



## General Grant Information

Country	Kyrgyzstan				
Grant Number	KGZ-607-G04-T	Component	Tuberculosis	Round	6
Grant Title	Malaria Control in Kyrgyzstan				
Principal Recipient	National Center of Phtisiology				
Total Lifetime Budget	\$ 6,236,893	Phase 1 Grant Amount	\$ 4,244,578	Phase 2 Grant Amount	\$ 1,992,315
Grant Start Date	01 Jul 2007	Phase 1 End Date	30 Jun 2009	Phase 2 End Date	30.Jun.12
Disbursed Amount	\$ 6,226,932	% of Grant Amount	100%	Latest Rating	B1
Time Elapse (at the end of the latest reporting period)	42 months	% of Grant Duration	70%	Proposal Lifetime	124 months

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## 1. Program Description and Contextual Information

### 1.1. Grant Summary - Web

TB incidence and mortality rates in Kyrgyzstan are among the highest in the Eastern Europe and Central Asia region, with the prevalence of multidrug-resistant TB (MDR-TB) adding to the health challenge. According to the World Health Organization, TB incidence in 2008 was roughly 120 per 100,000, amounting to some 6,500 new cases per year, with an 18 percent mortality rate. The current national plan, with support from the Global Fund grants, aims to cut the number of new cases to 90 per 100,000 and the mortality rate to 9 per 100,000. The country's Round 6 TB grant supports a program that bolsters the government's efforts to ensure that TB services are integrated within the primary health care system and to guarantee adequate supplies of first-line TB drugs, including in prisons. The program also enables procurement of second-line TB drugs through the Green Light Committee mechanism for the treatment of 1180 MDR-TB patients over the five-year life of the grant.

### 1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	5,334	2010	United Nations. World Population Prospects: .The 2010 Revision
Pop age 0-4 (in 1000s)	595	2010	United Nations. World Population Prospects: .The 2010 Revision
Pop age 15-49 (in 1000s)	2,992	2010	United Nations. World Population Prospects: .The 2010 Revision
Physicians (number)	12,395	2000-2010	WHO. World Health Statistics 2011
Nursing and midwifery personnel (number)	30,495	2000-2010	WHO. World Health Statistics 2011
Infant mortality rate (per 1,000 live births)	33	2010	UNICEF. Child mortality database ( <a href="http://www.childinfo.org/mortality_imrcountrydata.php">http://www.childinfo.org/mortality_imrcountrydata.php</a> ) accessed on 01 December 2011
Under-5 mortality rate (per 1,000 live births)	38	2010	UNICEF. Child mortality database ( <a href="http://www.childinfo.org/mortality_ufrcountrydata.php">http://www.childinfo.org/mortality_ufrcountrydata.php</a> ) accessed on 01 December 2011
Income level	Low income	2011	World Bank. World Development Indicators database
GNI per capita, Atlas method (current US\$)	880	2010	World Bank. World Development Indicators database
Total health expenditure per capita (USD)	54	2008	WHO. World Health Statistics 2011
ODA commitments in health sector (Current US\$ millions)	14	2009	.OECD
ODA commitments in all sectors (Current US\$ millions)	311	2009	.OECD
Human development index	medium	2011	UNDP. Human development index ( <a href="http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf">http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf</a> ) accessed on 01 December 2011
Tuberculosis	Estimate	Year	Source
TB prevalence, all forms (number)	13,000	2010	.WHO. Global Tuberculosis Control report 2011
TB prevalence, all forms (rate per 100,000 population)	243	2010	.WHO. Global Tuberculosis Control report 2011
TB incidence, all forms (number)	8,500	2010	.WHO. Global Tuberculosis Control report 2011
TB incidence, all forms (per 100,000)	159	2010	.WHO. Global Tuberculosis Control report 2011
TB mortality, all forms excl HIV (number)	1,400	2010	.WHO. Global Tuberculosis Control report 2011
TB mortality, all forms excl HIV (per 100,000)	26	2010	.WHO. Global Tuberculosis Control report 2011
TB treatment success rate (%)	82	2009	.WHO. Global Tuberculosis Control report 2011
DALYs ('000), Tuberculosis	23	2004	WHO. ( <a href="http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls">http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls</a> ) accessed on 01 December 2011
New smear-positive TB cases detected and treated	11,000	2011	Global Fund-supported programs, end 2011 results

**1.3. Comments on Key Discrepancies between Approved Proposal and Grant**

Targets for impact/outcome indicators were harmonized with those of the Round 2 tuberculosis grant taking into account the latest achieved results.

**1.5. Conditions Precedent**

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
1	<p>By no later than six months after the Phase 1 Starting Date (being the date specified in block 5 of the face sheet of this Agreement), the Principal Recipient shall deliver to the Global Fund the following documents, in form and substance satisfactory to the Global Fund:</p> <p>a. PIU Procurement Procedures Manual for the procurement and supply management of Health Products for the Program; and</p> <p>b. evidence that drug storage facilities at the central level and at treatment facilities (including facilities located in Penal Colony No. 27 ) have been upgraded to meet the standards prescribed in the WHO's Guide to Good Storage for Pharmaceuticals.</p>		Other	31.Dec.07	Yes	
2	<p>By no later than nine months after the Phase 1 Starting Date (being the date specified in block 5 of the face sheet of this Agreement), the Principal Recipient shall deliver to the Global Fund evidence, in form and substance satisfactory to the Global Fund, that:</p> <p>a. the Principal Recipient has implemented a fully functional Drug Management Information System (DMIS) that will enable the Principal Recipient to:</p> <p>(i) systematically record and process data relating to the procurement, distribution and consumption of Health Products; and</p> <p>(ii) systematically record and process data relating to patient enrolment and patient adherence to treatment regimens; and</p> <p>b. relevant PIU staff have been trained on the use of the DMIS.</p>		Other	31.Mar.08	Yes	
3	<p>The first disbursement of Grant funds by the Global Fund to the Principal Recipient is subject to the delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has installed a fully functional computerized accounting system that will enable the Principal Recipient to comply with its financial accounting and reporting obligations under this Agreement.</p>		Disbursement	01.Jul.07	Yes	

