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ANNUAL PROJECT REPORT 2017

United Nations Development Programme
Tajikistan

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

01 January – 31 December 2017

Project ID: 00092968 (NFM)
Duration: 01 October 2015 – 31 December 2017 (NFM)

Total Budget 2017: $ 8,576,957
Total Expense 2017: $8,252,074

Acronym

AIDS	Acquired Immune Deficiency Syndrome
ART	antiretroviral therapy
ARV	antiretroviral
CBO	community-based organization
CD&TP	Capacity Development and Transition Plan
CDC	Centre of Disease Control and Prevention
CPAP	Country Programme Action Plan
EQAS	EXTERNAL QUALITY CONTROL SYSTEM
GF	the Global Fund
HIV	human immunodeficiency virus
HTC	HIV testing and counseling
IBBS	integrated bio-behavioral surveillance
IEC	information, education, communication
IOM	International Organization for Migration
IT	information technology
KAP	knowledge, aptitude, practice
MHSPP	Ministry of Health and Social Protection of Population
MoJ	Ministry of Justice
MSM	men having sex with men
MTCT	mother to-child transmission
NAC	National AIDS Centre
NCC	National Coordination Committee
NFM	New Funding Mechanism
NGO	non-governmental organization
NRL	national reference laboratory
OSDV	on-site data verification
OST	opioid substitution therapy
PEP	post-exposure prophylaxis
PLWH	people living with HIV
PWID	people who inject drugs
SDP	service providing point
SOP	standard operation procedure
SR	sub-recipient
STI	sexually transmitting infection
SW	sex worker
TB	tuberculosis
TFM	transitional funding mechanism
TP	trust point
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
HTC	voluntary counseling and testing
WHO	World Health Organization

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I. Context

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UNDP started the implementation Global Fund New Funding Mechanism (NFM) grant in October 2015. Under the NFM program UNDP continues providing prevention services to PWID, SWs, MSM, prisoners, and treatment and care support to PLWH. The outcomes and outputs of the NFM Project Document are harmonized with two UN strategic documents (UNDP's CPAP for 2016-2020 and UNDAF for Tajikistan for 2016-2020) as well as with the *National Strategic Plan to fight with HIV/AIDS in the Republic of Tajikistan* for 2015 – 2017. Specifically, the project intended to accomplish the following results by December 2017:

- To ensure high quality and coverage of prevention services for key-affected population groups (PWID, SWs, MSM, prisoners);
- To further expand OST programme from existing seven sites (TFM period) to 12 sites until 2017 (NFM period);
- To prevent mother-to-child transmission of HIV and to improve the quality of life of PLWH by providing high-quality ARV and opportunistic treatment, care and support;
- Enhance PMTCT by assuring access to ART among pregnant women and HIV virological test for infants within 2 months of birth;
- Reinforce TB/HIV co-infection programme in the country within two services countrywide;
- To ensure the treatment and care of TB/HIV co-infection in both HIV and TB services and increase coverage of ART among co-infected patients to more than 90% level;
- To establish and maintain the information system on HCT, ART, TB/HIV;
- Removing legal barriers to access for key population to HIV services.

As of December 2017 Tajikistan, remains in the concentrated stage of HIV epidemic among most at risk and key population groups. The trend of HIV was on the rise, with Tajikistan being one of the few countries in which HIV prevalence increased by more than 25% in the past 10 years. According to the data provided by the Ministry of Health in Tajikistan, effective December 2016, it is estimated that 16,321 people in Tajikistan are living with HIV. However, there are currently a cumulative total of 8,750 people (67% M; 33% F) in Tajikistan who have been diagnosed with HIV. Among this total, 1,968 have died since 1992. Only 41% of estimated people living with HIV (PLWH) are aware of their status and 27.2% of estimated PLWH who should aware of their HIV status are in ART as Tajikistan is currently adjusting the national HIV treatment protocols to align with latest WHO recommendations to "test and treat" people living with HIV, including children, adolescents, adults, pregnant and breastfeeding women, and people with co-infections. Currently, 70% of PLWH who are aware of their status (who has been diagnosed) are in care, and 59% (56% M; 44% F) are in ART.

Among PLWH, 41% (98% male; 2% female) had a history of injecting drugs; 48% (43.5% M; 56.5% F) had a history of unprotected sex; 3.51% were infected by mother to child transmission; 0.1% were infected by blood transfusions; and 7.21% were infected due to unknown reasons (Appendix 1 – Figure 1a, 1b, 2, 3, 4). The HIV epidemic is primarily PWID-driven. The rate of enrolment into ART is high among children living with HIV, but low among adults.

Linkage to care and the continuum of care are one of the primary issues in Tajikistan, however, continuum of care increased from 40% in 2010 to approximately 80% in 2016. In addition to leakage in the care system, late diagnosis and entry into care is also a major issue. Many continued into care but quit during the process due to social, cultural, and familial stigma.

In Tajikistan the highest prevalence of HIV is in Dushanbe, followed by Khatlon Oblast, Sughd Oblast and District of Republican Subordination (DRS), and Gorno-Badakhshan Autonomous Region (GBAO). Quality of care has increased, as about 70% of patients who received ART and had access to viral load from 2014 to the end of 2016 achieved viral load suppression (this is based on cohort of 250 patients who had access to VL). However, only 41% of estimated PLWH are diagnosed, 24.5% are receiving ART, and due to poor access to viral load tests only 8% (1,066) of PLWH in ART have received viral load testing.

PWID – The estimated size of people who inject drug (PWID) as of March 2016 is 23,100 people , and the HIV prevalence among the population is from 1.5% in Istaravshan to 26.5% in Dushanbe in average 13.5%. Among PLWH, 3,585 (53.1%) have a history of injecting drugs, and 1,997 have had sex with PWID. During 2016, PWID have made a total of 14,079 visits to needle and syringe exchange programs, 7,979,694 needles and syringes have been distributed, and 7,284 received HIV testing. The numbers of individuals who have utilized opioid substitution therapy (OST) have increased from 1% to 3.2% of estimated PWID under the current plan. A total of 740 PWID are receiving OST services in 5 narcology centers, and in 3 recently established OST integrated services in primary healthcare polyclinics. As part of the integration process of ART in OST sites, 143 OST clients are enrolled in ART provided at OST sites.

