% will be printed for partners of PWIDs	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	\$14,296	31.12.2020	28.02.2021		Receipt Accruals
5	Comprehensive prevention programs for sex workers and their clients	Behavioral interventions for sex workers	Printing of communication material for SW - 2 IEC materials per year per SWs and their clients	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	\$5,415	31.12.2020	28.02.2021		Receipt Accruals
6	Comprehensive prevention programs for sex workers and their clients	Condoms and lubricant programming for sex workers	Male Lates Condom;	5.2 Condoms - Male	\$141,205	30.12.2020	31.03.2021		Receipt Accruals
7	Comprehensive prevention programs for sex workers and their clients	Condoms and lubricant programming for sex workers	PSM costs	7.7 Other PSM costs	\$67,243	30.12.2020	31.03.2021		Receipt Accruals
8	Comprehensive programs for people in prisons and other closed settings	Harm reduction interventions for people in prisons and other closed settings	Printing of communication material for prisoners. 2 IEC materials per year per prisoner.	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	\$149	31.12.2020	28.02.2021		Receipt Accruals
9	COVID-19	COVID-19	Consumables for 11 present COVID 19 PCR diagnostic laboratories	5.8 Other consumables	\$9,276	31.12.2020	31.03.2021		Receipt Accruals
10	COVID-19	COVID-19	Laboratory equipment for strengthening the capacity of 11 present COVID 19 PCR diagnostic laboratories	6.6 Other health equipment	\$123,025	31.12.2020	31.03.2021		Receipt Accruals
11	HIV Testing Services	Differentiated HIV testing services	HIV Early Infant Diagnosis kits; HIV Viral Load test kits;	6.2 HIV Viral Load analyser/accessories	\$111,004	21.12.2020	n/a	11.02.2021	Receipt Accruals
12	HIV Testing Services	Differentiated HIV testing services	HTC Motivation packages for Key population	12.2 Food and care packages	\$40,953	24.12.2020	28.02.2021	n/a	Receipt Accruals
13	HIV Testing Services	Differentiated HIV testing services	PSM costs	7.7 Other PSM costs	\$2,505	21.12.2020	n/a	11.02.2021	Receipt Accruals
14	Program management	Grant management	Printing of recording and reporting material for 195 Service Delivery points. The minimum number of journals per SDP is 7. The estimation is following 7*195*2 (twice per year) = 1959	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	\$11,390	31.12.2020	28.02.2021	n/a	Receipt Accruals
15	Program management	Grant management	Running cost to Support NGOs working on needle and syringe exchange programs.	11.1 Office related costs	\$4,800	31.12.2020	28.02.2021	n/a	Receipt Accruals
16	Programs to reduce human rights-related barriers to HIV services	Legal Literacy ("Know Your Rights")	Printing of information materials for future dissemination information about the existing services (crisis centers, legal support, and psychosocial support)	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	\$13,990	31.12.2020	28.02.2021	n/a	Receipt Accruals
17	RSSH: Integrated service delivery and quality improvement	Improving service delivery infrastructure	Provide vehicles to distribute commodity and transport blood samples and give ride to the MKC staffs (including insurance cost)	9.2 Vehicles	\$274,203	31.12.2020	31.03.2021	n/a	Receipt Accruals
18	RSSH: Integrated service delivery and quality improvement	Laboratory systems for disease prevention, control, treatment and disease surveillance	Improve IT capacity and to develop EMR network and security plan and services among 70 districts and city PHC polyclinics and 30 AIDS centers.	9.1 IT - Computers, computer equipment, Software and applications	\$192,695	30.12.2020	n/a	18.01.2021	Receipt Accruals
19	Treatment, care and support	Differentiated ART service delivery	Acetilsalicylic acid 0.5mg; Aciclovir 200 mg; Acidi folici 5 mg; Amoxicillin500mg, tab; Ampicillin-sulbactam 500; Ceftriaxone 1.0; Claritromicin 500mg,tab; Clindamicin 600 mg; Cotrimozole 500 mg vaginal; Cotrimaxazole 960 mg; Cyanovalbomine 200mg /ml; Eritromicine 250mg,tab; Fluconazole 200 mg /100ml; Ibuprofen 400 mg; Itraconazol 100 mg; Ketoconazole 200 mg; Loperamide 4mg,tab; Metoprolamide 10 mg tab; Metronidazole 500mg, 100 ml wll infusion set; Miconozol 10 mg; Sol ringer Lactat 500ml; Moxifloxacin 400mg; Paracetamol 500mg; Prometazin 25 mg/ml; Terbinafine 250 mg.	4.7 Other medicines	\$12,448	07.10.2020	n/a	04.02.2021	Receipt Accruals
20	Treatment, care and support	Differentiated ART service delivery	PSM costs	7.7 Other PSM costs	\$3,748	31.12.2020	17.02.2021	n/a	Receipt Accruals
21	Treatment, care and support	Treatment adherence	Printing of ART education material for PLHIV;	10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	\$18,116	31.12.2020	28.02.2021	n/a	Receipt Accruals
22	Comprehensive prevention programs for people who inject drugs (PWID) and their partners	OST and other drug dependence treatment for PWID	*Methadone;	4.4 Opioid substitution medicines	\$128,319	17.01.2021	31.03.2021	n/a	GF has provided its approval for slippage extended delivery.
23	Comprehensive prevention programs for people who inject drugs (PWID) and their partners	OST and other drug dependence treatment for PWID	PSM costs	7.7 Other PSM costs	\$252,651	31.12.2020	31.03.2021	n/a	The committed amount represents the following: a) 149K - GF has provided its approval for slippage extended delivery of Methadone, associated PSM cost reflected in this line. b) 103K - The freight services for the goods received based on FCA readiness up to 31/12/2020.
24	COVID-19	COVID-19	Rapid antibody test kits for COVID 19	5.4 Rapid Diagnostic Test	\$59,325	31.12.2020	28.02.2021	n/a	The goods have been received based on FCA readiness up to 31/12/2020.
25	COVID-19	COVID-19	Consumables for 11 present COVID 19 PCR diagnostic laboratories	5.8 Other consumables	\$48,830	31.12.2020	28.02.2021	n/a	The goods have been received based on FCA readiness up to 31/12/2020.
26	COVID-19	COVID-19	Laboratory equipment for strengthening the capacity of 11 present COVID 19 PCR diagnostic laboratories	6.6 Other health equipment	\$27,643		31.03.2021	n/a	The most goods were received by UNDP from the Supplier on 11/11/2020, 03/12/2020 and 06/12/2020 based on FCA Incoterms 2020. Physical delivery of the goods into Tajikistan is delayed for the following reasons beyond of UNDP's control. GF has provided its approval for slippage extended delivery.
27	COVID-19	COVID-19	PPE Health Care Facilities	5.8 Other consumables	\$57,000	31.03.2021	n/a	n/a	GF has provided its approval for slippage extended delivery.
28	COVID-19	COVID-19	PSM costs	7.7 Other PSM costs	\$158,535	31.03.2021	n/a	n/a	GF has provided its approval for slippage extended delivery.
29	HIV Testing Services	Differentiated HIV testing services	Analysers & accessories; hematology	6.6 Other health equipment	\$8,248	31.03.2021	n/a	n/a	GF has provided its approval for slippage extended delivery.
30	HIV Testing Services	Differentiated HIV testing services	Health equipment maintenance and services;	6.5 Maintenance and service o	\$16,751	31.03.2021	n/a	n/a	GF has provided its approval for slippage extended delivery.
31	HIV Testing Services	Differentiated HIV testing services	PSM costs	7.7 Other PSM costs	\$249,989		31.03.2021	n/a	The committed amount represents the following: a) 197K - GF has provided its approval for slippage extended delivery (GP405206) b) 53K - The freight services for the goods received based on FCA readiness up to 31/12/2020.
32	HIV Testing Services	Differentiated HIV testing services	Rapid Diagnostic Test - HIV;	5.4 Rapid Diagnostic Test	\$47,057		31.03.2021	n/a	US\$ 22.3K - GF provided its slippage extended delivery approval for this Vendor. US\$ 24.7K FCA Readiness was confirmed by the Supplier in June and Dec 2020, pending delivery.
33	Program management	Grant management	PR Maintenance and service costs non-health equipment	9.4 Maintenance and service o	\$226	31.12.2020	31.03.2021	20.01.2021	Invoice was received in Jan 2021 for consumed fuel in Dec 2020
34	Program management	Grant management	Support of running cost of AIDS Centers	11.1 Office related costs	\$180	31.12.2020	31.03.2021	20.01.2021	Invoice was received in Jan 2021 for consumed fuel in Dec 2020
35	RSSH: Integrated service delivery and quality improvement	Laboratory systems for disease prevention, control, treatment and disease surveillance	Analysers & accessories;	6.6 Other health equipment	\$5,939	31.03.2021	n/a	n/a	GF has provided its approval for slippage extended delivery.

