Outcome Evaluation for UNDP Tajikistan HIV/AIDS, TB and Malaria Control Program 2010 – 2013
Final Report

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List of acronyms and abbreviations

ACSM	Advocacy, Communication and social mobilization
AFEW	AIDS Foundation East West
AIDS	Acquired Immunodeficiency Syndrome
ARVT	Antiretroviral Therapy
BCC	Behaviour Change Communication
CBO	Community-based Organizations
CPAP	Country Program Action Plan
CSO	Civil Society Organization
DST	Drug Sensitivity Test
DOTS	Directly Observed Short Course Treatment Strategy
EQA	External Quality Assurance
HIV	Human Immune Deficit Virus
HR	Human Resources
GoT	Government of Tajikistan
GFATM	Global Fund to Fight AIDS, TB and Malaria
GTT	Global Task Team
HSS	Health System Strengthening
IDU	Injecting Drug User
IOM	International Organization for Migration
IRS	Indoor residual spraying
KNCV	Tuberculosis Foundation, Nederland
KAP	Knowledge Attitudes Practices
LLITN	Long Lasting Insecticide-Treated Net
MDG	Millennium Development Goal
MDR-TB	Multidrug resistant tuberculosis
MSM	Men having sex with other men
MTCT	Mother-to-child transmission
MFA	Ministry of Foreign Affairs
MoA	Ministry of Agriculture
MoF	Ministry of Finance
MoH	Ministry of Health
MoI	Ministry of Interior
MoJ	Ministry of Justice
NCC	National coordination Committee
NDS	National development Strategy
NGO	Non-Governmental Organization
NTP	National Program for TB Control
NCTB	National Centre For Tuberculosis
OST	Opioid substitution therapy
PAL	Practical Approach to Lung Health
PHC	Primary Health Care
PIU	Project Implementation Unit
PLHIV	People Living with HIV/AIDS
PR	Principal Recipient
STI	Sexually Transmitted Infection
SW	Sex Worker
SWOT	**S**trengths, **W**eaknesses, **O**pportunities, and**T**hreats
TA	Technical Assistance

TB	Tuberculosis
TFM	Transitional Funding Mechanism
TJ	Tajikistan
TWG	Thematic Working Groups
UN	United Nation
UNDAF	United Nations Development Assistance Framework
UNDGO	United Nations Development Group Office
UNDP CO	United Nations Development Programme Country Office
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNJAP	United Nation Joint Advocacy Project on HIV/AIDS
VCCT	Voluntary and Confidential Counseling and Testing
WFP	World Food Program
WHO	World Health Organization
XDR	Extremely Resistant Tuberculosis
YFHS	Youth friendly health services
3D	The three diseases (HIV, TB and Malaria)

Executive summary

The purpose of this report is to present an assessment of contributions of the United Nations Development Programme (UNDP) HIV, TB and Malaria programs in Tajikistan during the period of 2010 to 2013. It covers overall UNDP programme under Outcome 2, and also the second phase of the three diseases (3D) programs funded by the Global Fund to Fight HIV/AIDS, tuberculosis and Malaria (GFATM) Round 8 grants. The evaluation was carried out at the end of October 2013, and its findings are designed to assess the progress towards the outcome, to make recommendations on realignment of the programme design and to identify potential for the future UNDP involvement in the HIV, Health and Development thematic area in Tajikistan within the corporate planning frameworks and national strategic documents. Evaluation findings will be also helpful to better align epidemic response arrangements within the current Transitional Funding Period and to provide technically sound assistance to National Coordination Committee (NCC) and Tajik Government for preparation of the new Concept Note to the GFATM New Funding Mechanism. The evaluation findings could also be used for future adjustment of existing and planning new national country strategies on HIV, TB and Malaria.

UNDP's Country Program and UNDP's Country Program Action Plan for 2010-2015 (CPAP) are synchronized with period of the United Nations Development Assistance Framework (UNDAF) - 2010-2015, and with the deadline of the Millennium Development Goals (2015). Strategic priorities of UNDP in the sector are aligned with overall national priorities on HIV, TB and Malaria and National plans for 2010-2015 periods as defined in the respective strategic documents for the three diseases.

UNDP has contracted an evaluation team that includes an international expert as a team leader and a national independent consultant to conduct outcome evaluation of CPAP outcome# 2 titled "*Sustainable and efficient multi-sectoral response structures are established to halt the spread of HIV/AIDS and TB epidemics and eliminate Malaria by 2015 in line with MDGs*".

Inception report was prepared by international evaluator prior to the country visit, clarifying points about methodology and the mission agenda with partners and relevant institutions. The team drafted an evaluation matrix, agreed with UNDP (Annex 1). Along with the scope of work (Annex 2), the evaluation team received a considerable bibliography of work plans, national program documents, project reports, and presentations, which were used during the evaluation (Annex 3).

The Evaluation Team conducted 10-day in-country mission at the end of October 2013 and used a range of data collection methods including: desk review, key informant interviews, meetings with NCC representative, MoH, national HIV, TB, Malaria managers, UN organizations working in Tajikistan, and international partners (USAID, Project HOPE, KNCV), non-governmental organizations (NGOs) and Community-based Organizations (CBOs) representatives (Annex 4 – meeting agenda and people met).

UNDP as a Principal Recipient of the GFATM funds since 2003 has been supporting the National programs on HIV/AIDS, Tuberculosis and Malaria in implementation of planned program activities. The goal of the three diseases programs is to reduce transmission and burden of communicable disease mortality and morbidity for HIV/AIDS, Tuberculosis (TB) and malaria in Tajikistan, targeting the general population and specifically most in need populations such as prisoners, migrants, injecting Drug User (IDUs), sex workers (SWs), men who have sex with men (MSM) and others.

Key findings and conclusions are summarized along the evaluation criteria of relevance, effectiveness, efficiency and sustainability, in addition to partnership strategy, gender and human rights, **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats (SWOT) analysis and analysis of MDG 6 progress, as well as lessons learned, soft assistance and value added of UNDP interventions.

Overall, UNDP Tajikistan has implemented a project that has a diverse range of partners (more than 40 organizations) and has managed a large budget of over 77 million USD for 4-years period for 3 diseases with utilization rate of 90.7%.

In terms of relevance, UNDP programs on HIV/AIDS, TB and malaria are in full compliance with goals and targets defined in the national strategies on 3D. GFATM funding managed by UNDP is the largest source for all three disease areas in Tajikistan (single largest for malaria) and has overall contribution for more than 70% of the total national spending. UNDP in partnership with sub-recipients has raised national awareness of the needs of general populations, vulnerable groups (prisoners, migrants) and key populations at higher risk such as IDUs, SWs, MSM, people living with HIV/AIDS.

Playing the role of temporary PR for GFATM funds, due to still limited capacities of national implementer, UNDP made significant contribution over the period of evaluation in management of the three programs. Evidence confirm good progress towards achievement of the defined outcome stated in the CPAP, within the context of the overall national HIV/AIDS, TB and Malaria response as well as in the context of UNDP mandate in the field of health and development. Thus, malaria program shows remarkable progress to fully achieve MDG targets by 2015. HIV/AIDS and TB

indicators also on good track as the program has solid implementation base that is a precondition for further continuous improvement of program performance and achievement of MDGs.

During the period of evaluation UNDP programs have been in compliance with the agreed workplans and timelines for the three diseases and no major delays are notified that have caused significant problems in implementation. To strengthen M&E of the program, UNDP mobilizes its own human and financial resources in the area offices, thus contributing to the overall efficiency of the 3 programs. UNDP is also engaged in UN Joint Advocacy project on HIV/AIDS, providing financial, administrative and managerial support in the process of advocating HIV/AIDS issues at higher political level and plays a major role in coordinating activities with other key partners. However, there are issues that need improvement and which are addressed in recommendations section, such as need for strengthening of the procurement and human resource management strategies and procedures, and need to support formal channel for coordinative meetings at higher level.

Sustainability of the existing programs on HIV/AIDS, TB and malaria is the greatest challenge for both UNDP as PR of GFATM funds and the country of Tajikistan, based on the facts that at present more than 70% of expenses for projects are covered by GFATM funds. UNDP role in strengthening national capacities for management of the 3D is significant, with large investments made in the past 10 years to reinforce infrastructure, intensify activities, consolidate and coordinate partnerships, introduce new diagnostic tools in accordance with internationally accepted standards and develop capacities of human resources. With support of UNDP, the Ministry of Health of Tajikistan has adopted the so-called Capacity Development and Transition plan, aimed at strengthening the capacity of MoH and its affiliated agencies for efficient and transparent management of future GFATM funds as well as funds of other donors.

Although benefits of UNDP interventions are visible at the moment across epidemic indicators in all 3 diseases and the services are already partially owned by national public health services, both UNDP and the national partners have to move towards full ownership and responsibility for the 3D program taken by the state. However, in the short term period this objective is not achievable, due to great reliance of state on foreign aid and still persisting capacity gaps of public health services.

Overall, the UNDP has contributed to enhanced partnership and has successfully developed relationships of trust with governmental partners, as well as partnership-building within the health development sector through the NCC and Thematic Working Groups (TWGs).

Achievements are notified in the field of gender and human rights mainstreaming,

with involvement of women organizations and supporting community networks that provide assistance to women, HIV infected children and other vulnerable groups and contribute to empowerment of women to act as advocates in fight against stigma related with HIV and TB.

5 lessons learned are included in the report, as examples of successful achievements observed during the evaluation period.

Key recommendations suggest UNDP to retain leadership towards empowering national institutions in:

- Fundraising and shifting the focus from not only major international donors, but also to local business associations;
- Integrating activities into the national programs on 3D to accelerate the process of program integration into PHC and addressing the social determinants of health;
- Capacity building of the national and local service providers by integration of trainings into undergraduate and postgraduate education;
- Development of operations research plan for 3D to provide evidence for problems solving and decision making;
- Revision of 3D strategies and development of new strategic documents compliant with international standards;
- Provision of TA and development of long–term TA plan in key areas;
- Capacity building of institutions at local level to prepare them to take over the ownership for donor-funded programs

In addition, UNDP is recommended to strengthen its internal systems in the following areas:

- Strengthening of procurement and supply management strategies and practices of UNDP and implementing partners in order to ensure timely procurement of goods and services, improved transparency in bidding procedures and decisions on selection of companies, close monitoring of works and delivered goods, and minimized delays in delivery of goods;
- Strengthening of HR management for selection qualified staff for certain positions at the project level, motivation of staff, secure that all benefits to employees are applied and develop long-term plan for their capacity building;
- Reinforce conditions for transfer of funds to SRs stipulated in partnership agreements with national partners and ensure that contracts with partners contain required details on dynamics of funds transfer.
- Strengthening of formal and informal communication and coordination channels between UNDP, UN organizations and MoH high level decision makers.

- Strengthen inter-sectoral programs, explore and implement pilot programs to address poverty, livelihoods and disease control issues, such as livelihood support for vulnerable population groups and their families.

Chapter 1. Introduction

The goal of the study is to evaluate Outcome#2 of the UNDP Tajikistan Country Programme Action Plan defined as "*Sustainable and efficient multi-sectoral response structures are established to halt the spread of HIV/AIDS and TB epidemics and eliminate Malaria by 2015 in line with MDGs*", which represents the largest portion of resources utilized by UNDP in the country.

Evaluation is performed as per the planned dynamics of evaluation defined in UNDP CO workplan and budget and corresponds to the end of GFATM-funded programs under Round 8 grants in 2013 and start of "transition period" by 2015 in which the country has to prepare new applications for 3D to GFATM and other donors. Evaluation is intended to provide results on to date achievements, identify issues related to successful implementation and provide short and long-term recommendations for adjustment of existing and development of new projects.

The recommendations from this evaluation are directed at helping UNDP Tajikistan Team to improve processes and procedures to achieve stipulated outcome. Findings and recommendations from the evaluation are intended to be used by UNDP as a Primary Recipient of HIV/AIDS, TB and Malaria GFATM grants, as well as by its partners responsible for implementation of activities that have been included as sub-recipients of grant funds (public health services under stewardship of MoH and other relevant ministries and NGOs). Information from the evaluation will be shared with key stakeholders, both domestic and international organizations, including UN organizations and civil society.

Findings and recommendations of this report provide a platform for the current state of affairs in the field of HIV/AIDS, TB and malaria, identifying both achievements, problems and gaps that need further action, thus providing clear picture of current progress with Outcome#2 of UNDP CPAP and targets stipulated under UNDAF and MDGs. The report could be used by current and potential donors, particularly the Global Fund that has provided several grants targeting three diseases in Tajikistan in the past decade.

Evaluation has also addressed interventions of UNDP program on HIV/AIDS, TB and malaria that have contributed towards achievement of Outcome#2 and the role of UNDP as PR in implementation of national programs.

GFATM-funded programme on HIV, TB and Malaria Control

UNDP is a key partner to the Global Fund and Tajikistan Ministry of Health and is the UN agency assuming the role of interim Principal Recipient (PR) of HIV, TB and malaria GF grants in Tajikistan since 2003. In its role as PR, UNDP Tajikistan is responsible for the financial and programmatic management of the Global Fund

grants as well as for the procurement of health and non-health products. In all areas of implementation, it provides capacity development services to relevant national institutions, sub-recipients and implementing partners. Specific objectives of each program are in details presented in Annex 5.

For implementation of activities in the field of HIV, TB and Malaria, the UNDP Tajikistan has established partnership with more than 40 national and international agencies, with a multisectoral approach in addressing of health and non-health determinants of the epidemics in the country. Through its membership in multisectoral coordinating councils and thematic work groups, UNDP established a strong network for exchange of technical and management expertise and coordination of its activities with other stakeholders involved in public health and health system strengthening initiatives.

Joint programming for HIV/AIDS advocacy

UNDP, UNICEF, UNFPA and UNAIDS since 2005, have been consolidating their resources for the Joint UN Project on Advocacy of HIV/AIDS in Tajikistan (UN JAP) with UNDP being a Management Agent for the polled funds. UN JAP overall goal is to support the National Response on HIV and maintain UN joint programming in accordance with UNDGO and Global Task Team (GTT) objectives. Since 2008, UN JAP provided inestimable contribution to the national strategic planning and advocacy of HIV response including, but not limited to: development of national programmes to Counteract HIV/AIDS in Tajikistan for period of 2007-2010 and 2011-2015; technical assistance (TA) for revision of the State Law on HIV/AIDS in 2008 and in 2013 with exclusion of discriminatory articles; support to mainstreaming of HIV/AIDS issues into national strategies; mainstreaming of gender and human-rights approach issues to national HIV strategic programming and implementation of nation-wide surveys on HIV/AIDS awareness among people of 15-49 years and stigma and discrimination; and finally: support to establishment and strengthening of Network of people living with HIV/AIDS with an emphasis on promoting female-led initiatives of PLHIV.

The last UN JAP prodoc for 2012-2013 envisages strengthening of UN Cares Programme, enhancing national capacities for strategic planning, effective management, and tracking the epidemic; reducing stigma and promoting human rights and gender equality through HIV/AIDS programmes. The project also complements activities under GFATM-funded HIV projects and projects of other UN agencies, and seeks the linkages to other initiatives in the country and region.

Structure of the report

This report contains six chapters and structured in a way that allows readers to become acquainted with the given evaluation by tracing down it from the very beginning when the study was designed through the end of the process when

collected data were processed and analyzed to reflect findings and draw conclusions with further generation of recommendations.

The introduction chapter of the report, CHAPTER 1, aims to build an understanding of why evaluation was conducted and provide an overview of the programs that were evaluated with this exercise.

CHAPTER 2 of the report focuses on description of the evaluation that helps to understand the logic and assess the merits of the evaluation methodology and applicability of the evaluation results. It describes what was evaluated and the problem or issue it sought to address. The social, political, economic and institutional factors within which the intervention operates are also discussed here to explain the effect (challenges and opportunities) these factors present for implementation and outcomes.

CHAPTER 3 contains details of the Evaluation Scope and Objectives, defining parameters of the evaluation, such as: time period, targeted population and geographic coverage. It is also includes the evaluation criteria and the rational for selecting them to implement the study. Details of the main evaluation questions applied during the fieldwork are also described in this section.

CHAPTER 4 In this chapter the methodological approaches, methods and analysis applied by the evaluation team are described. This part of the report also includes details on the sources of information and the rational for their selection and how the information obtained addressed the evaluation questions. Data collection tools (questionnaires, data tables) administered during the evaluation is discussed here as well.

CHAPTER 5 describes the procedures used to analyze the data collected to answer evaluation questions. It contains details of the various steps and stages of analysis that were carried out for the purpose of this assessment.

CHAPTER 6 summarizes findings, based on the analysis of the data collected during the evaluation, and conclusions drawn from these findings. The findings derived during the fieldwork reflect actual achievement of the relevant UNDP CO programs against the planned targets and partner's feedback provided to evaluation team during the interviews on the role of UNDP CO in achieving the desired results. Recommendations to program staff and UNDP CO team are also provided in the same chapter describing required actions to be taken and decisions to be made to achieve the intended results in a most effective and efficient way.

Chapter 2. Description of the intervention

This chapter describes in brief 3D control programs in Tajikistan, as well as description of evaluation of UNDP Tajikistan CPAP Outcome#2 defined as "*Sustainable and efficient multi-sectoral response structures are established to halt the spread of HIV/AIDS and TB epidemics and eliminate Malaria by 2015 in line with MDGs*".

This outcome evaluation has aassessed UNDP involvement in the HIV, TB and Malaria management, as well as Health and Development thematic area in Tajikistan within the corporate planning frameworks and documents such as UNDAF, Country Programme Document (CPD) and Country Programme Action Plan. The evaluation has included the basic criteria for outcome evaluation and it has been performed taking into account criteria of relevance, effectiveness, efficiency and sustainability.

UNDP Tajikistan has been implementing seven grants from the GFATM in 2003-2013 period in close partnership and coordination with the National Coordination Committee on these three diseases. UNDP played an instrumental role in achieving the national objectives, as well as the relevant UN's Millennium Development Goals' targets. UNDP activities concentrate on developing the capacities the Government of Tajikistan (particularly the Ministry of Health), and closely involve other ministries, UN agencies, international NGOs, and local CBOs.

Applying in practice such a multi-sectorial approach, UNDP Tajikistan aims to halt the spread of HIV/ADS and TB epidemics and eliminate Malaria by 2015 in line with MDG 6. Through implementing the grants of the GFATM and the UN Joint Advocacy Project on HIV/AIDS, UNDP increases prevention, treatment, and care initiatives and build the capacities of government, public sector, and the civil society to address these issues in a sustainable way. It is expected that aforesaid initiatives will allow to reach following immediate results:

For HIV – strengthening national response to epidemic through scaled up HIV prevention, treatment, care and support interventions among vulnerable groups and the general population, inclusively building government capacities for response – Box 1.

Box 1 - HIV/AIDS strategies

1) Prevention strategy that implies delivery of different services to general population and emphasizes increase of coverage of key population groups at higher risk (CSW, IDUs, OST) by these services

2) Treatment Strategy focused on people with advanced HIV infection receiving ARV combination therapy and,

3) Awareness raising strategy that includes different activities to address HIV/AIDS related stigma and discrimination.

Strategies for TB include building capacities of public health care sector to reduce the burden of TB in Tajikistan by 2015 in line with the MDGs and 'Stop TB Partnership' targets. The planned capacity building strategy is implemented at different levels – Box 2:

Box 2 – TB capacity building strategy

Individual and community level:
a) DOTS trainings for PHC Health Providers;
b) Awareness raising through advocacy and communication;
c) Printing and dissemination information materials on TB.
Institutional level:
a) supply quality TB drugs
b) social and nutritional support to TB patients
c) construction/rehabilitation of relevant health facilities (laboratories, hospitals).

Malaria strategies are aimed at strengthening management of national malaria control program for interruption of local malaria transmission in Tajikistan – Box 3.

