



General Grant Information

Country	Kyrgyzstan				
Grant Number	KGZ-910-G07-T	Component	Tuberculosis	Round	09
Grant Title	Directly Observed Treatment, Short Term? (DOTS) Program in Kyrgyzstan by Providing Access to Diagnostics and Treatment of Drug-Resistant Tuberculosis				
Principal Recipient	<Project HOPE - the People to People Health Foundation> in the Republic of Tajikistan				
Grant Status	Active -				
Grant Start Date	01 Jan 2011	Grant End Date	31 Dec 2015		
Current* Phase Start Date	01 Jan 2013	Current* Phase End Date	31 Dec 2015	Latest Rating	
Current* Phase Signed Amount	\$ 3,710,443	Current* Phase Committed Amount	\$ 3,693,533	Current* Phase Disbursed Amount	\$ 3,664,545
Cumulative Signed Amount	\$ 5,915,918	Cumulative Committed Amount	\$ 5,899,008	Cumulative Disbursed Amount	\$ 5,870,020
				% Disbursed	100%
Time Elapsed (at the end of the latest reporting period)	54 months	Proposal Lifetime	Not Available	% of Grant Duration	90%

* Latest Phase if grant is closed

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1. Program Description and Contextual Information

1.1. Grant Summary - Web

In Kyrgyzstan, Tuberculosis (TB) re-emerged as an important public health problem after the independence and its burden remains high in the country. The case notification rate is 117 per 100,000 populations and is the third highest among the 53 countries of the World Health Organization European Region. According to the Drug Resistance Survey in 2007, Kyrgyzstan faces a very high multi drug-resistant TB (MDR-TB) prevalence of 25 percent among new positive cases and 54 percent among previously treated cases. This grant complements the Round 9 and Round 6 consolidated TB Single Stream Funding grant implemented by United Nations Development Programme (UNDP), both aiming to reduce incidence and mortality rate of TB in Kyrgyz Republic. The current grant consolidates the remaining 1.5 years of the Phase 2 grant program and part of the Round 9 TB grant proposal which was intended to be implemented in Dual-Financing scheme along with Project HOPE. The grant includes activities to improve legal and regulatory basis for TB service delivery, strengthen management, coordination, monitor and evaluate the National TB Control Program (NTP), and conduct drug resistance surveillance and diagnosis of DR-TB cases.

1.2. Country Latest Statistics

Tuberculosis	Estimate	Year	Source
Estimated mortality of TB cases (all forms, excluding HIV) per 100 000 population	12	2012	Global tuberculosis report 2012
Estimated number of deaths from TB (all forms, excluding HIV)	673	2012	Global tuberculosis report 2012
Estimated number of incident TB cases (all forms)	6,920	2012	Global tuberculosis report 2012
Estimated prevalence of TB (all forms)	9,438	2012	Global tuberculosis report 2012
Estimated prevalence of TB (all forms) per 100 000 population	175	2012	Global tuberculosis report 2012
Estimated TB incidence (all forms) per 100 000 population	128	2012	Global tuberculosis report 2012
New smear-positive TB cases detected and treated	14,357	2014	Mid-2014 Global Fund Results
Background and Health Spending	Estimate	Year	Source
Population, total	5,582,100	2012	The World Bank Group (Data latest 2013 (update: 2012)
Birth rate, crude (per 1,000 people)	27	2011	The World Bank Group (Data latest 2013 (update: 2011)
Death rate, crude (per 1,000 people)	7	2011	The World Bank Group (Data latest 2013 (update: 2011)
External resources for health (% of total expenditure on health)	11	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure per capita (current US\$)	71	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, private (% of GDP)	3	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, public (% of GDP)	4	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, public (% of government expenditure)	12	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, public (% of total health expenditure)	60	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, total (% of GDP)	6	2011	The World Bank Group (Data latest 2013 (update: 2011)
Hospital beds (per 1,000 people)	5	2011	The World Bank Group (Data latest 2013 (update: 2011)
Life expectancy at birth, total (years)	70	2011	The World Bank Group (Data latest 2013 (update: 2011)
Nurses and midwives (per 1,000 people)	6	2011	The World Bank Group (Data latest 2013 (update: 2011)
Physicians (per 1,000 people)	2	2011	The World Bank Group (Data latest 2013 (update: 2011)

