OUTCOME EVALUATION OF

HIV PROGRAMME OF UNDP TAJIKISTAN

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ACRONYMS

List of abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
BCC	Behavioural change communication
BSS	Behavioral sentinel surveillance
CPAP	Country programme action plan
CRIS	Country Response Information System
EFT	Evaluation focal team
FGD	Focus group discussion
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater involvement of people living with HIV and AIDS
GIU	Grant Implementation Unit
GO	Government
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
IEC	Information, Education, Communication
IOM	International Organization of Migration
KABP	Knowledge, attitude, behaviour, practice
MDG	Millennium Development Goals
MDR-TB	Multi-drug resistant TB
M&E	Monitoring and Evaluation
MSM	Men who have sex with men
NASP	National AIDS strategic plan
NCC	National Coordination Committee for HIV, AIDS and TB
NDS	National Development Strategy
NGO	Non- Governmental Organization
OI	Opportunistic infection
OW	Outreach worker
PEP	Post exposure prophylaxis
PHC	Primary Health Care
PLHIV	People Living with HIV or AIDS
PMCT	Prevention of maternal to child transmission of HIV
PR	Principle recipient for a county of the GFATM fund
PRSP	Poverty reduction strategy paper
STI	Sexually transmitted infection
SW	Sex Workers
TB	Tuberculosis
TOR	Terms of reference
TP	Trust Points
TC	Trust Centre
VCT	Voluntary counseling and testing
VCCT	Voluntary counseling and confidential testing
UNAIDS	Joint United Nations Programme on AIDS
UNDAF	United Nations development assistance framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNODC	United Nations Office for drugs and crimes
USD	United States dollars
WHO	World Health Organization
XDR-TB	Extraordinary drug resistant TB

EXECUTIVE SUMMARY

This UNDP HIV Programme outcome evaluation was commissioned by UNDP, Tajikistan but administered by the UNDP Grant Implementation Unit (GIU) for GFATM. The scope of this evaluation covered the two UNDP Tajikistan country office managed HIV programmes as follows:

(1) Round 4, Phase I of the Global Fund to Fight AIDS, TB and Malaria (GFATM) HIV component of the grant to Tajikistan. The grant's Principle Recipient was UNDP.

(2) United Nations Joint Advocacy Programme for HIV and AIDS managed by UNDP.

The Round 4 GFATM grant was the second of the three HIV component of GFATM grants awarded to Tajikistan. The three HIV grants were as follows:

Round 1, March 2003 - April 2006, 2.4 million USD This grant focused on outreach to sex workers (SW), injecting drug users (IDU), men who have sex with men (MSM), and school youth; building a blood safety control system and HIV surveillance; decentralization of preventive activities and strengthening national capacities on HIV prevention and sectoral coordination.

Round 4, January 2005-December 2009, 8.1 million USD-Reducing the burden of HIV/AIDS in Tajikistan This grant focused on outreach to migrant labourers and their families, street children and prisoners; promoting ART, care and support for PLHIV; and building national monitoring and evaluation capacity.

Round 6, 2007-2011, 12.1 million USD with 4.8 million USD for Phase I -Support to National AIDS response to scale up HIV prevention and AIDS care services in Tajikistan This grant proposed to scale up HIV prevention for IDUs, SWs, MSM, and youth; strengthen Voluntary Counselling and Testing (VCT), care and support; blood safety; medical care and referral and health systems.

In addition, Tajikistan received GFATM Round 5 Malaria grant (2.7 million USD) and TB grants in Round 3 (1.19 millin USD) and Round 6 (15.8 million USD).

Results of programme implementation[1]

Tajikistan restructured its National Coordinating Committee in 2005 which combined the Country Coordinating Mechanism (CCM) and created a Secretariat. Round 4 Phase I built on the foundation laid from Round 1 implementation and achieved the following:

- *ART* started in February 2006 currently covering 67 PLHIVs (22 females and 45 males) out of 72 eligible cases from a cumulative number of 627 reported cases[2] in the country.
- From 2005 to 2006, 150,627 HIV tests were conducted, 60% were on men. Of these tests, 310 were positive.

