

# TJK-H-2014 - Concept Note Integrated View

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## A. Program details

Country / Applicant:	Tajikistan	Principal Recipients	United Nations Development Programme, Tajikistan	Total requested amount	
Component:	HIV/AIDS			Allocation	USD 17,037,000
Start Month/Year:	October 2015			Above	USD 0

## Summary Budget by Module

Module	Allocated/Above	2015	2016	2017	Total
Prevention programs for people who inject drugs (PWID) and their partners	Allocation	506,383	1,945,358	2,433,519	4,885,260
	Above	0	0	0	0
Prevention programs for sex workers and their clients	Allocation	217,258	890,507	917,663	2,025,428
	Above	0	0	0	0
Prevention programs for MSM and TGs	Allocation	125,665	504,104	513,054	1,142,823
	Above	0	0	0	0
Prevention programs for other vulnerable populations (please specify)	Allocation	38,403	168,159	197,756	404,318
	Above	0	0	0	0
Treatment, care and support	Allocation	669,778	2,053,630	2,254,327	4,977,735
	Above	0	0	0	0
PMTCT	Allocation	45,113	194,765	199,963	439,841
	Above	0	0	0	0
TB/HIV	Allocation	7,049	36,566	18,468	62,083
	Above	0	0	0	0
Community systems strengthening	Allocation	42,899	93,548	84,594	221,041
	Above	0	0	0	0
Removing legal barriers to access	Allocation	13,668	45,582	29,537	88,787
	Above	0	0	0	0
Program management	Allocation	304,349	1,232,961	1,252,374	2,789,684
	Above	0	0	0	0
Total	Allocation	1,970,565	7,165,180	7,901,255	17,037,000
	Above	0	0	0	0

## Summary Budget by Principal Recipient

Principal Recipient	Allocated/Above	2015	2016	2017	Total
United Nations Development Programme, Tajikistan	Allocation	1,970,565	7,165,180	7,901,255	17,037,000
	Above	0	0	0	0
Total	Allocation	1,970,565	7,165,180	7,901,255	17,037,000
	Above	0	0	0	0

## B. Program goals and impact indicators

### Goals

1	To achieve universal access to HIV services; prevention, care, treatment and support that enables people with HIV to live a fulfilling life
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Linked to goal(s) #	Impact indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
1	HIV I-9a: Percentage of men who have sex with men who are living with HIV		1.5	2011	BSS (Behavioral Surveillance Survey)	3.0		1.5	The source of this indicator will be the IBBS conducted in the first part of 2015. The result of this IBBS will be reported in year 1. The next IBBS should be conducted after 2 or 3 years (depending on availability of funds). The higher set up target is due to the fact that since 2011 IBBS was limited only within the Dushanbe area, the extrapolation of the results for the whole country might not be reliable. Thus, new 2015 IBBS will be conducted with a more reliable sampling and geographical coverage, considering density of the KAP and is expected to show a more precise prevalence rate. It is planned that CDC will support conducting IBBS in 2017, which will be the basis for reporting the indicator.
1	HIV I-10: Percentage of sex workers who are living with HIV		3.5	2014	BSS (Behavioral Surveillance Survey)			4.0	The source of this indicator will be the IBBS. The last IBBS is conducted in 2014. The next IBBS will be conducted in 2016 or early 2017. Therefore, in Years 1 and 2 this indicator will not be reported. The target is set up based on the changed epidemiology in country and increase of sexual transmission way. It is planned that CDC will support conducting IBBS, which will be the basis for reporting the indicator.
1	HIV I-11: Percentage of people who inject drugs who are living with HIV		12.8	2014	BSS (Behavioral Surveillance Survey)			11.0	The source of this indicator will be the IBBS. The last IBBS is conducted in 2014. The next IBBS will be conducted in 2016 or early 2017. Therefore, in Years 1 and 2 this indicator will not be reported. It is planned that CDC will support conducting IBBS, which will be the basis for reporting the indicator.
1	HIV I-4: AIDS related mortality per 100,000 population		0.53	2013	Reports (specify)	0.50	0.50	0.45	The targets will be calculated annually based on set up methodology that is as follows: numerator divided by the denominator and multiply by 100000 population. given period of time. Numerator - Number of deaths attributed to HIV/AIDS-related causes in a given time period and denominator - total population of a given country at a given period of time. Please kindly note that the Platform did not let us enter the set up appropriate targets due to having non-numerical signs in them. Thus, please kindly consider the following targets for this indicator: for 2015- ≤0.5; for 2016 - ≤0.5 and for 2017 is ≤0.45.

## C. Program objectives and outcome indicators

Objectives:	
1	Ensure high quality and coverage of prevention services for key populations (PWID, SW, MSM, prisoners, including their partners)
2	Ensure quality care and treatment for the people living with HIV/AIDS
3	Health System Strengthening
4	Strengthened supportive environment to improve access to services for Key Population
5	Program Management

Linked to objective(s) #	Outcome Indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	

2	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy		67.1	2013	Reports (specify)	70.0	75.0	80.0	UNGASS report of 2013 is taken as a baseline data. For each next year, the data from the UNGASS reports of each year will be reported. It is anticipated to have a gradual increase in the adherence rate of ARV treatment.
1	HIV O-4a: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner		67.8	2011	BSS (Behavioral Surveillance Survey)	70.0		80.0	The source of this indicator will be the IBBS conducted in 2015. The result of this IBBS will be reported in year 1. The next IBBS should be conducted after 2 or 3 years (depending on availability of funds). Therefore, upon availability of funds, the next IBBS will be conducted in 2017 (Year 3) and will be reported accordingly. It is planned that CDC will support conducting IBBS in 2017, which will be the basis for reporting the indicator.
1	HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client		71.4	2014	BSS (Behavioral Surveillance Survey)			80.0	The source of this indicator will be the IBBS. The last IBBS is conducted in 2014. The next IBBS will be conducted in 2016 or early 2017. Therefore, in Years 1 and 2 this indicator will not be reported. It is planned that CDC will support conducting IBBS, which will be the basis for reporting the indicator.
1	HIV O-6: Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected		90.3	2014	BSS (Behavioral Surveillance Survey)			95.0	The source of this indicator will be the IBBS. The last IBBS is conducted in 2014. The next IBBS will be conducted in 2016 or early 2017. Therefore, in Years 1 and 2 this indicator will not be reported. It is planned that CDC will support conducting IBBS, which will be the basis for reporting the indicator.

## D. Modules

Module: Prevention programs for people who inject drugs (PWID) and their partners															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								
							Total Targets	Year 1		Year 2		Year 3			
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #		D #		D #			

KP-1d: Percentage of PWID reached with HIV prevention programs - defined package of services	United Nations Development Programme, Tajikistan						Allocation + Other Sources	12,705.0	55.0	13,860.0	60.0	14,553.0	63.0			
			12,261.0	53.1	2014	Reports (specify)		23,100.0		23,100.0		23,100.0				
			23,100.0				Above+Allocation+Other sources									
Comments <sup>1</sup>	The targets are calculated based on the UNAIDS and WHO recommendations of coverage of key population 60%+. A gradual increase of the target is anticipated; Anticipated rate of scale up is 55% in Year 1, 60% in Year 2, and 63% in Year 3. The smaller increase in Year 1 is set up due to having only 3 months covered by Year 1 period. 3) Estimated population size equals to 23100 PWID according to the 2014 Population size estimation assessment conducted by UNAIDS. The basic package of services includes: distribution of BCC educational materials; provision of Harm reduction consumables (sterile injecting materials), counseling/peer counseling). Additional services to be provided to PWID can include referral to HTC and other medical services, including STI treatment, legal and social support, referral to OST program, distribution of condoms. 5) Source of the data to be reported is PR program reports.															
KP-3d: Percentage of PWID that have received an HIV test during the reporting period and know their results	United Nations Development Programme, Tajikistan						Allocation + Other Sources	12,705.0	55.0	13,860.0	60.0	14,553.0	63.0			
			9,872.0	42.7	2013	Reports (specify)		23,100.0		23,100.0		23,100.0				
			23,100.0				Above+Allocation+Other sources									
Comments <sup>1</sup>	(1) The targets are calculated based on the UNAIDS and WHO recommendations of coverage of key population 60%+. The annual number of tested PWID as of December 2013 was 9872, which makes 42.7% of the estimated number of PWID. Thus, a gradual increase of the target is anticipated; (2) Anticipated rate of scale up is 55% in Year 1, 60% in Year 2, and 63% in Year 3. However, the PR will start reporting this indicator only at the end of Year 2 (i.e. reporting period Jul-Dec 2016) because the National program should adjust the reporting mode and system on HTC due to double counting of the persons tested in HTC centers. Currently, the national program counts number of tests conducted, not number of persons who were tested. (3) Estimated population size equals to 23100 PWID according to the 2014 Population size estimation assessment conducted with financial support of UNAIDS. (4) The basic package of services includes 4 components:pre-test counseling, testing, provision of results and post-test counseling. The testing will be provided as a package of services for all KAP. Numerator: number of PWID received HTC in the last 12 months Denominator: estimated number of PWID in the country (UNAIDS Population size assessment, 2014).(5) Source of data RAC annual reports.															
KP-5: Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	United Nations Development Programme, Tajikistan						Allocation + Other Sources		80.0		82.0		85.0			
			239.0	78.4	2013	Reports (specify)										
			305.0				Above+Allocation+Other sources									
Comments <sup>1</sup>	1) Targets are calculated based on the feasibility of achieving the indicators based on country specifics and legal framework. Denominator is "Total number of PWID enrolled in OST program during the 6 months prior to the reporting period, including those who have died since starting OST, those who have stopped OST, and those recorded as lost to follow-up at month 6" (Please refer to the clarification email received from the GF M&E officer on Oct'14). (2) The scale up of this indicator is not big, because a) the program is on the pilot stage; and b) the need of the country to improve the quality of the OST program due to low retention rate. (3) Estimated population size equals to 23100 PWID according to the 2014 Population size estimation assessment conducted by UNAIDS. (4) The basic package of services includes providing methadone. Additional services provided at OST sites will include: detox therapy, social and medical consultations, HTC. (5) The source data will be the annual reports of the Narcology center. The source of baseline data is UNGASS report for 2013.															
Number and percentage of people who inject drugs reached by opioid substitution therapy, detox therapy	United Nations Development Programme, Tajikistan						Allocation + Other Sources	750.0	3.2	900.0	3.9	1,000.0	4.3			
			536.0	2.3	2014	Reports (specify)		23,100.0		23,100.0		23,100.0				
			23,100.0				Above+Allocation+Other sources									
Comments <sup>1</sup>	1) Targets are calculated based on the feasibility of achieving the indicators based on country specifics and legal framework. The baseline is based on the Program Update 2014 (Jan-Jun) report. However, TFM indicator allows adding people receiving detox, and 73 ot of 536 people in the baseline are from the Detox program. (2) The scale up of this indicator is not big due to the need of the country to improve the quality of the OST program due to low retention rate. (3) Estimated population size equals to 23100 PWID according to the 2014 Population size estimation assessment conducted by UNAIDS. (4) The basic package of services includes providing methadone. Additional services provided at OST sites will include: detox therapy, social and medical consultations, HTC. (5) The source data will be the annual reports of the Narcology center. The source of baseline data is UNGASS report for 2013.															
Module budget - Prevention programs for people who inject drugs (PWID) and their partners																
Allocated request for entire module	USD 4,885,260						Above allocated request for entire module					USD 0				
Intervention			Intervention budget (request to the Global Fund only)													
	Responsible Principal Recipient(s)		Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>					Other funding <sup>4</sup>				