Box 3 – Malaria control strategy

1) Prevention strategy by implementing indoor residual spraying with insecticides in the malaria endemic zones and providing households with an adequate supply of insecticide, spray equipment and tools prior to malaria season.
2) Capacity building through subject trainings for lab and health personnel and provision of equipment and drugs.
3) Research strategy that includes implementation of the operational research to define classification of malaria foci (malaria affected villages)

The outcome evaluation has assessed UNDP involvement in the HIV, TB and Malaria management, as well as Health and Development thematic area in Tajikistan within the corporate planning frameworks and documents such as UNDAF, CPD and CPAP.

The evaluation has applied the basic criteria for outcome evaluation and has been performed taking into account the relevance, effectiveness, efficiency and sustainability of 3D programs.

Subject of evaluation is the period 2010-2013, characterized with intensive implementation of activities and introduction of new activities in all 3 programs, and a period that marks the end of Global Fund funding under Round 8 and beginning of the transition period, which requires preparations of new projects to be applied for the new funding model of Global Fund. UNDP has the major role in this process which will be particularly intensive over the next 2 years, as a PR for the three grants.

The outcome evaluation is aimed to measure the progress made towards achievement of the defined outcome and provides recommendations for realignment of programme design and response arrangements, defining the immediate, short term and long term actions. The findings and recommendations of the outcome evaluation are aimed to identify UNDP involvement in the HIV, Health and Development thematic area in Tajikistan within the corporate planning frameworks and documents such as United Nations Development Assistance Framework, Country Programme Document and Country Programme Action Plan which will ensure achievement of the expected development outcome(s).

Link to national and UNDAF priorities and strategic plan goals

National priorities related to HIV/AIDS, TB and Malaria are defined in respective National Programs and are targeting establishment of high quality services for prevention, diagnosis, treatment and surveillance of diseases. In addition, national strategies have been developed following internationally recognized standards and documents (such as WHO Global strategies).

Interventions for the three diseases are an integral part of the CPAP whose main goals, apart from reduction of burden of HIV/AIDS, TB and malaria, include also structured interventions in the areas of poverty reduction and achievement of MDGs, good governance, crisis prevention and recovery, and environment and sustainable development. National priorities and planned interventions are in line with UNDAF 2010-2015, designed to support Tajikistan’s goals for its National Development Strategy (NDS) and MDGs.

Phase in the implementation of the intervention

The evaluation includes the period 2010-2013 which corresponds to the Phase 2 of Round 8 of the Global Fund grants for the three diseases. This period is characterized with intensive implementation of activities and introduction of new activities (such as MDR-TB, ARV and strengthening and expansion of harm

reduction programs). This period marks the end of Global Fund funding under Round 8, and beginning of the transition period, which requires preparations of new projects to be applied for the new funding model of Global Fund. UNDP has the major role in this process which will be particularly intensive over the next 2 years, as a PR for the three grants.

In 2013, two major National program reviews have taken place (TB and HIV), analyzing the achievements, addressing challenges and providing recommendations for future activities. The TB review have pointed that Tajikistan has made significant progress in TB prevention, control and diagnosis, but there are challenges to be addressed, such as MDR-TB.

HIV/AIDS

UNDP HIV/AIDS control program is structured along 6 main objectives and includes 35 interventions, aimed at provision of universal access to HIV services and establishment of solid base for stabilizing the country's epidemic. The program has completed Phase 1 of Round 8 grant in the period Oct 01, 2009 – Sep 31, 2011 and is currently in the second Phase launched in Oct, 2011 which was consolidated with transitional funding of GFATM until end of September, 2015. Target population that this program address and strives to provide with quality HIV prevention and harm reduction services include key population groups at higher risk (IDUs, SWs, OST) and vulnerable population (labor migrants and their family members, rural youth, uniformed staff, prison-inmates, PLHIV). The project is also focused on health system strengthening interventions, particularly expansion and integration of voluntary and confidential counseling and testing (VCCT) services into the PHC and contributing to national health care reform through building and improving technical and managerial capacities of health professionals, promoting participation of civil society in the response to the epidemic, and enhancing the cooperation of CBOs with the public health sector.

In 2012, out of 18 target indicators measuring performance in 18 SDAs, 14 are overachieved and are exceeding 100% value (ranging from 100.6% for MSM reached by HIV prevention services to 196% for SWs receiving HIV testing and counseling), that demonstrates steady dynamics of joint efforts of donor and governmental stakeholders in fighting HIV/AIDS in Tajikistan. Significant efforts are made towards achievement of results among IDUs as the main drivers of HIV transmission, in terms of their coverage with HIV prevention services and expanded package of substitution therapy, which, although at initial stage in only 3 districts, is showing remarkable results and will be in details explained in *Lessons learned* section. Achievements are noted also in coverage of SWs, showing results in behavior change of this marginalized group. Remarkable changes can be notified in testing of blood units for HIV with 120% overachievement in 2012. At penitentiary

level, noteworthy changes have occurred in terms of provision of services that were not available or only partially available in the previous years. Results for 2012 show 100% targeted prison-inmates reached by peer education and counseling on HIV and STI prevention in 13 targeted prisons, 317 prisoners had STI treatment, 104 HIV+ prisoners were under ART and 46 IDUs-prisoners were provided syringes /needles in 1 pilot prison; in addition 70 trainers from amongst prisoners have been trained to further provide peer education for at-risk group. Migrant population has also been considered as target group for intervention, covering 462,277 (in 2012)[15] labor migrants and vulnerable women were riched with peer education on HIV/STI prevention in 45 rayons, providing for the first time services to increase awareness and knowledge for HIV/STI prevention and treatment for both migrants and vulnerable women. In collaboration with UNICEF, youth friendly health services (YFHS) have been established that provide programs targeting youth, including the rural areas (51 district nationwide), that will serve as a base for further expansion of such preventive activities (ACSM, condom distribution etc). For Tajikistan, such activities and services mean enormous achievement, in terms of knowledge and behavior change of target population and establishment of services that provide not only information, but also health services.

Although mother-to-child transmission (MTCT) of HIV is not a significant problem, pregnant women are also provided VCCT services in 35 point services. Ministry of Health and UNICEF consider rationale that all pregnant women are tested twice, but, due to lack of evidence, low burden of MTCT and resource constraints, also this activities wasn't planned from the beginning of the GF project, the second test wasn't used as a routine in the practice.

TB

The goal of the TB control program is to reduce the burden of TB in Republic of Tajikistan and strengthening TB prevention and control program in the framework of health system reform. TB program isthe most complex compared to other 2 diseases. The program follows internationally accepted strategies and trends, has started with DOTS in 2002, upgraded to include activities of Stop TB Strategy and implementing new methods of diagnostics, treatment of MDR-TB to comply with WHO Strategy beyond 2015, which requires time, human capacity building, funding and results are not immediate, but can be only seen in the long-term as overal country health system needs to be strenghthened and this process takes times..

TB program encompasses 6 main objectives, 18 interventions and targets in line with the MDGs and Stop TB Partnership targets. Target population include TB, MDR-TB and TB/HIV patients, groups identified as at higher risk for TB disease, and through HSS interventions the overal health system and entire population of Tajikistan. 15 target indicators to measure performance of the program in 10 SDAs,

demonstrate positive trends and changes occurring over time as a result of UNDP implementing actual activities. 9 indicators are overachieved, ranging from 100% for new TB cases in penitentiary sector to 262% for number of trained TB service providers for treatment of MDR-TB.

However, some very important indicators, such as detection of new ss+ cases (including ss+ in prisons) are not achieved (62% in general population and 74% in prisons), indicating only minor changes compared to targets initially planned. Reasons for this underachievement are complex and could be related to related to systematic problem of the health system because of long lasting health reforms, insufficient human as well as financial resources, lack of integration with the PHC, which were beyond of the PR's control. There is a need to study this issue in details, given resources invested in trainings, procurement of equipment and diagnostic consumables, drugs etc. Treatment outcome rate of 79.6% is still below WHO recommended target of 85%, but has been stable over the 5-years period. However, treatment results in MDR-TB patients (first cohort 2009) shows encouraging results of 71% and the last cohort 2010 comparable to international average (61.6%), as a result of investments in planning, training, diagnostic tools, certification of 2 supra national laboratories, allocation of addition to funds to procurement of 2nd line TB drugs for MDR-TB treatment (which were not originally planned). In addition, evaluators have found some inconsistencies in indicator definition that can create confusion, such as number of new smear positive cases detected under DOTS and confirmation rate by sputum smear among new pulmonary TB cases.

Some of the indicators showing overachievement, such as number of doctors trained in Practical Approach to Lung Health (PAL) (130%), medical staff trained in integrated case management of MDR-TB at primary health level (193%) or number of TB service providers trained in VCT among TB patients (190%) and number of TB service providers trained in management of MDR-TB (262%) have to be interpreted with caution, due to very low targets set at baseline.

Compared to other 2 programs, TB program is and will be facing many challenges in the years to come, already mentioned in existing UNDP documents and program reviews, such as lack of qualified professionals, insufficient funding for the health sector, low motivation of the health personnel, lack of expertise in MDR, TB\HIV case management and etc. Remarkable achievements of TB program in the evaluated period include: strengthened laboratory network including External Quality Assurance (EQA) certificate issued to the National Reference Laboratory, completion of construction of level 3 Bio-Safety Public Health Laboratory in Dushanbe, launch of GeneXpert diagnostics in one oblast, integration of TB services into primary health care, continuous increase of HIV testing in TB patients

and TB examination in HIV patients and continuous process of human resources capacity building. The period is also characterized with increased number of patients with MDR-TB put on treatment at 8 sites with satisfactory treatment success rate, but rapid tests and drug sensitivity tests (DST) only available in pilot districts.

Many technical and policy documents have been developed over the period of evaluation and used in practice, such as National TB Program for 2011-2015, MDR-TB Guidelines, National M&E Plan, standard operational procedures on laboratory activities as well as microscopy and culture testing for laboratory network of Tajikistan.

Good network of NGOs and civil society involvement for strengthening advocacy, awareness raising and communication of TB issues among population; at present, there are 37 NGOs involving around 3000 volunteers, but, due to 100% dependency oo the international donor funding, sustainability of these activities will be a major challenge for the program in the future.

UNDP is constantly engaged in dialogues with the Government and proactively participates in discussions and resolving of challenges for successful achievement of goals and targets of the National TB Control Programme. Over the program term, UNDP has strengthened activities focused on development of capacity of the RTBC, as a key partner implementing GF grants in the past 5 years.

Malaria

Malaria program is aimed at reducing transmission of Plasmodium Vivax and maintaining the absence of transmission of P. Falciparum malaria countrywide and includes 6 strategic interventions, reflecting the regional malaria elimination strategy of WHO Europe and in line with UNDAF outcome for improved access for the vulnerable to quality basic services in health education and social protection. 41 districts are identified as high priority target areas to maximize the impact with optimum utilization of resources, with particular emphasis on 25 districts bordering Afghanistan, as a free zones on both sides of the border.

The most remarkable achievements have been noted in malaria program, with all indicators to measure program performance exceeding 100%. In 2012, the number of detected malaria cases is significantly low and all cases have received appropriate treatment according to National Protocol of treatment of malaria. Health and laboratory facilities were supplied with necessary items and are ready to provide services for the general populations in the malaria-prone areas. The number of checked blood slides for malaria diagnosis is double than originally planned. There is also continuous capacity building of healthcare staff and primary

health care is involved in prevention and treatment, lead by National Tropical Disease Centre, as one of the SRs of the GF grant.

UNDP has led the process of involvement of broad range of stakeholders in malaria program, coordinating activities of many actors to achieve the desired targets. There is solid base established at country level, to eliminate malaria as a problem and sustain the program in the future.

Implemented activities have also increased knowledge on malaria among general population and school children in affected areas, as well as provided households in risk areas with long lasting insecticide-treated Net (LLITNs), insecticides and in-house residual spraying. According to knowledge attitudes practices (KAP) survey conducted in 2013, 93.5% of population in the malaria transmission area having correct knowledge on malaria prevention and 18 000 school children in the malaria epidemic regions (15 districts) receiving malaria prevention education provided by school teachers and community based organizations.
3 operational research conducted over program term have provided further details on malaria epidemics and magnitude of the problem, as well as recommendations for future activities, since there was no evidence on insecticide resistance and carriers of vectors.

Key partners involved in the implementation and their roles.

Key partners involved in implementation of strategies to fight HIV/AIDS, TB and malaria can be identified at several levels and includes both national and international partners. Since 2003 UNDP has been implementing seven grants from the GFATM and starts additional three grants under Transitional Funding Mechanism

(TFM) periods as of October 2013 that play an instrumental role in achieving the national AIDS, Malaria and TB objectives, as well as the UN's Millennium Development Goals[1]. Through implementing the grants of the GFATM and the UN Joint Advocacy Project on HIV/AIDS[2], UNDP's goal is to increase prevention, treatment and care initiatives as well as concentrate its efforts on developing the capacities for effective response and quality management of HIV/AIDS, TB and Malaria Programmes of the Government of Tajikistan.

UNDP is also paying high attention to building partnership with other UN agencies, international NGOs, and local CBOs in efforts to enhance prevention measures and improve access to health services with special focus on gender and human rights aspects.

[1]Project documents for HIV, TB and Malaria projects (GFATM grants)
[2]Project document for UN Joint Advocacy Project

Partners of HIV/AIDS program include 8 governmental agencies (National AIDS Center, Republican Scientific Blood Center, National Center for Dermatology and Venereal Diseases, Ministry of Labor and Social Protection, Department of Penitentiary Affairs of Ministry of Justice, Republican Clinical Narcological Center, Committee on Youth, Sport and Tourism and Central Military Hospital of Ministry of Defense), Republican Centre for Healthy Lifestyle, as well as 12 public organizations as the major implementing partners in reaching different at-risk and vulnerable groups by HIV prevention. Alongside, 5 international organizations (AIDS Foundation East West - AFEW, International Organization of Migration -IOM, WHO, UNICEF, UNFRA) were mainly engaged in supporting favorable environment in response to HIV infection and strengthening capacity of national counterparts.

TB program run by UNDP as PR of GF funds implements activities through a network of institutions: Republican TB Control Center, Republican Clinic TB Hospital, WHO, WFP, Department of Penitentiary Affairs/ Ministry of Justice, Aga Khan Foundation, Project HOPE and local NGOs (Nakukor, Gender Development, Najubullo, AntiSPID and Farodis).

Key partners of UNDP in achieving malaria control include : Republican Center to Fight Tropical Diseases, WHO, Republican Center for Formation of Healthy Lifestyle, Republican Center for Preventive Disinfection, local hukumats, public Organization ‘Subhi Tandarusti”

Roles and responsibilities of each partner in the fight against diseases are defined in the respective strategic documents, as well as country program action plans.

Total resources, including human resources and budgets

Resources available for implementation of activities for HIV/AIDS, TB and Malaria mainly come from Global Fund and are complementary to funds allocated in the fight against 3 diseases by Tajikistan Government. The total resources for 2010-2013 amount to 77.703.840 USD for the 3D and the spending rate by 2013 is 90.7%.

All three programs are run by the program implementation unit under UNDP as PR of grant funds. Available resources for the period 2010-2013 and spending rate are presented in Annex 6.

Social, political, economic and institutional factors

Tajikistan is one of the Central Asian Republics with population of approximately 7.917.000, belonging to over 80 ethnics groups, of which 26.3% of total population live in urban settings. Around 40% of the population are younger than 40 years,

with a high rate of unemployment, officially 2.5%[3], while unofficial rate is more than a million. Tajiks currently work as a labor workers in Russian Federation or other post Soviet Countries; 46.7 percent of the population in 2012 was deemed poor (Human Development Report 2013) and per capita income amounts to 2.119 USD[4],[5].

Fifteen years after the civilian war (1992-97), Tajikistan has faced many problems, requiring a direct humanitarian assistance into an economically national-state that is now focusing on sustainable development based upon nascent democratic principles. Over the past years, Tajikistan was in constant need for international assistance, both financial and technical in almost all sectors of society.

According to the UNAIDS Report on Global AIDS Epidemic 2012[6], Tajikistan is among countries where HIV prevalence has increased by more than 25% over the last 10 years, although Tajikistan still manages to keep the epidemic in a concentrated stage (less than 1% of general population). By 1 January 2013, there were 4674 known cases of HIV in the country (74.6% male / 25.4% female), 828 new cases found in 2012. The highest prevalence is noted in Dushanbe and Gorno-Badakhshan Autonomous Province. The average rate of HIV is 50.7 cases per 100,000 populations.

Tuberculosis presents serious health and social problem for Tajikistan. In 2012, a total number of newly registered TB patients was 5,484 with case notification rate of 78.7/100,000 population, i.e., was about three times more TB cases compared to 1995. The case notification rate for new smear positive cases has doubled from 1,024 in 2005 to 2.041 in 2012 and mortality rate has tendency to decline over the last decade, but is still a problem with 6.6 per 100.000 (2012). Treatment success for new TB cases is still under the international targets with 80.4% for 2011[7]. One of the serious challenges for the National TB strategy is a high rate of MDR-TB, with 16.8% among new cases and 61.6% among previously treated TB patients. According to the preliminary results of the extensive TB review performed in July 20013[8], since 2009 the NTP achieved a remarkable progress,well elaborated governance approach and progressive management of NTP on: developed structure for DR-TB management, strengthened DOTS, improved integration of TB services in PHC and TB-HIV, well developed TB laboratory network, but network management not yet fully established. The key challenges for the next years are identified in strong donor dependency-existing funding gap, gaps in diagnosis and treatment of

[3]CIA World Fact book 2012
[4]State Agency of Statistics
[5]Hhuman Ddevelopment Rreport 2013, World Bank
[6]Mid-term review of National HIV/AIDS programme (report expected in October, 2013)
[7].National Programme to Control Tuberculosis in Tajikistan
[8].Mid-term review of National TB Programme, Draft report, July, 2013

drug resistant TB and management of TB among the existing risk groups (prisoners, labour migrants (16% among new TB cases),poor population from rural areas and a growing trend of HIV-infected patients among TB patients and Roma population.

According the World malaria report-2012[18], malaria in Tajikistan is in phase of elimination with >75% decrease in case incidence in the period 2000-2012. In 2012, only 33 indigenous new malaria cases were reported in the country. (including 31 cases of P.Vivax, and 2 cases of P. Falciparum). It is remarkable that no cases of local transmission of P.Falciparum was registered in the last three years, but all notified cases were imported. Malaria elimination programme provides the most promising results for the national MDG6 targets, since all WHO recommended policies and strategies were adopted and implemented in Tajikistan starting from 1997, through 2000, 2004 and 2006[9].

[9].National Programme on Malaria Elimination 2010-2015

Chapter 3 Evaluation scope and objectives

Evaluation scope

Based on criteria of relevance, effectiveness, efficiency and sustainability the scope of the evaluation is expected to include lessons learned, findings and recommendations in the following areas:

- Whether the **outcome** as stated in the CPAP for 2010-2015 periods has been achieved or what is the progress made towards its achievement. The outcome should be assessed within the context of the overall national HIV/AIDS, TB and Malaria response as well as in the context of UNDP mandate in the field of health and development.
- Identify contribution of key UNDP outputs in management of three diseases to achievement of the outcome.
- The contribution of the outcome towards attainment of targets set in the Millennium Development Goals, UNGASS and CPD/CPAP and national strategic goals according to NDS/PRs and sectoral national programmes and action plans for three diseases.
- An analysis of the underlying factors within and beyond UNDP's control that affect the outcome (including the strength, weaknesses, opportunities and threats affecting the achievement of the outcome).
- Whether UNDP's outputs and other interventions can be credibly linked to the achievement of the outcome, including the key outputs from programmes, projects and soft (i.e policy advice and dialogue, advocacy and brokerage/coordination services) and hard assistance that contributed to the outcome.
- Whether UNDP's partnership strategy has been appropriate and effective including the range and quality of partnerships and collaboration developed with government, civil society, donors, the private sector and whether these have contributed to improved programme delivery. The degree of stakeholder and partner involvement in the various processes related to the outcome should be analysed.
- Analyse the overall status and effectiveness of UNDP's collaboration with other organizations of the United Nations system within the framework of the UNDAF Thematic Group on HIV/AIDS.
- Whether gender and human rights dimensions of HIV, TB and Malaria are being adequately addressed in UNDP programming and have contributed to the achievement of the outcome.
- Review the effectiveness of programme implementation through the GFATM-funded grants on HIV, TB and Malaria, and UN JAP as well assessing the level of capacity development achieved. An assessment should also be made of the

validity of the assumption of UNDP's comparative advantage in the area of capacity development of the government, civil society playing the role of sub-recipients but also potential future PR(s).