SW – The estimated number of sex workers (SW) as of March 2016 is 14,100 , and the HIV prevalence among the population is from 0.6% in Kurgan-Tube to 11.3% in Vahdat in average 3.5% (Appendix 1 – Table 3a, 3b). Among PLWH, 1952 have had unprotected sex with multiple partners and only 1% reported using condoms. Only 353 PLWH voluntarily identified themselves as sex workers. During 2016, a total 9,107 visits were made to SW-friendly NGOs for prevention services, and a total of 3,772 HIV tests were administered. Stigma and discrimination towards sex workers deters the population from accessing need services. There is also lack of funding to support SW-friendly NGOs. Overall, the total number of SWs who sought HIV test and counselling (HTC) is low, and the trend of HIV among SWs shows a strong fluctuation between 2012 to 2014 in all regions.

MSM – The estimated number of men who have sex with men (MSM) as of March 2016 is 13,400 , and the HIV prevalence among the population is 2.7%. Among PLWH, 22 PLWH voluntarily identified themselves men have had sex with men. A total of 5,747 visits were made to MSM-friendly NGOs for service, and only 521 HIV tests were administered. It is suggested that there is a "hidden epidemic" among MSM. Stigma and discrimination still persist among society, healthcare workers, and law enforcement entities. In 2016, only 14.4% of MSM were reached through services.

Prisoners – There are between 9,000 to 10,000 prisoners in Tajikistan, and the HIV prevalence among the population is 8.4%. Among PLWH, 859 have a history of being in prison in the past. It is estimated that only about 1/3 of prisoners are aware of their HIV status. Between 2012 -2016 only one prison provided syringe exchange program. The numbers of prisoners who utilized HTC is low (Appendix 1 – Figure 8). In 2012, the Ministry of Justice signed a three-year action plan to introduce OST in the penitentiary system and plans for implementation are in progress for one prison, however structural barriers and lack of human resources have caused delay of implementation until 2017.

During the reporting period the project activities are implemented by the following governmental and non-governmental institutions including the Republican Centre on AIDS Prevention and Control of MHSPP, Republican Clinical Centre of Dermatology and Venereal Diseases of MHSPP, Chief Department on Execution of Criminal Penalty of MoJ, Republican Clinical Narcological Centre named after prof. Gulyamov – Local non-governmental organizations as well as international NGOs and United Nations Population Fund (UNFPA).

II. Results summary and implementation review

Major stakeholders in HIV field – NCC, UN agencies, Civil Society Organizations (CSOs), PEPFAR supported organizations and other donor organizations, – jointly continued working to support the Government in controlling HIV epidemic. The National Strategy Plan for 2015-2017 was the main driver of the implemented activities.

The role and position of civil society has been considerably reinforced by introducing umbrella approach for coverage of key populations in 2013. Since then, several coordinating NGOs were formed and strengthened to run HIV prevention projects at regional level. Such kind of approach stimulated closer cooperation with local medical facilities (AIDS center, OST sites, TB center, and HTC site), wider coverage of key populations, and streamlined and accurate database at regional level. In 2017, the PIU initiated the alternative options for working with KP. This approach was mainly justified by the need to rationalize the resources and provide direct support to NGOs in terms of capacity building. Specifically, working with Sub-sub-recipients was replaced by working directly with one NGO with expansion of outreach work to KP, which will allow to reach more member of the KP with limited resources.

In general, the streamlined system of HIV harm reduction and prevention programs for key populations as well as multifaceted partnership, including UN, NGOs, International Organizations as project partners, has yielded significant results in HIV prevention, including OST, ART, HTC.

A. Project Results and Impact Summary

UNDP accomplished the target indicators on average by 95% against intended targets as of December 2017. Various wide-ranging interventions were mainly focused on overall enhancing capacity of medical facilities and service providers involved in HIV prevention program; emphasizing the role of civil society in coverage of key population; technically supporting the laboratory work; enhancing supply chain management; improving the quality of life of PLWH; providing consistent ART and OST medicine to clients; reinforcing M&E system in the health care sector.

According to epidemiological statistics of NAC, cumulatively 9,957 HIV cases were registered as of 31 December 2017; out of them, 1,207 new cases of HIV were revealed in 2017. Unsterile injection and unsafe sexual intercourse are referred to the main driving factors of HIV transmission in the reporting year; HIV transmission route composed as follows: 33.5% unsterile injection, 53.9% unprotected sex, 7.8% MTCT and 24.7% unknown mode. The data shows that the number of infected through unsterile injection went down from 44.2% in 2015 to 33.5% in 2017, but the number of HIV infected people that had unprotected sex have increased from 45.7% in 2015 to 54.0% in 2017.

According to National AIDS Center (NAC) in 2017, 5,018 (2797 male & 2221 female) PLHIV were on treatment, which is 66.4% from the total number of PLHIV on care in country (7552). The retention rate of PLHIV on treatment for the last 12 months improved retaining 90.6% on treatment for the cohort of 2016. In 2017, 169 pregnant women were registered; and out of them 159 were on ARV therapy, which is 94%. There was significant improvement in the number of PLHIV that passed clinical screening for TB. Out of 4623 PLHIV that visited the HIV doctor during the reporting period 4599 passed screening for TB, which makes the indicator achievement equal to 99.5%.

UNDP HIV harm reduction and prevention services were provided to 13,973 PWID, 10,171 SWs, 4,241 prisoners, 6,435 MSM. In total 19,576 key population, have had HIV testing and counseling services, particularly 6,852 PWID, 5,523 SW, 886 MSM, and 6,315 prisoners. Also during the reporting period, the project established two new OST sites in Buston and Istaravshan through the GF project and during that period the sites provided OST services to 946 PWID.

B. Implementation Strategy Review

Considerable work was done towards ensuring sustainability of project and strengthening healthcare system as a whole. The implementation of the National Strategy Plan for 2015 – 2017 was ongoing under the leadership of NCC. In 2016 jointly with country stakeholders a new National program to fight with HIV/AIDS for the period of 2017-2020 was developed, which was further endorsed by the office of President of RT in March 2017.

Participatory approach in developing and agreeing HIV program documentation (annual work plan, budget allocation, cost sharing joint interventions, etc.) was applied by the project to secure the joint efforts of stakeholders in response to HIV epidemic. Cooperation with CDC, PSI and other country stakeholders and donors continued. New cooperation was established with Red Crescent Society of Tajikistan (RCST), which secured funding to implement HIV prevention programme among PWID. It was agreed to coordinate the activities and to avoid duplication starting from October 2017. RCST established a service delivery point for PWID in Khorog city, Shugnan and Rushan Districts as a pilot and if successful and approved by donor the project will expand to other areas. UNDP PIU has continued close coordination with all the stakeholders to avoid duplication and ensure complemented implementation of the National program.