36	RSSH: Integrated service delivery and quality improvement	Laboratory systems for disease prevention, control, treatment and disease surveillance	HIV VL Equipment/parts/consumables; Health equipment maintenance and services; HIV Viral Load test kits;	6.2 HIV Viral Load analyser/s	\$61,630		31.03.2021	n/a	GF provided its slippage extended delivery approval for this Vendor.
37	RSSH: Integrated service delivery and quality improvement	Laboratory systems for disease prevention, control, treatment and disease surveillance	PSM costs	7.7 Other PSM costs	\$48,029		31.03.2021	n/a	All goods have been received based on FCA readiness. Freight is still pending due to complications caused with COVID-19 pandemic restrictions. Slippage request was approved by GF
38	Treatment, care and support	Differentiated ART service delivery	PSM costs	7.7 Other PSM costs	\$62,504		31.03.2021	n/a	The goods have been received based on FCA readiness up to 31/12/2020.
39	Program management	Grant management	GMS (7%)	11.3 Indirect cost recovery (ICI)	\$161,065		30.06.2021	n/a	Full GMS to be posted upon payment of all commitments
40	COVID-19	COVID-19	GMS (7%)	11.3 Indirect cost recovery (ICI)	\$24,593		30.06.2021	n/a	Full GMS to be posted upon payment of all commitments
Total					\$2,560,228				

OK

Financial Obligations

Principal Recipient:								
#	Module	Intervention	Activity Description	Cost input	Amount in Grant Currency	Delivery date	Expected Payment date	Comments
1	HIV Testing Services	Differentiated HIV testing services	Health equipment maintenance and services; Renovation of storage facilities for two AIDS centers (Kashf, Penjikent) and construction of a new one in Dushanbe as the main storage place for better management of the hard to reach regions.	6.5 Maintenance and service o	\$902	28/02/2021	31/12/2021	
2	RSSH: Integrated service delivery and quality improvement	Improving service delivery infrastructure	Improvement of storage conditions for regional AIDS centers and Neurology centers to meet WHO storage conditions.	8.2 Renovation/constructions	\$46,598	28/02/2021	31/12/2021	
3	RSSH: Procurement and supply chain management systems	Supply chain infrastructure and development of tools		8.2 Renovation/constructions	\$3,328	28/02/2021	31/12/2021	
4	Program management	Grant management		11.3 Indirect cost recovery (ICI)	\$3,558	31/03/2021	31/12/2021	Full GMS to be posted upon payment of all obligations
Total					\$54,385			

OK

Progress Report

Section 2: Financial Information	Period of Financial Reporting	01.ЯНВ.20	End Date:	31.ДЕК.20
	Cumulative Period of Financial Reporting	01.ЯНВ.18	End Date:	31.ДЕК.20

Principal Recipient Reconciliation of funds provided to Sub-Recipients for the Current Implementation Period

Principal Recipient										For Local Funds		
(1) Sub-Recipient Name	(2) Cumulative Sub-Recipient expenses for prior periods at Principal Recipient level	(3) Sub-Recipient Open Advances at Principal Recipient Level	(4) Disbursements made by Principal Recipient during the Reporting Period	(5) Other Income* during the Reporting Period	(6) Expenditure validated by Principal Recipient during the Reporting Period	(7) Refunds received from the Sub-Recipient	(8) Sub-Recipient Closing Balance at Principal Recipient Level	(9) Actual Sub-Recipient Cash Balance (if applicable)	(10) Variances on Sub-Recipient Balances	Comments	LFA Adjustments	As verified by LFA
REPUBLICAN AIDS PREVENTION CENTER	279,051.55	2,456.63	159,196.71	-3,461.51	134,050.95	24,140.71	0.17	83.27	83.10	This variance represents bank interest received by RAC on 31/12/2020 and refunded by SR in Jan 2021.		\$0.17
UPRAVLENIE ISPRAVITELNYH DEL, MINUS	56,559.20	22,587.64	26,019.47	-2,525.83	35,355.22	10,726.06	0.00	0.00	-0.00			\$0.00
PO AIDS FOUNDATION EAST-WEST	67,264.20	716.03	41,570.86	-1,258.64	40,733.95	294.30	-0.00	0.00	0.00			(\$0.00)
PO DINA	39,923.51	1,022.14	29,328.19	-566.76	28,522.21	1,261.36	-0.00	0.00	0.00			(\$0.00)
REPUBLICAN CLINICAL NARCOLOGY CENT	229,009.11	2,732.50	149,500.07	-6,690.40	127,855.14	17,687.03	0.00	76.69	76.69	This variance represents bank interest received by RCNC on 31/12/2020 and refunded by SR in Jan 2021.		\$0.00
PO SPIN PLUS	79,787.05	16,589.93	161,290.49	-5,484.30	164,242.48	8,153.64	0.00	0.00	-0.00			\$0.00
PO VOLUNTEER	118,550.47	0.00	50,104.35	-1,206.00	48,801.12	97.23	-0.00	0.00	0.00			(\$0.00)
PO APEYRON	233,719.90	34.72	60,211.36	-917.48	53,001.08	0.00	6,327.52	4,995.46	-1,332.06	NGO Apeiron suspended its activities in July 2020. UNDP is working with management of NGO and MFA to ensure that cash balance is deposited to UNDP account and pending supporting documents are provided.		\$6,327.52
PO SVON PLUS	114,131.15	335.74	68,434.82	-1,667.88	66,814.37	288.31	-0.00	0.00	0.00			(\$0.00)
GBOA AIDS PREVENTION CENTER	65,733.58	4,004.11	48,764.40	-2,385.85	50,288.04	94.62	0.00	0.00	-0.00			\$0.00
KHATLON AIDS PREVENTION CENTER	191,546.34	4,990.50	121,929.15	-5,276.23	118,987.00	2,656.42	0.00	48.79	48.79	This variance represents bank interest received by Khatlon AC on 31/12/2020 and refunded by SR in Jan 2021.		\$0.00
PO EQUAL OPPORTUNITIES	296,207.72	83.11	205,115.00	-4,813.14	200,351.35	33.40	0.22	0.00	-0.22	Minor variance occurred due to rounding		\$0.22
PO HUMAN RIGHTS CENTRE	81,685.87	1,230.74	130,612.25	-2,341.71	126,547.40	2,953.88	-0.00	0.00	0.00			(\$0.00)
SUGHD AIDS PREVENTION CENTER	0.00	0.00	77,948.75	-450.86	77,018.04	479.85	-0.00	0.00	0.00			(\$0.00)
Total for the Reporting Period	\$1,853,169.65	\$56,783.79	\$1,330,025.87	(\$39,046.59)	\$1,272,568.35	\$68,866.81	\$6,327.91	\$5,204.20	(\$1,123.71)		\$0.00	\$6,327.91

* Includes interest income, income generating activities etc.

Progress Report

Section 2: Financial Information	Period of Financial Reporting	01.01.2020	End Date:	31.03.2020
	Cumulative Period of Financial Reporting	01.01.2018	End Date:	31.03.2020

