



UNITED NATIONS DEVELOPMENT PROGRAMME

Country: Tajikistan

PROJECT DOCUMENT

Project Title:

Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan

UNDAF Outcome:

Outcome 4.3. There is greater access for the most vulnerable to quality health care services and an improvement in health behaviours, thereby preventing and reducing communicable diseases

Expected CP Outcome:

Outcome 2. The spread of HIV/AIDS and TB epidemics are halted, and Malaria is eliminated by 2015, in line with MDGs.

Expected Output(s):

Output 2.1 To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building government capacities for response

Implementing Agency:

United Nations Development Programme in Tajikistan

Responsible Agencies:

Republican Centre on AIDS Prevention and Control of MoH, Republican Scientific Blood Centre of MoH, Republican Clinical Centre of Dermatology and Venereal Diseases of MoH, Ministry of Labour and Social Protection of the Population, Chief Department on Execution of Criminal Penalty of MoJ, Republican Clinical Narcological Centre, International non-governmental organization *AIDS Foundation East-West (AFEW)*, International Organization for Migration (IOM), World Health Organization (WHO), United Nations Population Fund (UNFPA), Civil Society Organizations

Brief Description

The Project Document describes the revised scope of HIV project activities together with new additional interventions as well as it reflects extended period of implementation until September 2015. Supplementary USD 5,037,940 has been allotted by the GF within the framework of Transitional Funding Mechanism for the period of October 2014-September 2015. Transitional Funding Mechanism for the period of October 2013-September 2015 has been consolidated with Year 5 of Round 8 Phase 2 (October 2013 - September 2014) and it is considered to be bridging the gap for providing essential services for the most at-risk people, including IDUs, SWs, MSM, prisoners, PLHIV. The main goal of the HIV grant is to provide increased access to HIV/AIDS prevention, treatment and care services and to lay the foundation for stabilizing the country's epidemic. The project targets are aligned with the objectives of the National Development Strategy for the period to 2015.

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

Programme Period: 2010-2015

Key Result Area (Strategic Plan): Poverty reduction and achievement of MDGs

Atlas Award ID: 00058593, 00072826

Start date TFM: 01.10.2013

End Date TFM: 30.09.2015

Management Arrangements: DIM

LPAC meeting date: 10.10.2013

Total resources required: \$ 13,288,788.00

Total allocated resources: \$ 13,288,788.00

- Regular: n/a
- Other: GFATM \$ 13,288,788.00

Unfunded budget: n/a

In-kind Contributions n/a

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



Agreed by UNDP:



Table of Content

I.	SITUATION ANALYSIS.....	5
II.	STRATEGY	6
III.	RESULTS AND RESOURCES FRAMEWORK.....	13
IV.	MANAGEMENT ARRANGEMENTS	21
V.	MONITORING FRAMEWORK AND EVALUATION	25
VI.	LEGAL CONTEXT.....	27
VII.	ANNEXES	ERROR! BOOKMARK NOT DEFINED.

Annex 1. Grant Agreement between UNDP and GFATM

Annex 2. HIV Annual Work Plan for 2013

Annex 3. HIV Project Risks Log

Annex 4. Terms of Reference for Project Board

Annex 5. Organizational chart of UNDP/HIV, TB, Malaria Control Programme

ACRONYMS

AFEW	AIDS Foundation East-West
AIDS	Acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
BCC	behaviour change communication
CO	country office
CP	Communities Programme
CSO	civil society organization
DIM	Direct Implementation Modality
DMIS	drug management information system
GFATM	Global Fund to Fight AIDS, TB and Malaria
HAART	highly active antiretroviral treatment
HIV	human immunodeficiency virus
HSS	health strengthening system
IDU	injecting drug user
IEC	information, education, communication
IOM	International Organization for Migration
LPAC	local programme advisory committee
M&E	monitoring and evaluation
MDG	Millennium Development Goals
MoH	Ministry of Health
MSM	men having sex with men
NCC	National Coordination Committee
NDS	National Development Strategy
NGO	non-governmental organizations
NSP	National strategy programme
OI	opportunistic infection
PCR	polymerase chain reaction
PEP	post-exposure prophylaxis
PLHIV	people living with HIV
PMTCT	HIV prevention from mother to child treatment
PSO	procurement support office
SR	sub-recipient
STI	sexually-transmitting infection
SW	sex worker
TFM	transitional funding mechanism
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
VCT	voluntary counselling and testing
WHO	World Health Organization

I. SITUATION ANALYSIS

The population of Tajikistan is approximately 8 million, of which over 70% live in rural areas and 40% is under the age of 18. The country is faced with challenging geography, as it is 93% mountainous and landlocked, with limited access to other regions. The country often faces with severe socio-economical issues as well as human resource shortage.

Tajikistan's economy is particularly susceptible to the global economic crisis, due to its reliance on labour migration. In 2012, more than 30% of the economically active population was engaged in external labour migration and remittances comprised approximately 47% of GDP. In 2011, the current official rate of unemployment was at 2.2%,¹, nonetheless the estimated indicators are much higher. With the Human Development Index (HDI) of 0.622, the country is ranked 125th among 182 world countries listed by this indicator in the UNDP Human Development Report 2012².

Transition to the market economy impacted to all fields of living including the health care. The Government commits and recognizes the human resource shortages and undertakes measures to strengthen the human capacity. Majority of socio-economic spheres in Tajikistan, in particular, healthcare system in the post-Soviet period has been severely affected by civil war, economic collapse, and a dramatic decline in health financing. Tajikistan's health sector budget is only 1.6% of GDP, which covers only 16% of total health sector expenditure³. The government budget is not sufficient to cover all needs of building capacities. In particular, there is a risk of exponential increase in HIV / AIDS, tuberculosis, if not immediately addressed. In general, these ongoing challenges require the continued support of UNDP, in partnership with the government and other national partners, as well as with other UN and international agencies.

MDG Achievement and Poverty Reduction: Tajikistan is making progress towards reducing poverty: from 1999-2012, the number of people living with less than \$1.25 USD per day decreased from 14.7% to 6.6%⁴. However, Tajikistan still ranks in the bottom quartile on the 2012 Human Development Index (125th out of 187 countries).