The project continued supporting capacity development initiative to strengthen financial management capacity of key national institutions responsible for controlling HIV/AIDS. Additionally, the project initiated a consultancy based on the endorsed Capacity Building and Transition plan. As part of the 2017 HIV program implementation plan the project supported the Republican AIDS centre to conduct IBBS among MSM. . Additionally, consultancy services were provided by international company, WHO collaborating center CHIP, which assessed and provided a set of recommendations to the ART program of the country.

Umbrella approach to reach key populations by HIV prevention yielded exceptional results and scaled up quality coverage of PWID, SWs and MSM since 2013. As such, the project continued fostering umbrella approach to strengthen the position of civil society at regional / oblast level. Noteworthy, regional NGOs began collaborating and establishing coalition within region/oblast and, accordingly, promoted significance of civil society in working with hard-to-reach groups.
In 2017 the PIU initiated the alternative options for working with KP. This approach was mainly justified by the need to rationalize the resources and provide direct support to NGOs in terms of capacity building. Specifically, working with Sub-sub-recipients was replaced by working directly with one NGO with expansion of outreach work, which will allow to reach more member of the KP with limited resources. In order to enhance the Risk Mitigation strategy PIU has initiated capacity assessment of NGOS (potential SRs) based on which elaboration of the capacity building activity plans for SRs are envisaged. PIU also continued to implement various measures as part of the internal control framework, such as independent review of the SRs reports, provision of a feedback to SRs' performance through quarterly management letters and providing training and on job coaching on financial, programmatic and operational issues.

III. Detailed project activities review

(Approximately 2-3 pages)

Objective 1: To reduce high-risk sexual and injecting behaviors among populations most vulnerable to HIV infection including PWID, SWs, prisoner, and MSM.

Overview of activities: Special attention was paid to supply of uninterrupted health commodities (ART/OST/STI drugs, HIV tests, hygiene kits, condoms and other) and adequate prevention services (HIV testing and counseling, distribution of syringes, condoms, IEC materials, OST, STI syndrome treatment) to key populations via SDPs, which ensured the safe injecting and sexual behavior among PWID, SWs, MSM, prisoners. In 2017, two OST sites were established in Buston and Istaravshan by the GF grant and one site in Rudaki district. Additionally one site

established by the CDC totalling 12 sites operating by the end of 2017. Alongside, NGOs were actively involved to advocate on methadone-based treatment and to escort patients to medical facilities for physical examination; In 2017 Several sensitization sessions were conducted among law enforcement agencies with the involvement of OST site staff about benefits of substitution therapy and procedures of enrollment.

Results Achieved: In 2017, the supported SDPs reached 60.5% PWID, 72% SWs, 48% MSM out of overall target indicators countrywide. Mobile units of AIDS centers also contributed to coverage of the risky groups. Over 1,500 PWID were provided low threshold services (shelter, food, laundry, and shower) in 5 supported drop-in centers as well. Besides, 4,241 prisoners were provided with HIV prevention services including, STI, ART in 13 closed settings. Within a prison NSEP 17 PWID-inmates were covered with harm reduction program and 224 prisoners were under ART. Further, OST sites provided methadone-based therapy and detox to 982 as of the end of December 2017. During January – December 2017, 623 new patients were enrolled in OST program, 459 PWID left the programme, and 197 PWID had detoxification treatment. In 2017, 6,984,151 condoms, 7,861,464 syringes and 313,743 IEC materials were disseminated among targeted key populations in the reporting year.

Impact on Beneficiaries: The comprehensive HIV prevention interventions (outreach among key populations, OST, peer-to-peer education, HIV testing, low threshold services, social escort, and distribution of health commodities) in close collaboration with governmental and non-governmental organizations highly contributed to contain HIV epidemic spread in the country through injecting and sexual modes. In addition, the recent preliminary IBBS (2017) findings among MSM demonstrates increase in improvement of behavior change. Illustrating 79% use of condoms among 25+ MSM the last time they had sex with their male partner. The prevalence rate of HIV among MSM decreased from 2.7% in 2015 to 2.28% in 2017.

Objective 2: To prevent mother-to-child transmission of HIV and to improve the quality of life of PLHIV by providing high-quality ARV and opportunistic treatment, care and support.

Overview of activities: To ensure smooth treatment of PLWH as well as ART drugs were provided all AIDS centers on regular basis to cover the eligible HIV-infected people with ART. Moreover, the dry rations were continued to be provided in-patient PLWH in 2017. The treatment regimen of all PLWH was according WHO treatment protocol; the newly-revealed cases of HIV started to prescribe fixed combination drug.

Results Achieved: Cumulatively, ART was prescribed to 6,519 patients; out of total number of patients, 901 PLWH discontinued therapy. As of the end of December 2017, 5,018 (including 2,221 female) eligible PLWH have been receiving ART countrywide (see *Chart 1. Dynamics of patients under ART in 2010-2017)*. In 2017, 1,324 new PLHIV started ARV therapy the dynamics of new patients enrolled in ART every year is presented in Chart 2. Meticulous work of AIDS centers towards ART adherence among PLWH resulted in restoring 268 HIV-positive people to the therapy. Additionally, 169 pregnant women were found HIV-infected; out of them, ART and ARV prophylaxis were provided to 159 pregnant women to eliminate the risk of HIV transfer via vertical mode. 681 HIV-positive children were taking ART as of the end of 2016.

Impact on Beneficiaries: The country puts significant efforts to reach all eligible PLWH by ART and, thus, contribute to sound and improved livelihood of HIV-positive people. With the improved access to HIV testing among key populations the number of registered HIV cases on yearly basis has increased since 2010 (see *Chart 3. Dynamics of HIV registered cases in 1991-2017).* In 2015, the MHSPP approved the new treatment protocol in accordance with WHO 2014 guidelines and in 2017 the protocol was revised. According to the approved treatment protocol all the identified cases should be on treatment regardless of their CD4 levels. It is anticipated that the protocol will be endorsed and enacted in 2018. Moreover, capacity of lab specialists was continuously strengthened on quality testing. In order to further enhance the lab system across the HIV program sites and specifically, capacitate lab staff on EQAS, the NRL Australia was contracted for the period of 2016-2017.