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
4	<p>The disbursement by the Global Fund or use by the Principal Recipient of Grant funds to finance the procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions of this Agreement), is subject to the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of a plan for the implementation of the Drug Management Information System referred to in Section C.3 of this Annex A (the "DMIS Implementation Plan"); and</p> <p>b. the written approval by the Global Fund of the DMIS Implementation Plan.</p> <p>In addition to the satisfaction of condition a. and b. of this Section B.2, the disbursement by the Global Fund or use by the Principal Recipient of Grant funds to finance the procurement of second-line TB drugs is also subject to the satisfaction of each of the following conditions:</p> <p>c. the delivery by the Principal Recipient to the Global Fund of a copy of the Green Light Committee (GLC) of the World Health Organization's written approval of the Principal Recipient's application for the procurement of second-line TB drugs and the treatment of MDR TB patients under the Program; and</p> <p>d. the delivery by the Principal Recipient to the Global Fund of a detailed list of the second-line TB drugs that will be procured for the Program, including the estimated unit costs of the drugs and the total budget for the procurement of second-line TB drugs with each Disbursement Request.</p>		Disbursement	01.Jan.08	Yes	
5	<p>The second disbursement of Grant funds by the Global Fund to the Principal Recipient is subject to the delivery, by the Principal Recipient to the Global Fund, of a report containing the following:</p> <p>a. a review of performance of the staff that have been employed within the Program Implementation Unit (PIU) prior to the signing of this Agreement;</p> <p>b. a description of the roles and responsibilities of all staff employed within the PIU; and</p> <p>c. a description of any human resource capacity gaps within the PIU, together with a plan of action for remedying any such gaps.</p>		Disbursement	14.Feb.08	Yes	
6	<p>The disbursement of Grant funds by the Principal Recipient to Sub-recipients is subject to the delivery by the Principal Recipient to the Global Fund of a manual, in form and substance satisfactory to the Global Fund that contains procedures for financial and programmatic reporting by Sub-recipients.</p>		Multiple Disbursements		Yes	

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
7	By no later than 15 July 2009, the Principal Recipient shall present to the Global Fund a plan, in form and substance satisfactory to the Global Fund, for strengthening the capacity of the Project Implementation Unit (the "PIU") in terms of planning, financial management, monitoring and evaluation and procurement and supply management. The plan shall address training needs of PIU staff and establish a timetable of capacity development with the UNDP Kyrgyz Republic under the MOU between the Principal Recipient and UNDP.		Other		Yes	
8	By no later than 15 July 2009, the Principal Recipient shall provide evidence, in form and substance satisfactory to the Global Fund, that the amount of 6,478 United States Dollars has been reimbursed to the bank account of the Round 2 TB grant (KGZ-202-G02-T-00).		Other		Yes	
9	The parties to this Agreement agree that the Global Fund will disburse US\$50,000 of Grant funds annually for each year of the Phase 2 of the Program Term directly to the Green Light Committee of the Stop TB Partnership for assistance with the procurement of pharmaceuticals for multi-drug resistant tuberculosis.		Disbursement		Yes	
10	<p>The disbursement by the Global Fund or use by the Principal Recipient of Grant funds to finance the procurement of second-line anti-tuberculosis drugs is subject to the satisfaction of each of the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of the Green Light Committee (GLC) of the World Health Organization's written approval of the Principal Recipient's application for the procurement of second-line anti-tuberculosis drugs for the treatment of multi-drug resistant TB patients;</p> <p>b. the delivery by the Principal Recipient to the Global Fund of written confirmation of the price and quantities of the second-line anti-tuberculosis drugs that will be procured by the Principal Recipient in accordance with the application approved by the GLC (as referred to in sub-section B.3.a. of this Annex A); and</p> <p>c. the delivery by the Principal Recipient to the Global Fund of a progress update, in form and substance satisfactory to the Global Fund, on the status of registration of MDR-TB drugs with the National Drug Regulatory Authority in the host country.</p>		Disbursement		Yes	

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
11	<p>The disbursement of Grant funds by the Global Fund to the Principal Recipient to finance Program activities under Objective 4 in the Performance Framework ("To reduce the burden of TB, TB/HIV and MDR-TB by strengthening the implementation of DOTS and DOTS-Plus strategies in the penitentiary system") is subject to:</p> <p>a. the submission by the Principal Recipient to the Global Fund of targets for Outcome Indicator No. 5 ("Treatment success rate: new smear-positive TB cases in the penitentiary system") and Outcome Indicator No. 6 (Transfer-out rate among new smear-positive TB cases in the penitentiary system") for Years 3-5 of the Program term presented in the Performance Framework attached to this Grant Agreement, which are to be determined in consultation with the WHO and other technical partners approved by the Global Fund; and</p> <p>b. the written approval by the Global Fund of the targets referenced in section B.6.a.</p>		Disbursement		Yes	

## 2. Key Grant Performance Information

### 2.1. Program Goals, Impact and Outcome Indicators

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
2008	2009	2010	2011	2012	2013	2014	2015	2016	2017

#### Goal 1 To reduce incidence and mortality rate of tuberculosis in Kyrgyz Republic

Impact indicator	TB incidence rate (Number of new and relapse registered TB cases per year per 100,000 of population)									
	Baselines									
	Value					Year				
	113.6/100,000					2004				

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	109/100,000	104/100,000	99/100,000	95/100,000	90/100,000					
Result	109	105	101	101						
Data source of Results										

Impact indicator	TB mortality rate									
	Baselines									
	Value					Year				
	11.2/100,000					2004				

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	11/100,000	10.5/100,000	10/100,000	9.5/100,000	9/100,000					
Result	10	9	9	9						
Data source of Results										

Outcome indicator	Case detection									
	Baselines									
	Value					Year				
	62%					2004				