Total Principal Recipient Budget Variance and Funding Absorption Analysis

	Principal Recipient					Cumulative Budget through period of Progress Update	Cumulative Actual Grant Cash Outflow - Cash Basis through period of Progress Update	Cumulative Budget Vs Actual Variance	Absorption Capacity	Reasons for Variance
	Budget for Reporting Period	Actual Grant Cash Out Flow - Cash Basis for Reporting Period	Budget Vs Actual Variance	Absorption Capacity	Reasons for Variance					
1. Total Principal Recipient cash outflow vs. budget	\$12,423,750	\$8,344,856	\$4,078,894	67.2%		\$18,263,852	\$14,563,120	\$3,700,732	79.7%	
1a. Principal Recipient's total expenditures (including any direct-disbursements to third-parties)	\$10,549,094	\$7,044,830	\$3,505,134	66.6%	<p>The positive variance presents following savings and financial commitments (US\$ 3566,3K):</p> <ul style="list-style-type: none"> US\$ 46.4K in savings on UNDP HR cost as UNDP funds are not fully received US\$142.5K in savings on TRC cost since virtual modality applied for the trainings, working meetings, and monitoring visits (US\$68.4K), in particular at International TA and interventions were cancelled as well as cancelled travel cost (US\$ 181K, RE, 2K, US\$68.4K); the savings occurred as UNDP was confirmed in collection with other donors and ATR cost (US 4K, US\$164K) US\$194.5K on cost saving: "General Professional services (GPS)" due to following: <ul style="list-style-type: none"> US\$ 95.5K related to activity "Reducing community-based HIV testing through applying the Test-Social Framework" which was reprogrammed for R&P support and implemented by UNDP center. The cash savings is reported against SR cash outflow in this section below (US\$124.9K) US\$ 13K on cost savings on SR Annual audit of 476 as a result of using remote audit. US\$194.5K related to procurement of Health Products- Pharmaceutical Products as described in the Section 2 below. The financial commitments under this category is US\$ 420.5K. US\$ 191.5K related to Health Products - Non-Pharmaceuticals and Equipment as described in the Section 2 below. The financial commitments under this category is US\$241.8K. US\$159.3K in unspent funds on the cost grouping "Procurement and Supply Chain Management costs (PSCM)" which is fully committed, and payment will be processed during the close-out period. PSCM budget allocated for procurement of the warehouse and UNDP's equipment and materials is not sufficient considering that various goods used for logistics were provided at the estimated price with consideration of availability of the regular direct flights from/to Dushanbe by PCA real-time data. Unfortunately, up to the date the regular flights have not been resumed. The new estimated prices will lead to over-spending within the thresholds. Financial commitments in amount of US\$4K are subject to payment upon delivery of goods to cargo. US\$ 42.5K related to equipment in the warehouse/construction of warehouse as UNDP or funded resources as UNDP or funded resources in the duration of contract with the Contractor beyond grant and savings on procurement of IT equipment for training in preparation of the cost grouping "Non-health equipment (NHE)" which are fully committed, and payment will be processed during the close-out period. UNDP is not eligible to procure equipment for distribution of commodities and financial commitments are not fully committed. US\$191.9K in unspent funds related to cost saving on "Communication Material and Publications (CMP)" The funds are partially committed US\$46.4K. US\$ 275.5K related to a 1.2% inflation cost (US\$164.6K) and will be paid upon payment of all financial commitments, the expenses will be reflected during the close-out period. US\$ 14.4K related to procurement of hygiene and food kits for PLHIV. The funds are fully committed, and payment will be reflected during the close-out period. US\$ 49.3K in direct implementation of SR budgeted activities such as procurement of motorbike kits for KP (US 4K, 2K) and collection of trainings (US 49.3K, 1K, 1K and 17K) 	\$14,477,776	\$11,299,520	\$3,178,257	78.1%	<p>The variance consist of commitments and savings:</p> <ul style="list-style-type: none"> US\$ 1,422.5K -positive variance on pharm and health products is described in the Section 2 below. Negative US\$ 14.1K direct implementation of SR budgeted activities such as procurement of motorbike kits for KP (US 4K, 2K) and collection of trainings (US 4K, 2K, 1K, 1K, 1K and 17K) US\$ 46.4K in savings on UNDP HR cost as UNDP funds are not fully received US\$ 194.5K in unspent funds on the cost grouping "Procurement and Supply Chain Management costs (PSCM)" which is fully committed, and payment will be processed during the close-out period. PSCM budget allocated for procurement of goods received based on PCA real-time data on 19/03/2020 and approved delivery (shipped) in US\$ 420.5K, subject to payment upon delivery of goods to cargo. US\$ 275.5K related to a 1.2% inflation cost recovery (ICR) - 1% GMS, which is partially committed (US\$46.4K) and will be paid upon payment of all financial commitments, the expenses will be reflected during the close-out period. US\$ 42.5K in unspent funds on the cost grouping "Non-health equipment (NHE)" which are fully committed, and payment will be processed during the close-out period. UNDP is not eligible to procure equipment for distribution of commodity and transport (based sample as well as for ATR). US\$ 191.9K related savings on the cost grouping "Infrastructure (INF)" UNDP or funded resources of the warehouse in Dushanbe as the duration of contract with the Contractor beyond grant and savings on procurement of IT equipment for UNDP based on actual need of MOH for UNDP. US\$ 191.5K in savings on TRC, TA and services on the planned "Non-out-of-face" activities were modified to virtual modality, the number of participants and field visits reduced as budgeted due to COVID-19 restrictions in country. US\$ 14.4K related to procurement of hygiene and food kits for PLHIV. The funds are fully committed, and payment will be reflected during the close-out period. US\$ 49.3K in savings on SR annual audit of SRs as result of using corporate LTA.
1b. Disbursements to sub-recipients	\$1,873,756	\$1,330,026	\$543,760	71.0%	<p>The positive variance represents the following:</p> <ul style="list-style-type: none"> US\$102K savings due to (i) suspension of activities in SRMIS/US component in Dushanbe region by liquidation of agency ROP; (ii) that Cash-on-receipts imposed number of payments were consolidated through online vehicles; (iii) PPHD component under PPI project supported INDA working with PPHD after the phase out. US\$164.5K has received APN but has kept the account open for all ATR Center and patients in 10% of their Government salary rate. US\$164.5K has received since the end of previous procurement of packages on behalf of DPA (US 42,30) and SR has savings on actual number of ODT points in prison when they budgeted. US\$124.4K has received due to the following: (i) the actual number of ODT points is less than budgeted, in instance of opening of phased new ODT sites. PPI decided to expand the network of ODT sites (the figure include also ODT sites) and to received due to SRs low achievement of the established program indicators associated with PPI reports. US\$ 100K UNDP has implemented some training activities, procurement of nutrition packages for KP in behalf of SR and made direct payments to the total amount of US\$66.5K 	\$3,769,076	\$3,263,589	\$505,487	86.1%	<p>The positive variance represents the following:</p> <ul style="list-style-type: none"> US\$ 102K - Savings on SR activities due to (i) suspension of activities of SRMIS/US component in Dushanbe region, since the PO Agency stopped the activities from July 2020 due to the liquidation of ATR; (ii) Cash-on-receipts imposed number of payments were consolidated through online vehicles; (iii) introduction of PPI to government SRs as well as the actual number of personnel engaged into the project was less than budgeted and staff turnover in the HIV program due to significant reduction in remuneration in the provision in 2020. US\$164.5K UNDP made direct payments in behalf of SR and procurement of nutrition packages for KP on behalf of SRs in the total amount of US\$66.5K
2. Total pharmaceutical & non-pharmaceutical incl. equipment expenditures vs. budget	\$9,973,020	\$4,332,318	\$1,040,502	73.5%		\$7,140,603	\$5,714,926	\$1,425,677	80.0%	
2a. Health Products- Pharmaceutical Products	\$2,163,217	1,263,365	\$899,831	58.4%	<p>The positive variance \$89.8K represents:</p> <ul style="list-style-type: none"> 1) US\$188K - unspent funds on procurement of medications, which is partially committed US\$ 48.3K. The payment will be processed during the close-out period. The first announcement on procurement to meet demand based on actual needs and challenges with the activities of the planned coverage of ODT program. Low participation of international and challenging working environment for the entire ODT program (longer visit of control agencies, responsibility for PWHI does not allow them having an individual approach for PWHI and respectively, does not make the ODT program attractive for clients. 2) US\$ 10K - unspent funds procurement of materials as in 2020 consumption of medicine was decreased than the limitations level after COVID-19 pandemic. 3) US\$188.7K - savings on procurement of ARV drugs due to AET optimization process held in the country during 2019 - 2020: the number of treatment regimens has been significantly reduced, especially among the adults representing the most part of PLHIV being in treatment. Transfer of the patients into TLD program was conducted in accordance with that about 95% of total 793 patients have been transferred into this region for the end of 2020. This and other low acquisition price of TLD explains the savings generated by the programme under the budget line allocated for procurement of ARV drugs. In addition, it's worth to mention that only 7% PLHIV out of the targeted value was covered with the ARV treatment by the end of 2020 which was mainly caused with COVID-19 pandemic negative impacts. In addition to this, UNICEF informed an additional saving on procurement of ARV drugs US\$28K (refund expense). 4) US\$ 10K - cancelled procurement as according to Optimization Plan of AET and introduction of the TLD scheme in Tajikistan, the project had sufficient stock of drugs (Emtricitabine and Tenofovir) required for implementation of PEP for MSM. 5) US\$19.8K - positive variance as unspent/prepayment was made in previous reporting period to procurement agents. Expenses reflected in current APE. 	\$2,606,355	2,014,176.05	\$602,139	74.7%	<p>The positive variance represents:</p> <ul style="list-style-type: none"> US\$ 188K - unspent funds on procurement of medications, which is partially committed US\$ 48.3K. The payment will be processed during the close-out period. The first announcement on procurement to meet demand based on actual needs and challenges with the activities of the planned coverage of ODT program. Low participation of international and challenging working environment for the entire ODT program (longer visit of control agencies, responsibility for PWHI does not allow them having an individual approach for PWHI and respectively, does not make the ODT program attractive for clients. US\$10K - unspent funds procurement of materials as in 2020 consumption of medicine was decreased than the limitations level after COVID-19 pandemic. US\$188.7K - savings on procurement of ARV drugs due to AET optimization process held in the country during 2019 - 2020: the number of treatment regimens has been significantly reduced, especially among the adults representing the most part of PLHIV being in treatment. Transfer of the patients into TLD program was conducted in accordance with that about 95% of total 793 patients have been transferred into this region for the end of 2020. This and other low acquisition price of TLD explains the savings generated by the programme under the budget line allocated for procurement of ARV drugs. In addition, it's worth to mention that only 7% PLHIV out of the targeted value was covered with the ARV treatment by the end of 2020 which was mainly caused with COVID-19 pandemic negative impacts. In addition to this, UNICEF informed an additional saving on procurement of ARV drugs US\$28K (refund expense). US\$ 10K - cancelled procurement as according to Optimization Plan of AET and introduction of the TLD scheme in Tajikistan, the project had sufficient stock of drugs (Emtricitabine and Tenofovir) required for implementation of PEP for MSM. US\$19.8K - positive variance as unspent/prepayment was made in previous reporting period to procurement agents. Expenses reflected in current APE.
2b. Health Products - Non-Pharmaceuticals & Equipment	\$3,809,803	3,069,132.42	\$740,671	80.6%	<p>1) US\$ 200K are unspent funds for procurement non-health goods and consist of positive and negative variance:</p> <ul style="list-style-type: none"> 1) US\$ 186.3K for procurement of Commodities. The funds are fully committed. The available stock in country covered project beneficiaries' needs. 2) US\$ 13.7K related to procurement of HIV, and COVID-19 RDT kits (US\$8K, 4K) which will be paid during the close-out period. 3) US\$14.8K (negative) UNDP made procurement of syringes to cover the project needs in 2021 and due to increased rate of syringes per day PEP (reduction of the rate per PEP). 4) US\$ 130K - Procurement of PPE and Consumables for 19 recent COVID-19 PCR diagnostic laboratories were fully committed and payment will be reflected during the close-out period. 5) US\$ 414K are unspent funds for procurement non-health goods and consist of positive and negative variance: 6) US\$176K related HIV Test kit and analyzer/instruments is fully committed. The funds will be disbursed to vendors during the close-out period. 7) US\$ 238K related to maintenance of equipment and minor renovation works. Funds are partially committed US\$ 46.7K, the works were ordered by end of December. Payment will be reflected during the close-out period. The net amount is savings on cancelled activities as process of allocation of the land plots by the local authorities and formal guarantees were not provided. 8) US\$191K related to procurement of health equipment is partially committed in US\$ 64.8K will be paid during the close-out period. 	\$4,444,338	3,700,720.04	\$743,618	83.3%	<p>US\$ 200K are unspent funds for procurement non-health goods and consist of positive and negative variance:</p> <ul style="list-style-type: none"> US\$ 186.3K for procurement of Commodities. The funds are fully committed. The available stock in country covered project beneficiaries' needs. US\$ 13.7K related to procurement of RDT, the funds are fully committed. The financial commitment for HIV and COVID-19 RDT are US\$8K, 4K which will be paid during the close-out period. US\$14.8K (negative) UNDP made procurement of syringes to cover the project needs in 2021. Overbooking in order to be increased rate of syringes per day PEP. US\$ 130K on Procurement of PPE and Consumables for 19 recent COVID-19 PCR diagnostic laboratories were fully committed and payment will be reflected during the close-out period. US\$ 414K are unspent funds for procurement non-health goods and consist of positive and negative variance: US\$176K related HIV Test kit and analyzer/instruments is fully committed, the funds will be disbursed to vendors during the close-out period. US\$ 238K related to maintenance of equipment and minor renovation works. Funds are partially committed US\$ 46.7K, the works were ordered by end of December. Payment will be reflected during the close-out period. The net amount is savings on cancelled activities as process of allocation of the land plots by the local authorities and formal guarantees were not provided. US\$191K related to procurement of health equipment is partially committed in the amount of US\$ 64.8K will be paid during the close-out period.