In 2000 the Republic of Tajikistan signed the UN Millennium Declaration. A detailed assessment of resources required for MDG achievement was completed by the Government, in partnership with UNDP, in 2005. The MDG Needs Assessment report provided a comprehensive analysis of development trends and major challenges and formulated key policy directions necessary to accelerate progress. It was identified that a large resource gap existed and concluded that donors would need to double the amount of aid to help the country to meet its MDG targets by 2015.

To identify and plan the country's development priorities alongside the national Millennium Development Goals (MDGs), the Republic of Tajikistan adopted its National Development Strategy (NDS) for 2007-2015 that was updated with implementation tools for NDS, including Poverty reduction strategy (2007-2009, 2010-2012) and Living Standard Improvement Strategy for 2013-2015. Since these strategies were developed, Tajikistan has faced unanticipated development challenges, notably arising from a compound water, energy and food crisis, and further exacerbated by the 2008-2009 global economic crisis.

By contrast to many other development issues, HIV/AIDS may appear to be a comparatively minor issue in Tajikistan; nonetheless, the increase of HIV infection cases in Central Asian region, including Tajikistan, causes alarm. Over the last decade, the number of *officially registered* HIV cases has skyrocketed, increasing from 119 in 2000 to 4674 in 2012. The estimated number of PLHIV consists of approximately 10,000 in accordance with National AIDS report. In recent years, the rate of HIV has risen among injecting drug users (IDUs), sex workers (SWs) and prisoners, the main drivers of the

¹ <https://www.cia.gov/library/publications/the-world-factbook/geos/tj.html>

² <http://hdrstats.undp.org/images/explanations/TJK.pdf>

³ Tajikistan Ministry of Health statistics 2008

⁴ <http://hdrstats.undp.org/en/countries/profiles/TJK.html>

epidemic. From 2005 to 2011, HIV prevalence varied from 15% to 13.5 % among IDUs, 0.7% to 3.7% for SWs, and 6.5% to 8.5% for prisoners. Furthermore, HIV is spreading rapidly among other demographic groups, such as labour migrants and young people. Approximately 74.6% of cases are registered among men and 25.4% among women. While the government has taken the first steps in addressing this issue through the formulation of the National Programme on HIV/AIDS (2007) and the establishment of the National Coordination Committee for HIV/AIDS Prevention, a commensurate effort has not been made to provide government funding to HIV/AIDS projects. This financing gap has largely (around 70%) been filled by the Global Fund to Fight AIDS, TB and Malaria (GFATM).

II. STRATEGY

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

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

Taking into consideration the UNDP strategic programmes and plans, this project aims at halting the spread of HIV by providing universal access to HIV/AIDS prevention, treatment, care and support. Concrete goals to achieving universal access were defined during country-wide consultations and were approved by the National Coordination Committee on AIDS, Tuberculosis and Malaria.

The project has being realized since the beginning of GF grants Round 8 implementation (1 Phase for 2009-2011 and 2 Phase for 2011-2014). The Project Document describes consolidated activities of TFM considering extension of Round 8 Phase 2 for the period of October 2013 - December 2015. Within TFM framework additional budget has been allocated to sustain the essential HIV prevention services in 2013-2015. TFM period of HIV project foresees the implementation of tasks to scale-up equal access for all segments of the population, including vulnerable groups to preventive services, while also achieving the following key outcome and output indicators by September 2015:

- Over 50% of eligible adults and children have access to ARV therapy.
- Coverage of prevention programs among risk population is at least 50.4% among IDUs, 53.3% among SWs, 20% among MSM, and 45% of prisoners.
- At least 18.4% IDUs and 31.2% SWs receive HIV testing and post-testing counselling in the last 12 months;
- Yearly, around 140 HIV-positive pregnant women and their newborn babies have access to prophylaxis of mother-to-child transmission.
- 100% of blood is tested for HIV according to WHO guidelines.

In connection with the above-stated indicators, UNDP will continue reaching high risk groups such as IDUs and SWs as the main drivers of the HIV epidemic in Tajikistan. Proposed prevention services include: harm reduction programme via community outreach and peer-to-peer education; distribution

of prevention health commodities and dissemination of information and communication materials; promotion of support services (e.g. voluntary counselling, HIV testing, referrals to specialized services, management of sexually transmitted diseases, etc.); promotion of supportive, non-discriminatory home and work environments through strengthening advocacy and communication activities to civil society.

Furthermore, UNDP will continue enhancing capacity of healthcare facilities in providing quality antiretroviral (ARV) therapy. Although the national antiretroviral (ARV) therapy program began in 2006, only 1044 patients have received treatment up to the end of December 2012. UNDP proposes to increase ARV treatment coverage, such that 50% of those requiring ARV drugs receive it by September 2015. UNDP proposes to do the following: provide training and equipment to support timely HIV diagnosis and testing, including the prevention of mother-to-child transmission (e.g. ARV prescription,); support provision of ARV and opportunistic treatment, care and support; provision of food for hospitalized PLHIV; and create, equip, and provide on-going support to five ARV clinics. Furthermore, UNDP will mobilize technical and advisory assistance.

Another pressing issue in reversing HIV/AIDS epidemics is considered to be stigma and discrimination towards vulnerable people in the society. HIV/AIDS discrimination has created an atmosphere of denial, and has fuelled its growth. According to the Stigma and Discrimination survey conducted by the State Centre for Strategic Research in 2012, only 48% of Tajikistan's population demonstrates a positive attitude towards those living with HIV/AIDS. UNDP and the UN Joint Advocacy Programme will work with communities to build HIV / AIDS awareness, such that 70% of the population and not less than 65% of health workers will express positive attitudes to those living with the disease by 2014. UNDP will promote the role of mass media to communicate a consistent message of acceptance; facilitate workshops to the most vulnerable groups, particularly women; increase the role of law enforcement officers and religious leaders to prevent stigma and discrimination; and cooperate with medical specialists to create a non-judgmental environment in the health service sector.