Behavioural change as part of programs for PWID and their partners	United Nations Development Programme, Tajikistan	Allocation	27,431	99,062	94,329	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities: (a) Development of standardized communication materials on HIV prevention, and promoting legal protection and human rights for PWID and their partners by a working group; (b) Print and distribute around 82,000 BCC materials to for PWID and their client partners during the life-time of this project; (c) Training of 105 peer educators and social workers over the lifetime of the project on harm reduction case management; (d) Conduct educational sessions for the PWID and their partners four times a year in each SDP 21 trust points under RAC (excluding 7 CDC TPs) and 17 NGO TPs (depending on which and how many NGOs will be selected during the tender process). All activities will be requested from the allocation amount.	Apart from the allocation funding requested, 7 Trust points with similar activities will be administratively supported by CDC (official confirmation required). The commodities to the 7 TPs will be supplied by the PR, procured on the GF allocation funding.
		Above		0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are People who inject drugs and their partners, including female PWID. The program will be implemented countrywide. Overall, the program will be implemented in 45 Trust points (28 under National Aids center) and 17 established under NGOs (depending on which and how many NGOs will be selected during the tender process). Out of 28 RAC TPs, seven will be administratively run by CDC. The implementation approach will embrace conducting Harm reduction activities; providing minimum package of services, which include conducting peer-to-peer or regular counseling, distribution of IEC materials and providing the sterile injecting materials (syringe, alcohol swabs, water for injection). Additional activities may include: legal and social support, referral to medical and social services, referral to HTC, providing ART and OST.							
Condoms as part of programs for PWID and their partners	United Nations Development Programme, Tajikistan	Allocation	6,252	27,280	28,642	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities include procurement and distribution of condoms.	Procurement of condoms will be done by the GF funds. Seven TPs, which will be administratively supported by CDC will be provided by supplies (condoms, lubricants) upon their request, procured within the GF allocation funding.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are People who inject drugs and their partners, including female PWID. The program will be implemented countrywide. Overall, the program will be implemented in 45 Trust points (28 under Republican Aids center) and 17 established under NGOs (depending on which and how many NGOs will be selected during the tender process). Out of 28 RAC TPs, seven will be administratively run by CDC. Procurement and distribution of condoms will be a part of the activities provided to PWID, described in the Behavioral change intervention for PWID.							
Diagnosis and treatment of STIs as part of programs for PWID and their partners	United Nations Development Programme, Tajikistan	Allocation	15,022	63,102	63,102	1) Sources of assumptions are based on the current (TFM) grant expenditures and procurement unit costs; 2) Activities include: (a) procurement of health care equipment and appliances for diagnostics; (b) conducting examination on STI; c) syndromic management of STI.	Procurement of STI drugs will be done on GF funds.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are People who inject drugs and their partners, including female PWID. The program will be implemented countrywide. The basic package will include syndromic management of STI.							
HIV testing and counseling as part of programs for sex workers and their clients	United Nations Development Programme, Tajikistan	Allocation	12,364	49,074	51,914	1) sources of assumptions are based on the current (TFM) grant expenditures and procurement unit costs; 2) Activities include a) pre-test counseling, testing, provision of results and post-test counseling; and b) Train 15 health workers on client centered HIV testing and counseling (HTC), with focus on providing friendly services to key populations.	The other source of funding for this activity includes governmental sources, which will support some admin and salary costs of the AIDS centers' staff working on HTC.
		Above	0	0	0		



Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are People who inject drugs and their partners, including female PWID. The program will be implemented countrywide. Overall, the program will be implemented through all existing AIDS centers (38), 5 ARV clinics and 13 (out of 21) TPs established under RAC as well as Mobile medical units (MMU). In addition, the testing is conducted in the Narcology centers,where OST programs are provided to PWID. The approach of HTC includes pre-test counseling, testing, provision of results and post-test counseling. The HTC will be based on medical centers (RAC, Narcology, ARV clinics), MMU and will also have community based testing approach. The latter will be done through TPs of RAC as well as mobile units, established on AIDS centers' basis.							
Needle and Syringe programs as part of programs for PWID and their partners	United Nations Development Programme, Tajikistan	Allocation	245,374	1,108,001	1,588,282	1) Sources of assumptions are based on the current (TFM) grant expenditures and procurement unit costs; 2) Activities include procurement and distribution of sterile injecting materials as well as training CSOs' outreach workers of the harm reduction, client management, referral and counseling topics. Depending on the funding, the NGOs can be requested to conduct a client survey on the quality and types of commodities to be procured.	Procurement of injecting sterile materials will be done within the GF funds.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are People who inject drugs and their partners, including female PWID. The program will be implemented countrywide. Implementation approach will include distribution of injecting materials (syringes, needles, water for injection, etc.) in the Trust points (28 under RAC and 17 under NGOs) as Needle and Syringe exchange points as well as through Mobile medical units. Number of TPs of NGOs will depend on which and how many NGOs will be selected during the tender process; furthermore, some NGOs can use an umbrella approach in their tender applications; or network of NGOs can apply to the tender process.							
OST and other drug dependence treatment (PWIDs and their partners)	United Nations Development Programme, Tajikistan	Allocation	194,435	564,307	585,229	1) Sources of assumptions are based on the current (TFM) grant expenditures and procurement unit costs; 2) Activities include a) provision of methadone and detox drugs to clients; b) attraction of clients into the program and improve the retention rate of clients in the program; c) establish and equip infrastructure for 3 new OST sites and provide additional equipment for existing sites; d) supply sufficient quantities of diagnostic kits for monitoring drug usage; and medicines. In addition, depending on the condition and needs of the patients, the OST clients will be provided with HTC, and detox therapy.	Apart from the GF funds, 2 OST sites are anticipated to be supported by CDC (official confirmation required). However, provision of methadone and detox drugs will be done from the GF sources.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are People who inject drugs, including female PWID. The program will be implemented in 12 OST sites, based in the places where the concentration of PWID are the highest. Current 6 OST sites are located in the following areas: Dushanbe, Khorog, Khujand, Kulyab, KurganTube. Selection of the remaining areas will be based on the high concentration of PWID and legal framework of those areas. The approach of work will start from engaging PWID into the OST program, provide comprehensive services and retain them in the program. Out of 12 OST sites, two will be based in prison colonies.							
Other interventions for PWID- Overdose prevention as a part of programs for PWID	United Nations Development Programme, Tajikistan	Allocation	5,505	34,532	22,021	1) Sources of assumptions are based on the current (TFM) grant expenditures and procurement unit costs; 2) The activities will be a) procure of sufficient quantity of naloxone for NGOs and RAC TPs; b) train 15 social workers working in harm reduction programs on naloxone administration; c) train 120 police personnel on naloxone administration; d) train 100 HWs at Aids and Emergency (A&E) department of the Dushanbe, Khudjand, Kulyab, Kurgan tube and Khorog.	GF funds only
		Above	0	0	0		
Description of Intervention <sup>2</sup>							

This intervention will be implemented within the allocation amount. The target population are People who inject drugs, including female PWID. The implementation approach will be provision of Naloxone for PWID for prevention of overdose. Naloxone will be provided widely to all 28 RAC TPs working with PWID and their partners as well as to 17 NGO TPs (depending on how many NGOs will be contracted as a result of the tender), Narcology and Accident and Emergency points.