Progress Report

Section 3A: Principal Recipient - Procurement and Supply Management

		Comments
<p>1. Have you updated the Price Quality Reporting (PQR) with the required information on the pharmaceuticals and health products received during the period covered by this PU/DR' (if applicable)? If health products procurement information has not been entered into the PQR, please explain why.</p> <p>! For further guidance on PQR data entry, please refer to the guidelines.</p>	Select	PQR is updated in accordance with total commodities - ARV drugs and test-systems – received in 2020.

2. Based on the most up-to-date stock situation, are there any risks of stock-outs or expiries for the key pharmaceuticals & health products, listed below, at the central level in the next Reporting Period? If yes, please comment.

Key Pharmaceuticals & Health Products	Risk of Stock-Out	Risk of Expiry	Comment (if yes, please provide information on the specific items that are at risk of stock-out or expiry and the mitigation measures in place or to be implemented)
1. Anti-malaria medicines	N/A	N/A	
2. Bed nets	N/A	N/A	
3. In-Vitro Diagnostic Products	No	No	
4. Condoms	No	No	
5. Anti-retrovirals	No	Yes	Based on the national ART Optimization Plan, the process of transition into TLD within the first and second-line treatment schemes for adults was kept in accelerated mode. As a result, 91.8% of patients receiving treatment were on TLD already by the end of 2020. This caused reduced consumption of certain ARV drugs. Based on the data received as of the end of 2020, the risk of expiry of the following ARVs is expected in 2021: 1) 1,871 packs of Lamivudin/Zidovudin in 150/300mg with exp. date as of 01/06/2021 valued at USD11,413.1; and, 2) 365 packs of Atazanavir/Ritonovir 300/100m #30 with expiry date as of 01/03/2021 valued at USD 5,366. PR will consider the option to minimize the wastage for the 1st listed item through donation subject to improvement of the situation related to COVID-19 pandemic global restrictions
6. Anti-TB medicines	N/A	N/A	
7. Lab supplies (e.g. CD4, Viral Load, Cartridges...)	No	No	
8. Other (Please specify in the "Comment" column)	No	No	

3. Comment on additional issues related to the procurement and supply management of pharmaceuticals and health products.

Within the past reporting period the PR initiated rehabilitation of the warehouse facilities located at Shifo settlement (Dushanbe suburb). Currently, the works are the their final stage. Upon completion of the works, the commodities supplied under both national programs (HIV and TB) will be stored at this site which shall play the role of central warehouse of the national AIDS and TB centers. Additionally, two specialized trucks adjusted for transportation of the health products were procured with the purpose of distribution of the commodities from central to the regional levels. This will contribute significantly to strengthening of the inland supply chain management at both programs. Additionally, this will help save the considerable funds spent to the outsourced commercial entities that have provided the warehousing and distribution services so far.

In 2020, two medical waste disposal sites were deployed in the regional AIDS centers located in Khujand (Sughd) and Khorog (GBAO). Extremely lengthy process of allocation of the land plots by the local authorities as well as no formal guarantees provided that the title of the constructed facilities won't be transferred to other agencies than AIDS centers prevented to deploy such sites in Dushanbe, Bokhtar (Khatlon) and Rasht (DRS) which were initially planned. MSF has recently constructed a quite spacious medical waste disposal site at Machiton TB hospital which is located nearby the warehouse being currently rehabilitated. It is planned to initiate discussions with the TB program around the possibility to use this site for both programs given new opportunities and bigger capacity to store the generated waste in the special area of the new warehouse. This option should be the most cost-effective and environmentally friendly to improve the situation with the waste management at central (Dushanbe) level in both HIV and TB programs.

As short term steps PR plans to conduct a number of activities related to supply chain management at TB program to align it with the progress achieved in HIV program so far. Under the approved budget it is planned to procure ICT equipment for TB centers for further installment of IC based inventory management system to automate stock management process with parallel training of TB staff involved in stock management, National TB program committed to allocate the facilities at regional level which might serve as the regional warehouses for storage of the health and non-health products. It is also agreed that in 2021 the National TB Center will start recruitment of the health stock/drug management specialists for both central and regional levels, these positions shall be also further introduced in the staff schedules of all centers with gradual transfer to the financing from the public budget funds.

The PR will also continue implementation of other initiatives aimed at improvement of the in-country PSM system under the approved budget funds and in line with TRP 6 response strategy.

Progress Report

Section 4: Grant Management

A. PR and LFA Comments on the Fulfilment of Grant Requirements

! Please include in this table the Grant Requirement number as per Grant Confirmation and full text of the requirement due for fulfilment during this period outstanding from previous periods.

! Some may apply to more than one period of grant implementation. Their fulfilment during one period does not automatically imply fulfilment in subsequent periods. The LFA should verify that the status of such Grant Requirements is reported by the Principal Recipient during each period concerned.

Grant Requirements	Status	PR Comments on Progress of Implementation	Status
<p>The use of Grant Funds by the Principal Recipient to finance incentive payments is subject to the satisfaction of each of the following conditions:</p> <p>a. on or before 31 May 2018, the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a detailed incentive payments transition plan under the Program (the "Detailed Incentive Payments Transition Plan"); and</p> <p>b. the written approval by the Global Fund of the Detailed Incentive Payments Transition Plan.</p>	Met	<p>1. Based on the recommendations of the international consultant supported by the Global Fund, the PR submitted the Detailed Incentive payments scheme to the GF at the end of 2018, which was approved and subsequently started implementation since April 2019. The responsible persons were trained on completing PBP file and assessing the work of finance and programmatic people. Several reporting forms were designed by the PR to document different achievements of SRs.</p> <p>2. In November 2019, the PR hired a local consultant to assess the performance of incentivized employees in AIDS centers and OST sites as well as consider the effectiveness of the PBP. Overall 8 site visits were paid to national and regional AIDS centers and OST sites to cross-check the reported data against the primary documents. Further, the opinions of key employees were collected to draw the right conclusions. The finding from the local consultant report suggested that the PBP scheme has shown low effectiveness and increased workload of the staff. Based on the recommendations of the local consultant PBP scheme was lifted for all positions within AIDS centers except for social workers, peer consultants, and pharmacists. The PBP has proved to be effective for Narcology, where the PBP scheme was preserved for all positions.</p> <p>3. As currently, there is a Transition Plan developed by Curatio International and budget part was drafted by the Alliance consultant (supported by the GF) for Tajikistan, it has been agreed that the Incentives payment transition will be incorporated in the overall country transition plan. The incentive transition plan was discussed during the country dialogue, and now approved by the GF Board as part of the new grant implementation.</p>	

B. PR & LFA Review of Progress on Mitigating Actions

Risk Details	Timeline	Mitigating Action	PR Status

C. Comments on Annual Grant Reporting Requirements

! Please indicate a date for the report due for submission. If a report is overdue, indicate the original due date and explain the reason for delay.