Linkages with other related grants in the country

The consolidated Program builds on the results of previous Rounds of GFATM, including:

Round 1 HIV grant 2003-2006, aimed at HIV prevention interventions among IDUs, SWs, MSM and youth (aged <29 years) building a system for blood safety control. Round 4 HIV grant 2005-2009, which funded HIV prevention and treatment interventions among the migrant population, street children, PLWHA and prisoners. Round 6 grant 2007-2011 was focused on health system strengthening interventions, particularly, on the expansion and integration of VCT services into the Primary Health Care. With the purpose of succession of activities and objectives, Round 6 Phase 2 was consolidated with Round 8 Phase 1 to carry on the corresponding activities from October 2011.

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

OBJECTIVES (Activities in ATLAS)

Objective 1: To reduce high-risk sexual and injecting behaviours among populations most vulnerable to HIV infection including injecting drug users (IDUs); sex workers (SWs); prisoners; and men who have sex with men (MSM)

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

Activity 1.1. Prevention: BCC – Community Outreach for IDUs

Currently, there are 43 trust points providing services to IDUs in Tajikistan. Of these, 21 are functioning under GFATM Round 8 to date and the current project will continue supporting them within the grant framework. Twenty eight trust points funded by other donors will need financial and human resource support to continue operation as of 2015. Rather than establish additional trust points, Round 8 IDUs component aims to strengthen existing points by increasing the quality and range of services.

On yearly basis, the sub-grants will be provided to more than 10 local existing and new NGOs that will offer a comprehensive service package including client management, medical and psycho-social support, harm reduction, HIV prevention, STI treatment, legal support and referral services for IDUs as well as distribution of needles, syringes, sterile injection kits for IDUs. Moreover, 700 IDUs will get expanded service package including detox and substitution therapy.

Activity 1.1.3. Prevention: BCC – Community Outreach for IDUs

This Activity envisages to provide methadone-based treatment to 700 IDUs as a part of comprehensive harm reduction package. Currently, three service providing sites of opioid substitution therapy have been supported in Dushanbe, Khujand and Khorog under narcological clinical centres; the 4th OST site is planned to start receiving patients from October 2013 in Kurgan-tyube narcological centre.

Activity 1.2. Prevention: BCC – Community Outreach for SWs

At present, it is estimated that there are 12.500 female SWs in the country, and according to sentinel surveillance (2011) prevalence of HIV among SW is 3.7%. In addition, with a large portion of Tajikistan's working-age males leaving the country in search of jobs, women are left behind to sustain the family. Following on from R6 Project of GFATM, sixteen friendly clinics for SWs will be supported that provide IEC, peer education, counselling, condom distribution, STI treatment, and referral.

HIV project under TFM aims at scaling-up HIV prevention and care services and reaching, at least, 50% of the country's SWs on semi-annual basis, including hard-to-reach SWs by means of mobile medical units (MMUs). It also intends to reduce vulnerability and HIV risk among women through awareness-raising campaigns, to provide STI treatment, counselling and social and legal support services. Particular attention will be paid to improving the quality of services provided in order to increase demand for such services.

Activity 1.3: Prevention: BCC – Community Outreach for Prisoners

According to sentinel surveillance, the HIV prevalence among prisoners in Tajikistan exceeded 8% in 2007. As of 1 January 2008, there are approximately 10,000 people in Tajikistan's prison system. With the national health system structured in such a way that prison and civil healthcare have little interaction, many prisoners find themselves off the radar of necessary services when they are released. There are currently programs functioning inside 13 general regime colonies throughout the country within GFATM R8 programming. This project will keep improving transitional client management services, designed to ensure a smooth transition from prison back into society and to continue and expand the work of peer-counselling services, harm reduction and STI treatment both in and outside (for ex-inmates) prisons.

Activity 1.4: Prevention: BCC – Community Outreach for MSM

In 2011, the first sentinel surveillance among MSM was carried out that estimated number targeted group nationwide as 25,000. Until 2011 only one NGO was working with MSM in Dushanbe with coverage of approximately 700 clients, while the R8 Phase 2 target was to reach 3,000 MSM every six months. Currently, capacity of more than 5 NGOs has been enhanced to provide HIV prevention services for MSM in three densely-populated centres of the country. The activities under TFM aim to scale-up prevention and care among MSM through the establishment of a network of NGOs and friendly services for MSM where they can receive counselling, informational materials, trainings, condoms, and STI treatment services. In the course of TFM, about 20% MSM out of estimated number will be reached with prevention and care interventions.

Activity 1.5: Prevention – Condom Distribution

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

Activity 1.6: Prevention – STI diagnosis and treatment

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

Activity 1.7: BCC – IEC Materials

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

Activity 1.8: Supportive environment – Strengthening of civil society

This activity is planned to create supportive environment for risky population through provision of series of trainings for NGO staff, client managers, counsellors, healthcare providers, social workers, outreach workers on different topics such as transitional client management, HIV prevention treatment, care and support, peer-counselling/education and IEC materials development, etc. Developing and distributing ToT manuals for prison trainers and peer educators and supporting NGOs participation in international and regional AIDS conferences will further enhance the sustainability of civil society.

Activity 1.9: HSS – Programme Management and Administration Costs

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

Objective 2: To reduce high-risk behaviours among other populations at-risk of HIV infection including migrants and their wives; and young people by scaling up their coverage by comprehensive quality prevention interventions

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

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

Preventive measures and support will be provided to migrants and their wives via 45 existing friendly clinics for migrants and their spouses; service providing points will continue offering expanded package of services including counselling, medical care, VCT and STI treatment. Nearly 30 local NGOs in 45 districts will obtain sub-grants to mobilize community for HIV/STI prevention for migrants and their families. Mainly, vulnerable women will be supported with legal and psycho-social help through the provision of sub-grants to the existing women's centre on the grounds of a local NGO (i.e. crisis centre).

Activity 2.3: Prevention – Condom Distribution

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

Activity 2.4: BCC – IEC Materials

It is planned to update the content of IEC materials specific to labour migrants and their spouses in 2013 and disseminate them among targeted group through NGOs and friendly cabinets.