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 69%	N: D: P: 69%	N: D: P: 69%	N: D: P: 69%	N: D: P: 70%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: 44%	N: D: P: 44%	N: D: P: 60%	N: D: P: 77%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results										

Outcome indicator	Treatment success rate									
	Baselines									
	Value					Year				
	85%					2004				

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 85%	N: D: P: 85%	N: D: P: 85%	N: D: P: 85%	N: D: P: 85%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: 82%	N: D: P: 85%	N: D: P: 85%	N: D: P: 83%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results										



Outcome indicator	Default rate among new smear positive TB cases							Baselines		
								Value	Year	
								5.4%	2005	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	<5%	<5%	<5%	<5%	<5%					
Result	N: D: P: 6%	N: D: P: 6%	N: D: P: 5%	N: D: P: 6%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results										

Outcome indicator	Default rate among MDR TB cases							Baselines		
								Value	Year	
								15%	2006	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: %	N: D: P: %	N: D: P: 15%	N: D: P: 14%	N: D: P: 13%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 51%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results										

Outcome indicator	Treatment success rate: new smear positive TB cases in the penitentiary system							Baselines		
								Value	Year	
								49.5%	2004	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: %	N: D: P: %	N: D: P: 85%	N: D: P: 85%	N: D: P: 85%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result				31.2%						
Data source of Results										

Outcome indicator	Transfer -out rate among new smear positive TB cses in the penitentiary system							Baselines		
								Value	Year	
								30.8%	2004	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: %	N: D: P: %	N: D: P: 5%	N: D: P: 5%	N: D: P: 5%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result				5.2%						
Data source of Results										

## 2.2. Programmatic Performance

### 2.2.1. Reporting Periods

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
N/A	01.Jul.07 30.Sep.07	01.Oct.07 31.Dec.07	01.Jan.08 31.Mar.08	01.Apr.08 30.Jun.08	01.Jul.08 30.Sep.08	01.Oct.08 31.Dec.08	01.Jan.09 31.Mar.09	01.Apr.09 30.Jun.09
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
N/A	01.Jul.09 30.Sep.09	01.Oct.09 31.Dec.09	01.Jan.10 31.Mar.10	01.Apr.10 30.Jun.10	01.Jul.10 30.Sep.10	01.Oct.10 31.Dec.10	01.Jan.11 31.Mar.11	01.Apr.11 30.Jun.11
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
N/A	01.Jul.11 30.Sep.11	01.Oct.11 31.Dec.11	01.Jan.12 31.Mar.12	01.Apr.12 30.Jun.12	01.Jul.12 30.Sep.12	01.Oct.12 31.Dec.12	01.Jan.13 31.Mar.13	01.Apr.13 30.Jun.13

### 2.2.2. Program Objectives, Service Delivery Areas and Indicators

#### Objective 1 - To strengthen the strategic planning and management of NTP under Manas Taalimi Health Reform Program

##### Treatment: Timely detection and quality treatment of cases

##### Indicator 1.1 - Number of new smear positive TB cases detected among the total estimated number of new smear-positive TB cases per year

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	1901	2005	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target				3,000				3,000
Result				1,889				1,762

##### Indicator 1.2 - Number and percent of new smear positive TB cases detected at the primary health care level

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	8.5% (1149/13517)	2006	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 1,182 D: 13,517 P: 9%	N: 1,182 D: 13,517 P: 9%	N: 1,182 D: 13,517 P: 9%	N: 1,182 D: 13,517 P: 9%	N: 1,189 D: 13,517 P: 9%	N: 1,189 D: 13,517 P: 9%	N: 1,196 D: 13,517 P: 9%	N: 1,203 D: 13,517 P: 9%
Result	Pending result	N: 324 D: 3,535 P: 9%	Pending result	N: 729 D: 4,718 P: 16%	N: 463 D: 3,375 P: 14%	N: 411 D: 3,090 P: 13%	N: 349 D: 4,349 P: 8%	N: 305 D: 3,404 P: 9%

##### Indicator 1.3 - Number and percent of new smear positive TB cases that are successfully treated

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	85% (1607/1890)	2005	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 1,607 D: 1,890 P: 85%	N: 1,607 D: 1,890 P: 85%	N: 1,607 D: 1,890 P: 85%	N: 1,607 D: 1,890 P: 85%	N: 1,607 D: 1,890 P: 85%	N: 1,607 D: 1,890 P: 85%	N: 1,607 D: 1,890 P: 85%	N: 1,607 D: 1,890 P: 85%
Result	Pending result	N: 327 D: 398 P: 82%	Pending result	N: 438 D: 551 P: 80%	N: 350 D: 430 P: 81%	N: 311 D: 365 P: 85%	N: 432 D: 525 P: 82%	N: 350 D: 422 P: 83%

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**Supportive Environment: Laboratory**

Indicator 1.4 - Number and percentage of laboratories implementing quality assurance measures (TB laboratory diagnostics by microscopy method of acid-fast bacteria (panel testing, blind re-checking))

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	0% (0/103)	2006	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 21 D: 103 P: 20%	N: 31 D: 103 P: 30%	N: 41 D: 103 P: 40%	N: 51 D: 103 P: 50%	N: 62 D: 103 P: 60%	N: 72 D: 103 P: 70%	N: 87 D: 103 P: 85%	N: 103 D: 103 P: 100%
Result	Pending result	N: 27 D: 122 P: 22%	Pending result	N: 54 D: 122 P: 44%	N: 58 D: 122 P: 48%	N: 81 D: 122 P: 66%	N: 103 D: 122 P: 84%	N: 119 D: 122 P: 98%

**Improving diagnosis**

Indicator 1.5 - Number of new smear positive TB cases detected in the civilian sector

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	1901	2005	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	400	400	405	410	410	410	410	410
Result	346	369	373	463	Pending result	378	Pending result	Pending result

Indicator 1.6 - Number of new smear positive TB cases detected in the penitentiary sector