Programmatic Gap



Coverage Indicator : KP-1d: Percentage of PWID reached with HIV prevention programs - defined package of services

Current National Coverage 12261	Year	Source	Latest Results	CCM Comments
	2014	Reports (specify) 2014 Jan-Jun Programme Update report	12261.0	
	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	23,100	23,100	23,100	Estimated number of PWID in the country is taken from the Population size estimation survey, UNAIDS, 2014. The basic package of services include: distribution of BCC educational materials; provision of Harm reduction consumables (condoms; sterile needles and syringes), counseling/peer counseling). Additional services will include HTC, referral to HTC and other medical services, social support, referral to OST program, provision of low threshold activities through Drop-in-centers. The NFM programme records will be used as a source of data reporting. The target area is Countrywide. A total of 45 Trust points will serve PWID to provide prevention programs. An average number of PWID per TP will be 300 clients. However, the number of TPs and clients per TP will also depend on the results of the tender process on selection of NGOs.
B. Country targets (from National Strategic Plan)	12,705 55.00 %	13,860 60.00 %	14,553 63.00 %	Indicator is aligned with National Strategic plan for 2015-2017 developed in consultation with various stakeholders (GoT, CSOs and international agencies).
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	500 2.16 %	1,400 6.06 %	1,400 6.06 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	22,600 97.84 %	21,700 93.94 %	21,700 93.94 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	12,205 52.84 %	12,460 53.94 %	13,153 56.94 %	The indicator for 2015 covers only 3 months (last quarter), but will be reported Cumulative semi-annual data, which will include coverage from Jun-Dec 2015 data.
F. Coverage from Allocation amount and other resources C+E	12,705 55.00 %	13,860 60.00 %	14,553 63.00 %	These figures will be included into the programmatic indicators and will be reported by the PR to the GF, because CDC funded project beneficiaries will be supplied with all materials (prevention commodities) from the GF allocation funding
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	12,705 55.00 %	13,860 60.00 %	14,553 63.00 %	

Coverage Indicator : KP-3d: Percentage of PWID that have received an HIV test during the reporting period and know their results

Current National Coverage 39.5%		Year	Source	Latest Results	CCM Comments
		2013	Reports (specify) 2013 NAC report	9872.0	
		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)	23,100	23,100	23,100	23,100	The estimated population size is taken from SPECTRUM, which forecasts number of HIV positive people eligible for ART. SPECTRUM calculates the # of eligible people based on the CD4<350 criterion.
B. Country targets (from National Strategic Plan)	12,705 55.00 %	13,860 60.00 %	14,553 63.00 %	14,553 63.00 %	Treatment is provided Countrywide. Treatment and care is provided in 43 ART sites (38 AIDS centers and 5 ART clinics) in all regions of the country. Concentration of PLHIV receiving ARV treatment is higher in urban places, such as Dushanbe, Khujand and Kulyab. The increase of targets is based on the recommendations of WHO to cover not less than 60% of estimated number of eligible people. Eligibility of patients considered based on National guidelines on ART treatment.
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap					
D. Expected annual gap in meeting the need <span style="color: red;">A-C</span>	23,100 100.00 %	23,100 100.00 %	23,100 100.00 %	23,100 100.00 %	
Country need planned to be covered by domestic & other sources					
E. Targets to be financed by allocation amount	12,705 55.00 %	13,860 60.00 %	14,553 63.00 %	14,553 63.00 %	Segregated annual data will be reported
F. Coverage from Allocation amount and other resources <span style="color: red;">C+E</span>	12,705 55.00 %	13,860 60.00 %	14,553 63.00 %	14,553 63.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) <span style="color: red;">F+G</span>	12,705 55.00 %	13,860 60.00 %	14,553 63.00 %	14,553 63.00 %	

Module: Prevention programs for sex workers and their clients														
Measurement framework for module														
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets							
			N #	%	Year	Source	Total Targets	Year 1		Year 2		Year 3		
								N #	%	N #	%	N #	%	
								D #	%	D #	%	D #	%	

KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	United Nations Development Programme, Tajikistan					Allocation + Other Sources	7,755.0	55.0	8,460.0	60.0	9,165.0	65.0			
			7,702.0	54.6	2014	Reports (specify)	14,100.0		14,100.0		14,100.0				
			14,100.0			Above+Allocation+Other sources									
Comments <sup>1</sup>	(1) The targets are calculated based on the UNAIDS and WHO recommendations to have a coverage of key population 60%+. The annual coverage of SWs as of June 2014 was 7702, which makes 54.6% of the estimated number of SWs. Thus, a gradual increase of the target is anticipated; (2) Anticipated rate of scale up is 55% in Year 1, 60% in Year 2, and 65% in Year 3. (3) Population size estimate equals to 14100 SWs according to the 2014 Population size estimation assessment conducted with financial support of UNAIDS. (4) The basic package of services includes: providing IEC materials, prevention materials (condoms) and counseling / peer counseling. The other services to be provided to SWs upon request will include social support, conducting and referral to HTC and other medical services, including STI treatment, legal support. (5) The source data will be RAC annual reports.														
KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results	United Nations Development Programme, Tajikistan					Allocation + Other Sources	7,755.0	55.0	8,460.0	60.0	9,165.0	65.0			
			6,552.0	46.5	2013	Reports (specify)	14,100.0		14,100.0		14,100.0				
			14,100.0			Above+Allocation+Other sources									
Comments <sup>1</sup>	(1) The targets are aligned with UNAIDS and WHO recommendations 60%+. The annual data on testing of SWs as of Dec 2013 -6552, (46.5% of the estimated number of SWs). 2) Anticipated scale up is 55% in Year 1, 60% in Year 2, and 65% in Year 3. PR will start reporting this indicator only at the end of Year 2 (i.e. reporting period Jul-Dec 2016) since the National program should adjust the reporting mode and system on HTC due to double counting of the persons tested in HTC centers. Currently, the national program counts number of tests conducted, not number of persons tested. (3) Population size estimate equals to 14100 SWs according to the 2014 PSE assessment conducted with financial support of UNAIDS. 4) The basic package of services:pre-test counseling, testing, provision of results and post-test counseling. Numerator: number of SWs received HTC in last 12 months.Denominator: estimated #of SWs in the country (UNAIDS PSE assessment, 2014). 5) The source data will be RAC annual reports.														
Module budget - Prevention programs for sex workers and their clients															
Allocated request for entire module	USD 2,025,428					Above allocated request for entire module					USD 0				
Intervention			Intervention budget (request to the Global Fund only)												
	Responsible Principal Recipient(s)		Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>				Other funding <sup>4</sup>				

Behavioral change as part of programs for sex workers and their clients	United Nations Development Programme, Tajikistan	Allocation	109,616	428,014	428,663	1) sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities: (a) development of standardized communication materials on HIV prevention, legal protection and human rights for SWs and their partners by a working group; (b) provision of BCC materials for SWs and their clients; (c) training of peer educators and social workers on HIV prevention, and case management including referral to harm reduction services to SWs; (d) conduct educational sessions for SWs and their clients in each service delivery point (friendly clinics). All activities will be requested from the allocation amount; no above allocation is requested.	Apart from the allocation funding requested, one Friendly cabinet with similar activities will be administratively supported by CDC (official confirmation required). Commodities for the clients of CDC's FC will be supplied by the PR, procured within the GF allocation funding.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are Sex workers and their clients, including male SWs. The program will be implemented in Dushanbe and all regions of the country, except GBAO region. Overall, the program will be implemented in 22 Friendly cabinets (11 under Republican Aids center) and 11 established under NGOs (depending on which and how many NGOs will be selected during the tender process). Out of 11 RAC FCs, one will be administratively run by CDC. The implementation approach will embrace providing minimum package of services, which include conducting peer or regular counseling, distribution of IEC materials and providing prevention materials (condoms, lubricants). Additional activities may include: legal and social support, referral to medical and social services, referral to HTC and other medical services, including STI treatment, providing ART.							
Condoms as part of programs for sex workers and their clients	United Nations Development Programme, Tajikistan	Allocation	66,044	288,196	312,211	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities include procurement and distribution of condoms.	Procurement of condoms will be done with the GF funds. One Friendly Cabinet, which will be administratively supported by CDC will be provided with supplies (condoms, lubricants), procured within the GF allocation funding.
		Above	0	0	0	Procurement of condoms will be done based on the client satisfaction survey conducted among SWs and MSM.	
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are Sex workers and their clients, including male SWs. The program will be implemented in Dushanbe and all regions of the country, except GBAO. Overall, the program will be implemented in 22 Friendly cabinets (11 under National AIDS center) and 11 established under NGOs (depending on which and how many NGOs will be selected during the tender process). Out of 11 RAC FCs, one will be administratively run by CDC. Procurement and distribution of condoms will be a part of the activities provided to SWs, described in the Behavioral change intervention for SWs.							
Diagnosis and treatment of STIs (sex workers and their clients)	United Nations Development Programme, Tajikistan	Allocation	11,095	52,116	52,640	1) sources of assumptions are based on the current (TFM) grant expenditures and procurement unit costs; 2) Activities include: (a) procurement of health care equipment and appliances for diagnostics; (b) conducting examination on STI; c) syndromic treatment of STI.	Procurement of STI appliances and drugs will be done on GF funds.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are Sex workers and their clients, including male SWs. The program will be implemented in Dushanbe and all regions of the country, except GBAO. The basic package will include (a) procurement of health care equipment and appliances for diagnostics; (b) conducting examination on STI; c) syndromic treatment of STI.							
HIV testing and counseling as part of programs for sex workers and their clients	United Nations Development Programme, Tajikistan	Allocation	30,503	122,181	124,149	1) Sources of assumptions are based on the current (TFM) grant expenditures and procurement unit costs; 2) Activities include (a) pre-test counseling, testing, provision of results and post-test counseling to SWs and their partners; (b) train CSOs outreach workers of the SWs program on client management, referral and counseling; and (c) train health workers on client centered HTC, with focus on providing friendly services to key populations.	The other source of funding for this activity includes governmental sources, which will support some admin and salary costs of the AIDS centers' staff working on HTC. The remaining costs of this intervention will be done within the allocation amount.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are Sex workers and their clients, including male SWs. The program will be implemented in Dushanbe and all regions of the country, except GBAO. Overall, the program will be implemented through all existing AIDS centers (38), Mobile medical units and 1 (out of 11) FCs established under RAC, which currently provide HTC services. The approach of HCT includes pre-test counseling, testing, provision of results and post-test counseling. The HTC will be based on medical centers (RAC), MMU and will also have community based testing approach. The latter will be done through FC of RAC as well as mobile units, established on AIDS centers' basis.							