- The quality and timeliness of inputs, the management capacity, the reporting and monitoring systems, the project/programme administration provisions and the methodologies applied in the implementation of activities and the extent to which these may have been effective.
- Outline and include in the report three case studies for each disease (HIV, TB and Malaria) best practices, success stories or lessons learnt.

Evaluation objectives

The key objective of this outcome evaluation is to assess UNDP Tajikistan CPAP Outcome#2 defined as "*Sustainable and efficient multi-sectoral response structures are established to halt the spread of HIV/AIDS and TB epidemics and eliminate Malaria by 2015 in line with MDGs*", which represents the largest portion of resources spent by UNDP in the country.

The outcome evaluation entails the progress made towards achievement of the outcome and make recommendations on the realignment of programme design and response arrangements to be adopted both for the immediate, short term and long term. The findings and recommendations of the outcome evaluation will be used to identify UNDP involvement in the HIV, Health and Development thematic area in Tajikistan within the corporate planning frameworks and documents such as United Nations Development Assistance Framework, Country Programme Document and Country Programme Action Plan which will ensure achievement of the expected development outcome(s).

Evaluation criteria

Evaluation criteria set in this section are defined as to focus objectives of the evaluation and define standards against which the outcome of the three diseases (HIV/AIDS, TB and Malaria) will be assessed. As benchmarks against which results will be measured, these evaluation criteria include combination of mandatory and point-rated items; for point-rated items, evaluators will take into consideration value-added factors and provision of a means to assess and distinguish one activity from another.

As defined in the ToR for this assignment, the following evaluation criteria have been defined:

Relevance was evaluated by measuring the extent to which UNDP Tajikistan activities are consistent with national and local policies, defined priorities and the needs of intended beneficiaries, as well as the extent to which the implemented

activities and initiatives are responsive to UNDP corporate plan and human development priorities of empowerment and gender equality issues. Compatibility between the perception of what is needed as envisioned by the initiative planners and the reality of what is needed from the perspective of intended beneficiaries was evaluated, as well as the concept of responsiveness to changing and emerging development priorities and needs.

Appropriateness, as a part of relevance evaluation has been measured in terms of the cultural acceptance as well as feasibility of the activities or method of, as to evaluate whether the implemented activities are acceptable and feasible within the local context. For that purpose, the evaluation questions were formulated to explore the extent to which the planning, design and implementation of initiatives take into account the local context.

Effectiveness criteria included questions that have to evaluate the extent to which the intended results (outputs and outcome) have been achieved, as well as the extent to which progress toward outputs and outcome have been achieved by examining UNDP contributions toward intended outcome. The evaluation was performed in three stages: measurement of changes in the observed output compared to baseline, determining UNDP contribution towards observed changes and judgment of the value of the change as positive or negative.

Efficiency has been evaluated in expertise and time terms, i.e., whether resources and inputs are translated into results, as to measure whether resources have been used appropriately.

This outcome evaluation involved estimates of the total UNDP investment (all projects and soft assistance) toward defined outcome. Assessment included questions on how the partnership strategy has influenced the efficiency of UNDP initiatives through cost-sharing measures and complementary activities.

Evaluation criteria for **sustainability** encompass measurement of the extent to which benefits of initiatives are capable for continuation after external assistance comes to an end. Evaluation had have included assessment of established social, economic, political, institutional and other conditions presented and their ability to maintain, manage and ensure activities and results in the future. Particularly, the evaluation focusend on existence (or intention for development of) a sustainability strategy, including capacity development of key national stakeholders, financial and economic mechanisms in place to ensure the ongoing flow of benefits upon closure of external assistance, established organizational arrangements, policy and regulatory frameworks and institutional capacity such as systems, structures, bodies, staff expertise etc.

Evaluation criteria were applied for each disease separately; specific evaluation questions are defined in the following section.

Evaluation questions

Evaluation questions chosen for this evaluation follow from a thorough understanding of the country context, UNDP's CO operations and activities, and are selected to fulfill the role in meeting the evaluation purpose, objectives and relevant evaluation criteria.

Several different questions were asked for each evaluation criterion, applying the principle of strategic determination of what information is needed most and to prioritize evaluation questions. A clear and concise set of relevant questions were applied during the mission to ensure that evaluation is focused, manageable, cost efficient and useful. To ensure that the key questions selected for the evaluation are the most relevant and most likely to yield meaningful information for users, evaluators solicited input from UNDP programme units during the field mission and negotiated agreement among partners and other stakeholders. Detailed questions used for the evaluation are presented in Annex 7.

Chapter 4 Evaluation approach and methods

The proposed outcome evaluation utilized both qualitative and quantitative methodology and consultants have made the best use of the existing documents and have conducted individual interviews/group meetings with relevant stakeholders, thus utilizing both primary and secondary data.

Data sources, collection procedures and instruments

Data collection methodology has included:

a. **Desk review of relevant documents**

- Country Cooperation Framework/Country Programme Outline that define the key outcomes to be achieved in a three- to five-year time period and provides background information and UNDP perspective on development in a given country.
- Country Office Strategic Results Framework, that includes some of the key outputs clustered under the outcome in question and has provided insight into all of the projects/programmes /sub-programmes and soft assistance that contribute to the outcome. Also included is information on the strategic partners, partnership strategy, join activities among UNDP and other UN agencies, progress reported in previous years, the quality of outcome indicators, the need to work further in this area and baseline information.
- End-project or end-programme sources (for outcome progress, factors affecting the outcome, UNDP contributions and partnership strategy)
- Monitoring and evaluation reports (such as evaluation reports on related subjects, Annual Project/Programme Reports, field visit reports and other outcome and key programme/project documentation).
- Reports of related in-country oblast and regional projects and programmes (to reveal the extent to which projects and programmes have complemented the contributions of UNDP and its partners in the progress towards or achievement of the outcome)
- Reports on progress of partners' interventions (progress made by partners in the same outcome and how they have envisioned their partnership strategy with UNDP are topics covered in these reports)

• Data from published sources on the outcome progress such as the government, private sector organizations and national research institutes.

b. **In-depth interviews** with partners and stakeholders with structured questionnaires (including gathering the information on what the partners have achieved with regard to the outcome and what strategies they have used); other donors.

c. **Discussions with the NCC, National Centers and institutions** responsible for TB, HIV and Malaria programmes, Senior Management at UNDP office; the institutions and responsible people are presented in the Annex 4, and was defined 7 days before the start of the mission in Dushanbe.
d. **Field visits** to selected project sites and discussions with project teams,project beneficiaries
e. **Briefing and debriefing sessions** with UNDP CO and PIU managers that provided further information not available in the revised documents.

Performance standards

The evaluation has included standard indicators to measure HIV/AIDS, TB and malaria performance, the same indicators used to report to GF. All indicators are internationally recognized, used and defined in the WHO Compendium of indicators. Yet, it has to be mentioned that evaluators have found certain inconsistencies in indicator definition (in details explained in Chapter 5 – findings).

One outcome and 3 output indicators have been evaluated for each disease separately (results available in findings section).

Although analyzed and taken into consideration when formulating evaluation questions and findings, this report does not include results and comments on process indicators, due to large amount of data.

Rating scale was used only in assessment of UNDP managing role and success in implementation of GF funded activities by international and national partners asked to provide score on a scale from 1-5. Out of 10 respondents, 3 have provided highest score of 5 and the remaining 7 partners scored UNDP work with 4, the main remark being delays in procurement of drugs and consumables and few complaints and remarks on insufficient transparency in selection of bidders.

Stakeholder engagement

Various numbers of stakeholders are involved in implementation of activities targeting HIV/AIDS, TB and malaria, as per the disease specifics, epidemiology of the disease and scope and target groups covered with the interventions. Engagement of various stakeholders is defined in their contracts as SRs or partners in the UNDP managed program on HIV/AIDS, TB and malaria.

Evaluation has included interviews with majority of the stakeholder's representatives (listed below for each disease separately). In-depth interviews have provided insight into their involvement and issues they face in implementation of the programs, which, combined with the reports from the respective organizations

provided evaluator with a clear and broader picture of UNDP inputs in achieving the set targets.

Stakeholders are coordinated by NCC, UNDP as PR is main coordinator of activities and stakeholders include different institutions, national, UNDP umbrella organizations and NGOs and CBOs.

HIV/AIDS, TB and Malaria programs include many stakeholders: Ministry of Health, UN Agencies, Department of Health, Women and Familly Affairs of the Presidential Office, NCC, Ministry of Labor and Social Protection, Committee of Youth, Committee on Women and Family Affairs, Ministry of Justice, Ministry of Water Supply and Sanitation and Ministry of Interior (border control). Islamic University, academic institutions.

Detailed information about the 3 D programs UNDP partners and implementaters of the programs activities are presented on page # 22 (titled “key partners involved”)

UNDP Tajikistan involvement in evaluation

During the field visits the evaluation team was supported by international and local staff from UNDP. The UNDP CO analyst has supported the team in designing the evaluation, participated in the field mission and provided ongoing feedback for quality assurance during the preparation of the inception report and the draft and final report. UNDP country office took a lead role in supporting the evaluation team in liaison with the key partners, and made available to the team all necessary information regarding UNDP activities in the country. The office has also provided additional logistical support to the evaluation team, as required, including making arrangements for interviews and field visits. To safeguard the independence of the evaluation, interviews with informants were conducted in the absence of the UNDP Tajikistan personnel. UNDP has contributed support in kind (office space for the evaluation team) and covered local transportation costs of evaluation team.

Ethical considerations

Evaluators have applied ethical principles defined in UNEG Ethical Guidelines for Evaluation[10].

Evaluation is designed and methodology agreed with UNDP, defining scope and purpose of the exercise, and is intended to serve the information and decision-making needs. Evaluators were not influenced by the views or statements of any entity involved in the in-depth interviews or providing the necessary documents.

[10] UNEG Ethical Guidelines for Evaluation, available from http://www.unevaluation.org/ethicalguidelines

This evaluation provides a comprehensive and balanced presentation of strength and weaknesses of the policies, HIV/AIDS, TB and malaria programs with the respective activities defined in the 3 projects, organizational units implementing the activities and takes into consideration perspectives of a broad range of stakeholders involved. Quality of methodology, procedures for data collection and analysis of data used to formulate findings and conclusions is appropriately addressed to reflect the weaknesses of applied methods.

During in-depth interviews, evaluators have provided informed consent to participants, respecting their right to provide information in confidence. Due respect has been also paid to differences in culture, local customs, religious beliefs, personal interaction and gender roles.

Evaluators declare no conflict of interest and are accountable for completion of deliverables in the agreed timeframe and budget.

Background information on evaluators

The outcome evaluation was conducted by two experts, one international consultant and one national expert. The international consultant team leader with overall responsibility for providing guidance and leadership has developed plan of action stating the methodology and required human and institutional resources for the outcome evaluation, following the brief orientation with the UNDP CO analysts and staff before the start of the mission. Also, the two consultants provided the expertise in the core subject areas of the evaluation, and are responsible for drafting the report and finalizing the final report. The plan of action has clearly spelled out the areas of evaluation, indicators and data collection. The inception report prepared by the consultants was presented to the UNDP 10 days before the mission started. Evaluation questions were agreed among UNDP CO in consultation with the evaluators. The team leader had experience and demonstrated capacity in strategic thinking, planning, analysis and policy advice and in the evaluation of complex programmes in the field, especially for 3D in Central Asian Republic (CAR). The team members had in-depth knowledge of complex issues in Tajikistan. The team leader had experiences in conducting complex programme evaluations and understands conflict-sensitive evaluation methods, knowledge of Tajikistan and the region and substantive knowledge of the focus areas of the UNDP programme in Tajikistan. The national expert has experience in the field of monitoring and evaluation of the different programs and as a team member facilitated preparations for the main mission, including liaising with the Tajikistan UNDP CO country office to ensure that the office has arranged meetings and provided required documentation.

The evaluation team has oriented its work by UNDP Outcome-Level Evaluation: A Companion Guide [11] , United Nations Evaluation Group (UNEG) [12] norms and standards for evaluation and will adhere to the ethical guidelines and the Code of Conduct[10].

Major limitations of the methodology

Certain limitations of the methodology were identified and openly discussed as to their implications for evaluation during the inception phase, as well as steps taken to mitigate those limitations:

- The outcome evaluation team was comprised of two experts, one international and one national.
- National expert was selected at a later stage, and had not enough time before the start of the outcome evaluation mission to familiarize with the large number of reports and documents.
- Insufficient involvement of some stakeholders in the process of preparation for the outcome evaluation, the entire process was left to UNDP CO only.
- The site visits may not be representative of the overall programme, as they did not include two other large regions as GBAO and Sogd Oblasts due to limited time for the field visits during country mission and remoteness of the area.
- Terms of Reference of this evaluation excluded a financial review of the programme implementation and thus excluded per se cost-effectiveness evaluation of the programme.
- Due to time constraints, it was not feasible for the evaluation team to visit all the activity sites and organizations. The sites visited and people interviewed were proposed by UNDP and may not be representative of the overall programme.

However, despite aforementioned limitations, the evaluation team considers that they did not have major influence on the overall evaluation process, since UNDP has made available large amount of documents, such as annual reports, previous assessments, national programs for the three diseases, results from the comprehensive review on TB andHIV performed previously in 2013, GF projects, presentations of national representatives in the country and at international meetings etc.

[11]Outcome-level evaluation companion guide

[12] Standards for Evaluation in the UN System

Chapter 5 Data analysis

As defined in the inception report, the evaluation has been conducted using both quantitative and qualitative data, in accordance with Handbook on planning, monitoring and evaluating for development results[13] and Outcome-level evaluation companion guide to the Handbook.

Desk review of documents that met the inclusion criteria (relevance to the period of evaluation (2010-2013) and relevance to HIV, TB and Malaria projects has been performed in the period October-November, 2013, and has included the following types of documents – Box 4.

Box 4 –Summary of country program sources and list of the documents reviewed (for intended outcomes, baselines and strategies)

- Country Cooperation Framework/Country Programme Outline
- Country Office Strategic Results Framework
- UNDP CO and UNDAF reports
- End-project and end-programme sources
- Monitoring and evaluation reports
- Reports of related in-country oblast and regional projects and programmes
- Reports on progress of partners' interventions
- *In-depth interviews* with partners and stakeholders, using the structured questionnaire agreed prior to the mission
- Discussions with the GFATMgrant implementation unit, NCC, National Centres or Institutions responsible for TB, HIV and Malaria programmes, Senior Management at UNDP office;
- Field visits to selected project sites and discussions with project teams and project beneficiaries

Evidence synthesis of available documents from relevant sectors was performed to contextualize the current state of affairs in the field of HIV, TB and malaria in Tajikistan and assess their compliance with national strategies. Quantitative analysis has included analysis of intended vs. actual targets for the period of evaluation, based on data reported to donors, regular annual reports and progress reports and results are presented graphically in the findings section.

In-depth interviews with key informants included representatives of UNDP staff working in the Country office and in the Project Implementation Units for HIV, TB and Malaria GFATM grants, National managers of HIV, TB and Malaria programs, CBOs implementing activities and beneficiaries of the programs (IDUs, TB patients,

[13]Handbook on planning, monitoring and evaluating for development results.

women organizations). Findings from interviews are included in the analysis of 4 evaluation criteria.

No major limitation of the data has been considered important by the evaluators. However, due to limited time, only one oblast was visited (Khatlon oblast in the south) where key informants were interviewed and site visits are not necessarily representative of the overall programs. Despite this minor limitations, evaluators would like to note that UNDP CO has made available all documents that were initially not planned to be included in the analysis and has also arranged meetings and field visits that were not initially planned, but were considered necessary during the field mission (such as Ombudsman office, Project HOPE and KNCV).

Findings and conclusions

For the outcome, the scoring is made against criteria of positive change (evidence of movement from the baseline towards the desired target), negative change (reversed process towards the set target) or unchanged (absence of evidence of achievement, i.e., there is neither positive nor negative change).

Scoring of outputs is made as a number or rate, aimed at assessing the degree to which output targets set at baseline have been met by the time of evaluation; outputs are scored as *not achieved, partially achieved* or *achieved.*

Findings section is organized and results presented in accordance with 4 evaluation criteria agreed in the inception report and follow the scope of the evaluation structure.

Relevance

The activities supported by UNDP are aligned and are entirely complementary with the long-term National Strategies on HIV/AIDS, TB and Malaria in Tajikistan. Program performance is measured using the same indicators (at outcome, output and process level).

In absence of other organization with needed capacity to serve as PR of GFATM funds and implement activities in the field of HIV/AIDS, TB and malaria, UNDP has played a crucial role in the management of large amount of funds and implementation of complex activities in the fight against three diseases. Activities have been launched in 2013 to develop capacity of the existing institutions to undertake the new grants in the future, defined in the *National capacity development and transition plan*, as part of UNDPs interim PR mandate to capacitate national entities to take on the leadership and management of GF grants.MoH Technical Working Group was established in August 2012 to work with

UNDP and other partners to identify the steps and realistic timeline needed to transfer the role of PR from UNDP to the relevant national entities.

UNDP program is designed in accordance with international strategies and documents to fight HIV/AIDS, TB and malaria and UNDP rules. The program reflects the real needs of a country undergoing transition and operates with limited resources, high poverty and unemployment rate, migration problems.The program planning, designing and implementation takes into account local and social context, such as activities in rural areas, providing equitable access for the entire population with special emphasis to vulnerable and at-risk populations, such as prisoners, migrants, IDUs, SWs, MSM and areas in the south Afghan border where malaria is a problem. Of particular importance is evolution of the projects over the period of evaluation, by introducing new activities and scale-up of existing ones (such as MDR-TB treatment and infection control activities), based on identified actual needs, such as introduction of methadone treatment and molecular testing for TB. Evaluators would like to emphasize the importance of integration of TB, HIV and malaria programs into primary health institutions, which is not yet fully implemented and is at different stage for different disease.

Results to date show that long-term development country needs defined in CPAP as one of the 5 priorities (priority #2 *Reducing burden of HIV/AIDS, Malaria and Tuberculosis)* will be partially accomplished by 2013, showing potential to be achieved as planned by 2015. Results for the period 2010-2013 are in details presented in effectiveness section below (p.36).

UNDP has played significant role in strengthening national capacities for the three diseases, both in human resources and their capacity building, as well as quality of interventions, infrastructure, policy documents and overall structuring of the programs. In the past 3 years, UNDP also went through internal restructuring within the Project implementation units due to lack of funds, which has no influence on the relevance of the GF funded projects for the 3 diseases. Significant strengthening is achieved in penitentiary sector, particularly in implementation of standards, procedures and interventions, building strong coordination between the civil sector and penitentiary institutions.

UNDP sets a base for the control of HIV, TB and Malaria through procurement of new diagnostic tools and consumables (GeneXpert), certification of laboratories, development and endorsement of policy documents (MDR-TB treatment guide, M&E Guideline, SoP), secures regular medical supply, infrastructure improvement, human resources capacity building and regular M&E of implemented activities.