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

Series of trainings for NGO staff, counsellors, outreach workers and health and psycho-social service providers will be conducted to develop their capacity on the principles of harm reduction, working with vulnerable migrants, and gender-specific aspects of counselling and prevention.

Activity 2.8: Prevention – STI diagnosis and treatment

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

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

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

Activity 3.1: HSS – Infrastructure

The activity will support the maintenance of mobile collection units and provision of health supplies such as single-use gloves, disinfectants, waste boxes, medical waste disposal bags, and blood collection bags, adequate supplies of supportive pharmaceuticals (including volume substitution, iron supplementation and plasma derivatives) to ensure safe blood transfusion. Furthermore, special EQAS program for enrolment of regional blood bank laboratories will be strengthened to pass external quality assessment for blood-borne infections and blood grouping in Tajikistan.

Activity 3.2: HSS – Information Systems

IT system/network for national recording and reporting will be further supported to improve centralized national reporting mechanism.

Activity 3.3: HSS – Human Resources

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

Activity 3.4: Supportive Environment – Policy Development

Another essential stage in ensuring safety of blood is realization of designed policies, including national protocol; on haemovigilance regulations based on international haemovigilance experience. One national and regional advocacy workshops will be conducted for policy-makers on promotion of voluntary blood donors.

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

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

It is estimated that 10,000 people in Tajikistan are currently living with HIV. As of the end of December 2012, 1,044 people have started ARV therapy. The proposed project is aimed to increase ARV coverage. By September 2015, it is planned to provide ART to 2,300 eligible PLHIV. Within this objective, the project will improve the quality of care and treatment of PLHIV by supporting five ARV clinics (Dushanbe, Khujand, Kurgan-Tyube, Kulyab and Khorog), strengthening the medical services and

referral system for PLHIV, and providing hot food for hospitalized patients. In 2012, 65 HIV-positive pregnant women have received PMTCT services. It is planned to provide PMTCT prophylaxis to more than 250 pregnant women on yearly basis.

Activity 4.1: Treatment – Antiretroviral treatment and monitoring

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

Activity 4.2: Prevention – PMTCT

An individual attention will be paid to PMTCT prophylaxis therapy to HIV-positive pregnant women and their newborns. Mainly, procurement of drugs for ARV treatment for 280 HIV-positive pregnant women will be intended under this activity.

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

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

Activity 4.4: BCC – IEC Materials

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

Activity 4.5: HSS – Human Resources

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

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

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

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

Activity 5.1: HSS – Operational Research

Operational Research proposes to expand sentinel surveillance among highly vulnerable groups to 12 sites by the end of this project; establish and support M&E unit in the Republican AIDS Centre and four regional AIDS centres. Along with program monitoring and on-site visits, mid-term project evaluation will be conducted within project implementation.

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

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

Activity 6.1: HSS - Infrastructure

Currently, there exist several serious roadblocks to the expansion of VCT and quality diagnostic services on the national level, namely: significant deficit in HIV tests; lack of HIV laboratories in many areas; difficulties in transporting blood samples to laboratories in other areas for confirmatory tests; insufficient laboratory quality control systems; and the absence of a reference laboratory. This activity will work to build the capacity of 26 existing laboratory services nationwide in order to create an environment in which VCT and high-quality diagnostic services are available in an integrated, coordinated and effective system.

Activity 6.2: Prevention - Testing and Counselling

The activity aims to significantly scale-up the provision of HIV counselling and testing services to IDUs and SWs. The project will strive to provide HIV testing and counselling to, at least, 24% of the total IDU population and 40% of SWs reached by this project. Targets will be reached by means of increasing the capacity of medical staff, provision of testing by mobile medical units and optimizing the resources of existing VCT, as well as procurement of a larger scale of rapid HIV tests for IDUs and SWs.

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

To further build up capacity of civil society, various trainings for sub-grant recipients and other local NGOs will be held on project and staff management, financing and reporting systems, and M&E. Expansion of existing Regional Training & Resource Centres on the grounds of local NGOs will provide a space for trainings, network meetings and other project-related activities.

Activity 6.4: Supportive Environment - Policy development including workplace policy

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

In the process of program implementation, a need may arise to select additional sub-recipients. The Principal Recipients will determine the capacity of NGO sub-recipients through a transparent competitive process (through applying procurement or micro-capital grants procedures). Interested organizations will be required to present the areas of their expertise and prove that they have the capacity both for quality project implementation and financial management. Selection of SRs will be implemented according to policies and operation procedures of UNDP and will follow the principles of competitiveness, transparency and efficiency.

Partnership with other stakeholders and technical agencies

For effective coordination with other stakeholders and partners in the country, UNDP will continue building partnerships with key agencies both from the Government and international community, as well as community based organizations.

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

To use already existing capacities of UNDP staff, Communities Programme and its area offices in Khujand, Shaartuz, Kulyab, Ayni and Rasht has been engaged in monitoring of HIV service providing points since February 2013. It is intended to continue partnership with UNDP/Communities Programme within the framework of TFM period in view of grounded presence and proven capacities for quality assurance and quality improvement at the field level, established mechanism for participatory monitoring of projects at regional, district and sub-district levels and capacities to document and disseminate results, success stories, best practices, etc. at all levels. To effectively implement HIV prevention programmes countrywide, the integrated monitoring approaches has been continuously improved and practical remedial tools have been further elaborated in close collaboration with CP.

V. MONITORING FRAMEWORK AND EVALUATION

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

UNDP monitoring and evaluation approach - Country programme level

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

Monitoring and evaluation will be made at the following levels:

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

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

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

Routine monitoring of project implementation:

During implementation of previous GFATM grants, UNDP HIV Project developed and adopted standard monitoring checklist, in order to justify effective project process are in place. Program monitoring and site visits in the area of implementing program will be conducted jointly with partners and Sub-recipients representatives in regular base.