Programmatic Gap
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Coverage Indicator : KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services

Current National Coverage 7702		Year	Source	Latest Results	
		2014	Reports (specify) 2014 Jan-Jun Programme Update report	7702.0	
		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	CCM Comments
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)	14,100	14,100	14,100		Estimated number of SWs in the country is taken from the Population size estimation survey, UNAIDS, 2014. The basic package of services include: distribution of BCC educational materials; provision of prevention materials/consumables (condoms, lubricants), counseling/peer counseling). Additional services will include HTC, referral to HTC and other medical services, social support, etc. Indicator is aligned with National Strategic plan for 2015-2017 developed in consultation with various stakeholders (GoT, CSOs and international agencies). The NFM programme records will be used as a source of data reporting. The target area is Countrywide. A total of 22 Friendly Cabinets will serve SWs to provide prevention programs. However, the number of FCs and clients per FC will also depend on the results of the tender process on selection of NGOs.
B. Country targets (from National Strategic Plan)	7,755 55.00 %	8,460 60.00 %	9,165 65.00 %		The indicator for 2015 covers only 3 months (last quarter), but will be reported Cumulative annually, which will include coverage from Jan-Dec 2015 data.
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources	100 0.71 %	250 1.77 %	250 1.77 %		Planned coverage by CDC is one FC. CDC will cover the administrative and programmatic expenses of the FC, while the prevention materials will be financed by allocation amount of the GF.
Programmatic Gap					
D. Expected annual gap in meeting the need <span style="color: red;">A-C</span>	14,000 99.29 %	13,850 98.23 %	13,850 98.23 %		
Country need planned to be covered by domestic & other sources					
E. Targets to be financed by allocation amount	7,655 54.29 %	8,210 58.23 %	8,915 63.23 %		The indicator for 2015 covers only 3 months (last quarter), but will be reported Cumulative annually, which will include coverage from Jan-Dec 2015 data.
F. Coverage from Allocation amount and other resources <span style="color: red;">C+E</span>	7,755 55.00 %	8,460 60.00 %	9,165 65.00 %		These figures will be included into the programmatic indicators and will be reported by the PR to the GF, because CDC funded project beneficiaries will be supplied with all materials (prevention commodities) from the GF allocation funding
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %		
H. Total coverage (allocation amount, above allocation amount and other resources) <span style="color: red;">F+G</span>	7,755 55.00 %	8,460 60.00 %	9,165 65.00 %		

Module: Prevention programs for MSM and TGs																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets									
							Total Targets	Year 1		Year 2		Year 3				
			N #	%	Year	Source		N #	%	N #	%	N #	%			
			D #					D #		D #		D #				



KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services	United Nations Development Programme, Tajikistan					Allocation + Other Sources	6,000.0		6,600.0		7,200.0			
			5,086.0		2014	Reports (specify)								
						Above+Allocation+Other sources								
Comments <sup>1</sup>	(1) The annual coverage of MSM as of June 2014 was 5086. A gradual increase of the target is anticipated during the project duration; (2) Anticipated rate of scale up is set up based on numerator only due to absence of the denominator, i.e. the estimated size of the population. (3) Estimated size of the population will be calculated during the assessment in 2015 with support of UNAIDS. (4) The basic package of services includes: distribution of BCC educational materials; provision of condoms and lubricants; counseling / peer counseling. Additional services to be provided to MSM can include conducting and / or referral to HTC and other medical services, including STI treatment, legal and social support. (5) Source of the data to be reported is PR program reports.													
KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results	United Nations Development Programme, Tajikistan					Allocation + Other Sources	6,000.0		6,600.0		7,200.0			
			942.0			Reports (specify)								
						Above+Allocation+Other sources								
Comments <sup>1</sup>	Anticipated rate of scale up is set up based on numerator only due to absence of the denominator, i.e. the estimated size of the population. However, the PR will start reporting this indicator only at the end of Year 2 (i.e. reporting period Jul-Dec 2016) because the National program should adjust the reporting mode and system on HTC due to double counting of the persons tested in HTC centers. Currently, the national program counts number of tests conducted, not number of persons tested. (3) Estimated size of the population will be calculated during the assessment in 2015 with support of UNAIDS. (4) The basic package of services includes 4 components:pre-test counseling, testing, provision of results and post-test counseling. Numerator: number of MSM received HTC in last 12 months Denominator: estimated number of MSM in the country. (5) The source data will be RAC annual reports.													
Module budget - Prevention programs for MSM and TGs														
Allocated request for entire module	USD 1,142,823					Above allocated request for entire module					USD 0			
Intervention			Intervention budget (request to the Global Fund only)											
	Responsible Principal Recipient(s)		Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>				Other funding <sup>4</sup>			

Behavioral change as part of programs for MSM and TGs	United Nations Development Programme, Tajikistan	Allocation	100,660	397,465	396,942	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities: (a) development of standardized communication materials on HIV prevention, legal protection and human rights for MSM by a working group; (b) provision of BCC materials to MSM during the life-time of this project; (c) conduct series of training for peer educators and social workers on MSM case management. All activities will be requested from the allocation amount.	Activities will be implemented purely based on the GF funding
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are Men having sex with men and their partners. Transgender group of people will receive the services within the framework of activities planned for MSM. The program will be implemented in Dushanbe and all regions of the country, except GBAO. Overall, the program will be implemented in 10 Friendly cabinets, established under NGOs, however, the number of FCs will depend on which and how many NGOs will be selected during the tender process. The implementation approach will embrace providing minimum package of services, which include conducting peer or regular counseling, distribution of IEC materials and providing prevention materials (condoms, lubricants). Additional activities may include: legal and social support, referral to medical and social services, conducting and / or referral to HTC and other medical services, including STI treatment, provision of ART.							
Condoms as part of programs for MSM and TGs	United Nations Development Programme, Tajikistan	Allocation	17,033	74,945	81,758	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities include procurement and distribution of condoms. Procurement of condoms will be done based on the client satisfaction survey conducted among SWs and MSM.	Activities will be implemented purely based on the GF funding
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are Men having sex with men and their partners. Transgender group of people will receive the services within the framework of activities planned for MSM. The program will be implemented in Dushanbe and all regions of the country, except GBAO. Overall, the program will be implemented in 10 Friendly cabinets, established under NGOs, however, the number of FCs will depend on which and how many NGOs will be selected during the tender process. Procurement and distribution of condoms will be a part of the activities provided to MSM, described in the Behavioral change intervention for MSM.							
Diagnosis and treatment of STIs as part of programs for MSM and TGs	United Nations Development Programme, Tajikistan	Allocation	786	3,397	3,690	1) Sources of assumptions are based on the current (TFM) grant expenditures and procurement unit costs; 2) Activities include: (a) procurement of health care equipment and appliances for diagnostics; (b) conducting examination on STI; c) syndromic treatment of STI.	Procurement of STI appliances and drugs will be done on GF funds.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are Men having sex with men and their partners. Transgender group of people will receive the services within the framework of activities planned for MSM. The program will be implemented in Dushanbe and all regions of the country, except GBAO. The basic package will include (a) procurement of health care equipment and appliances for diagnostics; (b) conducting examination on STI; c) syndromic treatment of STI.							
HIV testing and counseling as part of programs for MSM and TGs	United Nations Development Programme, Tajikistan	Allocation	7,186	28,297	30,664	1) sources of assumptions are based on the current (TFM) grant expenditures and procurement unit costs; 2) Activities include (a) pre-test counseling, testing, provision of results and post-test counseling; (b) train health workers and social workers on client centered HTC, with focus on providing friendly services to key populations.	The other source of funding for this activity includes governmental sources, which will support some admin and salary costs of the AIDS centers' staff working on HTC. The rest of the expenses will be requested within the allocation amount.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount.The target population are Men having sex with men and their partners. Transgender group of people will receive the services within the framework of activities planned for MSM. The program will be implemented in Dushanbe and all regions of the country, except GBAO. Overall, the program will be implemented through all existing AIDS centers (38) and Mobile Medical Units. The approach of HTC includes pre-test counseling, testing, provision of results and post-test counseling. The HTC will be based on medical centers (RAC), MMU and will also have community based testing approach. The latter will be done through FCs of NGOs, who will invite the Mobile Units of RAC to do HTC.							

Programmatic Gap				
Coverage Indicator : KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services				
Current National Coverage 5086	Year	Source	Latest Results	
	2014	Reports (specify) 2014, Jan-Jun Program Update	5086.0	
	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)				No Population size estimation survey has been conducted in the country. Population size estimation survey will be conducted by UNAIDS in 2014- early 2015.
B. Country targets (from National Strategic Plan)	6,000 %	6,600 %	7,200 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	%	%	%	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	0 100 %	0 100 %	0 100 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	6,000 %	6,600 %	7,200 %	The indicator for 2015 covers only 3 months (last quarter), but will be reported Cumulative annually, which will include coverage from Jan-Dec 2015 data. The target are is Countrywide. Prevention services will be provided to MSM in 10 Friendly cabinets administered by NGOs. The average number of MSM covered by one FC is 510. However, the number of FCs and clients per FC will also depend on the results of the tender process on selection of NGOs. The basic package of services include: distribution of BCC educational materials; provision of prevention materials/consumables (condoms, lubricants), counseling/peer counseling). Additional services will include HTC, referral to HTC and other medical services, social support, etc.
F. Coverage from Allocation amount and other resources C+E	6,000 0 %	6,600 0 %	7,200 0 %	Since no population size estimation survey has been conducted in the country, the percentage of coverage is based on the current project implementation results.
G. Targets to be potentially financed by above allocation amount	%	%	%	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	6,000 0 %	6,600 0 %	7,200 0 %	

Module: Prevention programs for other vulnerable populations (please specify)															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								
							Total Targets	Year 1		Year 2		Year 3			
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #		D #		D #			

KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	United Nations Development Programme, Tajikistan					Allocation + Other Sources	5,500.0	55.0	6,700.0	67.0	7,800.0	78.0					
			4,353.0	43.5	2014	Reports (specify)	10,000.0		10,000.0		10,000.0						
			10,000.0														
						Above+Allocation+Other sources											
Comments <sup>1</sup>	(1) The targets are calculated based on the UNAIDS and WHO recommendations of coverage of key population 60%+. (2) In Year 3 it is planned to cover 78% of estimated number of prisoners. (3) Estimated population size equals to 10,000 prisoners according to official letter of Ministry of Justice. (4) The basic package of services includes: distribution of BCC educational materials; provision of Harm reduction consumables (condoms), conducting mini education sessions. Additional services to be provided to prisoners will include HTC, syndromic STI treatment. (5) Source of the data to be reported is PR program reports.																
KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	United Nations Development Programme, Tajikistan					Allocation + Other Sources	4,000.0	40.0	5,000.0	50.0	6,000.0	60.0					
							10,000.0		10,000.0		10,000.0						
						Above+Allocation+Other sources											
Comments <sup>1</sup>	(1) The targets are calculated based on the UNAIDS and WHO recommendations of coverage of key population 60%+. (2) In Year 3 it is planned to cover 60% of estimated number of prisoners. However, the PR will start reporting this indicator only at the end of Year 2 (i.e. reporting period Jul-Dec 2016) because the National program should adjust the reporting mode and system on HTC due to double counting of the persons tested in HTC centers. Currently, the national program counts number of tests conducted, not number of persons tested. (3) Estimated population size equals to 10,000 prisoners according to official letter of Ministry of Justice. (4) The basic package of services includes 4 components: pre-test counseling, testing, provision of results and post-test counseling. (5) Source of the data to be reported is PR program reports.																
Module budget - Prevention programs for other vulnerable populations (please specify)																	
Allocated request for entire module	USD 404,318					Above allocated request for entire module					USD 0						
Intervention					Intervention budget (request to the Global Fund only)												
	Responsible Principal Recipient(s)				Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>				Other funding <sup>4</sup>				
Behavioral change as part of programs for other vulnerable populations		United Nations Development Programme, Tajikistan				Allocation	23,124	59,435	60,070	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities: a) Provision of IEC material on HIV prevention, including STI and harm reduction to prison inmates each year; b) Conduct TOT for 260 peer educators in prison on HIV prevention; c) Conducting mini education sessions among inmates on HIV prevention and STI per year; d) Conduct series of training for 75 prison health personnel on prisoners case management.				Apart from the allocation funding requested, under the USAID React project, AIDS Foundation East-West (AFEW) provides IBCC and prevention services to six colonies of the country with coverage of 4,200 inmates.			
						Above	0	0	0								
Description of Intervention <sup>2</sup>																	
This intervention will be implemented within the allocation amount. The target population is prisoners. The program will be implemented in 13 prison facilities of the country. The implementation approach will embrace providing minimum package of services, which include conducting peer education sessions, distribution of IEC materials and providing prevention materials (condoms, lubricants). Additional activities may include: conducting HTC, STI syndromic treatment, providing ART and OST.																	
Condoms as part of programs for other vulnerable populations		United Nations Development Programme, Tajikistan				Allocation	2,709	13,185	15,354	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) The main activity is provision of condoms to prison inmates each year.				This intervention will be funded within the allocation request.			
						Above	0	0	0								
Description of Intervention <sup>2</sup>																	
This intervention will be implemented within the allocation amount. The target population is prisoners. The program will be implemented in 13 prison facilities of the country. Procurement and distribution of condoms and lubricants will be a part of the activities provided to prisoners.																	
Diagnosis and treatment of STIs (other vulnerable populations)		United Nations Development Programme, Tajikistan				Allocation	3,732	21,500	21,500	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities: a) Provision of STI services (screening, testing and syndromic treatment) for prison inmates; b) Conduct training of prison health personnel on STI case management in prison.				This intervention will be funded within the allocation request.			
						Above	0	0	0								
Description of Intervention <sup>2</sup>																	
This intervention will be implemented within the allocation amount. The target population is prisoners. The program will be implemented in 13 prison facilities of the country. The implementation approach is provision of testing and syndromic testing to prisoners by health personnel of the prisons.																	

HIV testing and counseling as part of programs for other vulnerable populations	United Nations Development Programme, Tajikistan	Allocation	4,437	17,766	20,647	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities: a) Ensure coverage of prisoners with HIV testing and counselling each year through 13 prison health cabinets; b) Train 15 health workers in the prison on client centered HTC with emphasis on communication with key populations.	This intervention will be funded within the allocation request.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population is prisoners. The program will be implemented in 13 prison facilities of the country. The implementation approach of HTC includes pre-test counseling, testing, provision of results and post-test counseling. HTC will be conducted through health cabinets of 13 prison facilities.							
Other interventions for other vulnerable population (A. Needle and syringe exchange programs; B. OST and other drug dependence treatment)	United Nations Development Programme, Tajikistan	Allocation	4,401	56,273	80,185	A. 1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities: a) Provide clean injecting equipment to prisoners, who inject drugs in prisons through 2 existing trust points and 2 newly established sites; b) Training on awareness of NSP benefits for staff in penitentiary institutions and for prisoners. B. 1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities: a) External technical assistance to conduct harm reduction needs assessment in prison and develop OST pilot project; b) Train prison health workers on OST management; c) Provide equipment and improve infrastructure for 2 OST sites; d) Provide methadone maintenance therapy to 50 PWID in prison; e) Procurement of diagnostic kits for regular examination of patients on OST; f) Provide psycho-social support to OST clients.	This intervention will be funded within the allocation request.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
A. For Needle and Exchange intervention: This intervention will be implemented within the allocation amount. The target population is prisoners, injecting drugs. Implementation approach will include distribution of injecting materials (syringes, needles, water for injection, etc.) in the Trust points of 2 existing and 2 new prison colonies. B. For OST intervention: This intervention will be implemented within the allocation amount. The target population is prisoners, injecting drugs. The program will be implemented in 2 pilot prison facilities of the country. The approach of work will include starting from engaging prisoners, who inject drugs to the OST program, provision of methadone and activities focused on retention of prisoners in the program.							

Module: Treatment, care and support															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								
							Total Targets	Year 1		Year 2		Year 3			
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #	%	D #	%	D #	%		



TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	United Nations Development Programme, Tajikistan					Allocation + Other Sources	3,465.0	35.3	4,200.0	40.8	4,838.0	44.8			
			1,735.0	18.6	2014	Reports (specify)	9,803.0		10,287.0		10,800.0				
			9,315.0				Above+Allocation+Other sources								
Comments <sup>1</sup>	(1) Calculating targets based on the WHO recommendations to achieve 60% of the estimated number of PLHIV. Considering many country specifics on increasing the number of people on ART, 60% of estimated number of PLHIV cannot be reached (justification provided in the CN). Thus, a gradual increase towards the WHO target is planned. Out of planned targets the segregation for adults and children is: Year 1: 2716 adults and 749 children; Year 2: 3404 adults and 796 children; Year 3: 3994 adults and 844 children. Enrollment of children into ART is planned on 100% level. (2) Anticipated rate of scale up is approximately 35-40-44.8%. Low achievement of the indicator might be the case due to infrastructure and other challenges that the country persistently faces. (3) Estimated size of the population is taken from SPECTRUM for each year. (4) Basic package of services include: providing ARV treatment, conducting CD4 count tests and VL testing. Additional support will include psychological and social support; referral to ARV clinical settings; opportunistic infection treatment, providing food for hospitalized patients. (5) Source of data is SPECTRUM.														
TCS-3: Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	United Nations Development Programme, Tajikistan					Allocation + Other Sources		77.0		80.0		80.0			
			481.0	74.0	2013	Reports (specify)									
			650.0				Above+Allocation+Other sources								
Comments <sup>1</sup>	(1) Targets are set up as percentages, as it will depend on the denominator (Number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period with a viral load count at 12 month visit). Currently, the country has only 1 PCR machine in the RAC and not all ART patients go through VL testing according to National protocol. (2) Anticipated rate for scale up is to gradually increase the outcome of ART treatment. However, the PR will start reporting this indicator only after installing one more PCR machine at least in one of the remote regions of the country and training the relevant AIDS center staff. (4) The basic package will include provision of Viral load testing according to National protocol. (5) Data source is records of RAC.														
Module budget - Treatment, care and support															
Allocated request for entire module	USD 4,977,735					Above allocated request for entire module					USD 0				
Intervention			Intervention budget (request to the Global Fund only)												
	Responsible Principal Recipient(s)		Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>					Other funding <sup>4</sup>			
Antiretroviral Therapy (ART)		United Nations Development Programme, Tajikistan			Allocation	236,414	1,182,556	1,370,625	(1) Cost assumptions are made based on the current TFM expenditures; (2) Key activities include: a) increase coverage by ART by reaching 4838 PLHIV with ART by 2017; (b) integrate ARV services to TB and reproductive health centers; (c) train pulmonologists and infections disease specialists, and nurses on ART patient management; (d) provide psychological support to PLHIV (counseling); (d) provide social protection to PLHIV and their families (The Government will support this activity and provide 50USD per month for families with HIV positive children).				All activities will be implemented within the GF allocation amount.		
					Above	0	0	0							
Description of Intervention <sup>2</sup>															
Target population is all PLHIV, who are eligible to ART according to National ART protocol. The intervention will be implemented countrywide through all 38 AIDS centers (dispensary departments) and 5 ARV clinics. The implementation approach will include provision of antiretroviral therapy according to National protocols and if applicable, provision of pre- and post exposure prophylaxis.															
Counseling and psycho-social support		United Nations Development Programme, Tajikistan			Allocation	39,641	174,988	165,166	(1) Cost assumptions are made based on the current TFM expenditures; (2) Key activities include: a) support CSOs to provide counseling services on social issues to the Key populations and PLHIV; (b) develop user service guide, which includes information about patients' rights relating to access to medical and social protection service and contact information of existing services; (c) develop checklist/job-aid for service providers to assess the specific needs of the client; (d) train social workers on client management and social accompanying.				All activities will be implemented within the GF allocation amount.		
					Above	0	0	0							
Description of Intervention <sup>2</sup>															