In terms of relevance, it is also worth to mention value added by NCC, UN agencies and other international organizations, as partners in implementation of activities

within the three programs, having a leading role in oversight and coordination of activities for the three diseases. WHO continuously provides technical assistance for HIV/AIDS, TB and malaria, including organization of program reviews for TB and HIV conducted in 2013. UNICEF is involved in HIV/AIDS program through organization of mass media campaigns, testing of pregnant women and education of youth through YFHS centers. USAID, Project HOPE and KNCV provide joint monitoring activities of the three programs, as well as technical assistance for some project interventions. All partners closely collaborate with national experts and organizations as direct implementers of UNDP program.

Over the period of evaluation, communication channels functioned effectively; however, there are certain issues raised by MoH and UN organizations which require further attention. One of the issues raised is collaboration and exchange of information between MoH and UNDP and also some UN organizations (UNDP, WHO) and the need for regular meetings where problems can be discussed and recommendations proposed.

Effectiveness

Effectiveness of the program is presented through analysis of intended vs. actual targets as planned for the period of evaluation 2010-2013.

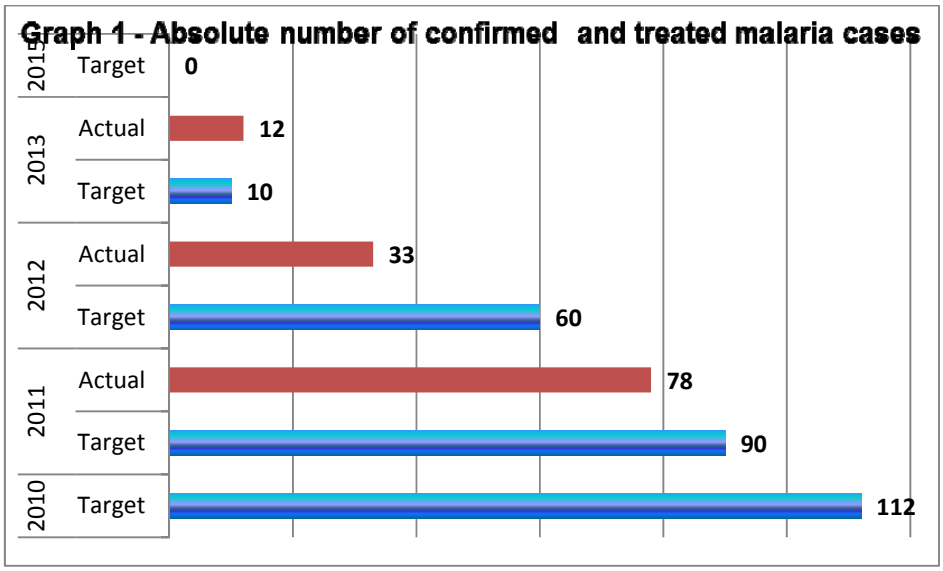
Analysis of the outcome results for the three diseases is performed through 3 program outcome indicators and 3 output indicators, for each disease separately.

Outcome indicators

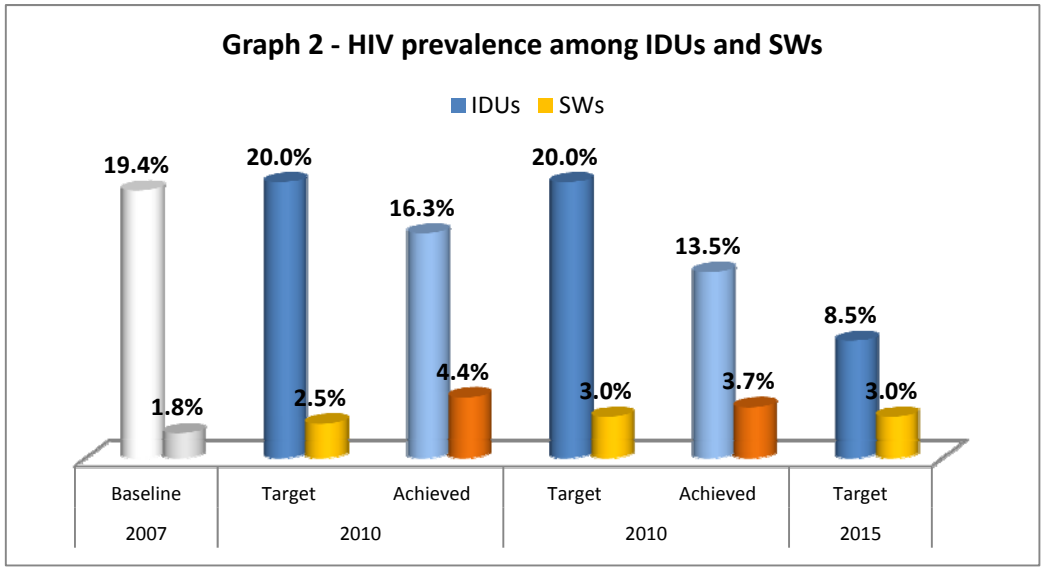
Overall, all outcome indicators show positive change in achievement of intended targets defined in CPAP and national programs for HIV/AIDS, TB and malaria.

At outcome level, the target for malaria has been achieved, with 12 cases in total by the end of 2013, showing good potential for achieving the target of zero for 2015 and elimination of malaria disease.This is based on the fact that from the baseline value for malaria indicator#1 (number of people with malaria infection receiving anti-malarial treatments as per national guidelines) of less than 10 malaria cases per 100.000 population diagnosed and treated in 2007, achieved target for 2011 of less than 2 cases per 100.000 and actual rate of 0.17 per 100.000 (12 cases only) in 2013 shows a realistic potential to achieve 0 cases with malaria by 2015. The graph # 1 shows the absolute number of malaria cases for the period 2010-2013.

Graph 1 - Absolute number of confirmed and treated malaria cases

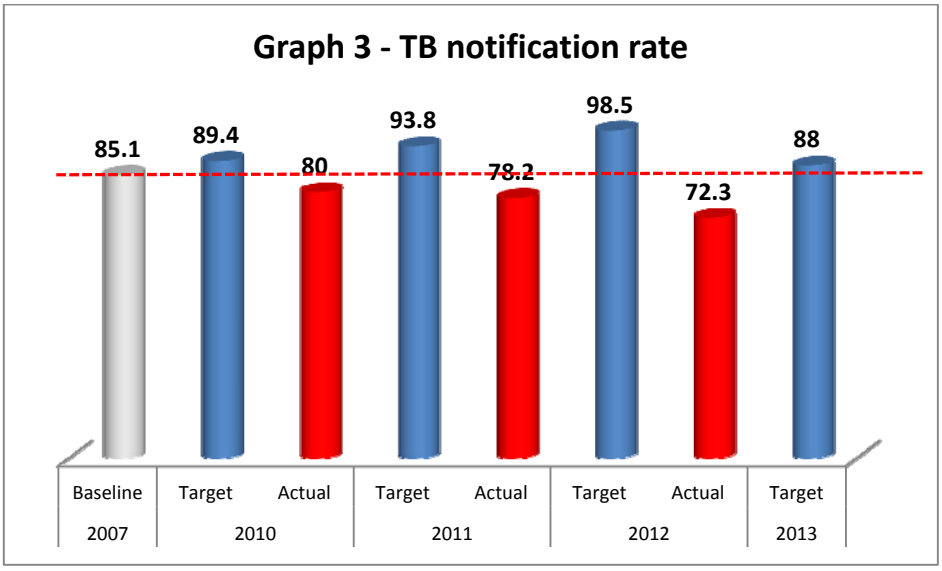


Outcome indicator for HIV/AIDS measures prevalence of HIV among IDUs and SWs and latest results are available for Year 2011 from the sentinel surveillance conducted in 2012 (next sentinel surveillance is scheduled for 2014). Actual prevalence of 13.5% among IDUs in 2010 is lower than the set target, but for SWs is still higher than planned (3.7% vs. <3% planned) – Graph 2.



Outcome indicator for TB measures TB incidence rate, shows reduction of rates each year over the period of evaluation with rates significantly lower than originally

planned targets (83.4/100.000 in 2010 to 74.6/100.000 in 2012). However, for evaluators it is hard to understand why planned targets are set to continuously increase by Year 2015, starting with 67/100.000 in 2005 at baseline to 103.4/100.000 planned target for 2013, especially because Tajikistan is DOTS country since 2008. The only rational explanation for established targets can be found in WHO high estimates of TB notification rates for Tajikistan, set at >200/100.000 population, considering baseline information available as underestimation of the real epidemics. Evaluators have information from national TB program that NTP has requested revision from WHO of these estimates and the revised rates are halved and range between 100-130/100.000. Therefore, interpretation of achievements of outcome results is difficult at this point, but the decreasing trend over the past 3 years shows promising result towards halting the TB epidemic by 2015 – Graph 3.

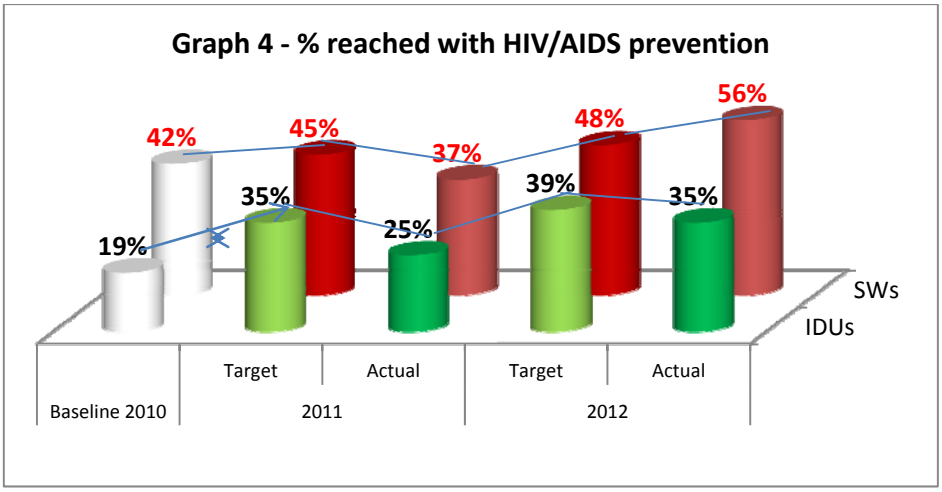


Output indicators

Output targets set for HIV/AIDS program include 3 indicators.

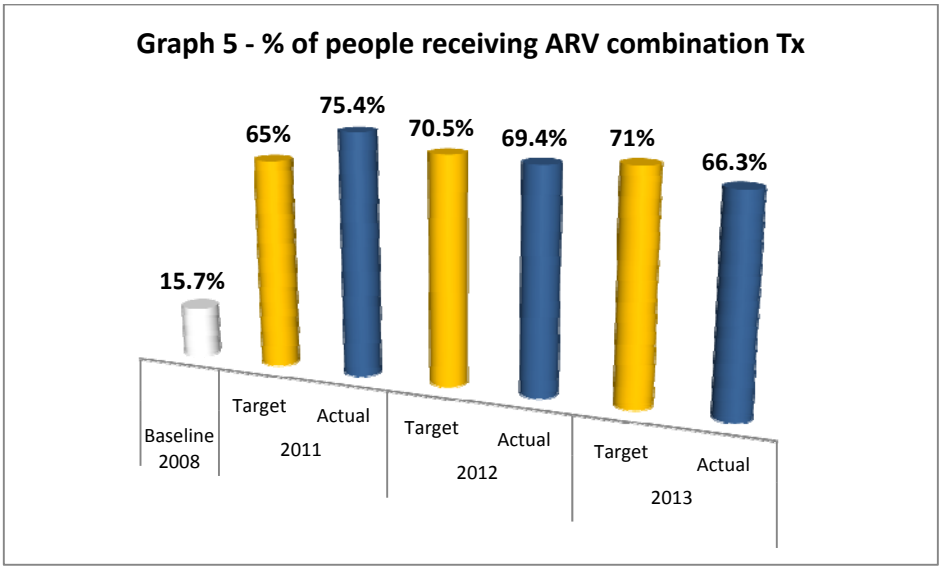
Output 2.1 *To scale up HIV prevention, treatment, care and support interventions in Tajikistan among high risk groups and the general population, including building government capacities for response*

Indicator 2.1.1 measures % of IDUs and SWs reached with HIV prevention programs; results show that preventive activities, although with increasing coverage every year, have not reached targets set for IDUs (see Graph 4). Results for SWs have been over achieved in 2012 and, given the fact that data for 2013 is available by September only (32% vs. 44% planned), results to date show good potential that this indicator will be achieved by the end of this year.



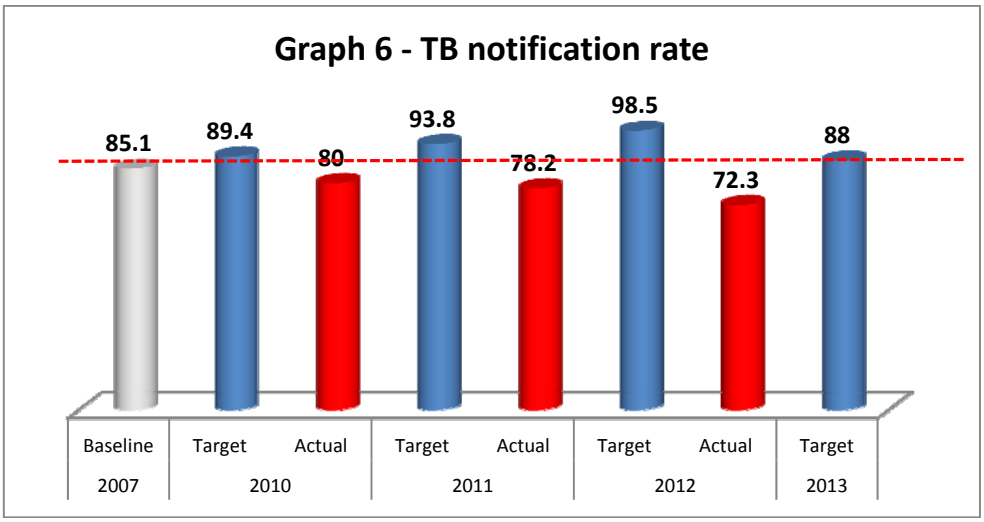
Results for indicator 2.1.2 *% of population expressing positive attitude to people with HIV/AIDS* is available for 2012 only and amounts to 44.5% which is lower that the baseline of 48% in 2008. At this point it is hard to assess whether the target of 60% set for 2014 will be achieved, given that this indicator is not included in the list of GFATM indicators.

Indicator 2.1.3 *% of people receiving ARV combination therapy* shows significant improvement compared to baseline of 15.7% (2008), is overachieved by 10% than planned in 2011 and close to planned in 2012 (achieved 69.4% vs. 70.5% planned);the indicator shows good potential to be achieved also for 2013 (data available for only the first 3 months of 2013) – Graph 5.

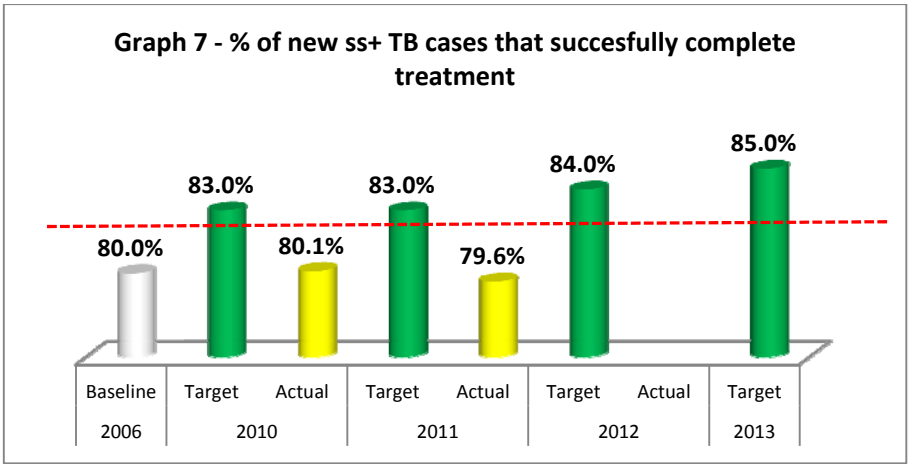


Output 2.2., defined as *Public health care sector capacities are built to reduce the burden of TB in Tajikistan by 2015 in line with the MDGs and 'Stop TB Partnership' targets.* is measured through 3 output indicators

2.2.1*New TB cases detection and notification rates per 100.000 population in one year period*. As commented under TB outcome indicator above, it is not clear whether this indicator differs from the indicator defined at outcome level. Evaluators assume that at outcome level more appropriate will be case detection rate, instead of notification or TB incidence rate. However, TB surveillance data show tendency of reduction of notified TB cases in the evaluation period from 85.1/100.000 in 2007 to 72.3/100.000 in 2012 – Graph 6.



Output indicator 2.2.2 - *% of new smear positive TB cases that successfully complete their treatment among the new smear positive TB cases registered during 12-month period*. Targets for this indicator have been set in accordance with the internationally recommended standard of 85% for 2013;still, data for 2010 (80.1% vs. 83% planned) and 2011 (79.6% vs. 83% planned) show that targets set for the respective years are not achieved – Graph 7. Partially, underachievement for this indicator can be attributed to insufficient directly observed treatment in the continuation phase, large number of migrants (>1 million) and low motivation of TB staff and high staff turnover. The reasons for this underachievement cannot be identified easily with the existing evidence and should be subject to operations research that will provide sufficient details to explain the situation.

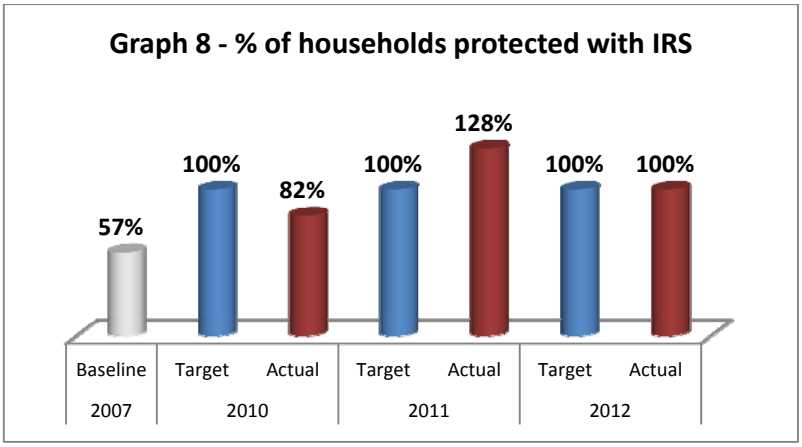


2.2.3 *% of new multi-drug resistant TB cases (MDR) that successfully completed their treatment among the new MDR cases registered (MDR success rate)*

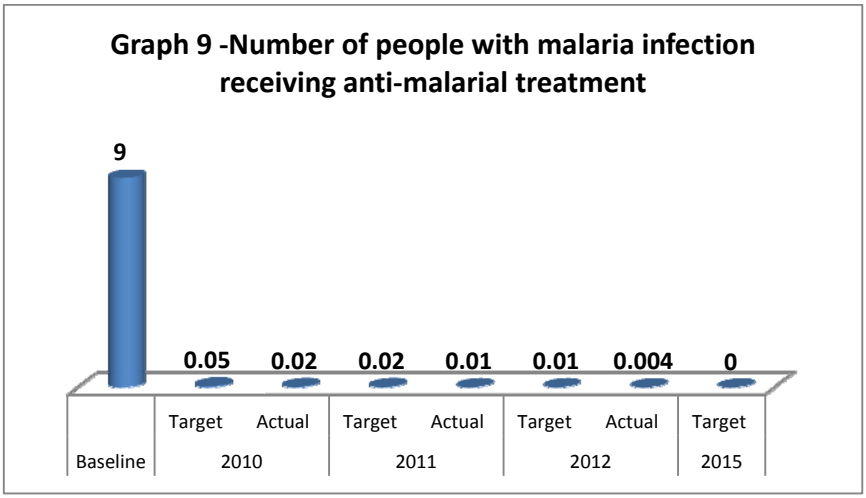
The first results available in 2012 for MDR-TB treatment success actually reflect treatment success in the cohort that started treatment in 2009 and is higher than originally planned (61.6% vs. 50% planned). Evaluators estimate that given the solid infrastructure established in the country, introduction of new rapid molecular testing, strong selection process of the first MDR TB Cohort and certification of laboratories for MDR-TB, trainings conducted for capacity building, availability of MDR-TB treatment guideline and MDR-TB surveillance as a part of National TB surveillance, are all good preconditions to achieve planned targets for MDR-TB treatment success. Evaluators would like to stress the important organizational role UNDP has been playing in establishment of all aforementioned interventions over the past period and in harmonization with other partners in the field of MDR-TB.