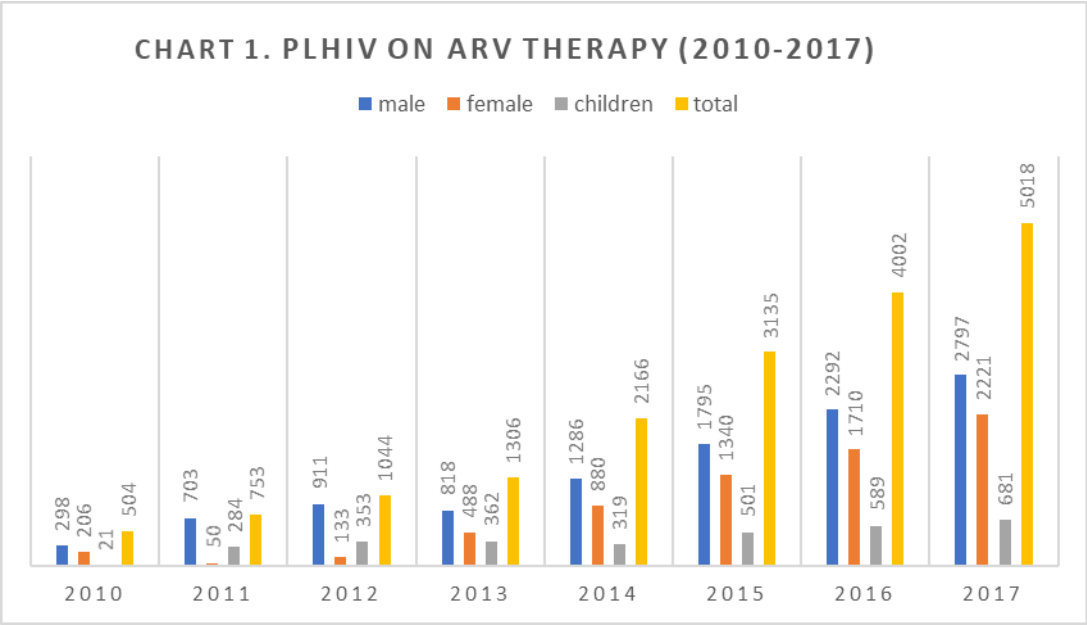


CHART 1. PLHIV ON ARV THERAPY (2010-2017)
male
female
children
total
298
206
21
504
703
50
284
753
911
133
353
1044
818
488
362
1306
1286
880
319
2166
1795
1340
501
3135
2292
1710
589
4002
2797
2221
681
5018
2010
2011
2012
2013
2014
2015
2016
2017

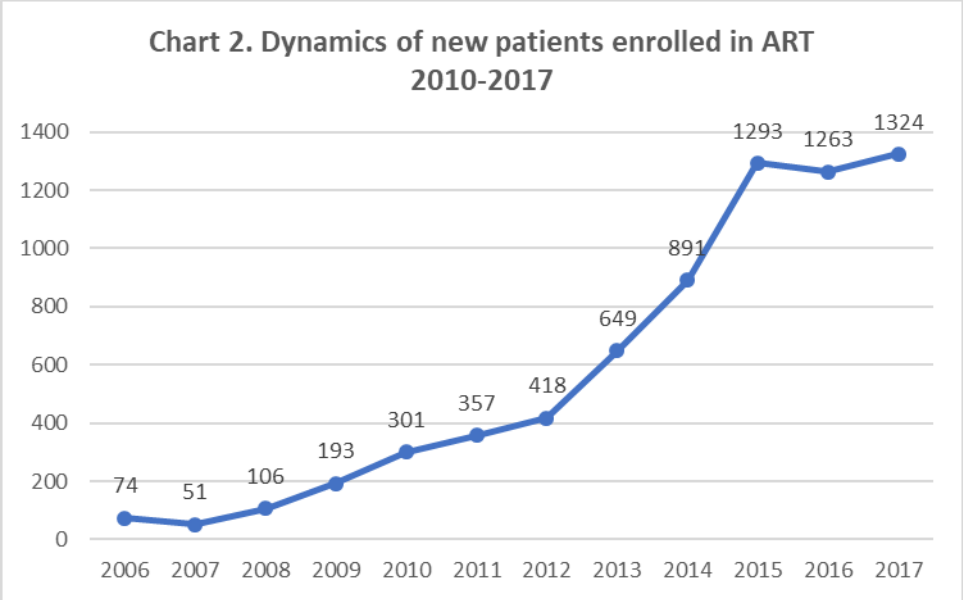
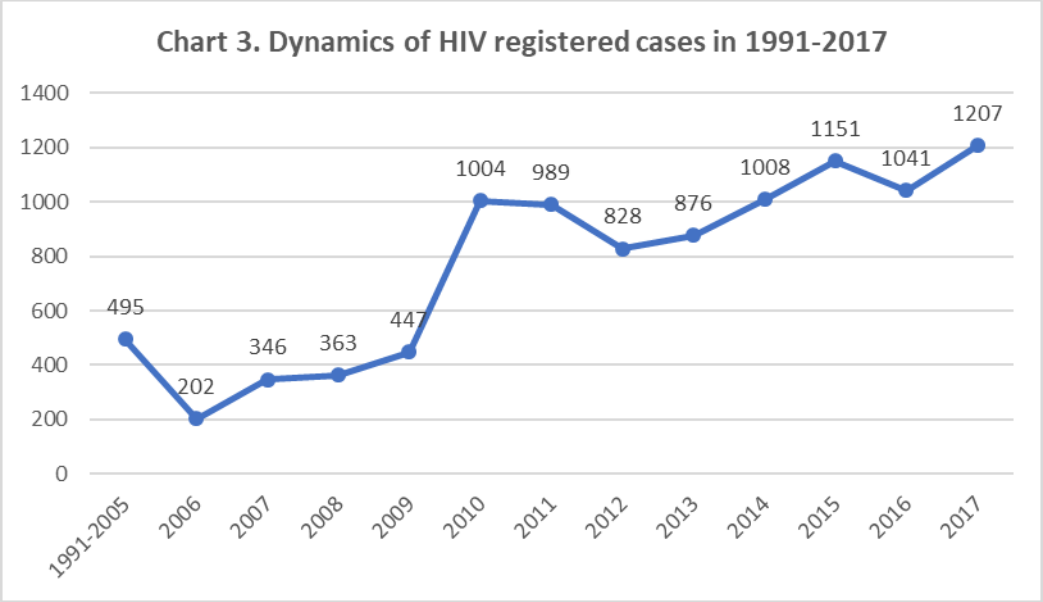


Chart 2. Dynamics of new patients enrolled in ART 2010-2017
1400
1200
1000
800
600
400
200
0
74
51
106
193
301
357
418
649
891
1293
1263
1324
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017



Objective 5: To create a supportive environment for a sustainable national response to HIV.