Regular information about the implementation of grant's activities and the results obtained will be provided to the UNDP Project by the sub-recipient organizations on the basis of reports from the final recipients of the grant (implementing organizations). Sub-recipient organizations will provide to the PIU a summary report for each component of the project based on Standard Reporting Form.

The UNDP HIV Project will summarize and analyze data collected by the sub-recipient and will transfer the general report to the Global Fund and the National Coordination Committee (NCC).

The following indicators will be monitored:

- Prevalence of HIV/AIDS, syphilis and hepatitis C among the vulnerable groups such as: IDUs, SWs, prison inmates, and migrant population.
- Knowledge of vulnerable groups about HIV/AIDS (ways of prevention, rejection of major misconceptions about HIV/AIDS)

- Percentage of target group who have adopted behaviors that reduce transmission of HIV
- Accessibility of prevention services, etc

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

Reporting requirements

Disbursement Requests and Progress Updates

UNDP will submit donor reports no later than 45 days after the close of the agreed upon periods. These periods are stipulated in the grant agreement with GFATM. Periodic reports are submitted on a template provided by the GFATM called Disbursement Request and Progress Update. They contain (i) a summary of financial activity during the quarter in question and cumulatively from the beginning of the Programme until the end of the reporting period; and (ii) a description of progress towards achieving the agreed-upon milestones set forth in Annex A to the Grant Agreement. UNDP will explain in the report any variance between planned and actual achievements for the period in question.

Annual Reports

UNDP will submit an annual financial and programmatic monitoring report no later than 45 days after the close of its fiscal calendar. Under UNDP’s fiscal calendar, the annual reports are due on February 14 and would cover the preceding fiscal year (January 1- December 31). The report should cover financial and programmatic progress during the year in question and must be in format acceptable to GFATM.

VI. LEGAL CONTEXT

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

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

The executing agency shall:

- put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
- assume all risks and liabilities related to the executing agency’s security, and the full implementation of the security plan.

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

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

The legal arrangement of this projects are also based on the UNDP-GFATM grant agreement for the grant number TAJ-809-G07-H (Amendment for TFM signed on 25 of September 2013), that is a non-standard cost-sharing agreement developed by UNDP LSO. Standard Grant Agreement is supplemented by the face sheet of the grant agreement for each individual grant, which indicated programme start and end dates, total amount approved, dates for conditions precedent to disbursement.

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

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

VII. ANNEXES

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

Annex 2. Annual Work Plan for 2013 (consolidated R8 Phase 2 and TFM periods).

Year: 2013

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount in USD
		Activity 1. To reduce high-risk sexual and injecting behaviours among populations most vulnerable to HIV infection including injecting drug users (IDUs); sex workers (SWs); prisoners, and men who have sex with men (MSM).							
<p>Output 2.1: To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building government capacities for response.</p> <p>Baseline:</p> <p>1.1 3,302 (13.2%) IDUs reached by HIV prevention services (2009)</p> <p>1.2 No IDUs received expanded package of services (substitution therapy and detox) (2008)</p> <p>1.3 6,539 (52.3%) SWs reached by HIV prevention services (2009)</p> <p>1.4 6,112 in 16 prisons (61%) prisoners</p>	Support and improve 28 existing trust points for IDUs by increasing quality and range of services.	x	x	x	x	UNDP NAC	GFATM	IA: UNDP IA Code: 1981 Account: 71600, 72100, 74200, 74700, 74500	\$ 781,368,23
	Provide sub-grants to 15 local NGOs to provide an expanded service package to IDUs and SWs.	x	x	x	x	UNDP NGOs	GFATM		
	Support infrastructure and equipment for establishment of Substitution treatment pilot sites (Dushanbe, Khorog, Khujand, Kurgan Tube)	x	x	x	x	Narcology	GFATM		
	Procure substitution therapy and detox medicine for IDUs		x	x		UNDP	GFATM	IA: NAC IA Code: 2632 Account: 71400, 71600, 73100	\$ 226,810.52
	Support 4 drop-in centres for IDUs on the ground of local NGOs selected in tender process (Kulyab, Kurgan Tube, Khorog, and Khujand).	x	x	x	x	UNDP NGOs	GFATM		
	Support infrastructure of TP and procure office IT		x	x		UNDP	GFATM		
	Support of costs of 6 Mobile Medical Units (MMUs) for providing outreach needle exchange services	x	x	x	x	NAC/NGOs	GFATM	IA: Prison IA Code: 2633 Account: 71400, 71600, 72100, 73100,	\$ 82,512.79
	Procurement, distribution and exchange of needles, syringes, sterile injection kits, condoms for IDUs		x			UNDP	GFATM		

7.3 14% (20,000/140,000) of pregnant women receiving HIV tests, results and post-testing counselling (2007)	Support 18 existing and open 3 new youth friendly centres for vulnerable youth with a wide range of prevention, counselling, health and psycho-social support services on the ground of local organizations selected in tender process.	x	x	x		UNDP/UNICEF	GFATM	IA: RCVD IA Code: 2633 Account: 71400, 73100	\$ 119,173.37
7.4 623 MSM receiving HIV tests, results and post-testing counseling in the period of the last 12 months (2012)	Develop and support a network of team of peer-educators among children in 160 schools	x	x	x		UNICEF Committee on Youth	GFATM	IA: AFEW IA Code: 4252 Account: 71400, 72600, 73100	\$ 51,007.00
Indicators:	1.1 Number and percentage of IDUs reached by HIV prevention services	x	x	x		UNICEF Committee on Youth	GFATM	IA: UNICEF IA Code: 3039 Account: 71200, 72100, 71600, 72600	\$ 335,130.64
1.2 Number of IDUs received expanded package of services (substitution therapy and detox)	Providing access of the rural youth to basic information on HIV prevention in 51 rayons via outreach work of 550 volunteers and implementation of the referral system to get qualified health and psycho-social support services	x	x	x		IOM	GFATM		
1.3 Number and percentage of SWs reached by HIV prevention services	Conduct four 3-days training for 80 NGO staff working with vulnerable migrants at regional and national levels				x	IOM	GFATM		
1.4 Number and percentage of prisoners in 16 prisons reached with HIV programs	Conduct trainings and seminars on migration and HIV for NGO staff, outreach workers, peer-educators, migrants and family.				x	UNDP	GFATM	IA: MoL IA Code: 1177 Account: 71400, 71600, 73100	\$ 47,100.00
1.5 Number and percentage of MSM reached by HIV prevention services	Procure single use gynaecological kits for STI diagnostics in YFCs				x	UNDP	GFATM		
2.1 Number of unformed staff members reached by HIV prevention services	Develop, produce and distribute IEC materials specific to migrants and their spouses	x	x			UNDP	GFATM	IA: IOM IA Code: 794 Account: 71400, 71600, 72100, 72500, 72600, 74200	\$ 418,471.15
2.2 Number of migrants and vulnerable women	Develop, produce and distribute reference and study books for student teachers on HIV prevention and response education.	x				UNDP	GFATM		