Output 2.3.*To strengthen management of national malaria control programme, resulting in the interruption of local malaria transmission in Tajikistan*

2.3.1. % of households protected with IRS (indoor residual spraying with insecticides) except in Year 2010, shows 100% achievement compared to planned targets – Graph 8.

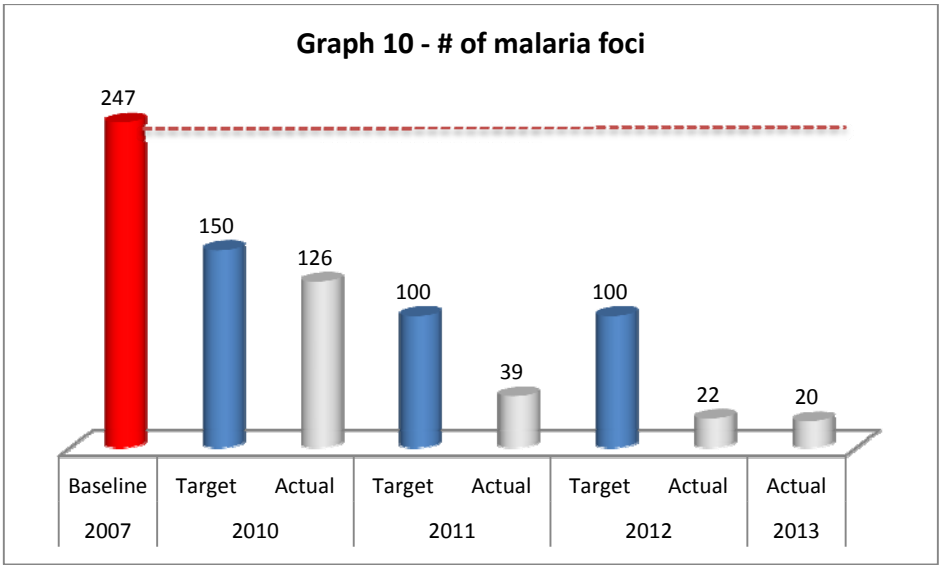


2.3.2. Number of people with malaria infection receiving anti-malarial treatment as per national guidelines – Graph 9 show that treatment is provided for all diagnosed patients according national guidelines, in addition to preventive activities.



Besides the issues identified with definition of indicators (rates and absolute numbers), results to date show that malaria program is on track to achieve desired targets, as indicated by activities in the field, as well as output indicators tracking the progress and achievement of MDG on malaria.

2.3.3. Number of malaria foci (villages affected by malaria) has been significantly reduced in the period of evaluation – Graph 10



Evaluators also consider that initiated process of integration of services for HIV/AIDS, TB and malaria into primary health care, although not yet expanded around the country, will greatly contribute towards effectiveness of programs. However, evaluators were not provided any written document on such strategy (including responsibilities and timelines)and this will be pointed as one of the weaknesses that needs further attention.

M&E system has been strengthened at both national and program partners level. UNDP has established a solid base for continuous M&E by developing guidelines and long-term education of personnel. Nevertheless, there are still challenges that need improvement, particularly in M&E of laboratory quality and good coordination of all involved partners (rational monitoring).

Efficiency

Activities implemented in the period that is subject to evaluation have been in compliance with the agreed workplans and timelines for the three diseases and no major delays are notified that have caused significant problems in implementation.

UNDP mobilizes its own resources to share the costs of M&E and personnel in regional offices associated with M&E for HIV/AIDS, TB and malaria programs, which contributes to the overall efficiency of the 3 programs. UNDP is also engaged in providing administrative and managerial support to UNJAP in the process of scaling-up activities for HIV advocacy. In addition, UNDP plays a major role in coordinating activities with other key partners and thus ensuring that activities are efficient and are not duplicating efforts in the fight against HIV/AIDS, TB and malaria.

However, there are certain issues that need improvement and will be addressed in recommendations section:

Although procurement of goods and services has followed UNDP rules and requirements, several SRs have reported delays in the period under evaluation, such as procurement of drugs, furniture and insecticides. Based on information from interviews with SRs, these delays can be likely caused not only by long and rigid UNDP procurement procedures, but also by human resources responsiveness in timely preceding the required documents to higher levels for final decisions. In addition, evaluators would like to note that the issue of procurement of insecticides reflects MoH opinion received during the interviews; the delays are of global nature, with many factors influencing procurement beyond UNDP, which is also recognized by GFATM as a donor.

Complaints on quality of supplies – based on information gathered during interviews with SRs, some of the procured goods delivered by UNDP to the end users are of questionable quality or were delivered broken and therefore not in use. The question posed by partners (SRs) is who will take the responsibility for this omissions, as well as how these goods will be replaced and whether repeated procurement will have any fiscal implications on the projects and programs.

Another identified issue is sustainability of the 3 newly built TB hospitals, with 1 hospital in prison which cannot start functioning due to lack of both donor and governmental funding to provide all furniture and equipment requested by end-users, while other two hospital by the end of October still had pending issues with non-completed electricity connection, water supply and heating. Planned funds for building are spent by UNDP according to agreed design and planned, but this problem refers to the issue of communication between UNDP as PR, MoH and national programs to properly plan and distribute required resources.

Selection of appropriate bidders for building TB hospitals has been also raised by MoH as an issue, causing delay in finalizing works by more than a year, due to complex challenges and reasons, one of which could be insufficient monitoring of the planned works. Again such kind of constraints points to lack of coordination and lack of clarity in division of responsibilities between MoH and UNDP.

There is a need to strengthen human resource planning and management practices at the level of PIU, as there are signs of low motivation, increased work overload of employees and therefore high staff turnover in PIU. Selection of competent and skilled staff is also an issue, one example including an engineer selected as coordinator for infection control that require other specific skills and training. All this in turn has a direct impact on outcome achievements.

Presently, there are no formal channels for coordinative meetings for higher level officials between UNDP CO and MoH which in turn cause delays in making decisions. Despite this, Deputy Minister of Health has specially emphasized the role of UNDP in building the structure for future fight against HIV/AIDS, TB and malaria and preparation of top level managers to undertake the role of PR beyond GF funding and UNDP managing the programs.

Ministry of Health after almost a decade of implementing 7 GF funded grants on HIV/AIDS, TB and malaria in 2012 has made a decision to launch a process of transition towards delegating responsibilities from UNDP to local public health institutions (see Sustainability section). UNDP is supporting MoH and public health institutions intentions for capacity building, and has been actively involved in development of the so-called *Capacity Building and Transition plan.* However, no deadlines have been set and completion of the transition plan fully depends on MoH willingness to implement and mobilize resources to amend its capacities and undertake the leadership role. UNDP remains a supporting agency with the role to bring attention of donors for this initiative and bringing small resources for specific activities in the Plan.

Sustainability

Sustainability of the existing programs on HIV/AIDS, TB and malaria is the greatest challenge for both UNDP and the country of Tajikistan. Even the outcome that is subject to this evaluation includes the word *sustainability* and is, according to evaluators, very ambitiously defined at the time of launching the programs. This finding is based on the facts that at present more than 70% of expenses for HIV/AIDS, TB and malaria are covered by GFATM funds and, although increasing every year, government allocated funds are not sufficient to cover all expenses beyond Global fund funding.

UNDP role in strengthening national capacities for HIV/AIDS, TB and malaria is significant, as for the past 10 years lot of investments have been in place to reinforce infrastructure, intensify activities, consolidate and coordinate partnerships, introduce new diagnostic tools in accordance with internationally accepted standards and develop capacities of human resources. Yet, great dependence on foreign aid and limited domestic resources at this point makes it difficult to assess the capability of the country to undertake GFATM role in the future.

As shown in the effectiveness segment of this section, indicators for measurement of progress in HIV/AIDS, TB and malaria programs show steady increase over the period of evaluation, most of the services being maintained and expanded over time. UNDP projects for the three diseases have in-built mechanisms and apply

international strategies for establishment of a milieu for sustained services that will be transferred to national ownership in a step-by-step manner.

MoH Tajikistan has developed the so-called *Capacity Development and Transition plan*, aimed at building national agencies to become fully responsible for implementation of HIV, TB and Malaria activities beyond GFATM funding. Still, capacity building at local level proved to be a very lengthy process that will require many years to see the results and have full system in place.

It should be also noted that there is no Strategy or long-term plan for TB/HIV and malaria education. Also, despite numerous educations, trainings, round tables and meetings are held frequently under the GF funds, there is no systematic approach for long term education of health professionals at all levels (undergraduate and postgraduate).

UNDP Partnership strategy

Apropos the partnership strategy, all counterparts, particularly managers of the three programs have responded positively, do not have any major remarks, emphasizing that for many years UNDP has built adequate partnership and collaboration and has played the leadership role in coordination of programs. However, evaluators would like to point that to date, there is no Memorandum of understanding signed between UNDP and MoH. Signing such a Memorandum will contribute towards precise definition of mutual obligations and collaboration between, in the process of implementation of activities defined in projects workplans.

Providing leadership in the country health agenda

UNDP has taken the responsibility for providing leadership on TB/HIV/AIDS & Malaria national programs, by providing financing of programs through GF and its core funds and technical support to Tajikistan, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, and monitoring and assessing planned achievements.

Starting from 1993**,** UNDP has started to work in Tajikistan and has promoted health development driven by the ethical principles of equity, improving access to life saving and health promoting interventions. UNDP through the GFATM grants for HIV/AIDS, TB and Malaria and health development has provided care to the general population, but giving priority to health outcomes in poor, disadvantaged and vulnerable groups as TB patients, prisoners, IDUs, CSWs, MSM, migrants and people living in the areas prone to malaria, in particular in the south of the country close to the Afghan border.

UNDP strategies reflected in the three diseases projects implemented activities supported by GF, aimed to strengthen the TJ health system through provision of health services to all TJ citizens. Areas being addressed include provision of adequate numbers of appropriately trained staff, sufficient financing, suitable systems for collecting vital statistics and access to appropriate prevention, diagnostics and quality drugs for treatment of the three diseases.

UNDP has generated authoritative health information, in consultation with its international and national experts, has set norms and standards, articulated evidence-based policy options and continuously monitored evolving global heath situation.

UNDP carries out its work with support and collaboration of many partners and enhancing partnerships, including MoH, UN agencies and other international organizations, donors, civil society and the private sector (Annex 10). UNDP as a PR of the GF grants encourage the key national partners in TB, HIV/AIDS and malaria implementing programmes, to align their activities with best international technical guidelines and practices, as well as with the priorities established jointly by national and international partners. UNDP CO has paid particular attention in improving its performance to participate and play active role in ongoing health country reforms, targeting the three diseases, and improving its effectiveness, efficiency, continuously working on sustainability of the health services in TJ. UNDP through the GF financing has supported and implemented project activities in TJ through results-based management, with defined expected results used to measure performance at country level.

In the period of 2010-2013, UNDP has been systematically providing support to the MoH of TJ. As all three projects funded by GF (TB, HIV/AIDS and malaria) end in 2015, UNDP and MoH is in the coming years in the so-called “transition period”. UNDP has developed capacity development and transition web-based “toolkit” for Global Fund programs.

The Ministry of Health Technical Working Group (TWG) was established in August 2012 to work with UNDP and other partners to identify the steps and a realistic timeline needed to transfer the role of Principal Recipient from UNDP to the relevant national entities. The TWG is chaired by the Deputy Minister and consists of senior officials from Ministry of Health, the NCC coordinator, heads of the National Centres for HIV, Malaria and TB, UNDP and WHO. As the work of the TWG progresses, it will engage with the NCC and other relevant government and CSO organizations, and development partners including European Union, World Bank and USAID to improve coordination.

Coordination and management of partnership

The coordination and management of the partners that are involved in the achievement of UNDP HIV/AIDS, TB and malaria outcome takes place through NCC responsible for the coordination of partnerships under the GF funded projects. It is currently chaired by the Vice Prime Minister, co-chaired by the Minister of Health, and represented by the Deputy Ministers, heads of bilateral and multilateral agencies; national and international NGOs.

This evaluation assessed the effectiveness of the UNDP partnerships in terms of the extent to which they have enabled UNDP to achieve its HIV/AIDS, TB and Malaria outcome and outputs. Three main issues are discussed here – the unity between partners, the ability of the partnerships to solve intervention challenges, and the boundaries between the partnership activities and UNDP Tajikistan.

UNDP and other GF partners carry out joint planning for the implementation of the GF grants in close collaboration with NCC. UNDP as the PR for the three diseases was largely responsible for administration of the funds, while the partners implement the activities. All respondents who were interviewed during this evaluation reported that the relationship between them and UNDP is a cordial one, and they are all aware of the unique roles that they play in this partnership. All partners had stressed the very important role UNDP had played in the process of implementation of the three projects, leadership and harmonization of the partnership relations.

NCC is more of a political entity, as the meetings are headed by Vice Prime Minister and Minister of Health. According to respondents at UNDP, the atmosphere during these meetings is not conducive for raising matters relating to the performance of partners. Further to this, the NCC meets for only 2 hours every three months, which does not provide ample time for discussion of project details. Intervention challenges are addressed at project level between the project officers in the different partner institutions.

One of the UN partners has suggested that in addition to NCC meetings to include also working meeting(s) on specific topics, such as thematic partnership meetings, particularly for UN organizations located in the same building, in order to familiarize with details on achievements in implementation of their activities, exchange of opinions on existing problems and propose solutions for resolving problems.

Even though all HIV/AIDS, TB and Malaria activities in UNDP are reflected under the same CPAP outcome (# 2), they appear to follow a cohesive implementation plan. The intra organizational coordination to manage the three projects was assessed by partners as a very effective one. Activities were implemented by the respective projects according to the project documents and in response to the CPAP.

According to respondents interviewed, the project staff have to prioritize between projects requirements and other ad-hoc tasks coming from donor and the Country office. On the other hand, the team that was implementing the UNJAP project appeared to have integrated with the UNDP team, because their relationship to UNDP is more institutionalized.

Partnerships with non –governmental organizations and community based organizations

UNDP partnership with NGOs and CBOs was found to be at satisfactory level, but a room for improvement exists. Some NGOs and CBOs representatives have stated that the UNDP wasn't enough focused on the non-government programmes. Additional remarks was the NGOs projects were planed for shorter period and not enough to reach the target population, mentioned by the NGOs working on the South Hatlon Oblast of the country with migrants (their projects lasted approximately for 9 months, and in the period April – November when the migrants are usually out of the country, mostly in Russia. However the NGOs used to work with the families of the migrants).

Tajikistan has a fairly vibrant civil society movement which, if well supported, could contribute effectively to the achievement of development results. Civil society partners, particularly in the governance and gender sector, recommended the development of specific partnership strategy to address critical emerging issues in these sectors, such as support to the migrants, IDUs, CSWs to the realization of the devolution of powers to the local governance structures.

Summary of achievements towards Millennium Development Goals

HIV/AIDS

According to the National Mid –term Report on Millennium Development Goals, the key goal of the Programme on HIV/AIDS in the Republic of Tajikistan was achieved: the prevalence did not exceed 20% among the key populations at higher risk and 1% of general population. In the course of the national response, the following significant results have been achieved:

- Number of people reached by voluntary counseling and testing has increased by more than four times in recent years.
- Low HIV prevalence.
- Coverage of target populations by prevention programmes increased and reached 37/74% of IDUs/CSWs in 2011 and 32/57% for IDUs/SWs in 2013, and 41% of men who have sex with men.
- 100% of donated blood samples are tested for HIV and other infection transmitted through blood;

- Coverage of HIV positive pregnant women by the programme to prevent HIV transmission from mother –to child reached 56.1%
- Coverage of people living with HIV who need antiretroviral therapy significantly increased during recent years and more than 81% of PLWHA in need of ARV therapy had access to this vital care for them (65% ARB therapy coverage);
- Package of services provided to most-at-risk population national wide. Substitution therapy for IDUs introduced in the country on pilot base.
- 84.1% of CSWs reported using a condom during the last intercourse; 63.2% of IDUs said about sterilized injection equipment the last time when they injected drugs.
- Improvement in knowledge of HIV/AIDS and modes for prevention

Tuberculosis

For factual reasons, it is hard to realistically assess TB achievements in line with MDGs in Tajikistan, in first line being the unrealistic high estimates of TB burden. However, evaluators would like to emphasize that Tajikistan has made significant progress in several areas:

- Epidemiology data show decreasing trend of number of new TB cases and mortality has been halved and amounts to 6/100.000;
- Access to TB diagnostic and treatment services is available for the entire population of Tajikistan;
- There are 2 well-equipped laboratories in Tajikistan, capable to provide quality of services and reference /quality assurance services and established diagnostic laboratory network in Tajikistan;
- Since the end of 2009, new rapid tests for TB diagnostics and testing for drugs resistance are introduced, facilitating early launch of treatment of resistant strains (including M/XDR TB);
- There is step-by-step inclusion of PHC in TB control program and implementation of so-called patients oriented approach;
- There is uninterrupted supply with high quality drugs, in addition to restrictions and legal provisions for sale of these drugs in private and public pharmacies, limiting its irrational and improper use as the most important factor for development of resistant TB strains;
- High percentage of HIV testing for TB patients and increased coverage;
- Continuous process of human resources capacity building with numerous trainings, education sessions and participation at international meetings.
- Involvement SCO in implementation of National TB Control program;
- Implementation of TB, TB\HIV and MDR TB program in prison.

Malaria

Malaria is the disease for which MDGs by 2015 will be fully achieved, according to results in indicators on malaria in Tajikistan.

- Three-pronged approach for malaria control (early diagnosis and effective treatment, vector control and epidemic control) with high coverage and use of ITN;
- The key beneficiaries of the programme, which covers 41 districts in the country, are pregnant women and children under 5 years, with general population comprising the major part of beneficiaries of the program.
- Malaria cases have plummeted as a result, from more than 2,300 in 2005 to just 78 in 2011, 33 in 2012 and 13 cases in 2013. Tajikistan is now in the pre-elimination phase for malaria. That's a tremendous achievement.
- The number of foci also has showed trends of significant reduction year by year, from 247 in 2007 to 39 in 2011 and only 22 foci in 2012.
- For more than 5 years there is no malaria cases caused by Plasmodium falciparum.
- Since the Tajikistan Malaria control programme began, it has also upgraded 250 health facilities and trained 2,748 health workers—who have treated some 2,490 malaria patients.
- It is realistic to state that Tajikistan has a real chance to achieve the malaria MDG by 2015.

Gender & Human Rights

Gender and human rights are adequately addressed in UNDP programs on HIV/AIDS, TB and malaria and have contributed to achievement of the outcome.

UNDP has continuously supported establishment of network of women NGOs, with particular obligation to advocate for rights of women and implement activities in the three diseases programs. Particular attention is paid to provide ARV treatment and social services for women and their infected children suffering domestic violence.

Programs are also designed to include target populations such as migrants, IDUs, SWs, MSM and prisoners whose rights are identical as the general population in terms of prevention, diagnosisand treatment of the three diseases.

Conclusions

Based on criteria of relevance, effectiveness, efficiency and sustainability,conclusions for the evaluation of Outcome#2 titled "*Sustainable and efficient multi-sectoral response structures are established to halt the spread of*

HIV/AIDS and TB epidemics and eliminate Malaria by 2015 in line with MDGs" are summarized below. Lessons learned and success stories are presented separately, at the end of the report.