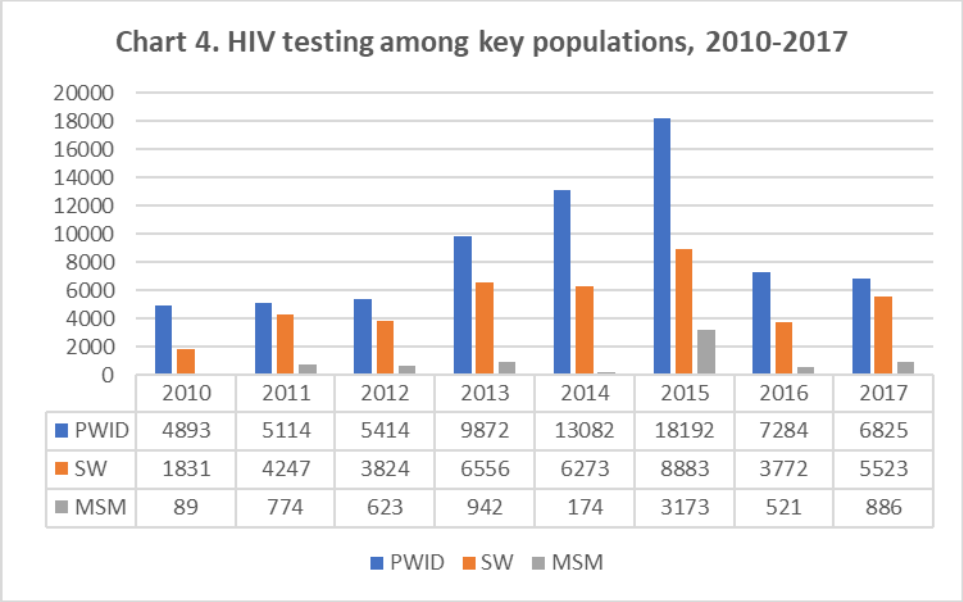
Overview of activities: The HIV laboratories and HTC points in the country were technically supported and provided with different types of supplies (reagents, rapid and EIA tests, tips, tubes, etc.). Under NFM period, HIV testing and counseling was provided to three key populations – PWID, SWs, Prisoners and MSM; within the framework of NFM the HIV project supplied the test kits only for key populations (PWID, SWs, MSM, Prisoners) and the Government allocated budget and procured rapid tests for other groups of general populations. To have a verified data on the number of individuals tested the project IT specialist updated the HTC database in over 28 AIDS centers following with on-job training and mentoring. The system eliminated the duplication in calculation of key population that have had HTC.

Results Achieved: Based on annual reporting of NAC, 6,825 PWID, 5,523 SWs and 886 MSM had HIV testing and counseling in 2017 (see *Chart 4. HIV testing among key populations, 2010-2017*). The chart shows that there has been a sharp decrease in the number of tested in 2017 this is due eliminating the duplication in the number of people tested. In 2017, the project retrieved the data from the database that allowed to extract clients that were tested twice or more.

Throughout the project implementation, HIV project staff / specialists visited HTC sites to ensure the accurate data entry and reporting; in general, the database allows tracking of frequency of HIV testing among key populations due to their risky behaviors and, at the same time, avoid double counting of testing.

Also in 2017, PSI through USAID HIV Flagship Programme started implementation of community based testing among PWID, which also contributed to reach more PWID. This allowed testing of PWID at the community level and enhanced collaboration between Civil Society Organizations (CSO) and AIDS Centers.

Impact on Beneficiaries: In NFM, PWID, SWs and MSM had voluntary testing and counseling during the reporting year as pinpointed key populations remain the main drivers of HIV epidemic in the country. The HTC database is very resourceful to track number of people tested during the last 12 months vs. number of rapid tests used. Consequently, it avoids any duplication in counting the number of people tested. The standardized referral system between AIDS centers and civil society organizations significantly boosted the HIV testing in recent years, particularly MSM.



	2010	2011	2012	2013	2014	2015	2016	2017
PWID	4893	5114	5414	9872	13082	18192	7284	6825
SW	1831	4247	3824	6556	6273	8883	3772	5523
MSM	89	774	623	942	174	3173	521	886

IV. Implementation challenges

(Suggested ½ page)

The key challenge during the reporting period was the insufficient coordination between national partners, particularly of government agencies. This has caused delay in the delivery of some of the activities, including request of ARV drugs and ordering of laboratory reagents. In addition, the laboratory team is still weak in testing particularly in using the new machineries (PCR/Qiagen), supply management of Lab items and overall coordination of HIV Laboratories across the country.

supply of IPT drugs was also affected, particularly, at district levels, which was mainly due to weak interagency cooperation (between AIDS Centers and TB Centers). The issues around forecasting of ARV drugs also impacts on submitting timely request for ARV drugs and causes delays on the supply side.

In 2013, WB CAAP introduced Electronic HIV Case Management System (EHCMS), which is now managed by ICAP. The system allows to record and report all HIV cases in country. However, the system is not completely utilized and the record are not updated regularly and that affects the reporting, which becomes challenging during reporting periods and ARV drug forecast. Although in 2017, NAC emphasizing to start generating reports from the system it still did not happen and during the monitoring the project kept finding differences between reported and recorded cases. In 2017, PSM module was also added into the system. This will help to control the distribution of ARV drugs to avoid stock out. Currently it is a pilot project and if successful will be introduced across the country.

HIV testing is another challenging problem. The project supports HIV testing only for key population (PWID, SW, MSM, and Prisoners) as for general populations, including pregnant women and labor migrants, the Government assigned additional funds for AIDS centers to procure on their own; however, this funding is not enough to cover the population in need, such as pregnant women.

In 2016 the MSM activities was affected in the northern part of Tajikistan, Sughd region. Organisation such as AntiSpid ended their activities with MSM and closed completely. Although by March 2017 the activities resumed, but it did not revive at the level where it was halted. The clients felt unsecured to visit the service delivery points and AIDS centers to submit test. As a result, this affected in not achieving the testing targets.