Sub-total for Activity 3										\$ 383,421.90
Activity 4. Treatment - Antiretroviral treatment, PMTCT and monitoring.										
4.2. Number HIV positive pregnant women receiving a complete course of ARV prophylaxis to reduce MTCT in accordance with nationally approved treatment protocol	Support 5 integrated ARV clinics in Dushanbe, Khorog, Kurgan-Tyube, Kulyab and Khujand with clinical laboratories	x	x	x	x	UNDP NAC	GFATM	IA: UNDP IA Code: 1981 Account: 72300	\$ 1,074,929.12	
	Conduct national training on 80 physicians and ARV management for 80 physicians and nurses and midwives				x	NAC/WHO				
5.1. Number of sentinel surveillance sites performing according to national standard	Two trainings for 80 Health Personnel-Counselling, on HIV testing and feeding options	x	x			UNICEF	GFATM	IA: NAC IA Code: 2632 Account: 71400	\$ 34,597.01	
	One 2-day training for 30 health department officials on planning, implementing and monitoring and evaluating PMTCT		x			UNICEF	GFATM			
7.1 Number and percentage of IDU receiving HIV tests, results and post-testing counseling in the period of the last 12 months	Procurement of drugs for ARV treatment for up to 260 HIV + pregnant women			x		UNDP	GFATM	IA: AFEW IA Code: 4252 Account: 72600	\$ 94,064.43	
	Repair and reconstruction costs		x			UNDP	GFATM			
7.2 Number and percentage of SW receiving HIV tests, results and post-testing counseling in the period of the last 12 months	Monitoring and evaluation of implementation in all participating health care and antenatal care facilities.	x	x	x		UNICEF	GFATM	IA: UNICEF IA Code: 3039 Account: 71400, 72100, 74500	\$ 64,832.48	
	Provide three sub-grants to three CSOs to provide support to PLWHA.	x	x	x		NGOs	GFATM			
7.3 Number and percentage of pregnant women receiving HIV tests, results and post-testing counseling	Conduct eight 3-day trainings for obstetric-gynaecologists in 8 pilot districts.	x	x	x		UNICEF	GFATM	IA: WHO IA Code: 2066 Account: 72100	\$ 12,881.00	
								GMS 7%	\$ 89,691.29	
7.4 Number of MSM receiving HIV tests, results and post-testing counseling in the period of the last 12 months									\$ 1,370,995.33	
Sub-total for Activity 4										
Activity 5. To strengthen the evidence base for a targeted and effective national response to HIV/AIDS through improved second generation sentinel surveillance.										
Targets by the end of 2013:	Conduct annual conference on HIV Surveillance	x				NAC	GFATM	IA: UNDP IA Code: 1981	\$ 135,878.12	

1.1 10,100 (40%) IDUs reached by HIV prevention services	Conduct operational research to reveal ARV adherence among PLHIV		x	x	x	x	UNDP	GFATM	Account: 71600, 72200	
1.2 550 IDUs received expanded package of services (substitution therapy and detox)	Support M&E unit in the Republican AIDS Centre and four regional AIDS centres.	x	x	x	x		NAC UNDP	GFATM	IA: NAC IA Code: 2632 Account: 71400, 72100	\$ 129,746.50
1.3 6,300 (50%) SWs reached by HIV prevention services	Carry out programme monitoring and on-site visits for GFATM programme	x	x	x	x		UNDP	GFATM	GMS 7%	\$ 18,593.73
1.4 4500 (45%) prisoners reached with HIV programs	Sub-total for Activity 5									\$ 284,218.35
Activity 6. To create a supportive environment for a sustainable national response to HIV.										
1.5 3,600 (14.4%) MSM reached by HIV prevention services	Support five new AIDS Centres in areas with worsening epidemiological situation in order to expand VCT services.	x	x	x	x		NAC	GFATM	IA: UNDP IA Code: 1981 Account: 71200, 72100, 72200, 72300	\$ 695,621.11
2.1 4000 unformed staff members reached by HIV prevention services	Strengthen quality control of HIV laboratories and develop methodological regulation on quality assurance and mechanism of test delivery	x					UNDP	GFATM		
2.2 500,000 migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom distribution)	Conduct one national training for 20 AIDS centre and laboratory staff on proper use of equipment and establishment of laboratory quality control systems	x					UNDP	GFATM		
2.3 18,000 vulnerable youth reached by HIV prevention programme through YF clinics	Procure and distribute TPFA and VDRL tests for quality diagnosis and effective treatment	x					UNDP	GFATM	IA: NAC IA Code: 2632 Account: 72100, 72400, 73400	\$ 62,747.91
2.4 150,000 young people aged 15-24 in rural areas who are reached by HIV prevention services through peer	Technical assistance	x	x	x	x		UNDP	GFATM		
	Procurement of HIV/AIDS diagnostic tests for rapid diagnostic, ELISA screening and confirmation of HIV status	x	x				UNDP	GFATM	IA: UNFPA IA Code: 1995 Account: 72100	\$ 26,654.39