[1] Progress reporting, GIU, UNDP as of December 2006, based on reports from NGO and GO implementing partners.

[2] Data source: National AIDS Center, as of December 2006.

- *Migrant friendly STI services* have been established in 30 districts, 5 implemented by the State Migration Service of the Ministry of Labour and Social Welfare and 25 by IOM and its network of NGOs.
- *Prison STI services* have been established in 18 out of 21 facilities, 16 of which are functional.
- *Trust Centres for street youth*, both outreach workers and interviewed youth demonstrated good grasp of HIV information.
- *M&E* In addition to continued VCT, there were rapid surveys conducted by NGOs and surveillance conducted by NAC. Country Response Information System (CRIS) was planned for national implementation in 2007.

Recommendations

A. UN system joint advocacy and to GFATM grants implementation

- ***Governance***

Strengthen coordination of HIV vulnerability reduction related interventions especially in transparency, accountability, efficiency, effectiveness and access to information among the implementing partners, both GO and NGO.

- ***Intersectoral collaboration***

Consistent with Tajikistan Poverty Reduction Strategy Paper (PRSP), mobility related HIV vulnerability reduction can only be effective by strengthened coordination with the agriculture, construction, transport, commerce, tourism and poverty reduction sectors.

- ***Coordination among national, international organizations and donors***

This would require the national AIDS centre and its regional and district entities to be the coordinator and facilitators while delegating the ART, VCT services to existing GO and NGO facilities to allow efficient scaling up of both VCT and ART and improved outreach for preventive interventions including STI services provision.

- ***Systematic migration management & support***

Reducing migration related HIV vulnerabilities is a key to reducing the STI and HIV epidemics. It would require a strengthened migration management system. State Migration Services in collaboration with Ministry of Foreign Affairs and Ministry responsible for Economic Development, needs to coordinate and collaborate.

- ***Health system strengthening***

It is critical to expand HIV VCT to primary health care (PHC) levels at existing rural village health stations, maternal and child health service facilities in polyclinics, and maternity services in hospitals.

- ***Regional collaboration***

Tajikistan government, IOM, in collaboration with UNDP regional centre and country offices, has a unique role in promoting the reduction of mobility related HIV

vulnerabilities. For example, regional coordination between China, Russia, Kyrgyzstan, Uzbekistan and Kazahkstan.

B. GFATM Round 4 Phase II specific recommendations

Migrants and their families

- Provide the STI friendly services in the migrant source communities in collaboration with rural village health clinics and ensure equal numbers of male and female doctors and outreach workers in service provision.
- Encourage migrants to provide peer-education in host communities
- Include general health screening incorporating STI and HIV VCT with rapid tests. Provide Chlamydia and syphilis tests through arrangements with laboratories.
- Facilitate migrant family support network.

Prisoners

- Strengthen and facilitate TB-HIV co-infection management, 100% DOTS coverage and prevention of new MDR-TB and XDR-TB.
- Ensure adequate OI and ART including regular monitoring for drug intolerance, reactions and drug resistance.
- Ensure promotion and availability of condom, VCT with rapid tests. Promote STI prevention, screening and treatment including laboratory Chlamydia and syphilis diagnosis.
- Establish prison pre-discharge planning programme to include psycho-social services and to ensure continuity of treatment for TB and ART post discharge.

Street children

- Give priority to reach true male and female street youth with BCC, life skills and marketable skills training as well informal education.
- Involve true street children to design BCC and for peer education.

ART for PLHIV

- ART to be provided by trained health workers and expand to PHC and general hospitals and include OI and monitoring of side effect, toxicity and resistance. Insert ART in medical and nursing school curricula
- Promote GIPA and advocacy for positive living capacities of PLHIV self-help.

Monitoring and evaluation

- Introduce quality assurance mechanism in clinical service monitoring to link with performance with accountability in Ministry of Health.
- Strengthen monitoring and evaluation of non-numeric target for quality outcomes.