- In terms of relevance, it can be concluded that UNDP programs on HIV/AIDS, TB and malaria are in full compliance with national strategies, and goals and targets defined in the strategies;
- UNDP programs have been effective, as the defined outcome, as stated in the CPAP, is showing good progress to be achieved. Evidence shows remarkable progress made towards its achievement, within the context of the overall national HIV/AIDS, TB and Malaria response as well as in the context of UNDP mandate in the field of health and development;
- Contribution of UNDP in management of HIV/AIDS, TB and Malaria towards achievement of the outcome has been crucial over the period of evaluation, as the only organization with capacity to undertake and manage extensive activities and funds;
- To date, only malaria indicators are on good track to fully achieve MDG targets by 2015. HIV/AIDS and TB indicators also show good progress and established solid base is precondition for further continuous improvement of program performance and achievement of MDGs;
- The quality and timeliness of inputs complies with donor requirements and follow internationally recommended definition of indicators that measure progress in HIV/AIDS, TB and malaria control. Management capacity of UNDP, although facing certain challenges and issues that need further attention in terms of strengthening, has played the crucial role in achievement of the outcome under evaluation. Reporting and monitoring systems in place are in full compliance with donor requirements and have established a solid base for sustainable progress in the fight against HIV/AIDS, TB and malaria in the future. The project/programme administration provisions and the methodologies applied in the implementation of activities proved to have been effective in the period under evaluation and show promising capacity to achieve MDGs;
- UNDP's contribution towards achievement of outputs and other interventions can be credibly linked to the achievement of the outcome, including the key outputs from programmes, projects and soft assistance, such as policy advice and dialogue, advocacy and coordination services, in addition to first hand hard assistance that contributed to the outcome through implementation of activities in the field of HIV/AIDS, TB and malaria;
- UNDP programs have been efficient in terms of solving routine problems and gaps during implementation, but, there are certain issues that need further improvement, raised by partners, particularly in procurement of goods and services;

- Sustainability of the existing programs on HIV/AIDS, TB and malaria is the greatest challenge for both UNDP as PR of GFATM funded programs and the country of Tajikistan, due to great dependence on foreign aid and limited domestic resources;
- UNDP's partnership strategy has been appropriate and effective over the period under evaluation, in terms of the range and quality of partnerships and collaboration developed with government, civil society, donors and the private sector. All these partnerships have contributed to improved programme delivery;
- Gender and human rights dimensions of HIV, TB and Malaria have been adequately addressed across all 3 programs managed by UNDP, thus in turn contributing to achievement of the outcome;
- The so-called transition plan developed in 2013 by UNDP and MoH sets a solid base in the area of capacity development of the government and civil society for transferring the role to sub-recipients as potential future PR(s);

SWOT Analysis

Opportunities are seen in support to Government, NCC and MoH in development of transition plans for enabling them to undertake the role of PR in HIV, TB and malaria programs, as well as joint efforts with national partners in development of proper phase-out strategy. Revision of staff retention policy is also considered an opportunity that will prevent high staff turnover and enhanced communication strategies are expected to raise awareness about complexity of managing large funds.

However, there are weaknesses that need further attention, such as insufficient capacity of national stakeholders to undertake the leadership, lack of awareness on complexity of managing large amount of funds and high staff turnover due to absence of staff retention strategy. UNDP administrative procedures cause delays in procurement of goods and services that impairs regular activities. The most important weakness is high dependence on external funding which requires particular attention by all stakeholders.

At present, all three programs are threatened by focus of national authorities on capital investments in facilities to treat diseases, rather than investments in preventive activities; delays in procurement processes that impair regular activities and provoke reactions of partners and stakeholders; lack of trained top level national managers and technical specialists (particularly for labs) and, the most important one, no secure funding for sustainability of successfully launched initiatives.

Chapter 6 Recommendations

Recommendations are defined based on the comprehensive analysis presented in the previous chapters and are summarized as follows:

- UNDP with its structure and experience should lead the way towards empowering national institutions in fundraising, because funding is the most critical issue in the current and future HIV/AIDS, TB and malaria programs. The focus should be not only on major international donors, but also to non-traditional donors, private sector, local business associations.
- UNDP should continue supporting national partners with sustainable financing and budgeting of national programs through mobilization of resources, prioritization of interventions and estimate of the cost effectiveness of programs in the global crisis context;
- Continue support in integrating currently donor-funded activities on TB and HIV into the national public health system to accelerate the process of program integration into PHC and addressing the social determinants of health. Activities should be focused on integration of TB, HIV and Malaria programs activities at PHC level (decentralization of 3D programs activities) and definition of the link between TB and HIV and social determinants of health (OR or study).
- Continuation of capacity building of the national and local staff involved in TB, HIV and malaria project and introduction of trainings into the undergraduate and postgraduate medical studies;
- Operations research plan for HIV/AIDS, TB and malaria has to be developed, to provide evidence for problems solving and decision making (such as low percentage of TB confirmed cases, low TB treatment success rate, initial results of harm reduction programs, efficient ways of reaching vulnerable populations etc);
- UNDP should lead the process of revising TB, HIV/AIDS and malaria strategies and the respective indicators (in order to streamline the national M&E framework with donor and international standards), based on recommendations of mid-term program reviews and provide support to NCC in the preparation of future GFATM applications in the light of GFATM New funding Mechanisms considering inclusion of new initiatives in the concept notes (Box 5);

Box 5–Proposed topics for New Funding Mechanisms through concept notes

1. Strategy to build private – public partnership
2. Revision of the National Strategies for HIV/AIDS and TB separately and development of new strategic document according the international standards (WHO recommended)

3.	Work on social determinants of health of 3D
4.	Strengthening TB/HIV collaborative activities
5.	Focus on M/XDR-TB diagnosis and treatment
6.	Harm reduction program and preventive interventions, opiate substitution therapy, education should be spread to other pilot regions and countrywide in the next 5 years
7.	Strengthening and improving access to provide services for 3D in rural areas
8.	Development of operations research plan for the next 5 years for 3D to detect reasons for very low TB detection rate
9.	Development of strategy for regional trans-border approach to deal with HIV/TB and TB prevention, diagnosis, treatment and follow-up of migrants

- UNDP should continue providing technical assistance to the national programs and in close coordination with other technical UN agencies develop long-term technical assistance plan in key areas (provision of international experts in development of standards strategies, policies and guidelines and support in adaptation of the international best practices at country level);
- UNDP should ensure timely execution of procurement of goods and services, improve transparency in bidding procedures and decisions on selection of companies, as well as closely monitor the works and delivered goods;
- UNDP should reinforce conditions for transfer of funds to SRs stipulated in partnership agreements with national partners and ensure that contracts with partners contain required details on dynamics of funds transfer;
- UNDP should pay particular attention to selection of staff for certain positions in projects, address staff retention issues, such as motivation of staff, secure that all benefits to employees are applied and develop long-term plan for their capacity building;
- UNDP should strengthen inter-sectoral programs, explore and implement pilot programs to address poverty, livelihoods and disease control issues, such as livelihood support for vulnerable population.
- UNDP should strengthen formal and informal communication channels with national and international partners at UNDP leadership level

Short and long-term recommendations and required actions, responsible entities and timeline are presented in Annex 8.

Lessons learned

Lesson#1 Transformation of the Republican Hospital Macheton

In general, MoH of Tajikistan is still under influence of the Soviet model of TB treatment. MoH still considers as priority investments in TB facilities, rather than planning transformation towards more efficient system of prevention, diagnosis and treatment of TB.

Despite this, there are serious steps undertaken to transform the services, and one example is the biggest Republican hospital “Macheton” for treatment of MDR-TB, located in close vicinity of Dushanbe. The main feature of this project is that many international partners (German development bank - KFW, Doctors Without Borders/Medecins Sans Frontieres -MSF, Project HOPE, WFP) have collaborated with UNDP as PR of GFATM funds and MoH to transform the hospital from an “old fashioned” to state-of-art facility that treats TB and lung diseases, investing in reconstruction, provision of equipment and education of personnel. Transformation took place in the period 2011-2012, launched with reconstruction, establishment of National Reference Laboratory and provision of necessary equipment and employment of new and educated staff. The name of the hospital has also changed, from TB Hospital to National Center to Fight TB and Lung Diseases and Thoracosurgery.

Comparison of the hospital services in the past and today are presented in Box#3:

Box 6 - Macheton Hospital in the past vs. Macheton Hospital today in numbers

Past

TB hospital, with more than 780 beds, non-standardized laboratory methods, no quality control, average length of stay 6 months, non-standardized treatment dependent on available drugs, average age of health personnel 65 years, numerous surgical interventions, inappropriate conditions for hospitalization, absolute dependence on financial assistance.

Today

National Center to Fight TB and Lung Diseases and Thoracosurgery, number of beds significantly reduced to 420, department for lung diseases, average length of stay 2 months for new TB cases and 6 months for MDR cases (hospitalization in the intensive phase of treatment), excellent hospitalization environment, established and implemented infection control plan, contemporary lab services for classic and rapid TB diagnostic tests (including resistant TB forms) that implement standard operating procedures - SoP, certified National Reference TB Lab at 3rd biosafety level, average personnel age 33 years, highly motivated professionals.

The hospital is equipped with up-to-date equipment not only for lab services, but also for diagnostics of lung diseases: video bronchoscopes, computer tomography of the thorax, ultrasound, contemporary operating theaters, continuous education of staff abroad, lab control by Supranational laboratory in “Gauting”, Germany.

Macheton also participates in MoH projects for development of policy documents. In 2013, over 2 months, a team of German financial experts have worked with national experts on development of software to facilitate financial procedures at the

hospital which can be used in other facilities around the country. Prikaz#600 has been issued, regulating responsibilities in service provision and financing TB services, including new provisions, compared to the past law.

“Macheton” today is empowered to also generate own funds through provision of outpatient services to patients from Dushanbe and surrounding districts. Launch of these services has opened new horizons for hospital managers, motivating them to offer new services for citizens, generate new funding and there are evident changes in patterns of managing health funds. For the first time since establishment of the hospital, the management was able to procureTB drugs with funds generated through outpatient services.

Macheton hospital is an example that even in the post-Soviet system countries, it is possible to alter old patterns, change behavior of managers and medical personnel, establish rationalization, introduce efficiency and motivate the staff.

Lesson#2 Introduction of ambulatory treatment of TB (including MDR TB)

DOTS implementation in TJK was launched in 2002, and few years later started integration of TB program within PHC. National TB Program PHC is responsible for TB case finding, DOT and monitoring of treatment. More than 25% of the smear positive TB patients are detected by PHC, including MDR TB cases during last three years and more than 40% out of total TB suspect cases were referred for microscopy test by PHC. Since 2010 private importation and sale of first line TB drugs has been prohibited by the Government.

Integration of TB Control Program with PHC, despite of reducing and rationalization of TB beds, have saved funds that were used for needs of National TB Program. This is a good example of Government commitment, which have sustained treatment success rate during last five years (new smear positive and culture positive - 80%)[17]. From the economical calculations, the hospital model is twice as expensive compared to ambulatory one.

Some challenges for implementation of ambulatory TB care still exist, such as poor infrastructure in health sector, lack of medical staff in remote areas, organization of DOT by health sector, also long treatment course for MDR TB cases, socio economic burden for TB patients and their family because of limited socio-economic opportunities and youth unemployment.

PHC works closely with CSOs with 3090 volunteers that are involved in implementation of the National TB Program. The CSOs support TB patients follow up, awareness raising of population on TB treatment, care and support through IEC activities, contacts tracing, migrants, Roma population. In 2012, trained religious

leaders held over 3000 talks on TB during the main Friday's prayers, which were attended by more than 250,000 men and women. Religious leaders referred TB suspects for diagnostics and 6.4% (448 patients) were diagnosed with TB in 2012.

Social support is important component in TB case management. UNDP has initiative to improve economic opportunities and livelihoods of TB patients in Khatlon oblast where 80% of the TB affected families or 3,608 (1,912 women) were covered with micro-finance program. The income gained from the project activities (micro-credits and skills building) allowed the families to improve their food basket, enrich nutrition and at the same time continue long-term treatment of TB disease. It was visible that food support to TB patients and their families can substantially increase TB treatment completion and cure rates among TB patients.

This lesson learned aims to point to some key achievements of ambulatory TB care that are to be considered for implementation around the country: all TB patients have universal access to TB treatment and the treatment success rate of TB and MDR-TB co-managed by the community and CSO accounts to more than 85% of the patients in 2012 and over 90% of all TB cases tested for HIV annually. Results to date clearly indicate the importance of treatment of TB cases at PHC level and an excellent example and incentive for expansion of such activities in the future.

Lesson#3 Women living with HIV/AIDS and behavior change

The second phase of implementation of the three UNDP projects in Tajikistan is (2010-2013) characterized with intensive involvement of non-governmental sector, particularly in HIV/AIDS project, as well as enlarged role of NGOs as SRs. UNDP in partnership with other UN agencies has supported establishment of network of NGOs in the past and has provided support during the current program cycles to different initiatives implemented by the network for the women rights and children. Activities of these NGOs are directed towards fighting stigma, better information of the population, particularly vulnerable groups such as women, children, HIV positive, SWs and others. Assistance to HIV infected women and children in receiving ARV treatment, protection of their rights, social support by the state through ministries, national and international organizations is particularly intensified over the past year.

Regional forum was organized in 2012 for HIV infected women in Tajikistan, as a first opportunity for women to speak in public about their problems, asking for financial assistance from donors for the next years. In 2013, UNDP has provided support to Tajik Network of women living with HIV and NGO Guli Surh, both working with women. Joint small-scale assessment of needs and challenges experienced by women living with HIV conducted by these NGOs allowed detecting numerous community problems, such as lack of understanding among health

professionals, fear and rejection of patients with HIV, and lack of qualified gynecologists, surgeons, dentists and pediatricians willing to work with women and children infected with HIV. Taking into consideration cultural context of Tajikistan that where women are often in unfavorable position in terms of access to health care and education, due to gender disparities, traditional limitations, domestic violence and prejudices, examples of such female leadership and existence of such community-based organisations could be emphasized as success factor of HIV/AIDS advocacy in civil society and good example of empowering of women to fight for women rights. Data shows that initial activities and evidences brought by CBOs representing vulnerable women helped to raise awareness for women rights among representatives of government institutions, general population and medical professionals. Many victims of domestic violence and HIV infected people have sought advice for the disease through the “hotline” established for this purpose. Public opinion has also changed as a result of the activities of these NGOs, in particular in the spheres of prevention of domestic and gender-based violence, and community mobilization for HIV/AIDs prevention among migrants' families and at-risk population.

Aforementioned achievements in improvement of women rights in Tajikistan can serve as a good practice example for other countries, that even in a country where tradition, culture and social circumstances prevail and shape the society, there are efficient opportunities to fight stigma, increase knowledge, education of people living with HIV and TB, as well as inclusion of women as an active advocate for women and children rights protection, through involvement of communities and civil society.

Lesson#4 Elimination of Malaria (multi-sectoral approach)

With regards to the results achieved to date, which are closest to achieve MDGs by 2015, malaria project in Tajikistan is an example of successful multi-sectoral intervention and integrated approach in malaria vector control. Besides public health structures different non-health players have been involved to implement complex of measures, including environmental management, coordination with farmers and agricultural practices, to reduce appearance of stagnant ponds, cooperation with local authorities to facilitate distribution of nets and implement IRS. Three-pronged approach , including early diagnosis and effective treatment, vector control and epidemic control, with high coverage and use of LLITN led to the rapid decrease of malaria cases from more than 2500 cases in 2005 to only 12 cases in 2013 as well as reduction in number of malaria foci from 247 in 2007 to only 22 in 2012. Malaria activities covered 41 districts in the country, and resulted in upgrade of 250 health facilities as well as training of more than 2500 health workers during the period of evaluation. National epidemiological data confirm that

Tajikistan is now in the pre-elimination phase for malaria, which is a tremendous achievement.

Since 2006 UNDP have led the process, in close collaboration with Ministry of Health, Republican Center to fight tropical diseases, local hukumats, Ministry of Water supply, Ministry of Agriculture, and national security body responsible for border control with Afghanistan. Area offices of UNDP Community Programme were involved in implementation of environment management activities. In addition, Republican Center for formation of healthy life style in cooperation with local educational departments in the districts and community leaders (medical personnel, religious leaders, representatives of mahallas and active women), and teachers have significantly contributed in improving the level of knowledge of schoolchildren and population about malaria and methods of fighting with this disease - up to 93,5% of population in malaria-prone districts show adequate level of awareness about malaria. The community mobilization activities like “Little stars of health”, round tables in jamoats, printing of special journal “Shifo” and informational bulletin “Khayoti Solim” were very fruitful for improving the level of knowledge of schoolchildren and population about malaria. As spraying of households was cumbersome and sometimes challenging, and people were afraid to let spraying inside houses, the advocacy campaign was helping to increase sensitivity of population to conducted vector control interventions.

All involved parties, under UNDP leadership have successfully implemented activities defined in the National Strategy for malaria control and, at present, all malaria control measures are in place: environmental control measures, vector control measures, individual control measures, widely available diagnostic tools and services and uninterrupted drugs supply for all infected patients. Of particular importance in establishing the functional and sustainable system are regular monitoring, recording and reporting, and surveillance of malaria cases. However, this most successful story with a promising happy end can be seriously impaired by the great reliance on foreign donors, making the future malaria control unpredictable.

Lesson#5 Short term results of harm reduction program and opiate substitution treatment

Opiate substitution treatment (OST), including provision of methadone in parallel with counseling work with the client to reduce risk behavior and adhere to the substitution of illegal drugs with legal, has been introduced in 3 cities (3 project sites), including Dushanbe. As of December 2012, the actual number of IDUs receiving daily substitution OST was 384 (the target indicator was 400 IDUs), as a result of GFATM funded activities implemented by UNDP. There are no sufficient funds to provide OST for all IDUs around the country and there is not enough

experience from application of this method. At the beginning, even health professionals were very much against introduction of methadone substitution therapy, doubting its efficiency.

However, medical professionals increasingly voice their positive experience from the treatment, even though it is implemented for a very short period. Huge benefits are noticed in only few months of implementation, in terms of improvement of the health status of patients receiving treatment, reduced complications of drug use such as thrombophlebitis, less co-morbidities and regular testing for HIV and TB. In addition, crime has been reduced among IDUs, drug dealers are less present in the vicinity of the OST centers, number of criminal charges is reduced, part of IDUs have returned to normal social life, some of them were even able to find new employment. IDUs increasingly spread the information of the benefits of OST treatment among their peers and have established their associations to discuss their common problems.

As a result of these positive experiences, new OST centers are planned to be opened around the country. However, resources are limited and the biggest challenge will be to secure funds for the existing services and their expansion in other areas of Tajikistan.