Annex 3. RISKS LOG

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted / updated by	Last Update	Status
1	Insufficient mechanism to ensure sustainability of achieved targets due to lack of step-by-step expansion of financial contribution of the Government	2013	Operational	P = 4 I = 4	Technical assistance of donor communities in establishing/improving governmental agencies in development of evidential ground for effective managerial decision-making	Programme Manager	Project Manager	2013	National plan on transition and capacity-building (incl. PSM) has been approved by MoH in 2013. UNDP and donor allocate funds for realization of several activities of this plan
2	Limited human and financial resources for thorough and regular monitoring the implementation of activities in all SDPs countrywide	Round 8, Phase 2	Organizational	P = 3 I = 3	Improvement of M&E approaches to assess effectiveness of project implementation. More efficient utilization of internal resources of UNDP	Manager, M&E specialist	Project Manager	2012	Involvement of UNDP/CP in monitoring of SDPs, introduction of unified reporting tools and development of software (database) for CP staff

Annex 4. Terms of Reference for Project Board

UNDP Project «Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan»

PROJECT BOARD

TERMS OF REFERENCE

The role of the Project Board is to provide strategic oversight and direction of the programme, in order to ensure that it retains strategic focus, and to ensure achievement of results on the primary project outcomes. It will:

- a) Approve annual work plans for the project, which are prepared by the Project Manager, ensuring that these are focused and consistent with deliverables set out in the performance frameworks, work plans and budgets approved by the donor.
- b) Review progress reports, developed by corresponding Implementing Agency, Responsible Partners and sub-recipients, against the work plans, and take strategic decisions on how to address any major challenges, brought to the Board's attention.
- c) Monitor progress and impact of any wider issues - e.g. health sector reform and other legislative changes, health financial situation, sectoral reforms, programmes by other partners - that might impact upon the project and ensure that these are reflected as necessary within the project.
- d) Represent as necessary the interests of the project in high level government discussions.
- e) Agree terms of reference for project reviews and independent evaluations.

Structure and Membership

The frequency of meetings will be determined as needed, but will be at minimum once every six months. The Steering Committee will be chaired by Deputy Country Director, UNDP.

The members include:

- ❖ UNDP Program Analyst for Health control program;
- ❖ UNDP Program Analyst for Governance program
- ❖ UNDP Program Manager, HIV, TB and Malaria Control Program
- ❖ UNDP Communities Program Manager;
- ❖ Secretary of the National Coordination Committee on AIDS, TB and Malaria
- ❖ Director of the Republican Centre on AIDS Control and Prevention
- ❖ Representatives of other MOH structures - partners of HIV Control Project;
- ❖ Representatives of NGOs - partners of HIV Control Project.

Chairpersonship is assigned on rotational basis.

Other members can be temporarily appointed to address specific issues arising within the project. Similarly, relevant persons can be invited to attend meetings where appropriate, e.g. representatives of other donors, or programmes that need to be coordinated with, or reflected within the project.

Secretariat

The project will provide the secretariat for the Project Board, which will be financed from project funds - core resources of UNDP.



UNITED NATIONS DEVELOPMENT PROGRAMME

Country: Tajikistan

ANNUAL WORK PLAN 2013

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

Brief Description

This AWP is amended in October 2013 to add up funds from Transitional Funding Mechanism period that was signed on 25 September between the GF and UNDP in Tajikistan.

Transitional Funding Mechanism for the period of October 2013–September 2015 has been consolidated with Year 5 of Round 8 Phase 2 (October 2013 - September 2014) and it is considered to be bridging the gap for providing essential services for the most at-risk people, including IDUs, SWs, MSM, prisoners, PLHIV. The key goal of the project is to provide universal access to HIV services, and lay the foundation for stabilizing the country's epidemic.

The project is based on the outcome 2 of the CPAP for 2010-2015 and is focused on scaling up of treatment, care and support to vulnerable groups and health system strengthening interventions. It will also keep contributing to national health care reform through building and improving technical and managerial capacities of health professionals, promoting participation of civil society in the response to the epidemic, and enhancing the cooperation of NGOs with the public health sector. In addition, the current HIV project intends to continue supporting a variety of service delivery points for IDUs, SWs, MSM, prisoners, ex-inmates, migrants, vulnerable women and other high-risk groups. The project remains the only source of funding for strengthening VCT services in the country; expanding the program to prevent the transmission of HIV from mother-to-child; improving the system of monitoring and evaluation; and providing treatment for ARV therapy and opportunistic infections.

Programme Period: **2010-2015**

Key Result Area: **Poverty Reduction and Achievement of MDGs /Health**

Atlas Award ID: **58593**, Project ID: **72826**

AWP Start date: **01.01.2013**

AWP End Date: **31.12.2013**

LPAC Meeting Date: 10 October 2013

Management Arrangements: **DIM**

2013 AWP budget: **USD 8,103,929.18**

Total resources required: **USD 8,103,929.18**

Total allocated resources: **USD 8,103,929.18**

Regular n/a

GFATM **USD 8,103,929.18**

Unfunded budget: n/a

In-kind Contributions: n/a

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

Agreed by UNDP:

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount in USD
		Activity 1. To reduce high-risk sexual and injecting behaviours among populations most vulnerable to HIV infection including injecting drug users (IDUs); sex workers (SWs); prisoners, and men who have sex with men (MSM).							
Output 2.1: To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building government capacities for response.	Support and improve 28 existing trust points for IDUs by increasing quality and range of services.	x	x	x	x	UNDP NAC	GFATM	IA: UNDP IA Code: 1981 Account: 71600, 72100, 74200, 74700, 74500	\$ 781,368,23
	Provide sub-grants to 15 local NGOs to provide an expanded service package to IDUs and SWs.	x	x	x	x	UNDP NGOs	GFATM		
	Support infrastructure and equipment for establishment of Substitution treatment pilot sites (Dushanbe, Khorog, Khujand, Kurgan Tube)	x	x	x	x	Narcology	GFATM		
	Procure substitution therapy and detox medicine for IDUs	x	x	x	x	UNDP	GFATM	IA: NAC IA Code: 2632 Account: 71400, 71600, 73100	\$ 226,810.52
	Support 4 drop-in centres for IDUs on the ground of local NGOs selected in tender process (Kulyab, Kurgan Tube, Khorog, and Khujand).	x	x	x	x	UNDP NGOs	GFATM		
	Support infrastructure of TP and procure office IT	x	x	x	x	UNDP	GFATM		
	Support of costs of 6 Mobile Medical Units (MMUs) for providing outreach needle exchange services	x	x	x	x	NAC/NGOs	GFATM	IA: Prison IA Code: 2633 Account: 71400, 71600, 72100, 73100, 73400	\$ 82,512.79
	Procurement, distribution and exchange of needles, syringes, sterile injection kits, condoms for IDUs	x	x	x	x	UNDP	GFATM		
	Support of 2 mobile units for providing outreach services including harm reduction to hard-to-reach SWs	x	x	x	x	UNDP NAC/NGOs	GFATM		
	Provide expanded service package for sex workers on the ground of 4 NGOs working in 11 districts	x	x	x	x	NGOs/UNDP	GFATM	IA: RCVD IA Code: 2631	\$ 8,301.00