Required Documentation	Due date (dd-mmm-yy)	Status	Comments	For LFA Use	
				Due date (dd-mmm-yy)	Status
PR Audit Report		Submitted to GF	Report is published on 13.01.2021 https://audit-public-disclosure.undp.org/view_audit_rpt_2.cfm?audit_id=2193		
Annual Financial Report (AFR) / Enhanced Financial Report (EFR)		Submitted to GF	The report has been a part of the Progress Report for the period of January-December 2018		

Progress Report

Section 5: Principal Recipient and LFA Evaluation of Overall Performance

A. Principal Recipient's Overall Self-Evaluation of Grant Performance (including a summary of how financial performance is linked to programmatic achievements)

! The self-evaluation should be undertaken by taking into account programmatic achievements, financial performance and program issues in various functional areas (M&E, Finance, Procurement, and Program Management, including management of Sub-Recipients). See Guidelines for more detailed guidance.

For the July-December 2020 period the PR reported on 16 intended coverage indicators, which were accomplished on average by 87%. Of all 16 indicators, ten coverage indicators were attained by over 80% and the other six ones showed less than 80%. The underachieved targets mainly attributed to indicators on HIV prevention and HCT among key populations. Due to tough consequences of Covid-19, NGOs' employees, peer consultants, social and outreach workers halted the work as majority of them stayed home isolated and mainly were in contact with key populations via phone and social pages. Besides, the NGO 'Apeiron' terminated project activities in mid-2020 under the pressure of law enforcement bodies. It mainly worked with the hard-to-reach key populations, MSM and SWs, providing them access to HIV prevention and [saliva-] testing. Thus, the frequency of outreach was way reduced subsequently in the second half of the reporting year. Generally, the global Covid-19 pandemic adversely impacted the realization of all programme components in 2020. In particular, the PR anticipated to receive Murex HIV ½ ELISA tests and PCR quantitative tests for GeneXpert VL in July 2020, however, the delivery was delayed to the country due to global lockdowns. Accordingly, the RAC director issued a prikaz on changing HIV testing algorithm and, according to it, after revealing two positive RDTs it has been recommended to have ELISA confirmatory testing to keep three-stage HIV confirmatory testing. To preempt the shortage of PCR quantitative tests for GeneXpert VL it was primarily recommended testing of new HIV cases and virological tests. It should be also noted that due to Covid-19 related restrictions in the country the PR sharply shifted to virtual mode of work that limited the physical monitoring of project implementation countrywide. Nevertheless, the desk review and cross-checking of the data via electronic systems and turnover of commodities via IC software were carried out remotely on regular basis. The PR was able to field visit project sites in Sughd and Khatlon regions, in February 2021, after partial alleviation of Covid-19 restrictions.

The unfavorable pandemic impact necessitated both medical staff and vulnerable groups of population to occasionally stand still their uninterrupted communication and/or collaboration to certain extent. Therefore, it should be noted that the reported actual targets in 2020 were lower in comparison with pre-Covid-19 numbers. For instance, the detection of patients commonly has decreased; if number of new HIV cases ranged from 1,300 to 1,400 every year, then in 2020 during the global pandemic 1,085 new HIV cases were found. Furthermore, HIV-infected labour migrants, who left the country with a supply of drugs for six months, were stuck in Russia and unable to return due to international lockdowns and ran out of ARV drugs being outside of the country. The RAC tried to support its patients by handing medicines to their relatives, but that was only a small segment of the patients. According to the new ART guidelines, interrupted patients are those who have not taken ARV drugs for 28 days; it implies certain share of patients would not be adherent to therapy for at least 12 months.

Moreover, in 2020 with the support of the PR and other national partners the RAC conducted the IBBS among the prisoners where HIV prevalence comprised 3.1% among the prisoners vs. 8.4% HIV prevalence in 2013.

Simultaneously, the PR put efforts to remove the legal barriers in the country by providing 274 legal counseling services to 104 men (including MSM and transgenders), 149 women, 21 governmental agencies (AIDS centers, local authorities, courts, migration department, others).

In general, the PR has shown the considerable progress in attaining the target indicators in the context of lengthy international lockdowns and national restrictions due to the pandemic. Since the greater part of programme implementation has been computerized to assure transparency, viability, and continuity it stimulates the online coordination and control of programme throughout the reporting year. The issues and pitfalls encountered during the 2020 period were attempted to be resolved to possible extent as well as many learnings were obtained to follow up in future after easing lockdowns and restrictions.

B. Planned Changes in the Program, if any

C. External factors beyond the control of the Principal Recipient that have impacted or may impact the Program

The sudden onset of Covid-19 pandemic dumbfounded the entire world that triggered adverse consequences beyond the control of the country and the PR. Despite of challenges and hardships faced during the global and local restrictions, the PR managed to ensure that no interruption of prevention and treatment services was observed in the service-providing points as well as no stock-outs of medicines and other medical supplies were faced in the course of the project implementation.

Progress Report

Section 7A.The Principal Recipient Expenditure Report Completed by the Principal Recipient

Period of Financial Reporting	01.000.20	End Date:	31.дек.20
Cumulative Period of Financial Reporting	01.000.18	End Date:	31.дек.20

A. BREAKDOWN BY COST GROUPING

Costing Dimension (Cost Grouping or Cost Input)	Current Reporting Period				Cumulative for the Implementation Period					
	Budget for Reporting Period	Actual Expenditure	Budget Vs Actual Variances	Absorption Rate	Explanation of Variances (mandatory for all percentages below 95% & above 105%)	Cumulative Budget	Cumulative Actual Expenditure	Cumulative Budget Vs Actuals Variances	Absorption Rate	
1. Human Resources (HR)	\$1,756,628	\$1,338,569	\$418,059	76.2%	The variance represents: a) US\$116.7K net savings on HR cost of NGO working with MSM&SW as Apeiron NGO has to stop its activities from July 2020 due to liquidation and PSI project supported the implementing of NGOs working with PWID after the phase out; b) US\$39K for program management cost as UNDP faced to staff turnover in 2020; c) US\$107K savings on HR cost due to vacant positions in RCNC, MOJ and saving resulted from the implementation of PBP. The actual performance based payment is below budgeted incentives for GoT SRs; d) US\$155.2K is gains earned from the FX due to currency fluctuation in Tajikistan during 2019-2020 period and depreciation of TJS currency comparing to USD currency.	\$4,259,432	\$3,841,373	\$418,059	90.2%	
10. Communication Material and Publications (CMP)	\$150,665	\$107,500	\$43,165	71.4%	All actual needs of KPs were covered. a) US\$33.4K - In consultation with Republican AIDS Center and NGOs working with KPs the PR initiated the update of existing IEC materials and development of new types of IEC materials. The PR in collaboration with the RAC developed 4 new types of materials, however collection of feedback and suggestions from the partners took longer due to COVID-19 crisis and related workload of different stakeholders involved. New IEC materials were developed for PLHIV with lower cost implication. Funds allocated for conduction of information campaign and awareness raising during the actions dedicated to World AIDS day, Candlelight Memory Day were not used since activities were cancelled. In parallel reprinting of IECs in sufficient quantities to ensure no shortage of IECs to be provided as part of package of services to KPs. b)US\$9.7K gains on currency fluctuation	\$214,878	\$171,713	\$43,165	79.9%	
11. Indirect and Overhead Costs	\$1,095,173	\$775,319	\$319,854	70.8%	The variance represents following: a) US\$280.6 unspent for GMS, out of which US\$185.7K associated to commitments and slippage activities as of 31.12.2019. This GMS will be posted during the close-out period. b) US\$ 16.6K net savings on office related cost of NGO working with MSM and SW due to termination of activities in Khatlon region and PSI has covered office related cost of PWID NGO during the phase out in 3Q 2020. c)US\$22.6K gains on currency fluctuation	\$1,892,172	\$1,569,270	\$322,902	82.9%	
12. Living support to client/ target population (LSCTP)	\$267,906	\$294,258	-\$26,351	109.8%	Motivation support activities were initiated to scale up testing of among beneficiaries and ensure adherence of PLHIV to treatment within available threshold. Children milk formulas was procured to cover the buffer stock at the beginning of the grant.	\$334,531	\$367,382	-\$32,851	109.8%	
13. Payment for Results	\$0	\$0	\$0	N/A		\$0	\$0	\$0	N/A	
2. Travel related costs (TRC)	\$489,351	\$297,407	\$191,944	60.8%	The positive variance represents: a) US\$92 K net savings on Travel related costs is due to slowdown of training activities due to COVID -19 's restrictions; "face-to-face" trainings, working meetings, round tables and monitoring activities partially converted to online platforms. International travels were fully suspended. b) US\$ 31.4K net saving on supervision and data verification visit which were limited and conducted virtually due to COVID-19 restrictions c) US\$ 68.4K gains on currency fluctuation	\$725,788	\$527,345	\$198,444	72.7%	
3. External Professional services (EPS)	\$323,479	\$274,704	\$48,775	84.9%	The positive variance represents: a) US\$21.3 K net savings on technical assistance mainly on appliance Eco-Social Framework which was reprogrammed for KAP survey and implemented by AIDS centers and co-funded by UNFPA. b) US\$ 27.5 K gains on currency fluctuation	\$599,072	\$550,297	\$48,775	91.9%	
4. Health Products - Pharmaceutical Products (HPPP)	\$2,163,217	\$1,544,703	\$618,513	71.4%	The positive variance represents: a) US\$184.3K unspent funds on procurement of methadone, which is partially committed US\$ 128.3K. The payment will be processed during the close-out period. The rest amount is savings as procurement is made based on actual needs and number of patients on OST. b) US\$ 19K unspent funds procurement of naloxone as in 2020 consumption of Naloxone was decreased due to limitations faced by OST programme after COVID-19 pandemic outbreak in the country starting with April that year. The available stock as well as the product's q-ty supplied in May 2020 covers the programme's needs of 2020 - 2021. No new procurement case was initiated afterwards that explains the budget savings under the respective line. c) US\$408.7K savings on procurement of ARV drugs due to ART optimization process held in the country during 2019 - 2020 the number of treatment regimens has been significantly reduced, especially among the adults representing the most part of PLHIV being in treatment. Transfer of the patients into TLD regimen was conducted in accelerated mode so that about 95% out of totally 7911 patients have been transferred into this regimen by the end of 2020. This and quite low acquisition price of TLD explains the savings generated by the programme under the budget line allocated for procurement of ARV drugs. In addition, it's worth to mention that only 79.1% PLHIV out of the targeted value was covered with the ARV treatment by the end of 2020 which was mainly caused with COVID-19 pandemic negative impacts.	\$2,696,315	\$2,077,802	\$618,513	77.1%	
5. Health Products - Non-Pharmaceuticals (HPNP)	\$2,367,572	\$2,251,394	\$116,178	95.1%	The unspents funds are fully committed. a) US\$47K - procurement of RDT GF provided approval for extended delivery approval for this Vendor. b) US\$57K - procurement of PPE COVID-19, delayed delivery was approved by the GF c) US\$59.3K -procurement of Rapid tests (antibody COVID-19), delayed delivery was approved by the GF d) US\$48.8K -procurement of consumable for 11 PRC labs, delayed delivery was approved by the GF.	\$2,579,076	\$2,462,897	\$116,178	95.5%	