Annexes

Annex 1. Evaluation Matrix

Relevant evaluation criteria	Key questions/ Specific sub-questions	Data sources	Data collection tools/ method	Method for data analysis
Relevance	See the box with key questions / sub-questions.	Existing reports, in-depth interviews	Revision of reports, standardized interview form	Evidence synthesis, scoring of interviews Desk review of secondary data. Interviews with government partners
Effectiveness	See the box with key questions / sub-questions.	Project/programme/ thematic areas evaluation reports Progress reports on projects UNDP staff.. Development partners Government partners Beneficiaries	Revision of reports, standardized interview form.	Desk reviews of secondary data. Interviews with government partners, Development partners, UNDP staff, civil society partners, associations, and federations Field visits to selected districts
Efficacy	See the box with key questions / sub-questions.	Programme documents. Annual Work Plans Evaluation reports Government partners Development partners UNDP staff (Programme Implementation Support Unit)	Interviews with PIU staff. Revision of the documents	Desk review of secondary data Interviews with UNDP staff and government partners Observations from field visits

Sustainability	See the box with key questions / sub-questions.	Programme documents Annual Work Plans Evaluation reports	ƒ.Evaluation reports ƒ.Progress reports ƒ.Annual reports	Desk reviews of secondary data Interview UNDP programme staff
MDGs	See the box with key questions / sub-questions.	Project documents Evaluation reports HDR reports MDG reports National Planning Commission	MDGs report, Annual progress reports	Desk review of secondary data MDGs report. Interviews with Government partners
Responsiveness	See the box with key questions / sub-questions.	Evaluation reports .Progress reports on project	Revision of reports, standardized interview form	Desk reviews of secondary data. Interviews with government partners, Development partners, UNDP staff, civil society partners, associations, and federations Field visits to selected districts.
Gender	See the box with key questions / sub-questions.	Project documents Evaluation reports UNDP staff Government partners Beneficiaries	Interviews with CBOs, NGOs, partners	Desk review of secondary data interviews with UNDP staff and Government partners. CBOs Observations from field visits.
Equity	See the box with key questions / sub-questions.	Project documents Evaluation reports UNDP staff Government partners Beneficiaries	Revision of reports, standardized interview form	.Desk review of secondary data Interviews with UNDP staff and Government partners Observations from field visits
Partnership	See the box with key questions / sub-questions.	Interviews with partners	Interviews with MoH representatives, international, local	Desk reviews of secondary data Interview UNDP programme

			partners, NGOs, CBOs,	staff. Interview with International and local partners

Annex 2 Term of References and Scope of work

Outcome evaluation of the UNDP Tajikistan CPAP Outcome 2 "*Sustainable and efficient multi-sectoral response structures are established to halt the spread of HIV/AIDS and TB epidemics and eliminate Malaria by 2015 in line with MDGs*" represents the largest portion of resources spent by UNDP in the country.

- Prepare incentive, draft and final comprehensive evaluation report of the outcome evaluation. The report should include:
    - An assessment of the progress towards outcomes and progress towards outputs;
    - A rating on the relevance of the outcome.
    - Strategies for continuing UNDP assistance towards the outcome within the framework of an accelerated national response and with consideration of sustainability of assisted interventions;
    - Recommendations for formulating future assistance in the outcome if warranted within the framework of the Country Programme Action Plan (CPAP), determination of appropriate health-related outcomes in the strategic documents of UNDP Tajikistan (Make recommendations on the realignment of programme design and response arrangements to be adopted both for the immediate, short term and long term)
    - Outline and include in the report three case studies for each disease (HIV, TB and Malaria) best practices, success stories or lessons learnt.
    - Lessons learned concerning best and worst practices in producing outputs, linking them to outcomes and using partnerships strategically;

SCOPE OF EVALUATION

Based on criteria of relevance, effectiveness, efficiency and sustainability the scope of the evaluation is expected to include

lessons learned, findings and recommendations in the following areas:

- Whether the **outcome** as stated in the CPAP has been achieved or what is the progress made towards its achievement. The outcome should be assessed within the context of the overall national HIV/AIDS, TB and Malaria response as well as in the context of UNDP mandate in the field of health and development.
- Identify contribution of key UNDP outputs in management of three diseases to achievement of the outcome.
- The contribution of the outcome towards attainment of targets set in the Millennium Development Goals, UNGASS and CPD/CPAP and national strategic goals according to NDS/PRS and sectoral national programmes and action plans for three diseases.
- An analysis of the underlying factors within and beyond UNDP's control that affect the outcome (including the strength, weaknesses, opportunities and

threats affecting the achievement of the outcome).

- Whether UNDP's outputs and other interventions can be credibly linked to the achievement of the outcome, including the key outputs from programmes, projects and soft (i.e policy advice and dialogue, advocacy and brokerage/coordination services) and hard assistance that contributed to the outcome.
- Whether UNDP's partnership strategy has been appropriate and effective including the range and quality of partnerships and collaboration developed with government, civil society, donors, the private sector and whether these have contributed to improved programme delivery. The degree of stakeholder and partner involvement in the various processes related to the outcome should be analyzed.
- Analyze the overall status and effectiveness of UNDP's collaboration with other organisations of the United Nations system within the framework of the UNDAF Thematic Group on HIV/AIDS.
- Whether gender and human rights dimensions of HIV, TB and Malaria are being adequately addressed in UNDP programming and have contributed to the achievement of the outcome.
- Review the effectiveness of programme implementation through the GFATM-funded grants on HIV, TB and Malaria, and UN JAP as well assessing the level of capacity development13 achieved. An assessment should also be made of the validity of the assumption of UNDP's comparative advantage in the area of capacity development of the government, civil society playing the role of sub-recipients but also potential future PR(s).
- The quality and timeliness of inputs, the management capacity, the reporting and monitoring systems, the project/programme administration provisions and the methodologies applied in the implementation of activities and the extent to which these may have been effective.
- Outline and include in the report three case studies for each disease (HIV, TB and Malaria) best practices, success stories or lessons learnt

Annex 3 List of documents

1. Country Programme Document (CPD) 2010-2015
2. Country Programme Action Plan (CPAP) 2010-2015
3. United Nations Development Assistance Framework (2010-2015)
4. Project documents for HIV, TB and Malaria projects (GFATM grants)
5. Project document for UN Joint Advocacy Project
6. National Programme on AIDS Prevention and Control 2010-2015
7. National Programme to Control Tuberculosis in Tajikistan
8. National Programme on Malaria elimination 2010-2015
9. Millennium Development Goals, Tajikistan Progress Report 2010
10. Mid-term Review of National TB Programme, Draft report, July 2013
11. Mid-term review of National HIV/AIDS programme, (report expected in October 2013)
12. Capacity Assessment of Republican AIDS service providers and Capacity enhancement Plan, WHO, Tajikistan 2011
13. Draft Readiness Assessment and Outline Transition Plan, UNDP, November 2012
14. National KAP and behavioral surveys and sentinel surveillance data for the period 2010-2015
15. Progress reports to donors and partners
16. UNDP Outcome-Level Evaluation: A companion guide to the handbook on planning monitoring and evaluating for development results for programme units and evaluators. December 2011. Victoria M. Beltran, MPH, CHESa Kathleen McDavid Harrison, PhD, MPHa H. Irene Hall, PhD, MPHb Hazel D. Dean, ScD, MPH Collection of Social Determinant of Health Measures in U.S. National Surveillance Systems for HIV, Viral Hepatitis, STDs, and TB. Public Health Reports / 2011 Supplement 3 / Volume 126.
17. Global tuberculosis Report. 2013.WHO/HTM/TB/2013.11.
18. Global Malaria Report 2013. World Health Organization, 2013.

Annex 4 Agenda and People met - Outcome Evaluation of UNDP, October 21-31th, 2013- Dushanbe, Tajikistan

Time	Meeting	Place
October 21 (Monday)		
14:00 – 15:00	Briefing in UNDP Country office Participants: Mr. Sukhrob Khoshmukhamedov, Assistant Resident Representative/Program, UNDP Ms. Zebo Jalilova, Program Analyst, UNDP Mr. Tedla Mezemir, Program Manager, UNDP/GFATM program National evaluation consultant	UNDP Common premises, ARR/P office
15:30-17 :00	Briefing with UNDP/GFATM Program Implementation Unit Management team: Participants: Tedla Mezemir, PM, Zumrad Maksumova - TB Project Manager, Mavzuna Burkhanova - Deputy Program Manager/Malaria Project Manager, other relevant staff of PIUand UNJAP	UNDP/PIU, Vefa Center
October 22 (Tuesday)		
9:00 – 10:00	Meeting with the Secretary of the National Coordination Committee to Fight AIDS, TB and Malaria Bernazarov Muratboki-	UNDP/NCC office
10:00-11:00	Meeting with WHO Country Director and WHO HIV, TB, Malaria Focal points to discuss partnership, latest developments in public health of Tajikistan, program outcomes, etc Pavel Ursu-Head of Country Office, Sayohat Hasanova,	WHO office, VEFA Center
11.00 - 12.00	Meeting with USAID representative, discussion of cooperation in HIV prevention Dilorom Kasumova	UNDP/PIU
14:00-15:00	Meeting with the Head of the Republican AIDS Center, Mr. Murodali Ruziev	AIDS Center, Dushanbe

15:00-16:00	Meeting with the Head of the Republican Center to Fight Tropical Diseases, Mr. Saifiddin Karimov	Trop. Center, Dushanbe
16:00-17:00	Meeting with the Head of the Republican TB Center, Mr. Oktam Bobokhojaev	TB Center, Dushanbe
17:30-18:30	Debriefing with UNDP PA and PIU managers about the further plans of the mission, necessary amendments in the agenda, etc	UNDP/PIU office, Vefa Center
October 23 (Wednesday)		
9:00 – 10:00	Site visit to service delivery areas providing HIV treatment and prevention services (OST site in Dushanbe)	Narcology Center
10.30 - 11.30	Visit to Republican Center for Healthy Lifestyle Azimov Gurez Ja;lilovich-director. Muuminov Rustam-head preventive department Vahidov Suhrob –head of the communication department	RCHL center
11:30-12:30	Meeting with UN JAP staff, and UNAIDS National Program Officer , Mr. Ulugbek Aminov - information about results of the joint program for HIV Advocacy Ulubek Aminov	
14:00-15:00	NGO-Protect women and children with HIV Haidarova Tahmina-director,' Mirbonova Mehri –member of the team.	
15:00-16:00	Site visit to NGO "Spin Plus" – Dzamolov Pulod, director	Spin Plus Center
16:00-17:30	Meeting with other SRs of HIV program, from non-health sector-NGOs ("Gender and Development", "Legal Support") Arrangement of interviews and focus groups with beneficiaries	UNDP/PIU, VEFA center
17.30 - 18.30	Meeting with KNCV Head of the Office, Mavljuda Mahmudova	KNCV VEFA Center
October 24 (Thursday)		
9:00 – 10:00	Departure to Kurgan-Tube city (1 hour by vehicle from Dushanbe)	

10:30-12:00	Visit to Regional AIDS and Malaria centers, visit to NGOs working with labor migrants and risk groups. Focus group discussions with beneficiaries (as needed). Davlanov Akram - Director of the AIDS Centrem Kurgantube Kunfurotov Davron Murodovich – Director of the Tropical Hospital, Hatlon Moliniso Shanoborova, Director of the NGO " Aclikot Baosit" (Rayons Dzelulski, Rumi, Kadbodkan). Rahmatuelova Munira, Director of the NGO "Ruhafzo".	Regional AIDS and Malaria CEntres UNDP PA and PIU will provide assistance as needed and accompany the evaluation team
12:30-13:30		The visit will be mostly devoted to HIV and Malaria programs, TB will be covered during visit of Vahdat
14:00-15:00		
15:30-17.30		
17:30	Departure from Vakhdat District	
October 25 (Friday)		
9:00 – 10:00	Departure to Vakhdat district	
10:30-12:00	Visit of TB treatment facilities, meeting with Machiton director Rustam Rustamov, Director Olim Kabirov, Head of the National Reference Laboratory.	Macheton Hospital
12:30-13:30		
14:00-15:00	Meeting with head of the Prison Medical Service (GUIUN) Rustam Nurov	GUIUN Office
16:00-17:00	Meeting with Ms. Gulbahor Nematova, UNDP Program Analyst/ Governance (former Programme Manager for UNDP communities program) - discussion of cross-sector cooperation inside UNDP, use of UNDP internal resources to facilitate joint initiatives and monitoring of GFATM grants.	UNDP Office
October 26 (Saturday)		
9.00 - 15.00	Work on development of evaluation findings	UNDP CO or UNDP PIU premises or home-based
11:00-12:00	Meeting with IOM representative responsible for HIV/AIDS, TB and Malaria programs Rukhshona Kurbonova, Programme Coordinator Migration Health Unit	UNDP/PIU Vefa

October 28 (Monday)		
9:00 – 10:00	Meeting with ILO representative, discussion of joint partnership on workplace strategies Tahmina Mahmudova, focal point for HIV/AIDS and World of Work for Tajikistan	UNDP/PIU Vefa
10:00-10:30	Visit to Republican Center for Medical Statistics Dr.Alidodkonov Saitali	RCMS center
10:30-11:15	PROJECT HOPE Dr. Timur Aptekar, program manager , Obidzon Norov, Jamila Ismaliova.	Project HOPE Office
11.15 – 12:30	Meeting with UNFPA, discussion of cooperation in HIV prevention and youth peer education. Aziza Hamidova M.D. PhD., Assistant Representative	UNFPA Vefa
14:00-15:00	Meeting with the Ministry of Health, representatives responsible for HIV, TB and Malaria programs Rohmonov Sohib , Deputy Ministry of Health.	MOH
15:30-16:30	Meeting with Ministry of Labor and Social Protection, representatives responsible for HIV, TB and Malaria programs Sanginov Emin Numanovich Hasanova Habiba, focal point for HIV/HIV among migrants. Asojeva Ponivsha, head of the International Department in the Ministry of Labor and Social Protection	MOLSP
October 29 (Tuesday)		
9:00 – 10:00	Any other business	
10.30 - 11.30	Meetings with UNICEF, discussion of cooperation in Preventive Mother To Child Transmission (PMTCT) and school-based HIV prevention, mother and child health joint actions, etc	UNICEF office/ Vefa
11.30- 12.30	Visit to Ombudsman Office Zarif Alizoda	Ombudsman Office Dushanbe

14:00-15:30	Debriefing with UNDP Country Director, Mr. Norimasa Shimomura and UNDP Deputy Country Director, Ms. Aliona Niculita with participation of Tedla Mezemir, Zebo Jalilova, Sukhrob Khoshmukhamedov, Mavzuna Burkhanova	UNDP Country office
16:00-17:00		
17:00-18:00	Work in the UNDP office, drafting preliminary findings and preparation of presentation for partners	UNDP Country office
October 30 (Wednesday)		
9:00 – 10:00	Work on the documents	PIU / Vefa
10:00-12:00	Work on presentation of outcome evaluation results, discussion of findings with PA, incorporation of preliminary comments Translation of presentations, preparation of hand outs	UNDP CO and PIU
12:30-13:30	Lunch break	
14:00-15:30	Discussion of outcome evaluation findings and recommendations to PIUs	UNDP PIU conference room
15:30-16:30	Discussion on the Draft of Outcome Evaluation Report	UNDP CO

Annex 5 Objectives of the National Programs on HIV/AIDS, Tuberculosis and Malaria Programs

Title	**Strengthening the supportive environment and scaling up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan**
Goal	**to provide universal access to HIV services and lay the foundation for stabilizing the country's epidemic.**
Programme Period: 2009-2011 Key Result Area (Strategic Plan): Reducing Burden of HIV, TB and Malarial Start date: 01.10.2009 End Date: 31.09.2011	Total resources required: USD 20,028,139.52 GFATM - USD 20,028,139.52
Programme Period: 2011-2014 Key Result Area (Strategic Plan): Start date: 01.10.2011 End Date: 30.09.2014	Total resources required: € 15,638.846.00 GFATM € 15,638.846.00
Objective 1	**1: To reduce high-risk sexual and injecting behaviors among populations most vulnerable to HIV infection including IDUs, SWs, prisoner, and MSM.** 1.1. Prevention: BCC – Community Outreach – IDUs 1.2. Prevention BCC – Community Outreach – SWs 1.3. Prevention: BCC – Community Outreach – Prisoners 1.4. Prevention: BCC – Community Outreach – MSM 1.5. – Condom Distribution 1.6. Prevention – STI diagnosis and treatment 1.7. BCC – IEC Materials 1.8. Supportive environment – Strengthening of civil society 1.9. HSS- Information Systems
Objective 2	2. **To reduce high-risk behaviours among other vulnerable populations including migrant's families; and young people by scaling-up their coverage by comprehensive, quality prevention interventions** 2.1. : Prevention: BCC – Community Outreach - Migrants and Vulnerable Women 2.2. Prevention: BCC – Community Outreach - Vulnerable Youth 2.3. Prevention – Condom Distribution 2.4. Activity 2.4: BCC – IEC Materials 2.5. Prevention: BCC – Community Outreach - Migrants and vulnerable women 2.6. Prevention: BCC - Community Outreach - In-school youth 2.7. HSS – Information Systems 2.8. Activity 2.8: Prevention – STI diagnosis and treatment
Objective 3	3. **To eliminate the risk of HIV transmission through blood and blood products and decrease the risk of nosocomial transmission.** 3.1. HSS – Infrastructure 3.2. HSS – Information System 3.3. : HSS – Human Resources 3.4. Supportive Environment – Policy Development

	3.5. BCC – Mass Media and IEC Materials 3.6. Administrative and overhead costs
Objective 4	4. **To prevent mother-to-child transmission of HIV and to improve the quality of life of PLHIV by providing high-quality ARV and opportunistic treatment, care and support.** 4.1. Treatment – Antiretroviral treatment and monitoring 4.2. Prevention – PMTCT 4.3. Care and Support – Care and Support for the chronically ill 4.4. BCC – IEC Materials 4.5. HSS – Human Resources
Objective 5	**5: To strengthen the evidence base for a targeted and effective national response to HIV/AIDS through improved second generation sentinel surveillance** 5.1..HSS – Operational Research
Objective 6	**6: To create a supportive environment for a sustainable national response to HIV** 6.1 : HSS – Infrastructure 6.2. Prevention – Testing and Counseling 6.3.Supportive Environment: Strengthening of civil society and institutional capacity building 6.4.Supportive Environment - Policy development including workplace policy 6.5: Supportive Environment - Reducing stigma in all setting 6.6. Prevention – BBC Mass Media

TB Program

Title	**Strengthening TB Prevention and Conrol Prfogram in the Framework of Health System Reforms in the Republic of Tajikistan**	
Goal	**to reduce the burden of TB in Republic of Tajikistan by 2015 in line with the MDGs and Stop TB Partnership targets aiming at strengthening TB prevention and control program in the framework of health system reform.**	
Program Period: 2009-2011 Start date: 1 October 2009 End Date 30 September 2011		Total resources required: **USD 20,609,574** Total allocated resources: **USD 20,609,574** • Regular: N/A • GFATM: USD 20,609,574
Program Period: 2011-2012 Atlas Award ID: 00058599 Start date 1 October 2009 End Date 30 September 2013		Total resources required EURO 6,842.027 • Regular: N/A GFATM: EURO 6,842.027
Objective 1	**1. To ensure high quality DOTS expansion and enhancement;** 1.1.Political commitment and sustainable financing 1.2. Improve case detection rate through strengthening laboratory QA system	

	1.3. Patient support. 1.4. Drug supply and management system 1.5. M/E system and impact measurement, 1.6. Human Resource Development (HRD)
Objective 2	**2. To address TB/HIV, MDR-TB and other challenges;** 2.1. Implementation of Collaborative TB/HIV Activities. 2.2. Prevent and Control Multi drug resistant TB (MDR-TB) in Tajikistan. 2.3.Tuberculosis Management among risk groups (TB contacts, migrants, IDUs, psychiatrics, prisoners, children in institutions, and Roma population) 2.4. improve quality of care and nosocomial infection control 2.5. TB management of children
Objective 3	**3. To improve general management of introduction of Practical Approach to Lung Health** 3.1. PAL general management 3.2. Improved diagnostic and treatment of pulmonary diseases
Objective 4	**To engage all care providers;** 4.1. Private -*Public at National level* *4.2. Public-Public at Oblast level*
Objective 5	**To empower people with TB and communities by improving knowledge about TB;** 5.1. *Advocacy, Communication and Social Mobilization* *5.2. Community TB care*
Objective 6	**To enable and promote TB research.**

Malaria Program

Title	Malaria elimination in Tajikistan 2009-2014	
Goal	To eliminate local transmission of malaria in the Republic of Tajikistan by 2015 and to maintain the free status in areas where malaria has been eliminated.	
Programme Period: 2011-2013__ Key Result Area: Reducing burden of HIV, TB and Malaria Atlas Award ID: 00058594 Start date: 1 October 2011 End Date 30 September 2013		Total resources required € 3 340 700 Donor: GFATM € 3 340 700
Objective 1	***1.*Strengthen the capacity of the NMCP to support malaria control policy development, planning, management, partnership and coordination.**	
Objective 2	**2. Strengthen the national surveillance system, including epidemic forecasting, early warning andresponse.**	