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	129	2005	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	30	30	32	35	35	35	35	35
Result	18	15	19	22	Pending result	28	Pending result	Pending result

#### High Quality DOTS

##### Indicator 1.7 - Number and percentage of new smear positive TB cses in the civilian sector that are successfully treated

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	85% (1607/1890)	2005	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 389 D: 458 P: 85%	N: 389 D: 458 P: 85%	N: 389 D: 458 P: 85%	N: 390 D: 459 P: 85%	N: 340 D: 400 P: 85%	N: 340 D: 400 P: 85%	N: 344 D: 405 P: 85%	N: 349 D: 410 P: 85%
Result	N: 344 D: 399 P: 86%	N: 280 D: 351 P: 80%	N: 313 D: 371 P: 84%	N: 376 D: 458 P: 82%	Pending result	N: 292 D: 369 P: 79%	Pending result	Pending result

##### Indicator 1.8 - Number and percent of new smear TB cases in the penitentiary sector that are successfully treated

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	49.5	2004	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 45 D: 53 P: 85%	N: 45 D: 53 P: 85%	N: 49 D: 58 P: 85%	N: 49 D: 58 P: 85%	N: 26 D: 30 P: 87%	N: 26 D: 30 P: 87%	N: 27 D: 32 P: 84%	N: 30 D: 35 P: 86%
Result	N: 6 D: 23 P: 26%	N: 3 D: 14 P: 21%	N: 2 D: 11 P: 18%	N: 2 D: 23 P: 9%	Pending result	N: 8 D: 15 P: 53%	Pending result	Pending result

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**Objective 2 - To further integrate the TB control into the primary health care services in order to strengthen the implementation of DOTS strategies****Supportive Environment: Community TB care (CTBC)**

## Indicator 2.1 - Number of MDR TB patients receiving social support (food and hygiene packages)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	0	2006	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	50	100	150	200	300	400	500	550
Result	Pending result	136	Pending result	177	261	230	0	281

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	50	50	50	50	50	50	50	50
Result	109	0	0	123	Pending result	76	Pending result	Pending result

**HSS: Health Workforce**

## Indicator 2.2 - Number of trained doctors of PHC from outpatient facilities of all rayons, prisons and military service

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	500	2005	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	60	120	180	240	300	360	420	480
Result	0	30	44	260	Pending result	768	Pending result	Pending result

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*Last Updated on: 20 April 2012*

**Objective 3 - To strengthen and expand the DOTS-Plus strategy in the country**

**TB: MDR-TB**

Indicator 3.1 - Number of service delivery points (TB and MDR TB facilities) established and/or refurbished

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)										
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Level 2-Service Points supported	0	2006	N	N										
Target									2					3
Result									4					4

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**Objective 4 - To reduce the burden of TB, TB/HIV and MDR-TB by strengthening the implementation of DOTS and DOTS-Plus strategy in the Penitentiary system**

**TB: MDR-TB**

Indicator 4.1 - Number and percentage of MDR-TB cases enrolled to begin second line treatment for multi-drug-resistant TB in civilian and penitentiary sectors

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
Level 3-People reached	0	2006	Y	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: 200 D: 1,180 P: 17%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 550 D: 1,180 P: 47%			
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: 200 D: 1,180 P: 17%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 550 D: 1,180 P: 47%			
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: 770 D: 1,180 P: 65%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 980 D: 1,180 P: 83%			
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: 874 D: 1,180 P: 74%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	Pending result			

#### 2.2.3. Cumulative Progress To Date

Latest reporting due period : 18 (01.Oct.11 - 31.Dec.11)

**Objective 1** To strengthen the strategic planning and management of NTP under Manas Taalimi Health Reform Program

**SDA** Treatment: Timely detection and quality treatment of cases

**Indicator 1.1 - Number of new smear positive TB cases detected among the total estimated number of new smear-positive TB cases per year**

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	8	3,000	8	1,762						59%

**Indicator 1.2 - Number and percent of new smear positive TB cases detected at the primary health care level**

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	8	N: 1,203 D: 13,517 P: 8.9 %	8	N: 305 D: 3,404 P: 9 %						101%

**Indicator 1.3 - Number and percent of new smear positive TB cases that are successfully treated**

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	8	N: 1,607 D: 1,890 P: 85 %	8	N: 350 D: 422 P: 82.9 %						98%

**SDA** Supportive Environment: Laboratory

**Indicator 1.4 - Number and percentage of laboratories implementing quality assurance measures (TB laboratory diagnostics by microscopy method of acid-fast bacteria (panel testing, blind re-checking))**

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 2-Service Points supported	8	N: 103 D: 103 P: 100 %	8	N: 119 D: 122 P: 97.5 %						98%

**SDA** Improving diagnosis

**Indicator 1.5 - Number of new smear positive TB cases detected in the civilian sector**

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	16	410	14	378						92%

**Indicator 1.6 - Number of new smear positive TB cases detected in the penitentiary sector**

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	16	35	14	28						80%

**SDA** High Quality DOTS

**Indicator 1.7 - Number and percentage of new smear positive TB cases in the civilian sector that are successfully treated**

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	16	N: 349 D: 410 P: 85.1 %	14	N: 292 D: 369 P: 79.1 %						93%

**Indicator 1.8 - Number and percent of new smear TB cases in the penitentiary sector that are successfully treated**

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	16	N: 30 D: 35 P: 85.7 %	14	N: 8 D: 15 P: 53.3 %						62%



<b>Objective 2</b>	To further integrate the TB control into the primary health care services in order to strengthen the implementation of DOTS strategies									
<b>SDA</b>	Supportive Environment: Community TB care (CTBC)									
<b>Indicator 2.1 - Number of MDR TB patients receiving social support (food and hygiene packages)</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	<b>0%</b>	<b>30%</b>	<b>60%</b>	<b>90%</b>	<b>100%</b>	
Level 3-People reached	16	50	14	76						120%