Target population is all PLHIV, who are eligible to ART according to National ART protocol. The intervention will be implemented countrywide through all 38 AIDS centers (dispensary departments), NGOs and 5 ARV clinics.							
In-patient care	United Nations Development Programme, Tajikistan	Allocation	12,763	47,698	46,650	(1) Cost assumptions are made based on the current TFM expenditures; (2) Key activities include: a) train health workers and social workers on palliative care of chronically-ill patients; b) support in-patient care of PLHIV and provide treatment to manage pain; c) support in-patient care of PLHIV and provide food support; d) provide counseling to PLHIV including those who live with disability; e) support patient health education and self-care skills for managing symptoms and medicine side effects in the home and recognition of danger signs.	All activities will be implemented within the GF allocation amount.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
Target population is all PLHIV, who are eligible to ART according to National ART protocol. The intervention will be implemented countrywide through all 38 AIDS centers (dispensary departments) and 5 ARV clinics.							
Out-patient care	United Nations Development Programme, Tajikistan	Allocation	9,473	42,986	37,544	(1) Cost assumptions are made based on the current TFM expenditures; (2) Key activities include: a) train health workers working in the 5 centers of excellence on integrated health service; b) recruit external technical assistance to develop clinical protocol and checklist of the integrated service; c) provide consumables and hygiene kits to the 5 centers of excellence; d) establish appointment system for ART patients. The patient support group budgeted under CSO grant will be trained and supported with referral formats for follow up; e) support CSOs to support adherence and tracing lost follow up; f) train CSOs on treatment adherence support of the PLHIV; g) strengthen patient reporting system of the referral system of the PLHIV pre-ART and those receiving ART and other services, OST, TB, and OIs treatment at AIDS centers; h) 5.6.8. Strengthening continuation of HIV treatment and care started in ANC/ID hospitals/TB hospitals/ prison health, etc. in particular for key populations (incl. social accompanying for key populations by peers/ social workers; operational follow up by AIDS center, actively using community-based organizations to facilitate the linkage).	All activities will be implemented within the GF allocation amount.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
Target population is all PLHIV, who are eligible to ART according to National ART protocol. The intervention will be implemented countrywide through all 38 AIDS centers (dispensary departments).							
Prevention, diagnosis and treatment of opportunistic infections	United Nations Development Programme, Tajikistan	Allocation	26,429	60,235	59,375	(1) Cost assumptions are made based on the current TFM expenditures; (2) Key activities include: a) train health workers on OIs management; (b) procure essential medicine of OIs management; (c) develop monitoring tools for OIs management.	All activities will be implemented within the GF allocation amount.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
Target population is all PLHIV, who are eligible to ART according to National ART protocol. The intervention will be implemented countrywide through all 38 AIDS centers (dispensary departments) and 5 ARV clinics.							

Treatment adherence	United Nations Development Programme, Tajikistan	Allocation	38,350	24,798	25,012	(1) Cost assumptions are made based on the current TFM expenditures; (2) Key activities include: a) conduct weekly clinic based ART adherence sessions for PLHIV on ART from key populations; (b) establish and support self-help groups at each ART health facilities (monthly sessions at CSO/ health facility); (c) develop tools for adherence monitoring; (d) provide adherence support equipment (pill boxes, timers, reminders etc.); (e) print ART education materials for PLHIV; (f) print medical recording and reporting journals.	All activities will be implemented within the GF allocation amount.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
Target population is all PLHIV, who are eligible to ART according to National ART protocol. The intervention will be implemented countrywide through all 38 AIDS centers (dispensary departments), NGOs and 5 ARV clinics.							
Treatment monitoring	United Nations Development Programme, Tajikistan	Allocation	306,708	520,369	549,955	(1) Cost assumptions are made based on the current TFM expenditures; (2) Key activities include: a) ensure coverage with required testing in pre-ART (CD4 twice per year) and during ART (VL and CD4 testing twice per year per ARV patient); (b) procure one PCR machine for VL testing for Sugd and Khatlon oblasts; (c) support HIV laboratory quality assurance.	All activities will be implemented within the GF allocation amount.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
Target population is all PLHIV, who are eligible to ART according to National ART protocol. The intervention will be implemented countrywide through all 38 AIDS centers (dispensary departments) and 5 ARV clinics. The implementation approach will include monitoring of laboratory test results and monitoring of clinical results.							

Programmatic Gap
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Coverage Indicator : TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV

Current National Coverage 1735		Year	Source	Latest Results	
		2014	Reports (specify) 2014, Jan-Jun Program Update	1735.0	
		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	CCM Comments
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)	9,803	10,287	10,800	The estimated population size is taken from SPECTRUM, which forecasts number of HIV positive people eligible for ART. SPECTRUM calculates the # of eligible people based on the CD4<350 criterion.	
B. Country targets (from National Strategic Plan)	3,465 35.35 %	4,200 40.83 %	4,838 44.80 %	Treatment is provided Countrywide. Treatment and care is provided in 43 ART sites (38 AIDS centers and 5 ART clinics) in all regions of the country. Concentration of PLHIV receiving ARV treatment is higher in urban places, such as Dushanbe, Khujand and Kulyab. Increase of targets is based on the requirements of WHO and UNAIDS to increase the ART coverage. Even though due to late detection and other reasons 60% of eligible people cannot be covered in the proposed time period, the project shows a huge jump in ART coverage compared to previous years. The trend of such noticeable increase is described in the Concept Note. Eligibility of patients considered based on National guidelines on ART treatment.	
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %		
Programmatic Gap					
D. Expected annual gap in meeting the need <span style="color: red;">A-C</span>	9,803 100.00 %	10,287 100.00 %	10,800 100.00 %		
Country need planned to be covered by domestic & other sources					
E. Targets to be financed by allocation amount	3,465 35.35 %	4,200 40.83 %	4,838 44.80 %	Annual data segregated by ages will be reported	
F. Coverage from Allocation amount and other resources <span style="color: red;">C+E</span>	3,465 35.35 %	4,200 40.83 %	4,838 44.80 %		
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	The targets are aligned with the NSP targets.	
H. Total coverage (allocation amount, above allocation amount and other resources) <span style="color: red;">F+G</span>	3,465 35.35 %	4,200 40.83 %	4,838 44.80 %		

Module: PMTCT															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								
							Total Targets	Year 1		Year 2		Year 3			
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #		D #		D #			

PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	United Nations Development Programme, Tajikistan						Allocation + Other Sources	135.0	40.7	172.0	49.6	206.0	56.7			
			119.0	38.9	2013	Reports (specify)		332.0		347.0		363.0				
			306.0				Above+Allocation+Other sources									
Comments <sup>1</sup>	The population size is estimated by SPECTRUM (denominator in targets). Source of the data is RAC reports and SPECTRUM.															
PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	United Nations Development Programme, Tajikistan						Allocation + Other Sources	249.0	75.0	306.0	88.2	348.0	95.9			
			27.0	30.7	2013	Reports (specify)		332.0		347.0		363.0				
			88.0				Above+Allocation+Other sources									
Comments <sup>1</sup>	Recently the country has accepted and signed introduction of early testing of infants born to HIV+ mothers with dry blood sampling collection. The introduction is also supported with the MoH decree, # 14, from 14.01.2014. With the support of Russian grant and UNICEF, it is planned to train the staff on doing testing with dry blood sampling. Once ther appropriate staff is trained, all new born infants in the country will be tested within the 48 hours and 4-6 weeks after the birth. That is why, the targets for 2015, 2016, 2017 are much higher in comparison to the baseline data. The population size is estimated by SPECTRUM (denominator in targets). Source of the data is RAC reports and SPECTRUM.															
Module budget - PMTCT																
Allocated request for entire module	USD 439,841					Above allocated request for entire module					USD 0					
Intervention			Intervention budget (request to the Global Fund only)													
	Responsible Principal Recipient(s)		Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>				Other funding <sup>4</sup>					
Prong 4: Treatment, care & support to HIV+ mothers, their children & families		United Nations Development Programme, Tajikistan				Allocation	45,113	194,765	199,963	(1) Sources of cost assumptions are based on the current TFM implementation expenditures. (2) The interventions will include: a) Provide ARV treatment to eligible children by the end of this project; b) Support scaling up of pediatric ART by training pediatricians on pediatric ARV management; c) Procure early infant diagnostic kits; d) Provision of ART for pregnant women during the life time of the project.				This intervention does not have other funding apart from the GF.		
						Above	0	0	0							
Description of Intervention <sup>2</sup>																
(1) Target population are mothers living with HIV and their children. The intervention will be implemented countrywide. (2) Implementation approach will include provision of consultations to mothers with HIV and their children, providing ART treatment; if they are hospitalized, provision of food parcels; providing legal and social support if required, such as consultations to receive financial support to children with HIV from the social support services, etc. (3) Support will be provided based on the 38 AIDS centers located in various country regions and districts, as well as 5 ARV clinics.																