Other insignificant challenges were linked to data verification when SRs make mistakes in calculation the coverage of key population and distribution of materials such as condoms, syringes, and educational materials. To avoid this, the PIU team is conducting regularly monitoring visit to verify the data and calculation methods. The PIU team is currently looking at

developing an online offline tool interconnected between the service deliver points including NAC that will allow electronic recording and reporting, which will reduce the paperwork and burden on social and outreach workers.

V. Lessons learnt and next steps

(Suggested ½ to 1 page)

During the reporting period, there were several challenging issues faced by the project management that might have slowed down the smooth implementation of HIV interventions; accordingly, relevant and urgent responsive actions were taken to eliminate and recuperate the gaps. Based on project M&E findings and recommendations the HIV project tackled the PSM issues, namely, timely and smooth supply of ARV drugs to end-users (PLWH) throughout the country. The project requested CDC lab specialist to enhance the capacity of NAC lab specialist to effectively test the samples. Closer cooperation was in place with ICAP to ensure that NAC staff are trained in filling the EHCMS for proper recoding and reporting of HIV cases. Trainings were conducted to familiarise NAC national and district staff on NFM indicators and how to report on them. Joint monitoring visits will be continued with NAC and other SRs to ensure a clear and consistent message is delivered to SSRs.

Insufficient coordination to manage the supply and distribution of medical and nonmedical commodities between AIDS Centers at national and districts levels has resulted in stock outs of essential commodities, including ARV drugs. Therefore, in the 4th quarter of 2017, UNDP developed a tool in MS Excel to calculate quarterly demand for ARV drugs, which also takes into account the buffer stock. The tool was distributed to all AIDS centers. At the same time, several round tables were held at regional and national levels with key people responsible for drug management at AIDS centers and the issue of stock out and measures to prevent it in future was discussed.

The issue was also discussed with ICAP, who is looking after HIV electronic information system in Tajikistan. ICAP agreed to develop an information system that will allow online to manage the ARV medicine in country. Currently the system is being implemented as a pilot in Tursunzade. Expansion to Dushanbe, DRS and Sogd oblast is planned in April.

The PR also integrated an online Logistic Management Information System (LMIS) based at 1-C system. The LMIS was installed in central warehouse and regional warehouses of UNDP service providers for custom clearance, storage and distribution. The SRs will be having access to the LMIS in 2018 after they are trained on how to use it. The system will improve the recording and reporting of medicine and medical commodities. Also, to avoid any stock-out situation in future the PR procured maximum buffer stock of ARV medicine for 2018 from the savings of NFM grant in 2017.

The problem with the rational use of Rapid Diagnostic Tests (RDTs) for key population is still an issue. In some AIDS centers, RDT is used for general population and it is hard to verify it on time as the AIDS center reports is paper based. The situation is further perplexed by the fact that AIDS Centers procure RDTs from their internal resources for general population and in many places separate recording of tests are not put in place. To prevent this in the future, the PR is planning to reprogram funds to develop an online system that will allow to track the usage of RTDs and other tests on real time. The PR is requesting the GF to allocate funding to develop that system.

The overall achievement of the project indicators is above 95%. In 2017, the project enrolled 1,016 new PLHIV on treatment as a result 5,018 PLHIV were receiving ARV therapy by end of 2017; 91% of the pregnant women received antiretroviral to reduce the risk of mother-to-child transmission; early infant diagnostic was also improved from 47% in 2016 to 70% in 2017; 99.4% of PLHIV that are on care were screened for TB; 34,820 key populations (PWID, SW, MSM, and prisoners) were reached with HIV prevention services and out of them 19,546 were tested for HIV, which is 56%; an OST site and four new needle and syringe exchange service delivery points were established in prison settings. Until 2017, the viral load test was only possible at

National AIDS Center (NAC) starting from 2017 the PR set up five GeneXpert and the number of viral load test increased by 90%.

In line with all the achievements the project faced challenges linked to MSM activities in country. This situation has started in 2016 in Sughd region of Tajikistan when the civil society organizations (SCO) working with MSM were forced to stop providing services to MSM. As a result, the service delivery points were not able to provide services to MSM during two moths (January and February of 2016). The PR have had several rounds of discussion with law enforcement agencies, Ministry of Health and Social Protection as well as the CCM and other stakeholders to address the issues and in March of 2016 the provision of services resumed in that region through local AIDS centers. In 2017, a new wave of challenges started in Dushanbe and Khatlon region. Although, GeneXpert was installed, which significantly increased the number of VL test the issue of testing during the six months and one year after treatment is still an issue as most of the patients are not following the specified period of testing. This is in the agenda of the PR to work with NAC and ensure that the specified testing scheme for the HIV patients is followed. .

There is also underachievement in reaching new HIV positive patients with IPT. The target was underachieved because there is not enough phthisiologist in the district level and per treatment protocol the IPT is prescribed only by phthisiologist. Another reason for underachievement is that in some districts the patients have no access to free X-ray and should pay for it. Apparently not all the patients can afford it. Other issues related to rapid testing of the clients. There were instances that AIDS centers used the PR provided tests to test the general population. This practice is not widely used and hard to monitor in real time. In this regard, the PR is looking to find funding to develop an online system that would allow to conduct a real-time monitoring of the tests used by SRs. It is expected that the system would also allow to monitor not only the tests, but other materials provided by the PR.

During the reporting period the PR continued its partnership with PSI Flagship grant funded by USAID. The partnership was successful and the parties agreed to extend the bilateral agreement till the end of 2018. Also, in 2017 another bilateral agreement with the Red Crescent Society of Tajikistan (RCST). RCST established a service deliver point for PWIDs in Khorog city, Shugnan and Rushan districts that provides services to 123 PWIDS. To avoid duplication PR and RCST matched the clients' code, when duplication was not identified RCST started providing services.

VI. Financial status and utilization

This section includes the following:

1) A '*financial status report'* covering all funding donated to the project (core and non-core resources); include reference to all donor contributions.[1] The purpose is to ensure that donors can identify, at a glance, how much of their contribution was expended during for the project as a whole, and the year in question.
2) A '*financial utilization report'*, which presents project disbursements vis-à-vis the project latest budget for the year. This summary is presented by a) ATLAS Activity and b) by donor.