<b>SDA</b>	HSS: Health Workforce									
<b>Indicator 2.2 - Number of trained doctors of PHC from outpatient facilities of all rayons, prisons and military service</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	<b>0%</b>	<b>30%</b>	<b>60%</b>	<b>90%</b>	<b>100%</b>	
Level 1-People trained	16	480	14	768						120%

<b>Objective 3</b>	To strengthen and expand the DOTS-Plus strategy in the country									
<b>SDA</b>	TB: MDR-TB									
<b>Indicator 3.1 - Number of service delivery points (TB and MDR TB facilities) established and/or refurbished</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	<b>0%</b>	<b>30%</b>	<b>60%</b>	<b>90%</b>	<b>100%</b>	
Level 2-Service Points supported	8	3	8	4						120%

<b>Objective 4</b>	To reduce the burden of TB, TB/HIV and MDR-TB by strengthening the implementation of DOTS and DOTS-Plus strategy in the Penitentiary system									
<b>SDA</b>	TB: MDR-TB									
<b>Indicator 4.1 - Number and percentage of MDR-TB cases enrolled to begin second line treatment for multi-drug-resistant TB in civilian and penitentiary sectors</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	<b>0%</b>	<b>30%</b>	<b>60%</b>	<b>90%</b>	<b>100%</b>	
Level 3-People reached	16	N: 980 D: 1,180 P: 83.1 %	12	N: 874 D: 1,180 P: 74.1 %						89%

**2.3. Financial Performance****2.3.1. Grant Financial Key Performance Indicators (KPIs)**

<b>Grant Duration (months)</b>	60 months	<b>Grant Amount</b>	6,236,893 \$
<b>% Time Elapsed (as of end date of the latest PU)</b>	70%	<b>% disbursed by TGF (to date)</b>	100%
<b>Time Remaining (as of end date of the latest PU)</b>	18 months	<b>Disbursed by TGF (to date)</b>	6,226,932 \$
<b>Expenditures Rate (as of end date of the latest PU)</b>	84%	<b>Funds Remaining (to date)</b>	9,960 \$

**2.3.2. Program Budget**

	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	Budget Period 6	Budget Period 7	Budget Period 8
Period Covered From:	01.Jul.07	01.Oct.07	01.Jan.08	01.Apr.08	01.Jul.08	01.Oct.08	01.Jan.09	01.Apr.09
Period Covered To:	30.Sep.07	31.Dec.07	31.Mar.08	30.Jun.08	30.Sep.08	31.Dec.08	31.Mar.09	30.Jun.09
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	1,431,435	1,683,571	1,863,981	2,049,279	3,201,476	3,303,948	3,363,459	4,244,578
Summary Period Budget:	1,431,435	252,136	180,410	185,298	1,152,197	102,472	59,511	881,119

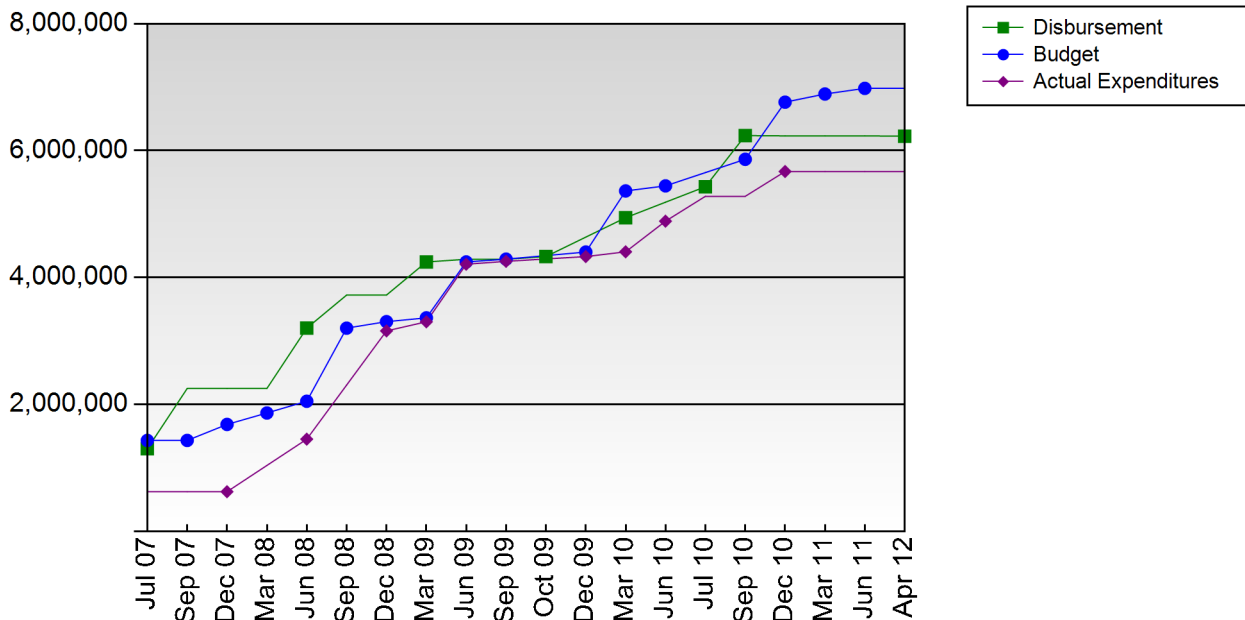
**Expenditure Categories****Program Activities****Implementing Entities**

	Budget Period 9	Budget Period 10	Budget Period 11	Budget Period 12	Budget Period 13	Budget Period 14	Budget Period 15	Budget Period 16
Period Covered From:	01.Jul.09	01.Oct.09	01.Jan.10	01.Apr.10	01.Jul.10	01.Oct.10	01.Jan.11	01.Apr.11
Period Covered To:	30.Sep.09	31.Dec.09	31.Mar.10	30.Jun.10	30.Sep.10	31.Dec.10	31.Mar.11	30.Jun.11
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	4,289,233	4,400,898	5,364,559	5,444,158	5,863,084	6,763,868	6,892,059	6,981,492
Summary Period Budget:	44,655	111,665	963,661	79,599	418,926	900,784	128,191	89,433