2.1 5,420 (18%) uniformed staff members reached by HIV prevention services (2005)	Support existing and establish new peer-counselling programmes inside the country's 13 prisons through ToT and cascade training seminars.	x	x	x	x	x	x	GoT/Prison	GFATM	Account: 72100	
2.2 571,336 migrants and vulnerable women reached by peer educators and/or receiving HIV education (including condom distribution) (2007)	Recruit 5 narcologists working in prisons in 4 regions (Sughd, Khatlon, Dushanbe, Nourak women colony and Vakhdat).	x	x	x	x	x	x	GoT/Prison	GFATM	IA: Narcology IA Code: 4285 Account: 71400, 71600, 73100	\$ 119,236.36
2.3 3,000 vulnerable youth reached by HIV prevention programme through YF clinics (2007)	Provide sub-grants to three NGOs to establish two crisis centres for MSM in Dushanbe, Kurgan-Tyube and Khujand to provide an extensive package of services including medical and psycho-social support, shelter, legal support, and VCT.	x	x	x	x	x	x	UNDP NGOs	GFATM	IA: CMH IA Code: 3427 Account: 71400, 71600, 72100, 73100, 74200	\$ 33,834.80
2.4 142,341 young people aged 15-24 in rural areas who are reached by HIV prevention services through peer education (2009)	Support 18 FCs in prison to provide counselling, STI treatment and VCT services	x	x	x	x	x	x	GoT/Prison	GFATM		
2.5 3,246,101 condoms distributed to vulnerable groups and general population (2009)	Two regional training of 50 health workers from prisons, trust points, SW and MSM on STI syndrome treatment approach	x						RCVD	GFATM		
2.6 0.7% schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year (2003)	Develop, produce and distribute IEC materials specific to IDUs, SWs, ex-inmates, MSM	x						UNDP	GFATM	IA: AFEW IA Code: 4252 Account: 72100	\$ 45,471.00
3.1 97% (24,250/25,000) blood units transferred in the last 12 months that have been adequately screened for HIV according to WHO guidelines or national	Conduct 3-days trainings for 60 staff of NGOs, counsellors, outreach workers and other health and psycho-social service providers on the national and regional levels.	x	x					AFEW	GFATM		
	Conduct five 2-day trainings for 20 people each on client management.	x	x					AFEW	GFATM		
	Develop, produce and distribute ToT manuals for prison trainers and peer-educators	x						UNDP/AFEW	GFATM	IA: UNFPA IA Code: 1995 Account: 72600	\$ 408,414.06
	Support NGOs participation in international and regional AIDS conferences for sharing experiences on work conducted in the field of HIV prevention, treatment, care and support.	x						UNDP	GFATM		
	Programme monitoring and site visits in 28 trust points for IDUs and 16 FC for SW	x	x	x	x	x	x	UNDP	GFATM		

vulnerable groups and general population	Support / Maintenance of two mobile collection units (blood drive).	x	x	x	x	x	x	UNDP	GFATM	IA: UNDP IA Code: 1981 Account: 74200	\$ 279,694.48
2.6 Number and percentage of schools with at least one teacher who has been trained in participatory life skills based HIV/AIDS education and who taught it during the last academic year	Develop and implement national protocol on monitoring and reporting of transfusion-related reactions and adverse events.	x	x	x	x	x	x	WHO	GFATM	IA: RSBC IA Code: Account: 72100, 72400, 73400	\$ 40,178.75
3.1 Number and percentage of blood units transferred in the last 12 months that have been adequately screened for HIV according to WHO guidelines or national guidelines	Regional promotion campaigns - 4 regions	x	x	x	x	x	x	UNDP	GFATM		
4.1. Number and percentage of people with advance HIV infection receiving ARVT	Administrative costs and overhead costs for the activities of the implementing agencies.							WHO	GFATM	IA: WHO IA Code: 2066 Account: 72100	\$ 38,465.00
4.2. Number HIV positive pregnant women receiving a complete course of ARV prophylaxis to reduce MTCT in accordance with nationally approved treatment protocol	Sub-total for Activity 3										\$ 383,421.90
Activity 4. Treatment - Antiretroviral treatment, PMTCT and monitoring.											
5.1. Number of sentinel surveillance sites performing according to national standard	Support 5 integrated ARV clinics in Dushanbe, Khorog, Kurgan-Tyube, Kulyab and Khujand with clinical laboratories	x	x	x	x	x	x	UNDP NAC	GFATM	IA: UNDP IA Code: 1981 Account: 72300	\$ 1,074,929.12
7.1 Number and percentage of IDU receiving HIV tests, results and post-testing counseling in the period of the last 12 months	Two trainings for 80 Health Personnel-Counseling, on HIV testing and feeding options	x	x	x	x	x	x	UNICEF	GFATM	IA: NAC IA Code: 2632 Account: 71400	\$ 34,597.01
7.2 Number and percentage	Procurement of drugs for ARV treatment for up to 260 HIV + pregnant women							UNDP	GFATM	IA: AFEW IA Code: 4252 Account: 72600	\$ 94,064.43