Financial status

Table 1a: Contribution overview of PID 00092968 [01 Oct. 2015 – 31 December 2017][2]

Recourses (US$)

Donor name	Contribution		Contribution balance
	Committed	Received	
Global fund	17,149,075	16,842,284	306,791

Table 2b: Contribution overview of PID 00043359 [01 Jan. 2015 – 31 Dec. 2017][3]

Recourses (US$)

Donor name	Contribution		Contribution balance
	Committed	Received	
UNDP	684,000	684,000	0

1 Please note that the term "Committed" refers to funding which has been obligated by signed agreement, but not necessarily released by the donor. "Received" refers to funding which has already been committed and released by the donor.
2 The "resource overview" can be any kind of chart (a pie chart, for example, would be an effective way of demonstrating a funding gap).
3 The "resource overview" can be any kind of chart (a pie chart, for example, would be an effective way of demonstrating a funding gap).

Table 3: Funding status (as of the end of the year)

Financial status of 00092968 (1 October 2015-31 December 2017)

Donor Name	Received	Expenditure			Project balance	Earmarked	Available findings (as of January of the next year)	
		Period prior to the reporting period	Reporting year only	Total				
Global Fund	16,842,284	5,785,551	8,252,074	14,037,625	2,804,659		0	UNDP has financial commitments including GMS in amount of US$ 1,304,294 to be posted in 2018

*The *Received* column in this table should match the figures in the column (of the same title) in the Resource Overview table.
**The *Earmarked* column should specify if any donors have earmarked their funding to a specific activity or other requirement.

Donor Name	Received	Expenditure			Project balance	Earmarked	Available findings (as of January of the next year)	Remarks
		Period prior to the reporting period	Reporting year only	Total				
UNDP	684,000	359,744	250,190	609,934	74,066		0	

Financial utilization

The figures in this section (budget, expenditure, and balance) can refer only to the reporting period (i.e. one year).

Table 4: Annual expenditure by donor by activity [1 January – 31 December 2017]

PID 92968; donor Global Fund

Activity	Activity description	Annual budget 2017	Actual expenses 2017	Utilization rate
1.1	Behavioral change/PWID	65,218	110,830	170%
1.2	Condoms/PWID		229,200	paid commitments of previous period
1.3	Diagnosis and treatment/PWID	62,695	66,579	106%
1.4	HIV testing/PWID	65,777	- 15,050	-23%
1.5	Needle Syringe programs/PWID	915,054	1,254,927	137%
1.6	OST and other drug dependence	241,892	466,633	193%
1.7	Other interventions/IDUs	23,563	12,337	52%
2.1	Behavioral change/Sex workers	447,731	256,142	57%
2.2	Condoms/Sex workers		- 122,592	paid commitments of previous period
2.3	Diagnosis and treatment/SW	43,177	47,623	110%
2.4	HIV testing counseling/SW	139,427	581,422	417%
3.1	Behavioral change/MSM &TGs	283,316	217,354	77%
3.2	Condoms/MSM & TGs	90,614	133,438	147%
3.3	Diagnosis & treatment/MSM &TGs	3,832	54,936	1434%
3.4	HIV testing counseling/MSM &TG	32,811	9,703	30%
4.1	Antiretroviral Therapy ART	2,578,112	2,378,224	92%
4.2	Treatment monitoring	194,640	107,916	55%
4.3	Treatment adherence	49,916	- 39,814	-80%
4.4	Prevention, diagnosis and treatment	40,172	41,803	104%
4.5	Counseling and psycho-social support	91,779	173,120	189%
4.6	Out-patient care	36,375	75,904	209%
4.7	In-patient care	1,362,592	1,133,172	83%
5.1	TB/HIV collaborative intervent	36,827	50,448	137%
6.1	Prong 4: Treatment, care & support	203,825	- 303,366	-149%
7.1	Behavioral change/Vulnerable groups	45,275	100,051	221%

7.2	Condoms as part of programs for other vulnerable populations		15,103	paid commitments of previous period
7.3	Diagnosis and treatment of STIs (other vulnerable populations)	23,005	20,412	89%
7.4	HIV testing and counseling	22,093	38,254	173%
7.5	Other interventions for other	63,270	83,337	132%
8.1	Institutional capacity building		37,695	paid commitments of previous period
8.2	Social mobilization, building	108,991	161,885	149%
9.1	Training on Rights for Officials, health workers and Police		34,294	paid commitments of previous period
9.2	Legal and policy environment assessment and law reform	30,214	36,449	121%
10.1	HSS - Health information systems and M&E	111,219	44,947	40%
11.1	PM. Other	1,163,546	610,993	53%
11.2	Supporting PSM		127,415	paid commitments of previous period
11.3	Grant management		20,354	paid commitments of previous period
		8,576,957	8,252,074	96%

Mandatory Format:

1) **Titles.** Expenditure tables under the 'Financial utilization' part of this section must spell out the activity description titles as specified in the project budget and the names of donors. ATLAS codes can be included as well but are not sufficient.
2) **Figures.** All figures must be in USD, and should be rounded to whole numbers. No decimals.
3) **General Management Support (GMS).** All figures must be inclusive of UNDP GMS %. When the draft is submitted to UNDP CO via email, please specify whether or not the draft includes GMS. If not, UNDP CO finance will insert it.

IMPORTANT NOTE

When submitting your draft report to UNDP country office, please include the following: 1) a soft copy of all financial tables in Excel in addition to any tables embedded in the report and 2) specify whether the figures come from ATLAS or from the project.

Annexes

Annex 1: Multi-Annual Work Plan (or RRF/Logframe)

Annex 2: Issue and Risk Logs

Issue	Management response
Capacity of partner organisations	The PR continued providing on the job coaching and mentoring, which was conducted during monitoring visits. In addition, advanced excel forms were developed to assist with drug forecasting and reporting, which helped to eliminate mistakes during the calculation particularly in the forecast of ARV drugs. The PR will be continuing to enhance the capacity of the SRs with the aim to hand the PRship by 2020. In end of 2016, the project purchased five GenXperts to laboratories so that they can measure the suppression of the viral load and treatment efficacy and in 2017 they were handed over to NAC laboratories. Accordingly, the lab technicians were trained on how to use this equipment.
Weak infrastructure	The physical infrastructure is still poor in most of the districts. In newly established AIDS Centers the centers do not even have enough furniture for staff to sit. To the possible extent the project is seeking funding and using any opportunity to advocate so that the government allocates funding for the infrastructure. In 2017, the project handed over substantial number of desk, chairs, shelves, etc. to NAC and its sub regional offices. In 2017, the project also renovated or built warehouses at five regional level AIDS centers. In 2017, the project also purchased and distributed various equipment to AIDS Centers including laboratory equipment QIAsymphony SP/A, Biosafety cabinet, Refrigerators, scales for weighting adults combined with a height meter, scale for weighting newborns, Waste Incinerators, as well as office equipment (computer, printer/scanner) and furniture (desks, tables).
Insufficient mechanism to ensure sustainability of achieved targets due to lack of step-by-step expansion of financial contribution of the Government	Technical assistance of donor communities in establishing/improving governmental agencies in development of evidential ground for effective managerial decision-making

Project Risks Log

The component of MSM activities were at risk In the second half of 2016 due to the closure of the CSO working with MSM in northern part of Tajikistan, Sughd Region the MSM component of the project was halted. After negotiation with Ministry of Health and Social Protection the issue was resolved and the activity was resumed starting from March 2017. However, this has affected the service provision to MSM community and they still feel unsecure visiting the trust points. To ensure that the MSM community feels safe the project involved AIDS Centers in the implementation of services to MSM.