Module: TB/HIV																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets									
							Total Targets	Year 1		Year 2		Year 3				
			N #	%	Year	Source		N #	%	N #	%	N #	%	N #	%	
			D #					D #		D #		D #		D #		

TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	United Nations Development Programme, Tajikistan						Allocation + Other Sources		95.0		98.0		100.0		
			5,943.0	92.0	2013	Reports (specify)									
			6,463.0				Above+Allocation+Other sources								
Comments <sup>1</sup>	1) The targets are calculated based on the National protocol and guideline of WHO. During 2013, out of 6463 TB patients 5943 were tested for HIV, which makes 92% (TB project, PUDR for Jul-Dec. 2013). Thus, the target increase to 100% is anticipated in Year 3. (2) Anticipated rate of scale up will reach 100% in Year 3, which will be calculated based on the denominator, which will be determined in each reporting period (Denominator: Total Number of TB patients registered during the same period). (3) According to the NTP, estimated population size for all three years is estimated as 7530, which is estimated number of registered TB patients. (4) This indicator measures the HIV status of TB patients. The basic package of services includes provision of HIV testing; pre and post test counseling; increase knowledge of TB patients to access HIV prevention, treatment, care and support services.(5) Source of the data to be reported is TB project reports.														
TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	United Nations Development Programme, Tajikistan						Allocation + Other Sources		96.0		97.0		98.0		
			162.0	94.7	2013	Reports (specify)									
			171.0				Above+Allocation+Other sources								
Comments <sup>1</sup>	1) The targets are calculated based on the National protocol and guideline of WHO. As of December 2013 (WHO Global TB report, 2014 (draft)), out of 171 TB patients with HIV positive status, 162 were receiving ART. (2) Anticipated rate of scale up is 98% by Year 3. (3) Since the size of the population for this indicator, i.e. number of TB patients with detected HIV status will be identified each year, the indicator is set based on percentages and not numbers (not based on numerator and denominator). (4) This indicator measures the degree to which ART has become a component of the package of care offered to HIV-positive TB patients and provides a measure of the accessibility of ART to HIV-positive TB patients. (5) Source of the data to be reported is TB and HIV projects reports.														
TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	United Nations Development Programme, Tajikistan						Allocation + Other Sources	3,950.0	85.0	5,065.0	90.0	6,391.0	95.0		
			1,944.0	71.5	2013	Reports (specify)		4,647.0				5,628.0			
			2,717.0				Above+Allocation+Other sources								
Comments <sup>1</sup>	(1) According to National protocol, all HIV positive people should be screened for TB. (2) Anticipated rate of scale up is 95% in Year 3. (3) The denominator is set up as # of people on care. The calculation of denominator is done as follows: # of people on care as of Dec 2014 plus newly enrolled people in HIV care each year. 50, 55 and 60% of the incidence rate is taken for newly enrolled people (SPECTRUM data for incidence rate are: 2015-1727; 2016-1785; 2017- 1831). (4) This indicator is for an activity intended to reduce the impact of TB among people living with HIV. It reveals the extent of implementation of the recommendation that people living with HIV have to be screened for TB at diagnosis and at follow-up visits.(5) Source of the data to be reported is PR program reports.														
TB/HIV-4: Percentage of new HIV-positive patients starting IPT during the reporting period	United Nations Development Programme, Tajikistan						Allocation + Other Sources	750.0	86.8	900.0	91.6	1,000.0	91.0		
			329.0	44.3	2013	Reports (specify)		864.0				982.0			
			743.0				Above+Allocation+Other sources								
Comments <sup>1</sup>	(1) According to National protocol, all HIV positive people should receive IPT regardless of TB status. According to the new Guideline of UNAIDS/UNICEF/WHO "GLOBAL AIDS RESPONSE PROGRESS REPORTING 2014" the denominator of this indicator is "Number of adults and children newly enrolled (i.e. started) in HIV care during the reporting period.", i.e. not all PLHIV enrolled in HIV care but only newly enorolled. It was also discussed during Nov-Dec 2014 mission of the GF experts and agreed. This definition of the denominator is used and will be further used for the reporting purposes. (2) Even though the numbers on numerator and denominator are predicted, since the denominator cannot be accurately predicted, i.e. how many new HIV positive cases will be found, the targets will be reported based on set up percentages of this indicator. (3) The size of the population, i.e. people enrolled in ART and pre-ART care will be accurately estimated during the project implementation. (4) This indicator measures the burden of known TB co-morbidity among people in HIV care. It may be used in drug supply planning for ART drug substitution in people treated for TB.(5) Source of the data to be reported is PR program reports.														
Module budget - TB/HIV															
Allocated request for entire module		USD 62,083				Above allocated request for entire module					USD 0				
Intervention			Intervention budget (request to the Global Fund only)												
	Responsible Principal Recipient(s)		Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>					Other funding <sup>4</sup>			

TB/HIV collaborative interventions	United Nations Development Programme, Tajikistan	Allocation	7,049	36,566	18,468	(1) Sources of cost assumptions are based on the current TFM implementation expenditures. (2) The intervention will be based on the HIV/TB strategy deveoloped and endorsed in the country in 2013. Basic package will include: a) Support TB/HIV coordination's at all level: national, regional and district levels; b) Procure HIV test for 7000 TB patients per year; c) Train health workers on HTC and TB/HIV co-infection management; d) Train CSOs on HTC and TB/HIV co-infection adherence support; e) Support to sample transportation for TB testing (to be supported through TB CN); f) Integrate TB diagnosis and treatment at selected AIDS centers. TB specialists to work in AIDS center will be supported through TB Concept Note.	The intervention will be financed by GF funding.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
(1) Target population is all HIV and TB patients. The intervention will be implemented countrywide, in 38 AIDS centers. (2) Implementation approach will be enhancing the collaboration between HIV and TB National programs on all functional levels. The intervention will be based on the HIV/TB strategy deveoloped and endorsed in the country in 2013. Basic package will include: a) strengthening the collaborative body (which is based in NTP) of HIV/TB interventions on all functional levels; b) joint programs planning through conducting regular quarterly meetings of HIV and TB programs on all functional levels; c) HIV testing of TB patients and early initiation of ART and CPT for co-infected patients; d) screening of PLHIV on TB; e) a unified jointly developed reporting tools (checklists) to be operationalized and used; f) AIDS centers will have part time TB doctors working in AIDS centers.							



Programmatic Gap				
Coverage Indicator : TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings				
Current National Coverage 71.6%	Year	Source	Latest Results	
	2013	Reports (specify) 2013 PR report (PUDR)	1944.0	
	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	14,972	15,581	16,208	Total estimated population in need is a prognosis of number of PLHIV who should be in HIV care or treatment settings each year, i.e. estimated number of HIV positive people as per SPECTRUM data.
B. Country targets (from National Strategic Plan)	4,647 31.04 %	5,628 36.12 %	6,727 41.50 %	This is assumption of the number of PLHIV, who will enter to pre-ART care - to be screened to TB. Calculation of country targets is done as follows: # of people on care as of Dec 2014 plus, newly enrolled people in HIV care each year. 50, 55 and 60% of the incidence rate is taken for newly enrolled people (SPECTRUM data for incidence rate are: 2015- 1727; 2016-1785; 2017- 1831).
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need <b>A-C</b>	14,972 100.00 %	15,581 100.00 %	16,208 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	3,950 26.38 %	5,065 32.51 %	6,391 39.43 %	The indicator for 2015 covers only 3 months (last quarter), but will be reported Cumulative annually, which will include coverage from Jan-Dec 2015 data.
F. Coverage from Allocation amount and other resources <b>C+E</b>	3,950 26.38 %	5,065 32.51 %	6,391 39.43 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) <b>F+G</b>	3,950 26.38 %	5,065 32.51 %	6,391 39.43 %	

Module: Community systems strengthening							
Module budget - Community systems strengthening							
Allocated request for entire module	USD 221,041			Above allocated request for entire module			USD 0
Intervention	Intervention budget (request to the Global Fund only)						
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>

Institutional capacity building, planning and leadership development	United Nations Development Programme, Tajikistan	Allocation	29,751	8,954	0	(1) Sources of cost assumptions are based on the average costs of the current TFM grant implementation expenditures; (2) Key activities will include: a) Support capacity development of CSOs on program management, PSM, finance and monitoring and evaluation, including provision of training; b) Develop electronic software on financial management system for 15 CSOs.	The intervention will be financed by GF funding.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
(1) Target population are all stakeholders and beneficiaries of the HIV program; the intervention supposed to have impact on all geographical areas of the country; (2) Implementation approach is to enhance the capacity of Community based organizations, i.e. Civil society organizations to conduct Country level activities, strategies and grant implementation.							
Social mobilization, building community linkages, collaboration and coordination	United Nations Development Programme, Tajikistan	Allocation	13,148	84,594	84,594	(1) Sources of cost assumptions are based on the average costs of the current TFM grant implementation expenditures; (2) Key activities will include: a) Support to CSOs advocacy and policy engagement to strengthen enabling environment for HIV response through provision of small grants to CSOs; b) Support CSOs to advocate for increased domestic funding for HIV/AIDS response through provision of small grants to CSOs; c) Support quarterly review meeting and planning for CSOs and Government at service delivery points; d) Support CSOs participation in national and international dialogue and conferences; e) Creation of web portal to enhance coordination and mobilization activities.	The intervention will be financed by GF funding.
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
(1) Target population are all stakeholders and beneficiaries of the HIV program; the intervention supposed to have impact on all geographical areas of the country; (2) Implementation approach is to enhance the capacity of Community based organizations, i.e. Civil society organizations to conduct Country level activities, strategies and grant implementation.							