Objective 3	**3: Improved coverage and quality of early diagnosis and prompt treatment services in the country**
Objective 4	**4. Promote integrated vector management based on indoor residual spraying, larvivorous fish, LLITNs and environmental management**
Objective 5	**5. Provide the evidence required to allow appropriate and effective malaria elimination strategies through a program of needs-based operational research.**
Objective 6	**6. To scale up Behavior Change Communication**

Annex 6 Available resources and spending rates 2010-2014

GFATM Financial Data for All Rounds

	Program	Lines	2010 Total		2011 Total		2012 Total		2013 Total				Remarks (please indicate grant rounds)
			Budget	Utilized	Budget	Utilized	Budget	Utilized	Budget	Utilized	Budget	Spent	
	HIV GFATM	**Total Program**	$10 252 235,12	$8 517 525,61	$7 855 203,04	$8 397 306,05	$8 042 284,48	$6 575 697,26	$3 594 796,20	$3 238 862,67	$29 744 518,83	$26 729 391,59	1) Phase 2 budget was approved in EUR, for this report purposes, the EUR budget was converted to USD using exchange rate of 1 USD = 0.73 EUR 2) The 2013 budget and expenses cover period of Jan-Sep 2013 only
		Total Admin	$1 378 504,26	$1 159 118,94	$1 249 179,27	$1 292 933,28	$1 183 617,25	$1 018 608,31	$648 846,19	$555 233,20	$4 460 146,97	$4 025 893,73	
	TB GFATM	**Total Program**	$11 275 468,60	$4 807 537,34	$8 383 971,32	$9 503 850,49	$4 246 341,63	$8 203 528,59	$4 346 967,40	$2 728 905,31	$28 252 748,94	$25 243 821,73	1) Phase 2 budget was approved in EUR, for this report purposes, the EUR budget was converted to USD using exchange rate of 1 USD = 0.73 EUR 2) The 2013 budget and expenses cover period of Jan-Sep 2013 only
		Total Admin	$1 408 820,72	$835 202,88	$1 079 201,54	$1 267 215,77	$407 740,32	$909 661,78	$290 429,18	$186 720,62	$3 186 191,75	$3 198 801,05	
	Malaria GFATM	**Total Program**	$2 616 074,08	$2 271 125,51	$2 604 766,52	$2 132 986,18	$1 615 714,77	$2 547 314,94	$1 435 708,70	$1 018 543,20	$8 272 264,07	$7 969 969,84	1) The Round 8 budget was approved in EUR, for this report purposes, the EUR budget was converted to USD using exchange rate of 1 USD = 0.73 EUR 2) The 2013 expenses cover period of Jan-Sep 2013 only
		Total Admin	$552 466,25	$537 131,15	$596 363,39	$534 515,66	$557 466,38	$696 266,59	$437 632,75	$316 630,80	$2 143 928,76	$2 084 544,20	
	UN JAP	**TOTAL**	$97 448,00		$115 030,00		$141 359,00		$72 000,00		$425 837,00	$0,00	Budget figures include only amount of pooled UN funds, managed by UNDP. Parallel funds of UN agencies are not included

	UNDP TRAC (Support to implement HTM GFATM program)	**TOTAL**	$468 104,00	$468 104,00	$203 600,00	$203 600,00	$254 500,00	$254 500,00	$292 000,00	$292 000,00	$1 218 204,00	$1 218 204,00	UNDP core resources allocated to support implementation of GFATM projects and address capacity needs of national SRs
											$77 703 840,33	$70 470 626,14	90,69130411

Annex 7 Evaluation & sub-questions

Key questions	Sub-questions
Relevance 1. How relevant are UNDP programmes to the priority needs of the country/ 2. Did UNDP apply the right strategy within the specific political, economic and social context of the region? 3. To what extent are long-term development needs likely to be met across the practice areas? 4. Did the UNDP strengthen its organizational structure (in the last 3-5 years)? 5. Did some changes in the relationship with the MoH appear? (negative or positive) 6. Does the UNDP office face uncertainties in its financial future? 7. What factors have contributed to achieving or not achieving intended outcomes? 8. What were critical gaps in UNDP's programming? 9. What would have happened without UNDP's initiative? 10. Does the MOH undertake some activities to replace UNDP ? (What will be without UNDP in the future). 11. What was the value added of other partners and entities? (TB,HIV,Malaria programs)	• What did UNDP do exactly (for 3 diseases)? • How did this relate to activities by partners and other entities? • Are there sufficient resources to realize the objectives of planned activities? • Did communication channels function effectively? • To what extent did the UNDP's role as strategic centre of intellectual excellence, catalyst or implementer of pilot activities contribute to the achievement of objectives? • Was the project related to government activities or activities of other agencies? How well are they coordinated? • Are there significant unexpected results or achievements that you know of? What were they on different levels? • What is the scope and reach of projects and their benefits? Does the project /program have the capacity development objectives? Identified needs? Some were left out? • Are the objectives in linewith realneeds and priorities of the implementingpartners as well as those of the intended beneficiaries?
Effectiveness 1. What factors contributed to effectiveness or ineffectiveness of the projects? 2. Has the UNDP partnership strategy been effective? 3. What progress toward the outcomes has been made? 4. Did the UNDP programme accomplish its intended objectives and planned results? 5. What were the strengths and weaknesses of the programme? 6. What unexpected results did it yield? 7. Should the programme continue in its current direction or should its main tenets be reviewed for the new cycle? 8. Were the project activities able to achieve the project results, as	• Did communication channels function effectively? • To what extent did the UNDP's role as strategic centre of intellectual excellence, catalyst or implementer of pilot activities contribute to the achievement of objectives? • What do you know, how well the UNDP use its human and financial resources • Were projects approved and launched in a timely manner? • Are UNDP procedures and processes easy to understand? What types of information is needed, and are they delivered on a regular basis? Why or why not? • Do the plans and reports required by

originally anticipated? 9. Was the UNDP Co as a GF Principal Recipient able to foster good relationships among the key stakeholders involved in the implementation including the CCM and SRs? 10. Did the UNDP programme accomplish its intended objectives and planned results?	UNDP add to the burden of implementing partners or customers in any way? Please provide examples. • How well did the M & E work (in your opinion) and what effects do they have on the project that included? • Do some changes exist in the involvement of PHC in 3 diseases management
Efficiency **1.** To what extent have UNDP outputs and assistance contributed to outcomes? **2.** How well did UNDP use its resources (human and financial) in achieving its contribution? **3.** What could have been done to ensure a more efficient use of resources in the specific country/sub-regional context? **4.** Did the performance of the Principal Recipient facilitate in coordination and management of the GFATM project as set out in the proposal? **5.** What could have been done to ensure a more efficient use of resources in the country / oblast –regions context?	• Were serious delays in delivery encountered? • How did the partners (WHO, UN, CPs and civil society) view UNDP efficiency? • Were any critical gaps in UNDP's programming identified? • Does UNDP have the capacity to deliver at a level that corresponds with the demand for its services?
MDGs 1. Are UNDP projects contributing towards achievement of the Millennium Development Goals in the country? 2. What specific initiatives, projects, or advice UNDP CO in Tajikistan was able to offer to meet the MDG targets? 3. How does this make a difference to the overall development of the country and / or commitment to the Millennium Development Goals?	• Are there evidences that the MDG design and implementation is on the right track so as to bring about measurable impact at the MDGs level? • Have the joint programme implementing partners taken necessary steps to ensurecontinuing impact of programme results on the achievement of the MDGs? • Have clear links been made between the programmes' outcomes and impact and national development strategies aimed at achieving the MDGs?

Sustainability **1.** Do you expect more state budget allocated for HIV/TB Malaria ? 2. Are UNDP's contributions sustainable? 3. Are the development results achieved through UNDP contributions sustainable? 4. Are the benefits of UNDP interventions sustained and owned by national stakeholders once intervention have been completed? 5. Did the UNDP TJ projects (TB/HIV ,Malaria) have an in-built mechanism for ensuring sustainability of results beyond the project duration: i.e. were the project activities being incorporated in line with the National programme? 6. Did the Project activities strengthen the national capacity to provide continued health care services. 7. Are the benefits of UNDP interventions sustained and owned by national stakeholders once intervention have been completed?	• In which areas has UNDP effectively contributed to the development of human, organizational or institutional capacity in Tajikistan? • Has UN support to institutional capacity development led to sustainable ownership by the supported institutions? • Were the project / program achievements maintain and expand over time? • What was learned from the UNDP with the project ? They have no knowledge and lessons used? • Would you say there is a high degree of national / local ownership of UNDP assistance to projects / programs? Why or why not? how we could improve national ownership? • In which areas has UNDPeffectivelycontributed to the development of human, organizational or institutional capacityin TAJ? • Has UN support to institutional capacitydevelopment led to sustainable ownershipby the supported institutions?
Responsiveness 1. How did UNDP anticipate and respond to significant changes in the national development context? 2. How did UNDP respond to national long-term development needs? 3. What were the missed opportunities in UNDP programming?	• How has UNDP responded to the changed aid delivery architecture in Tajikistan? • Can you cite concrete examples of UNDP responding to immediate needs or requests for assistance? • If so, was the response timely and effective?
Gender 1. What are the key contributions of UNDP towards gender mainstreaming and equality in Tajikistan? 2. What are the main best practices and lessons learned in UNDP's promoting gender mainstreaming and equality in Tajikistan?	• Are projects or programs based on gender analysis, goals and resources? • What effects are realized in terms of gender equality, if any (give examples)? • Do women and men differ in terms of participation and benefits within certain projects?
Equity 1. Did the UNDP programmes and interventions lead to reduced vulnerabilities in the country? 2. Did UNDP intervention in any way influence the existing inequities (exclusions/inclusions) in society? 3. Was the selection of geographical	• Can you cite substantive examples of UNDP projects resulting in reduced poverty or vulnerability? • Can you cite examples of UNDP directly contributing to more equality between women and men?

areas of intervention guided by need?	
Partnership **1.** How has UNDP leveraged partnerships within the UN system as well as with national civil society and private sector groups? **2.** Whether it is likely that more progress would have been made towards the outcome if other entities had been in formal partnership? **3.** What would have happened if a programme had not been delivered in partnership? **4.** In what ways did the outcomes benefit from the partnership? **5.** How did the partnership combine complementary expertise, knowledge and experience? **6.** How did this influence the outcome? **7.** Does Regional collaboration among UNDP offices exists? **8.** Do they share their experience?	• Is there mutual agreement or understanding among partners on what should be achieved through the partnerships? • Is there clarity about the nature of UNDP's mandate and capacity as "a donor that is not really a donor" • How do UNDP's own structures and processes limit or facilitate its strategic capability? • Can you cite good examples of the UNDP playing a strategic role in Tajikistan? • If so, under which circumstances did this occur? • What can be learned from these examples?

Annex 8 Table with Recommendations and timeline

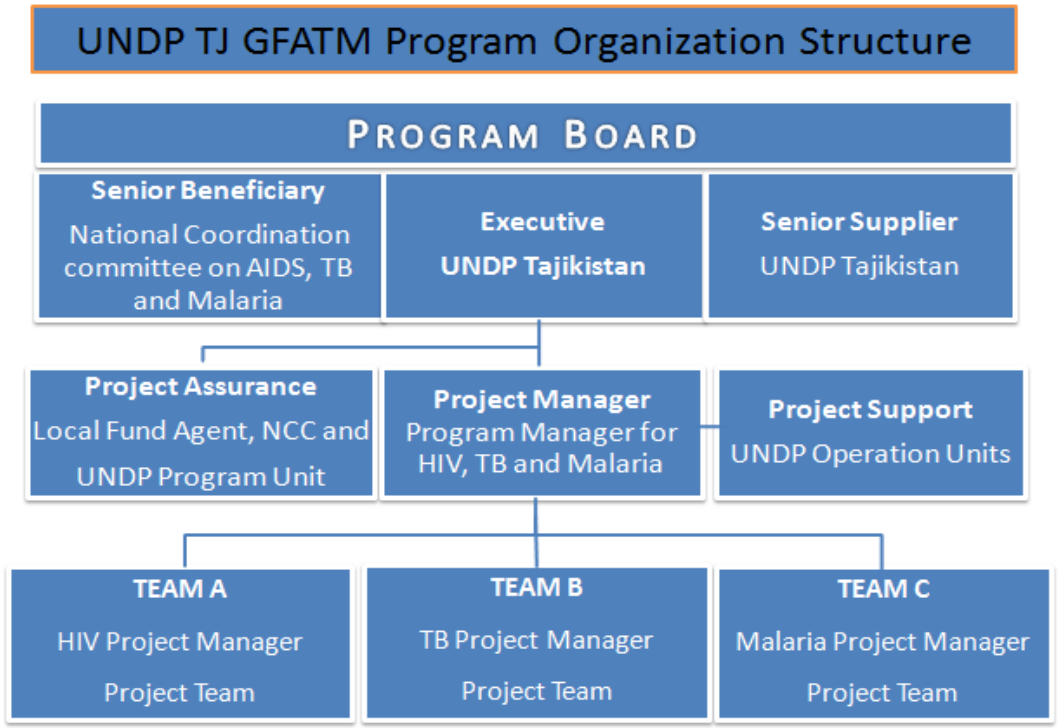
Recommendation	Activities suggested by Evaluation team	Responsible	Timeline / Deadline
1. Lead the way towards empowering national institutions in fundraising and bringing on board non-traditional donors and private sector	The focus should be not only on major international donors, but also on non-traditional donors and private sector, such as local business associations.	UNDP , partners, donors	Continuously
2. Support national efforts for sustainable financing and budgeting national programs with a focus on prioritization of interventions and estimation of the cost effectiveness of programs in the global crisis context.	UNDP should continue to be active in coordinating international assistance in the mobilization of resources, through the National Coordination Committee, the Thematic working Groups, and other bodies.	UNDP	Continuously
3. Continue support in integrating donor-funded activities into the national public health system to accelerate the process of program integration into PHC and addressing the social determinants of health (decentralization of 3D programs activities) and definition of the link between TB and HIV, and social determinants of health (OR or study)	UNDP could make an emphasis on "soft assistance," especially advocacy and policy dialogue at the highest level programs (MoH) and it should complement, not substitute the program-level capacity.	UNDP	Continuously
4. Continue capacity building of the national and local staff involved in TB, HIV and malaria project and introduction of trainings into the undergraduate and postgraduate medical studies;	Preparation of National 5 years Plan for capacity building of the National staff (specialist working on different levels of care) for 3 D. Work with National Representatives in implementation of education for 3D in the national under/postgraduate system of educations (doctors, nurses, technicians)	UNDP / In collaboration with WHO and other UN organizations and National representatives for 3D and University	Continuously starting in Q1/2014

5. Support national programs to develop operations research plan for 3D to provide evidence for problems solving and decision making	Priority areas for OR include: low percentage of TB confirmed cases, low TB treatment success rate, initial results of harm reduction programs, efficient ways of reaching vulnerable populations, etc. Preparation of mid-term (long term) Operational Researches agenda with priority study (depending of available finds) .	UNDP National partners in 3 D	Q1-Q2
6. Support national partners with revising TB, HIV/AIDS and malaria strategies to address recommendation of mid-terms program reviews, revise certain program indicators and to include new initiatives in future concepts notes	NCC should organize TWGs meetings and discussion on the need of revision of the existing documents. Meetings with HIV/AIDS, TB and malaria national managers. Roundtables discussion. Development of concept note to New Funding Mechanism of GFATM	UNDP /HIV/AIDS, TB & Malaria	Q1/2014 Q2 – for TB Q3-4 for HIV
7. Continue providing technical assistance (TA) in the country and in coordination with other UN agencies develop long-term technical assistance plan in key areas	Provision of international experts in development of standards strategies, policies and guidelines and support in adaptation of the international best practices at country level. Discussion with National key managers. NCC discussion through TWGs. Round table discussion. TA plan written as official into the national programs for the 3D	UNDP /UN partners, National representatives	2014
8. Support capacity building of	Support MoH with fundraising and	UNDP, MOH , other	2014-2015

institutions at local level to prepare them to take over the ownership for donor-funded programs	implementing Capacity Building and Transition Plan and achievement of milestones	stakeholders	
9. Strengthen procurement and supply management strategies and practices of UNDP and implementing partners in order to ensure timely procurement of goods and services, improved transparency in bidding procedures and decisions on selection of companies, close monitoring of works and delivered goods, and minimized delays in delivery	Engage designated by national programs procurement specialists participate in the process UNDP Intra-organizational discussion among the managerial; Discussion with UNDP CO and PIU staff. Meeting with UN partners. Meetings with domestic partners (MoH, NCC, national partners and SRs)	UNDP	Continuously
10. Reinforce conditions for transfer of funds to SRs stipulated in partnership agreements with national partners and ensure that contracts with partners contain required details on dynamics of funds transfer.	Review contract / agreement and articulate conditions during the contact with the partner.	UNDP	Continuously
11. Strengthen HR management practices of UNDP for selection qualified staff for certain positions at the project level, motivation of staff, secure that all	Review corresponding policies and exit surveys if any.	HR/Admin Office/ UNDP	Q1-Q4 2014

benefits to employees are applied and develop long-term plan for their capacity building			
12. Strengthen inter-sectoral programs, explore and implement pilot programs to address poverty, livelihoods and disease control issues	Consider supporting pilot project on Livelihood assistance for TB patients / families Pilot Conditional Cash Transfer for TB patients	UNDP	Starting from Q1, continuously
13. Strengthen formal and informal communication and coordination channels between UNDP, UN organizations and MoH high level decision makers.	Schedule regular meetings with MoH leadership	UNDP /CCM/ MOH	Regularly

Annex 9. UNDP TJ GFATM Program Organization Structure



Annex 10. Stakeholders analysis template

Stakeholder	How are they affected by the problem (what is of relevance)	What is their capacity and motivation to make change (remember to focus on what is realistic)	What are their barriers to change (avoid making assumptions)	What is their relationship with other stakeholders (partnership/conflict)
MoH and National Programs on Diseases	Principal National Health authority responsible for all aspects of planning and delivery of healthcare services to population at all levels.	As the principal national institution, possess authoritative decision-making power	Scarce state budget and healthcare system that constantly undergoing through reforms to meet contemporary health needs of the country	Determines national priorities in healthcare area, coordinates efforts with all key actors at the national level.
UN WHO	Provides specific technical support to national health authorities with planning and implementation of health policies and strategies following to internationally accepted standards.	Global agency possessing high technical expertise in health area. Pushing forward health agenda in developing countries.	By mandate assume responsibility of building capacity of national health authorities	Technical support with implementation of health strategies following to globally accepted standards
UNAIDS	Provides global leadership and advocacy for effective action on HIV/AIDS epidemic	Technical assistance to national authorities with enhancing epidemiological HIV surveillance	Possessed resources utilized mainly for advocacy and compiling strategic information	Overall coordination and monitoring of HIV/AIDS trends in the country

iNGOs	Driven by their mission address health related issues	Remarkable capacities to implement activities on the ground	Dependency on external donors funding	Coordination of implementing activities, complementary activities
Local NGOs	Driven by their mission address health related issues	Very important capacity to outreach the targeted groups and communities	Dependency on external donors funding	Coordination of locally implementing activities, bridging target groups with national and international stakeholders
Networks of people affected by diseases	Group of people who are directly affected by any of 3 Ds	Designated to represent and speak out on behalf of people infected by diseases	Dependent on support by stakeholders involved in addressing issues around 3Ds. Stigma and discrimination associated with 3 Ds	Participate in determining priorities and needs of the targeted group.
Other major donors	Provide grants and funds to address the issues around 3 Ds in line with national priorities and needs	Commitment to support development countries with overcoming health – related issue and build national capacity to address them appropriately	A need for comprehensive approach to overcome the health related issue that are usually require additional funding	Coordination of funding at the national level and determining national priorities