Access to prison

It is not always easy to access prison anytime the project team wishes. The request needs to be sent in advance and the access is granted. However, in a case of any emergency the access will be limited. The project and the prison administration agreed that access will be given to prison with in advance notice from the project side and the team will be accompanied by the prison administration team.

Annex 3: M&E Plan (if applicable). Please indicate progress against the indicators.

Project Results Summary	
Target *(for 2017)*	**Accomplishment**
14,553 (63%) of PWID reached by HIV prevention programme	The target was achieved by 96% reaching 13,973 (590 women) PWID with HIV prevention programme of the targeted 14,553 PWID. All reported PWID received basic package of services that includes distribution of behavior change and/or information education communication materials (BCC, IEC); provision of prevention commodities (sterile injecting materials and/or condoms), counseling/peer counseling (with provision of essential information on HIV prevention). During the reporting period 1,5 m condoms and 6.3 m syringes were distributed.
50.4% of PWID have received HIV testing	The target was overachieved by 17% reaching 59% from the estimated number of PWID (11,550).
1000 (4.3%) PWID reached by opioid substitution therapy, detox therapy	The project achieved 95% of the target reaching 4% (946) of the estimated number of PWID out of the planned 4.3%. In 2017, 12 sites, including one in prison were operating and contributed to the achievements.
10,171 (72.1%) SWs reached by HIV prevention service	The target indicator was achieved by 111% reaching 10,171 SWs against the intended target of 9,165 SWs. The project reached 72% of the estimated number of SW. In 2017, 4,9m condoms was distributed among SWs.
3,666 (52%) SW have received HIV testing	The target was overachieved by 64% reaching 78% from the estimated number of SW for the period (7,050).
7,200 (53.7%) MSM reached with HIV prevention programme	The target was achieved by 89% reaching 6,435 MSM out of 7,200 planned. The deviation was mainly due restriction and pressure on civil society organization to work with MSM in the mid-2016, in the northern province of Tajikistan (Sughd Oblast). Although, the project resumed the service provision in March of 2017 the side effects of the pressure remained as clients were reluctant to visit new sites. The situation is normalizing, with certain tension remaining as mutual mistrust in between the Government and the CS organizations providing Services among MSM. In 2017, 1,3 m condoms was distributed among MSM.
900 (13.4%) MSM have received HIV testing	The target was achieved by 99% reaching 886 MSM (13.2%) from the estimated number 6700 MSM for the period.
3,900 (78%) prisoners reached with HIV programs	In total, during the reporting period 4,241 prisoners were provided with basic package of services. The indicator was overachieved by 9%. The target was overachieved as the services were provided based on the actual demand and request of the inmates.
3,000 (60%) prisoners reached by HIV prevention services	The target for the indicator was overachieved by 26% reaching 6,315 inmates. The target was overachieved as prison administration and National AIDS Center conducted mass testing of prisoners and as a result during the reporting period 6,315 inmates were tested.

5,018 (44.8%) eligible adults and children currently receiving ART	The target indicator was overachieved by 4% reaching 5,018 (2,797 male 2,221 female) PLHIV out of 4,838 planned.
84.9% of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	In 2016, 1,127 PLHIV initiated treatment; out of them only 610 had viral load test 12 months after initiating the treatment (in 2017) and of them 427 had viral load <1000 copies/ml. The target was achieved by 82%. In January 2017, UNDP has procured and installed five GenXpert machines in the country. Due to this factor the VL testing significantly increased compared to the previous years. The Cartridges for the machines were provided uninterruptedly. However, in Dushanbe the GX machine was installed in the City AIDS Center, while RAC operated with the pre-existed PCR machine. UNDP procured the Qiagen tests for the PCR machines, based on the advice of the GF and WHO, once the Amplisense were removed from the WHO prequalification list. For the entire year, UNDP put efforts to train local lab specialists on use of Qiagen tests, but due to certain technical issues, the Qiagen tests were not possible to be used. Accordingly, the PCR machine in RAC has been left without tests for about four months; the patients seeking treatment in RAC from DRS and sporadically from the regions left without testing for that period of time. This is the reason of not underachieving the target.
96% of TB patients who had an HIV test result recorded in the TB register	In 2016, 6,149 TB patients were registered (source is TB Center report) out of them 5904 were tested for HIV/AIDS.
90% of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	The target was achieved by 97% reaching 87 TB/HIV patients out of 99 with ARV therapy.
96% of HIV-positive patients who were screened for TB in HIV care or treatment settings	During the reporting period, 4,623 HIV-positive people on care visited AIDS Centers. Out of this number 4,599 (99.4%) were screened against TB during their last visit. The target was overachieved by 4% because all the patients on care should have TB screening on their last visit.
91% of new HIV-positive patients starting IPT during the reporting period	During the reporting period, 440 new HIV-positive patients were identified out of them 80 had confirmed cases of TB; and out of 360 new HIV positive patients who did not have TB - 286 started IPT. The target was reached by 79%. The target was underachieved because there is still no sufficient number of required phthisiologist in the district levels and per treatment protocol the IPT should be prescribed only by phthisiologist.
56.6% of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	In 2017, 169 pregnant HIV positive women were identified out of them 159 received antiretrovirals to reduce the risk of mother-to-child transmission. Overall, the project reached 94% of pregnant women with ARV therapy.
54.4% of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	During the reporting period, 79 children were born from HIV infected mothers out of them 56 received early VL test for HIV within 2 months of birth. The target was overachieved as the country protocol requires all the newborn to be VL tested and the fact that the target was set up low based on the historical progress on this indicator.