Module: Removing legal barriers to access							
Module budget - Removing legal barriers to access							
Allocated request for entire module	USD 88,787		Above allocated request for entire module			USD 0	
Intervention	Intervention budget (request to the Global Fund only)						
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>

Legal aid services and legal literacy	United Nations Development Programme, Tajikistan	Allocation	0	0	0	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) The activity will focus on supporting quality free legal aid services for key populations (PWID, SWs, MSM).	N/A
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are representatives of law enforcement agencies, judges, national and subnational Ombudsman offices and branches. The program will be implemented countrywide. Implementation approach will entail developing human rights guidelines, and other tools and follow up on actions by conducting round tables.							
Legal and policy environment assessment and law reform	United Nations Development Programme, Tajikistan	Allocation	0	7,946	0	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities include: a) Conduct legal environment assessment (LEA) in HIV prevention, care and treatment among key populations; b) Conduct national round table dialogue for LEA; c) Develop human rights guidelines on HIV for judges and law enforcement institutions; d) Develop monitoring tools and reporting forms for HIV related human rights violation.	N/A
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are representatives of law enforcement agencies, judges, national and subnational Ombudsman offices and branches. The program will be implemented countrywide. Implementation approach will entail developing human rights guidelines, and other tools and follow up on actions by conducting round tables.							
Training on rights for officials, health workers and police	United Nations Development Programme, Tajikistan	Allocation	13,668	37,636	29,537	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities include: a) Develop guidelines, job aid and checklist for law enforcement (LE) staff; b) Organize quarterly round table dialogues with representatives of LE agencies; c) Conduct training on HIV, prevention of violence against women and key population for LE officials; d) Train staff of the crisis centers on the issues related to HIV prevention, care and treatment to provide referral to HIV services; e) Conduct a series of training for medical personnel, staff of friendly clinics and CSOs on case management of the victims of violence; f) Develop and disseminate information about the existing services ; g) Conduct training for judges on human rights and HIV; h) Organize workshop for national and subnational Ombudsman offices.	N/A
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
This intervention will be implemented within the allocation amount. The target population are representatives of law enforcement agencies, medical personnel, staff of friendly clinics and CSOs and other service providers, national and subnational Ombudsman offices and branches. The program will be implemented countrywide. Implementation approach will entail providing training sessions to targeted population, dessimination of materials, and follow up on actions by conducting round tables and workshops.							

Module: Program management							
Module budget - Program management							
Allocated request for entire module	USD 2,789,684		Above allocated request for entire module			USD 0	
Intervention	Intervention budget (request to the Global Fund only)						
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>

Grant management	United Nations Development Programme, Tajikistan	Allocation	304,349	1,197,294	1,252,374	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities include: a) Support of Admin and HR costs of RAC; d) Support of Admin and HR costs of PR.	Only allocation amount is requested for this intervention
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
The target population are office of RAC and the PR. Implementation approach will entail a) capacity assessment and capacity building of RAC; b) support of Admin and HR costs of RAC; c) support of Admin and HR costs of PR; d) GMS costs.							
Other (Capacity Development)	United Nations Development Programme, Tajikistan	Allocation	0	22,917	0	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities include: a) Implement the National capacity development and transition plan (CDTP) for RAC, CSOs and local NGOs. The activities include capacity assessment to evaluate the impact; b) Conduct series of training for the RAC and CSOs on the developed procedures and SOPs during phase I; c) Continue resource mobilization to finalize the implementation of CDTP which includes adopting SOPs for CSO on HR management, monitoring and evaluation and financial management.	Only allocation amount is requested for this intervention
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
The target population are office of RAC (its staff working on PSM) and MoHSP. Implementation approach will entail a) capacity building of RAC staff on PSM and integration of RAC PSM system with the MoHSP PSM system.							
Supporting procurement and supply management	United Nations Development Programme, Tajikistan	Allocation	0	12,750	0	1) Sources of assumptions are based on the current (TFM) grant expenditures; 2) Activities include: Integrate supply chain management system with existing MoHSP supply management system.	Only allocation amount is requested for this intervention
		Above	0	0	0		
Description of Intervention <sup>2</sup>							
The target population are office of RAC (its staff working on PSM) and MoHSP. Implementation approach will entail a) capacity building of RAC staff on PSM and integration of RAC PSM system with the MoHSP PSM system.							

## E. Financial Gap Analysis and Counterpart Financing

Country: Tajikistan	Currency: USD
Component: HIV/AIDS	Cycle: January - December
Year of CN Submission: 2014	

	Current and previous				Estimated				
Part One: National Strategic Plan Funding Needs and Resources									
Total Funding Needs									Data Sources/Comments
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019
Total Funding needs for the National Strategic Plan (provide annual amounts)					16,607,721	16,704,209	15,268,133		
LINE A: Total Funding needs for the National Strategic Plan	0				48,580,063				
2012 - 2014 data are taken from the National HIV program for 2011-2015; 2015-2017 data are taken from the NSP for 2015-2017. The offline form of Financial gap analysis requests information starting from 2014. Therefore, the platform contained the same information beginning from 2014; 2015-2017 data are taken from the National Strategic Plan.									

Domestic Resources									Data Sources/Comments	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	
Total Resources										
Domestic source B1: Loans										
Domestic source B2: Debt relief										
Domestic source B3: Government revenues		3,363,877	3,928,906		3,929,213	4,691,480	5,381,128			Source: 2013 NASA report 2014, 2015, 2016, 2017 - MOH confirmation letter. USD-TJS exchange rate OANDA midpoint for 2014 (1 USD = 4.9294 TJS). For 2015, 2016 and 2017 - OANDA midpoint as of Feb 13, 2015 (1 USD = 5.4022 TJS). 2014 Inflation rate - 7,7% (NBT report) 2015 projected inflation rate - 7,3% (NBT and IMF reports) 2014 TJS-USD depreciation - 9.6%
Domestic source B4: Social health insurance										
Domestic source B5: Private sector contributions national	342,288	349,699	356,693		363,827	371,103	378,525			Source: 2013 NASA report For 2014-2015-2016-2017 a 2% increase has been applied, which is an increase from 2012 to 2013
LINE B: Domestic Resources	342,288	3,713,576	4,285,599		4,293,040	5,062,583	5,759,653	0	0	



External Resources									Data Sources/Comments	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	
World Health Organization (WHO)		75,413	96,000		86,000	86,000	86,000			Source: Confirmation from WHO
International Organization for Migration (IOM)		30,000								Source: Confirmation from IOM
The United Nations Children's Fund (UNICEF)		173,857	368,707		270,000					Source: Confirmation from UNICEF
United Nations Population Fund (UNFPA)		394,000	340,000		125,000	100,000	100,000			Source: Confirmation from UNFPA
Netherlands		411,317	444,851		436,500					Source: Confirmation from AFEW for fund received from MFA Netherlands. USAID funds invested through AFEW are reflected under USG
United States Government (USG)		3,442,763	3,442,763		3,442,763	3,442,763				Source: Confirmation from USG
Joint United Nations Programme on HIV/AIDS (UNAIDS)		72,000	656,000		490,000					Source: Confirmation from UNAIDS
LINE C: External Resources	0	4,599,350	5,348,321		4,850,263	3,628,763	186,000	0	0	

Global Fund Resources									Data Sources/Comments	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	
TAJ-607-G05-H	0	0	0		0	0	0			
TAJ-809-G07-H		7,551,863	9,521,717		2,519,382	0	0			Source: 2013 - DER report for Oct-Dec 2013. Sheet Phase 2 excel cell BN 364. 2014 - Actuals not yet available as of Feb 13, 2015. The budgeted amount includes: Variance as of Dec 31, 2013 (DER Report for Oct - Dec 2013, sheet "Cumulative R8 and TFM" excel cell AK 862, and 2014 Summary Budget amount. 2015 - Summary budget amount
LINE D: Global Fund Resources	0	7,551,863	9,521,717		2,519,382	0	0	0	0	
Total Request										
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	
Total anticipated resources (annual amounts)	342,288	15,864,789	19,155,637		11,662,685	8,691,346	5,945,653	0	0	
LINE E : Total anticipated resources (Line B+C+D)	35,362,714				26,299,684					
Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)	0	0	-19,155,637		4,945,036	8,012,863	9,322,480	0	0	
LINE F: Total anticipated funding gap (Line A - E)	-35,362,714				22,280,379					
LINE G: Total Funding Request to the Global Fund			0		2,116,876	7,126,045	7,794,014			
LINE H: Funding request within the Allocated Amount			0		1,970,565	7,165,180	7,901,225			
LINE I: Funding request above the Allocated Amount			0		0	0	0			

Part Two: Overall Health Sector - Government Health Spending									
Government Health Spending									Data Sources/Comments
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019
Domestic source J1: Loans									
Domestic source J2: Debt Relief									
Domestic source J3: Government funding resources		183,526,103	219,458,758		222,964,718	266,224,871	305,449,632		
Total government health	0	183,526,103	219,458,758		222,964,718	266,224,871	305,449,632	0	0

The source: For 2013, 2014, 2015 - State laws on state budgets and actual absorbtion of the budget for 2013, 2014, 2015 (MOH confirmation letter dated 11.02.2015). MOH projections for 2016 and 2017. USD-TJS exchange rate OANDA midpoint for 2013 (1 USD = 4.7639); 2014 (1 USD = 4.9294 TJS). For 2015, 2016 and 2017 - OANDA midpoint as of Feb 13, 2015 (1 USD = 5.4022 TJS). 2014 Inflation rate - 7,7% (NBT report) 2015 projected inflation rate - 7,3% (NBT and IMF reports) 2014 TJS-USD depreciation - 9.6%

Part Three: Counterpart Financing									
Low income = 5% low income, lower lower-middle income = 20%, upper lower-middle income (high level) = 40%, upper-middle income = 60%									
Counterpart Financing									
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019
Total government resources	0	3,363,877	3,928,906						
Average of government resources	2,430,928								
Average of request within allocated					4,259,243				
Counterpart financing based on existing commitments								36.34%	
Average of total request					4,259,234				
Counterpart financing based on total funding request								36.34%	

## Footnotes

### 1 - Target Assumptions :

Please describe:

- 1) overall assumptions used in calculating targets,
- 2) anticipated rate of scale-up,
- 3) population size estimates,
- 4) description of indicator/package of services,
- 5) data source,
- 6) other relevant information

### 2 - Description of Intervention :

Please describe:

- 1) rationale for Global Fund support,
- 2) linkages to national strategic plan,
- 3) target population and geographic scope,
- 4) implementation approach, and
- 5) other relevant information.

Please differentiate between scope of allocated and above allocated request

### 3 - Cost Assumptions for the request of the Global Fund

Please describe:

- 1) cost assumptions and data sources,
- 2) key activities,
- 3) other relevant information.

Please differentiate between allocated and above allocated

### 4 - Other funding received for this intervention (including scope of activities funded)