6. Health Products - Equipment (HPE)		\$1,442,231	\$1,244,656	\$197,575	86.3%	Out of unspent funds UNDP has financial commitments in amount of US\$ 120.2K to be paid during the close out period. The rest amount is unspent mainly on maintenance and installation of equipment as lengthy process of allocation of the land plots by the local authorities as well as no formal guarantees provided that the title of the constructed facilities won't be transferred to other agencies than AIDS centers prevented to deploy such sites in Dushanbe, Bokhtar (Khatlon) and Rashit (DRS) which were initially planned.	\$1,865,212	\$1,667,637	\$197,575	89.4%
7. Procurement and Supply-Chain Management costs (PSM)		\$1,550,653	\$916,714	\$633,939	59.1%	All funds committed for PSM associated to the procurement goods which received based on FCA readiness up to 31/12/2020 and approved slippage request. US\$271.7 K subject for payment during the close out.	\$2,151,813	\$1,517,874	\$633,939	70.5%
8. Infrastructure (INF)		\$353,001	\$90,030	\$262,970	25.5%	Given the importance of the activity from the perspective of TB and HIV integration, strengthening PSM capacity in the country and sustainability, UNDP co-funded renovation of the warehouse in Machiton as the duration of contract with the Contractor beyond grant end date.	\$437,473	\$174,503	\$262,970	39.9%
9. Non-health equipment (NHP)		\$463,875	\$477,527	-\$13,652	102.9%	UNDP has commitments in amount of US\$0.3K for petrol consumed in Dec 2020 by UNDP and AIDS center.	\$508,091	\$521,743	-\$13,652	102.7%
Grand Total		\$12,423,750	\$9,612,782	\$2,810,968	77.4%		\$18,263,852	\$15,449,836	\$2,814,016	84.6%

B. BREAKDOWN BY INTERVENTIONS

Modular Approach - Modules	Modular Approach - Interventions	Budget for Reporting Period	Actual Expenditure	Budget Vs Actual Variances	Absorption Rate	Explanation of Variances (mandatory for all percentages below 95% & above 105%)	Cumulative Budget	Cumulative Actual Expenditure	Cumulative Budget Vs Actuals Variances	Absorption Rate
Programs to reduce human rights-related barriers to HIV services	Stigma and discrimination reduction	\$62,317	\$33,437	\$28,880	53.7%	US\$20.3K savings on training related costs due to changing of modality of training activities from "face-to-face" trainings to virtual/online platforms. These activities were conducted country-wide except Khatlon region as NGO has to terminate its activities from July 2020. US\$8.5K gains earned from the FX due to currency fluctuation in Tajikistan during 2019-2020 period and depreciation of TJS currency comparing to USD currency	\$62,317	\$33,437	\$28,880	53.7%
Comprehensive prevention programs for MSM	Addressing stigma, discrimination and violence against MSM	\$63,414	\$27,916	\$35,498	44.0%	US\$30.1K savings HR and office related cost of NGO working with MSM and SW in Khatlon region as NGO has to terminate its activities from July 2020. US\$5.4K gains earned from the FX due to currency fluctuation in Tajikistan during 2019-2020 period and depreciation of TJS currency comparing to USD currency	\$63,414	\$27,916	\$35,498	44.0%
Programs to reduce human rights-related barriers to HIV services	Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	\$37,332	\$11,257	\$26,075	30.2%	US\$21.7K savings due to changing of modality of training activities from "face-to-face" trainings to virtual/online platforms US\$2K savings on NGO office related cost, as NGO has co-funding from UBRAF funds in 2020 US\$2.3 K gains due to currency fluctuation (budgeted rate is 8.807312 vs actual rate in 2020).	\$37,332	\$11,257	\$26,075	30.2%
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	Prevention and management of coinfections and co-morbidities for PWID	\$16,052	\$16,052	\$0	100.0%	n/a	\$16,052	\$16,052	\$0	100.0%
Treatment, care and support	Treatment monitoring - Drug resistance surveillance	\$5,945	\$5,945	\$0	100.0%	n/a	\$13,547	\$13,547	\$0	100.0%
Comprehensive prevention programs for MSM	Pre-exposure prophylaxis (PrEP) for MSM	\$13,533	\$9,676	\$3,857	71.5%	According to Optimization Plan of ART and introduction of new TLD scheme in Tajikistan, the project had sufficient stock of drugs (Emtricitabine and Tenofovir) required for implementation of PrEP for MSM.	\$13,533	\$9,676	\$3,857	71.5%
Program management	Policy, planning, coordination and management of national disease control programs	\$8,838	\$8,982	-\$145	101.6%	n/a	\$8,838	\$8,982	-\$145	101.6%
RSSH: Integrated service delivery and quality improvement	Laboratory systems for disease prevention, control, treatment and disease surveillance	\$791,823	\$607,901	\$183,923	76.8%	Out of unspent funds UNDP has financial commitments in amount of US\$ 115.6K for the goods to be delivered during the close-out period and associated PSM cost. US\$13.4K unspent funds as International TA was not feasible due to travel restrictions caused by COVID-19 US\$13.5K gains due to currency fluctuation in 2020 US\$41.4K are savings on procurement of IT equipment and virtual modality of trainings due to COVID-19 restrictions.	\$791,823	\$607,901	\$183,923	76.8%
RSSH: Integrated service delivery and quality improvement	Improving service delivery infrastructure	\$560,252	\$367,031	\$193,222	65.5%	Given the importance of having central warehouse for two programmes (HIV/TB) in Machiton and with the limitation in duration of grant such as to completion of renovation by the end of Dec 2020, UNDP covered partial costs of renovation works from its own regular resources. Out of unspent funds, US\$ 22K represents gains on currency fluctuation (budgeted vs actual rate).	\$560,252	\$367,031	\$193,222	65.5%
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	Behavioral interventions for PWID	\$189,129	\$120,594	\$68,535	63.8%	US\$ 34.4K savings on program implementation cost and associated activities of NGO working to improve the access of PWID to better HIV and health services. This activity was jointly implemented by NGO working with PWID. US\$ 11.4K savings on printing of IEC materials, actual needs were covered. US\$ 22.8K relates to gains on currency fluctuation (budgeted vs actual rate)	\$290,234	\$221,699	\$68,535	76.4%
Program management	Grant management	\$2,009,510	\$1,554,392	\$455,118	77.4%	The variance represents following: a) US\$265.3K unspent for GMS, out of which US\$161.03K associated to commitments, inventory and slippage activities as of 31.12.2019. This GMS will be posted during the close-out period. b) US\$ 10.1 K net savings on office related cost of NGO working with MSM and SW due to termination of activities in Khatlon region. UNDP has financial commitments for petrol consumed in Dec 2020 in amount of US\$0.18K c) US\$ 90.9K net savings on HR cost due to vacancies at the SR and PR levels. d) US\$18.7K the savings on TRC are due to cancelled activities (round tables, consultative meetings and international travels) caused by COVID-19 restrictions e) US\$ 62.7K gains on currency fluctuation (budgeted vs actual rate). f) US\$7.5 savings occurred (i) under budget line of Annual SR audit, actual cost is less than budgeted as a result of competitive selection of Audit companies and discounts provided and (ii) fuel cost as most of the travels were suspended due to COVID-19 restrictions. Commitment is US\$0.226K	\$4,521,557	\$4,063,391	\$458,166	89.9%
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	Needle and Syringe programs for PWID and their partners	\$849,103	\$824,383	\$24,721	97.1%	n/a	\$1,265,730	\$1,241,010	\$24,721	98.0%
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	OST and other drug dependence treatment for PWID	\$757,394	\$362,088	\$395,306	47.8%	All funds committed and represents the following: a) 149K - GF has provided its approval for PSM cost associated to extended delivery of Methadone. b) 103K - The freight services for the goods received based on FCA readiness up to 31/12/2020. c) 128.3K - procurement of the methadone, delayed delivery was approved by the GF. The rest amount is saving on procurement and gains due to currency fluctuation	\$1,143,727	\$748,422	\$395,306	65.4%
Comprehensive prevention programs for MSM	Behavioral interventions for MSM	\$121,127	\$88,624	\$32,503	73.2%	The positive variance represents: a) US\$ 10.9 K are savings funds related to NGO cost working with MSM as NGO has to stop providing services in Khatlon region from July 2020. c) US\$ 14.6K gains on currency fluctuations (budgeted rate vs actual rate). d) US\$7K savings on printing of IEC materials based on actual needs and reduced consumption.	\$277,184	\$244,681	\$32,503	88.3%