**Expenditure Categories****Program Activities****Implementing Entities****- Comments and additional information****2.3.3. Program Expenditures**

Period PU10: 01.Oct.10 - 31.Dec.10	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
<b>1. Total cash outflow vs. budget</b>	\$ 783,009	\$ 6,763,868	\$ 5,670,730	\$ 1,093,138	The cumulative variance at the end of December 2010 is USD 573,646 and is mainly due to delayed procurement of second-line anti-TB drugs.
<b>1a. PR's Total expenditure</b>	\$ 783,009		\$ 5,585,417		
<b>1b. Disbursements to sub-recipients</b>			\$ 85,313		
<b>1c. Expenditure Adjustments</b>					
<b>2. Pharmaceuticals &amp; Health Product expenditures vs budget</b>	\$ 705,760		\$ 3,923,366		<b>Reason for adjustments</b>
<b>2a. Medicines &amp; pharmaceutical products</b>	\$ 694,570		\$ 3,655,573		
<b>2b. Health products and health equipment</b>	\$ 11,190		\$ 267,793		

### 2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



### 2.4. Progress Update and Disbursement Information

Rating	Description
A1	Exceeding expectations
A2	Meeting expectations
B1	Adequate
B2	Inadequate but potential demonstrated
C	Unacceptable

Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
0			N/A	1	01.Jul.07 - 31.Mar.08	1,300,000	\$ 1,300,000	31 Jul 2007
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>				
Not applicable - first disbursement under the grant.				N/A				

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Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Jul.07 - 31.Dec.07		A	2	01.Jan.08 - 30.Sep.08	1,901,476	\$ 1,901,476	04 Jun 2008	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>The reasons for this rating arose due to the fact that the PR delayed the submission of the report by 3 months and fulfilled the conditions precedent partially. During the reported period the previous financial manager mixed part of Round 6 expenses with Round 2 expenses. Programmatic data were presented in insufficient quality due to the fact that the PR did not include the data from prisons. Based on the PR's explanation the required information was very difficult to receive from prisons in this reported period.</p>									
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Jan.08 - 30.Jun.08		A					N/A	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>As of end of Q4, the program shows satisfactory results: targets for 4 out of 7 indicators have been achieved and/or over-achieved, and achievement of 3 indicators is within the range of 63-89%.</p> <p>With the current PU the PR did submit a disbursement request for USD 161,983, however, due to a big cash balance as of 30 June 2008 (USD 1,757,764) the FPM has decided not to disburse at this stage.</p>									
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
3	01.Oct.08 - 31.Dec.08		B1	3	01.Jan.09 - 31.Mar.09	1,043,102	\$ 1,043,102	12 Mar 2009	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>The grant demonstrated good progress towards reaching targets during quarter 6. Targets for majority of performance indicators as well as some of impact and outcome indicators have been met or are close to be reached. Furthermore majority of all indicators from top ten have been reached: Number and percent of new smear positive TB cases detected at the primary health care level; Number and percent of new smear positive TB cases that are successfully treated. But the PR was not able to implement indicator Number of MDR TB patients receiving social support (food and hygiene packages) due to fact that the existing mechanism of distribution is not effective enough.</p> <p>As at December 31st 2008 the cumulative budget utilization is 94,5% of the budget. The big variance between the budget for reporting period and actual expenses was due to the delay with signing the contact with IDA on second line TB drugs.</p>					N/A				

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Jan.09 - 31.Mar.09			B2	4	01.Apr.09 - 30.Sep.09	1,119,981	\$ 85,530	28 Oct 2009
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>Some slowdown in the progress of this grant may be associated with both external and internal factors. Some of the indicators like "number of new smear positive TB cases detected among the total estimate number of new smear-positive TB cases per year", "number and percentage of MDR-TB cases enrolled to begin second line treatment for multidrug-resistance TB in civilian and penitentiary sectors" were not reported for this reporting period because is reports annually and the information will be available in the next quarter and therefore LFA was not able to verified these indicators. On the base of routine statistics received from PR there are some slowdown with implementation of two important indicators "number of new smear positive TB cases detected among the total estimate number of new smear-positive TB cases per year", and "number and percentage of MDR-TB cases enrolled to begin second line treatment for multidrug-resistance TB in civilian and penitentiary sectors" were implemented only by 63% and 36% accordingly. The main reasons for this level of performance are the managerial weakness of PR and NTP, high turnover of trained staff, lack of adequately trained current staff, migration of health professionals contributes patients being lost to treatment outcomes and lack of IEC interventions informing people of the importance of adherence to drug treatment.</p> <p>The Principal Recipient states wrong periods for the reporting period: instead of an end date of 30 June 2009, the PR should have indicated 31 March 2009. The LFA corrects this mistake and correctly indicates the period ending as at 31 March 09 (Q7) and subsequently, the disbursement request covers the period from 1 April 09 until 30 September 09 (Qs 8+9) plus a buffer period (Q10) ending on 31 December 09.</p> <p>The budget for the reporting period is very small (less than 100.000 USD) and not significant relative to the cumulative budget. The cumulative Actual represents some 98% of the cumulative Budget. Thus, spending is in line with the budget.</p> <p>The LFA notes salary supplements being paid to staff not directly employed by the Program Implementation Unit. These incentives of some USD 200 per person and month to six staff of the National Center for Phtisiology were permitted during Phase 1 and will not continue into Phase 2.</p>					<p>Managerial weaknesses developed over the past implementation period resulted in a large number of issues to be addressed within the upcoming disbursement period. Also, combined with a relatively high cash balance, the Country Team is not convinced that the PR will be able to absorb all requested funds and consequently, decides to reduce the request to 85,530 US dollars (Q8+Q9+Q10 and minus cash balance). While the amount is still outside the indicative range the Country Team believes that the PR will improve the underachievement of one activity, Number of MDR TB patients receiving social support, and its managerial capacity which caused the rating of B2.</p>				
<b>Progress Updates</b>					<b>Disbursement Information</b>				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
5	01.Apr.09 - 30.Jun.09			B1					N/A
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>The programmatic part of this progress update was not verified by the LFA.</p>									

Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
6	01.Jul.09 - 30.Sep.09		B2	5	01.Oct.09 - 31.Mar.10	1,123,400	\$ 612,388	05 Mar 2010
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>The Program implementation continued to demonstrate progress in Quarter 9, but still some shortfalls are noted in certain program areas. Important advancement was made in the provision of social support to MDR-TB patients (from 0% achievement rate during the previous reporting period to exceeding the target as of Quarter 9). Detection of new ss+ cases and treatment success in the civilian sector appear to be on track (101% and 86% achievement rate respectively).</p> <p>However, no results for planned trainings of PHC doctors were reported. Further, the results for indicators such as 'Number of new smear positive TB cases detected in the penitentiary sector' (60% achievement) and 'Number and percent of new smear positive TB cases in the penitentiary sector that are successfully treated' (52%) are inadequate or very close to the underachievement threshold. The PR applies inaccurate methodology for estimating the indicators in the penitentiary sector, specifically the estimation of successfully treated cases. The PR does not have a system for monitoring of TB patients' transfers from the penitentiary to the civilian sector, and does not take them into account during the cohort analysis of treatment results. Therefore, the PR has different data in comparison with the official statistics and data from international organizations, as well as different data on morbidity and mortality. The PR carries out the estimation of morbidity and mortality without taking into account the data related to prisoners. Finally, though the target for MDR-TB patients receiving social support appears to be over-achieved, the quality of data was low.</p>				<p>The decision for adjusting down the PR's request is made taking into consideration the following factors:</p> <p>(a) weaknesses in the PR's grant management practices, including financial management, pharmaceuticals and health products managements and M&amp;E. In addition, the PR did not implement in full the recommendations from the previous progress review.</p> <p>(b) the recent OIG audit of the grant portfolio in Kyrgyzstan has identified significant issues.</p>				

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Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
7	01.Oct.09 - 31.Dec.09		B2	6	01.Jan.10 - 30.Jun.10	1,100,734	\$ 438,346	12 Jul 2010	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The PR's overall programmatic performance was inadequate ("B2") during the reporting period (1 October – 31 December 2009). In addition, the PR continues to face challenges with the timeliness and efficiency of its day-to-day grant management operations. The previous two disbursements were already reduced in comparison with the PR's original requests (disbursement No. 4 represented 8% of the PR's request and disbursement No. 5 represented 55% of the PR's request) and the current disbursement follows this trend of reduced volume of financing.</p> <p>The Regional Team is recognized that PR needs funds in order to catch-up the program and to increase the number of MDR patients on treatment in accordance with agreed performance framework and to continue the support of ongoing program activities.</p> <p>The team further recommends this specific disbursement in view of UNDP's intensified engagement in 2010 to strengthen the capacity of the PR and therefore continue to investment form the grant fund to capacity-building to address identifies weaknesses. .</p>					<p>The amount approved for this disbursement is USD 488,346. The Regional Team's recommendation for the approved amount for the disbursement is based on the actual amount requested by the PR less the cash in transit (DR 5) missing from the PR's calculations, i.e.:</p> <p>US \$1,100,734 - US \$612,388 = US \$488,346, including the direct payment of the GLC fee by the GF to WHO.</p>				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
7	01.Oct.09 - 31.Dec.09		B2	6.1	01.Jan.10 - 30.Jun.10	50,000	\$ 50,000	12 Jul 2010	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The PR's overall programmatic performance was inadequate ("B2") during the reporting period (1 October – 31 December 2009). In addition, the PR continues to face challenges with the timeliness and efficiency of its day-to-day grant management operations. The previous two disbursements were already reduced in comparison with the PR's original requests (disbursement No. 4 represented 8% of the PR's request and disbursement No. 5 represented 55% of the PR's request) and the current disbursement follows this trend of reduced volume of financing.</p> <p>The Regional Team is recognized that PR needs funds in order to catch-up the program and to increase the number of MDR patients on treatment in accordance with agreed performance framework and to continue the support of ongoing program activities.</p> <p>The team further recommends this specific disbursement in view of UNDP's intensified engagement in 2010 to strengthen the capacity of the PR and therefore continue to investment form the grant fund to capacity-building to address identifies weaknesses. .</p>					<p>This is a GLC fee.</p>				

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
8	01.Jan.10 - 31.Mar.10			B2					N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>During the reporting period, from January to 31 March 2010, the performance of the grant remains weak. The PR have only met two out of six performance indicators. Two indicators out of four that were underachieved had a C performance rating which is raising concern over the program implementation. While the PR achieved a success in detecting and treating smear positive cases in the civilian sector, the PR failed to meet the rest of their targets.</p>									
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
9	01.Apr.10 - 30.Jun.10			B2	7	01.Jul.10 - 31.Dec.10	1,319,710	\$ 455,877	28 Sep 2010
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>During the reporting period, the PR demonstrated improvements in Program implementation as compared to the previous reporting period. Out of seven performance indicators, four are over-achieved, one is achieved for 97%, and two lag behind, namely case detection and treatment success in the penitentiary sector (63% and 10% achievement rates). While the quantitative indicator rating is "B1", the LFA raises serious concerns about the lack of a sound mechanism for tracking patients that are transferred from one facility to another (or from penitentiary to civilian sector) thus undermining the quality of reporting on treatment outcomes, and insufficient social support mechanism to keep MDR-TB patients on treatment (while the patient enrollment target is over-achieved, 24% of them have interrupted treatment). It is expected that the social component will be strengthened with the upcoming Round 9 TB grant implemented by Project HOPE along with UNDP. As to a sound mechanism for tracking released patients from the prison, the PR is committed to have this mechanism operational as of January 2011.</p>					<p>The total disbursement amount covers forecasted cash needs for July - December 2010 and includes the amount of USD 350,173.70 (43% of total disbursement amount) for urgent first-line anti-TB drug procurement through GTZ (direct (split) payment to GTZ).</p> <p>PR's requested amount has been adjusted as follows to arrive at the final disbursement amount of USD 806,050.67:            USD 1,319,710 - PR's request            (+) USD 6,943 as variance between PR's forecast and LFA's adjustments to forecasted cash needs considering Program realities (excluding activities for which targets have been reached, including UNDP fee, GLC fee);            (-) USD 438,346 cash in transit not indicated in the PR's cash reconciliation form;            (-) USD 20,877 as unexplained expenditures in the reporting period;            and            (-) USD 61,379.33 PR's cash balance at the end of the reporting period</p>				



Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
9	01.Apr.10 - 30.Jun.10			B2	7.1	01.Jul.10 - 31.Dec.10		\$ 350,174	28 Sep 2010
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>During the reporting period, the PR demonstrated improvements in Program implementation as compared to the previous reporting period. Out of seven performance indicators, four are over-achieved, one is achieved for 97%, and two lag behind, namely case detection and treatment success in the penitentiary sector (63% and 10% achievement rates). While the quantitative indicator rating is "B1", the LFA raises serious concerns about the lack of a sound mechanism for tracking patients that are transferred from one facility to another (or from penitentiary to civilian sector) thus undermining the quality of reporting on treatment outcomes, and insufficient social support mechanism to keep MDR-TB patients on treatment (while the patient enrollment target is over-achieved, 24% of them have interrupted treatment). It is expected that the social component will be strengthened with the upcoming Round 9 TB grant implemented by Project HOPE along with UNDP. As to a sound mechanism for tracking released patients from the prison, the PR is committed to have this mechanism operational as of January 2011.</p>					<p>This amount represents the direct payment to GTZ for first-line anti-TB drugs procurement.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
10	01.Oct.10 - 31.Dec.10			B1	10	01.Jan.11 - 30.Jun.11			N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Out of six indicators for this period, two were over-achieved, including an indicator on training of PHC doctors. Two more indicators were almost achieved (A2 rating) and two were under-achieved (B2 rating).</p> <p>However, the overall rating has been downgraded to B1 because of the following issues: a) despite a high achievement on the training indicator, this did not translate into improvements in diagnosis or treatment (as evidenced by impact indicators) and the PR did not identify or comment on this issue, b) out of eight impact indicators, five were not achieved, c) many previous recommendations were not implemented.</p> <p>The expenditure rate in this period is 86.9%, and the cumulative expenditure rate stands at 91.5%. Most of the variance is explained by delayed procurement of 2nd-line drugs.</p>					<p>This was a zero disbursement.</p>				

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
10	01.Oct.10 - 31.Dec.10		B1	11			\$ -9,960	13 Apr 2012	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>Out of six indicators for this period, two were over-achieved, including an indicator on training of PHC doctors. Two more indicators were almost achieved (A2 rating) and two were under-achieved (B2 rating).</p> <p>However, the overall rating has been downgraded to B1 because of the following issues: a) despite a high achievement on the training indicator, this did not translate into improvements in diagnosis or treatment (as evidenced by impact indicators) and the PR did not identify or comment on this issue, b) out of eight impact indicators, five were not achieved, c) many previous recommendations were not implemented.</p> <p>The expenditure rate in this period is 86.9%, and the cumulative expenditure rate stands at 91.5%. Most of the variance is explained by delayed procurement of 2nd-line drugs.</p>				Refund					

**2.5. Contextual Information**

Title	Explanatory Notes
a. Governance (CCM, Civil Society, Donor and Partner Relations, GF Related – LFA, Secretariat, etc)	Due to the recent political and civil unrest in the country, dissolution of the Parliament and the interim status of the Government, the CCM (CMCC) has been marginally functional for some time. However, the Secretariat of the CCM has been operational and kept maintaining communication with the PRs, SRs, stakeholders and the Secretariat of the Global Fund. There has been re-vitalization of the activities of the country stakeholders in May-June 2010. A technical assistance mission from Grant Management Solutions took place in early June 2010. Their work was preceded by a GF Secretariat visit in February 2010 (FPM, Civil Society Officer and CCM team representative) for initial diagnostics and development of a TA plan for the CCM. This was followed by a visit of the Civil Society Officer in May 2010 for targeted work with civil society organizations.
c. External Factors (Political Environment, Currency Fluctuations, Natural Disasters, etc)	Kyrgyzstan has been facing major political and civil turmoil since March 2010, including dissolution of the Parliament, interim government and mounting violence and clashes, especially in the southern parts of the country. In mid June 2010 the European Commission decided to dispatch an expert to the country to assess humanitarian needs. In the context of the ongoing unrest, the continued implementation of some programmatic activities has been delayed and is still facing challenges. Despite the complexity of the situation in Kyrgyzstan and the particular challenges in specific geographic regions, the programs still continue to function, albeit with limitations and under challenging circumstances. The referendum on the Constitution is planned in June 2010 and parliamentary elections are planned in October. Therefore, the current situation could last until the end of the year.
I. Additional Contextual Issues	The OIG conducted an audit of the GF grant portfolio in Kyrgyzstan in November-December 2009. The first draft of the OIG report has not been received as of the time of this review. Following an oral de-briefing at the end of the OIG mission, the Principal Recipient prepared an action plan to address some of the deficiencies noted during the audit and submitted the plan to the OIG.

**2.6. Phase 2/ Periodic Review Grant Renewal**

<b>Performance Rating</b>		<b>Recommendation Category</b>	
<b>Rationale for Phase 2/ Periodic Review Recommendation Category</b>			
<b>Rationale for Phase 2/ Periodic Review Recommendation Amount</b>			

**Time-bound Actions**

**Issues**

**Description**

Issues	Description