Comprehensive prevention programs for sex workers and their clients	Behavioral interventions for sex workers	\$131,930	\$98,624	\$33,305	74.8%	The positive variance represents: a) US\$ 2K is savings on printing of IEC materials based on actual needs and reduced consumption. c) US\$ 14.6K gains on currency fluctuations (budgeted rate vs actual rate). d) US\$15K savings funds related to the cost of NGO working with SW as Apeiron NGO has to stop its activities from July 2020 due to liquidation	\$313,950	\$280,644	\$33,305	89.4%
Comprehensive programs for people in prisons and other closed settings	Behavioral interventions for people in prisons and other closed settings	\$8,410	\$8,410	\$0	100.0%	n/a	\$20,366	\$20,366	\$0	100.0%
Comprehensive prevention programs for sex workers and their clients	HIV testing services for sex workers	\$52,366	\$37,695	\$14,671	72.0%	US\$7.8K savings on HR cost of Friendly Cabinets at the AIDS centers due to implementation of Performance based scheme and actual payments are less when estimated. US\$ 6.9K gains on currency fluctuations (actual rate is higher than budgeted).	\$142,223	\$127,552	\$14,671	89.7%
Comprehensive programs for people in prisons and other closed settings	Harm reduction interventions for people in prisons and other closed settings	\$106,165	\$62,465	\$43,700	58.8%	The positive variance represents: a) US\$ 17.2 K is unspent funds related to HR cost of DPA. The savings occurred as actual number of staff is less than budgeted and second reason for the savings is due to introduction of PBP. b) US\$15.6K savings on printing of IEC materials for prisoners based on actual needs and consumption. c) US\$ 4.2 K unspent on activities related to opening of OST site in prison due limited access to penitentiary system / prisons due to COVID -19 d) US\$6.7K represents gains of currency fluctuations	\$179,230	\$135,530	\$43,700	75.6%
Treatment, care and support	Treatment monitoring - Viral load	\$8,625	\$5,793	\$2,832	67.2%	The positive variance represents: a) US\$1.8K savings on travel related cost as number of field visits was suspended by AIDS center due to COVID-19 pandemic in country b) US\$1K represents gains on currency fluctuations	\$21,207	\$18,375	\$2,832	86.6%
Programs to reduce human rights-related barriers to HIV services	Sensitisation of law-makers and law-enforcement agents	\$4,895	\$3,696	\$1,199	75.5%	Minor savings (US\$0.79K) occurred on training activities and round tables and gains (US\$0.4K) on currency fluctuations	\$13,257	\$12,059	\$1,199	91.0%
Programs to reduce human rights-related barriers to HIV services	Other intervention(s) to reduce human rights-related barriers to HIV services	\$30,259	\$27,298	\$2,961	90.2%	Unspent amount represents minor overspending US\$ 0.6K and gains (US\$3.6K) on currency fluctuations	\$58,104	\$55,143	\$2,961	94.9%
RSSH: Community responses and systems	Social mobilization, building community linkages, collaboration and coordination	\$15,975	\$3,185	\$12,790	19.9%	US\$2.2 K savings due to slowdown of training activities. "Trainings on budget advocacy" was conducted virtually and NGO M&E visits were also suspended. US\$0.6K represents gains on currency fluctuations	\$17,802	\$5,012	\$12,790	28.2%
RSSH: Community responses and systems	Institutional capacity building, planning and leadership development	\$9,749	\$5,965	\$3,784	61.2%	US\$2.2K savings as "Trainings on on strategic and operational planning" was conducted virtually and face-to-face with the limited number of participants US\$1.5K - gains on currency fluctuations	\$17,003	\$13,218	\$3,784	77.7%
Treatment, care and support	Counseling and psycho-social support	\$146,719	\$116,698	\$30,021	79.5%	The positive variance consist of US\$4.5K a) US\$15.4K salaries of AIDS centers' staff, which was paid based on achieved results, and actual payment reduced due to introduced PBP vs estimated. b) US\$14.6 gains due to currency fluctuation in Tajikistan during 2019-2020 period and depreciation of TJS currency comparing to USD currency	\$259,120	\$229,099	\$30,021	88.4%
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	Other intervention(s) for IDUs and their partners	\$14,565	\$14,537	\$28	99.8%	n/a	\$28,048	\$28,019	\$28	99.9%
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	Overdose prevention and management	\$49,199	\$28,695	\$20,504	58.3%	Unspent funds on procurement of naloxone and associated PSM cost due to following reasons: a) The available stock as well as the product's q-ty supplied in May 2020 covers the programme's needs of 2020 - 2021. No new procurement case was initiated. b) consumption of Naloxone was decreased due to limitations faced by OST programme after COVID-19 pandemic outbreak in the country starting with April that year.	\$63,331	\$42,827	\$20,504	67.6%
Treatment, care and support	Differentiated ART service delivery	\$2,304,269	\$1,600,766	\$703,502	69.5%	Savings on procurement of ARV drugs due to revision of ART optimization plan. Treatment regimens has been significantly reduced, especially among the adults representing the most part of PLHIV being in treatment. Transfer of the patients into TLD regimen was conducted in accelerated mode so that about 93% out of totally 7911 patients have been transferred into this regimen by the end of 2020. This and quite low acquisition price of TLD explains the savings generated by the programme under the budget line allocated for procurement of ARV drugs. Out of unspent funds, UNDP has commitment US\$62.5K for the goods that have been received based on FCA readiness up to 31/12/2020.	\$3,053,261	\$2,349,758	\$703,502	77.0%
HIV Testing Services	Differentiated HIV testing services	\$1,567,570	\$1,385,253	\$182,317	88.4%	The unspent funds represents: a) US\$ 26.2 (negative) overspending on procurement of buffer stock of children milk formula to increase adherence of PLHIV to treatment b) US\$ 16.9K savings on TRC and TA. Withing the estimated savings on activity "Enhancing community based HIV testing through applying the Eco-Social Framework", UNDP requested reprogramming for savings on KAP survey. The savings occurred during the implementations and reduced number of field visits. c) Financial commitments: 1. US\$ 22.3K - GF provided its approval for extended delivery of RDTs for this Vendor. 2. US\$ 24.7K - FCA Readiness was confirmed by the Supplier in June and Dec 2020, pending delivery. 3. 3.3K Physical delivery of the equipment (Analyzers & accessories; hematology) into Tajikistan is delayed for the following reasons beyond of UNDP's control, the delayed delivery was approved by the GF 4. US\$ 16.7K The works have been completed and certified by Engineer up to 31/12/2020. 5. US\$ 250K relates to financial commitment for PSM cost to the goods which were partially received by UNDP from the Supplier on 29/12/2020 based on FCA Incoterms 2020. GF approval is granted for extended delivery period. Under PSM cost input, UNDP will have an overspending within the threshold due to limited number of flight to Tajikistan and increased freight cost from Suppliers.	\$2,452,154	\$2,269,837	\$182,317	92.6%
Programs to reduce human rights-related barriers to HIV services	Improving laws, regulations and policies relating to HIV and HIV/TB	\$11,566	\$4,797	\$6,768	41.5%	US\$ 2.5K are unspent for TA planned to access to social assistance for children and PLHIV, including employment issues, this activity was covered from UBRAF funding US\$ 1.3K relates to gains on currency fluctuations	\$12,225	\$5,457	\$6,768	44.6%
Treatment, care and support	Treatment adherence	\$21,308	\$21,107	\$200	99.1%	n/a	\$24,273	\$24,073	\$200	99.2%
PMTCT	Prong 2: Preventing unintended pregnancies among women living with HIV	\$761	\$761	\$0	100.0%	n/a	\$1,082	\$1,082	\$0	100.0%
PMTCT	Prong 4: Treatment, care and support to mothers living with HIV, their children and families	\$3,854	\$3,854	\$0	100.0%	n/a	\$5,404	\$5,404	\$0	100.0%
RSSH: Procurement and supply chain management systems	Supply chain infrastructure and development of tools	\$56,270	\$23,556	\$32,714	41.9%	Savings occurred due to reduced number of renovated warehouses. Renovation works of warehouse were implemented in Isfara based on the requests and local government authorizations. The other AIDS center did not provided government commitments for allocation of land slot and no formal guarantees that constructed facilities will be used by HIV programme.	\$106,379	\$73,666	\$32,714	69.2%
Programs to reduce human rights-related barriers to HIV services	Training of health care providers on human rights and medical ethics related to HIV and HIV/TB	\$6,968	\$3,813	\$3,155	54.7%	The positive variance represents: a) US\$2.5K savings on reduced number of trainings due to COVID-19 pandemic in country b) US\$0.6K represents gains on currency fluctuations	\$6,968	\$3,813	\$3,155	54.7%
RSSH: Community responses and systems	Community led advocacy	\$0	\$0	\$0	N/A		\$5,097	\$5,097	\$0	100.0%

Programs to reduce human rights-related barriers to HIV services	Legal Literacy ("Know Your Rights")	\$68,725	\$49,758	\$18,967	72.4%	The positive variance represents: a) US\$8.8K savings due to reduced number of trainings and Information campaign and awareness raising among KP and migrants due to COVID-19 pandemic in country b) US\$10.1K represents gains on currency fluctuations	\$73,092	\$54,125	\$18,967	74.1%
Comprehensive prevention programs for sex workers and their clients	Condoms and lubricant programming for sex workers	\$368,723	\$365,592	\$3,130	99.2%	n/a	\$372,821	\$369,691	\$3,130	99.2%
Comprehensive prevention programs for MSM	Condoms and lubricant programming for MSM	\$175,961	\$173,852	\$2,108	98.8%	n/a	\$178,430	\$176,321	\$2,108	98.8%
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	Condoms and lubricant programming for PWID	\$33,827	\$33,827	\$0	100.0%	n/a	\$34,161	\$34,161	\$0	100.0%
Comprehensive programs for people in prisons and other closed settings	Condoms and lubricant programming for people in prisons and other closed settings	\$20,335	\$20,287	\$48	99.8%	n/a	\$20,335	\$20,287	\$48	99.8%
RSSH: Health management information systems and M&E	Surveys	\$24,000	\$12,256	\$11,744	51.1%	Savings US\$8.3K occurred on IBBS as it was co-funded by UNAIDS and other donors US\$ 3.5K gains on currency fluctuation	\$24,000	\$12,256	\$11,744	51.1%
COVID-19	COVID-19 control and containment including health systems strengthening	\$1,694,987	\$1,461,961	\$233,026	86.3%	All funds are committed. US\$165.1K represents commitments for the goods have been received based on FCA readiness up to 31/12/2020. US\$ 158.5K PSM costs associated to procurement (extended delivery was approved by the GF). US\$ \$24,593 associated GMS to be posted upon payment of all commitments	\$1,694,987	\$1,461,961	\$233,026	86.3%
Grand Total		\$12,423,750	\$9,612,782	\$2,810,968	77.4%		\$18,283,852	\$15,449,836	\$2,814,016	84.6%

C. BREAKDOWN BY IMPLEMENTING ENTITY

Implementing Entity	Type of Implementing Entity	Budget for Reporting Period	Actual Expenditure	Budget Vs Actual Variances	Absorption Rate	Explanation of Variances (mandatory for all percentages below 95% & above 105%)	Cumulative Budget	Cumulative Actual Expenditure	Cumulative Budget Vs Actuals Variances	Absorption Rate
NGO	CS-CBO	\$1,105,693	\$729,014	\$376,679	65.9%	Out of unspent amount UNDP has made direct payment for the training activities and office related cost of NGO for the total amount US\$ 26K US\$174.5K is savings as (JNGO working with MSM and SW has to suspend it activities in Khatlon region, (i) due to slowdown of training activities due to COVID-19 's restrictions; "face-to-face" trainings, working meetings, round tables and monitoring activities partially converted to online platforms. US\$ 148K represents gains due to currency fluctuation in Tajikistan during 2019-2020 period and depreciation of TJS currency comparing to budgetted rate.	\$2,158,975	\$1,760,286	\$398,689	81.5%
United Nations Development Programme	GOV-OTH	\$10,549,964	\$8,340,213	\$2,209,751	79.1%	The positive variance consist of a) US\$ 1418.5K - UNDP has received goods based on FCA readiness up to 31/12/2020 and GF approved slippage request for delayed delivery, thus amount of financial commitments to be expenses during the close-out period. b) US\$156K gains on currency fluctuation (actual rate vs budgetted rate). c) US\$224.5K relates savings in Renovation/constructions of warehouse as UNDP co-funded renovation of the warehouse in Machiton as the duration of contract with the Contractor beyond grant end date and procurement of IT equipment. e) US\$ 410.5K relates to savings on procurement of medicine due to changing of Optimization ART plan and available stock in country.	\$14,471,776	\$12,324,448	\$2,147,328	85.2%
AIDS Center	GOV-MOH	\$501,998	\$380,344	\$121,654	75.8%	The positive variance consist of a) US\$ 68.5K - savings on HR cost of AIDS center's staff due to implementation of PBP, reduction of payments up to 25% from the Government salary from Jan 2020, thus the actual payment is below budgetted. b) US\$68.1K gains on currency fluctuation (actual rate vs budgetted rate). c) US\$27.7K relates savings on TRC as number of conducted trainings and monitoring visits was reduced due to COVID-19 pandemic in country	\$1,050,804	\$917,349	\$133,454	87.3%
DPA	GOV-OTH	\$91,946	\$35,355	\$56,591	38.5%	Out of unspent amount a) UNDP has conducted procurement for SR's activities in total amount US\$35.3K; b) US\$8.2K are savings as actual number of staff is less than budgetted and due to introduction of PBP scheme. c) US\$14.1K gains on currency fluctuation (actual rate vs budgetted rate).	\$177,663	\$90,874	\$86,788	51.1%
Narcology	GOV-MOH	\$174,148	\$127,855	\$46,293	73.4%	Out of unspent amount a) US\$ 22.3 savings as actual achievement of performance indicator's is less when planned, thus savings occurred. b) US\$ 23.9K on currency fluctuation (actual rate vs budgetted rate).	\$404,634	\$356,879	\$47,755	88.2%
Grand Total		\$12,423,750	\$9,612,782	\$2,810,968	77.4%		\$18,283,852	\$15,449,836	\$2,814,016	84.6%

Validation of Grand Total

OK	OK
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OK	OK
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Principal Recipient Reporting

Financial Triggers for Principal Recipient Reporting

Item No.	Financial Triggers	Principal Recipient		For LFA Use Only	
		Answer	Comments	As verified by LFA	Comments
1	Cash balance not reconciled to the cash reconciliation and bank account with significant (+/-5%) and unexplained differences				
2	Audit Report overdue	NO			
3	Qualified, adverse or disclaimer of opinion received for the latest audit	NO			
4	Enhanced Financial Report/Annual Financial Report has not been fully completed or does not include all the grant's expenditures for the period				
5	Inadequate explanation of significant variance (+/-10%) between budget and actual expenditures by intervention/Service Delivery Area and/or cost grouping/cost category linked to programmatic results				
6	Critical recommendations by auditors, OIG or the Global Fund on internal controls are not implemented or being addressed by the PR	NO			
7	Presence of major issues identified with respect to the Financial Management and Systems Area				
8	Expenditure vs. Budget (in EFR/AFR) rate below 50% for the prior annual period.	NO			
9	If answer to point 8 is "yes", the Annual Cash Forecast has been adjusted to take into consideration the past absorption				
10	Finance related Conditions are not met or are partly met	NO			

Progress Report

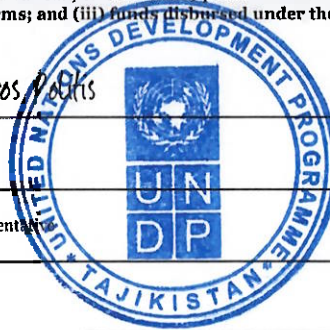
Section 9A. Principal Recipient Authorization

Grant Name:	TJK-H-UNDP			
Period of Programmatic Reporting	Beginning Date:	01-Jul-20	End Date:	31-Dec-20
Disbursement Request Execution Period	Beginning Date:	n/a	End Date:	n/a
Disbursement Request Buffer Period	Beginning Date:	n/a	End Date:	n/a
Currency:	USD			
Disbursement Request Amount:	0			

The undersigned acknowledges that: (i) all the information (programmatic, financial, or otherwise) provided in this Progress Update and Disbursement Request is complete and accurate; (ii) funds disbursed in accordance with this request shall be deposited in the bank account specified in the Core Data Forms; and (iii) funds disbursed under the Grant Agreement shall be used in accordance with the Grant Agreement.

Signed on behalf of the Principal Recipient:
(signature of Authorized Designated Representative)

Christophoros Politis



Christophoros Politis

Name:

Deputy Resident Representative

Title:

Date
(Mandatory field to enter in excel)

26/02/2021

Dushanbe, Tajikistan

Place

Sona Orbeliya