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

1.5. Conditions Precedent

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>1. Condition(s) Precedent to First Disbursement (Terminal Date as stated in block 7A of the Face Sheet)</p> <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 a letter signed by the Authorized Representative of the Principal Recipient setting forth the name, title and authenticated specimen signature of each person authorized to sign disbursement requests under Article 10 of the Standard Terms and Conditions of this Agreement and, in the event a disbursement request may be signed by more than one person, the conditions under which each may sign.</p>				Met	The PR submitted the signature specimen sheet on 9 December 2010
	Condition Precedent	<p>2. Condition(s) Precedent to Second Disbursement (Terminal Date as stated in block 7B of the Face Sheet).</p> <p>The second disbursement of Grant funds by the Global Fund to the Principal Recipient is subject to the satisfaction of each of the following conditions in form and substance satisfactory to the Global Fund:</p> <p>a). the delivery by the Principal Recipient to the Global Fund of a completed version of the Monitoring and Evaluation Systems Strengthening Tool (dated January 2006 and available from the Global Fund website) that has been prepared by the Principal Recipient in consultation with the Program stakeholders specified in the instructions section of that document.</p> <p>b). the delivery by the Principal Recipient to the Global Fund of an updated plan for monitoring and evaluating Program activities (the "Updated M&E Plan") that incorporates the recommendations made by Program stakeholders upon completion of the Monitoring and Evaluation Systems Strengthening Tool (referred to in Sub-section B.2.a).</p> <p>c). the delivery by the Principal Recipient to the Global Fund of a revised budget for the Program Term (the "Revised Program Budget") if the amendments incorporated into the Updated M&E Plan necessitate amendments to the budget for the Program Term that was approved by the Global Fund as of the effective date of this Agreement.</p> <p>d). the written approval of the Global Fund of the Updated M&E Plan and Revised Program Budget (the latter only being applicable if condition c. of this sub-section B.2 is applicable).</p>		Disbursement		Met	The PR submitted the reports of the Monitoring and Evaluation System's Strengthening workshop on 22 September 2011. This workshop was conducted jointly with UNDP, Principal Recipient of the SSF TB grant, which submitted the workshop reports on 24 August 2011.

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	Special Condition 1. The Principal Recipient acknowledges and agrees that the Global Fund is entitled to reduce the amount of Grant funds as reflected in block 8 of the Face Sheet of this Agreement by the amount of any savings resulting from any tax exemptions or tax credits relating to the Agreement or the Program (including without limitation, value added tax relating to the procurement of goods or services under the Program).				Met	Principal Recipient acknowledges and agrees to the Special Terms Conditions of the Grant Agreement
	Condition Precedent	Phase II Condition Precedent to Disbursement of Funds for Renovation Works (Terminal Date as stated in block 7A of the Face Sheet) Prior to the disbursement of Grant funds for the renovation of laboratories, the Principal Recipient shall to the satisfaction of the Global Fund submit a detailed budget and bills of quantities for the proposed renovation works that has been reviewed and verified by the Local Fund Agent.	Others	Disbursement	15.Jun.13	Met	The PR provided the relevant data re compliance with the CP on 31 July 2013. The LFA reviewed the status and recommended that the CP could be considered as met, once an adjustment is made to the calculation (The total estimated amount of renovation works indicated by the hired expert is 2,433,276.89 KGS. The total amount with adjustment should be 2,552,141 KGS). The PR re-submitted the calculations on 5 August 2013.
	Condition Precedent	Phase II Special Conditions By no later than 31 December 2013, the Principal Recipient shall establish to the satisfaction of the Global Fund that the grant program activities are aligned appropriately with the to-be-issued National TB Strategy 2012-2016. If the Global Fund considers that the grant program activities are not appropriately aligned, then the Global Fund may require relevant changes to the program.	Others		31.Dec.13	Waived	Update as of April 2015: The National TB Programme for period 2013-2016 was adopted by the Kyrgyz Government Decree #325 from June 10, 2013. The Ministry of Health established working group for elaboration of National Strategy Plan (NSP) on TB. The NSP was prepared in collaboration with all stakeholders participated in TB programme implementation, including Project HOPE under coordination of the MoH and technical support of WHO. The last updated version of the NSP (dated 11 February 2015) was presented to the MoH for approval. As expected the NSP will be adopted by the MoH in March 2015. If the adopted NSP includes new indicators, some changes in Project HOPE's GF grant implementation may be required. Thus, the SC is unmet yet - in progress. The condition was waived by the CT through an implementation letter released in February 2015.

2. Key Grant Performance Information

2.1. Program Impact and Outcome Indicators

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025

Goal 1 To reduce the burden of tuberculosis in Kyrgyzstan by consolidation of DOTS framework and its expansion by scaling up the management of drug-resistant tuberculosis.

Outcome indicator	Notification rate of new smear positive TB cases (New smear-positive TB patients notified to the national health authorities during a specified period (number per year per 100,000 population))													
	Baselines													
	Value							Year						
	32							2009						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	32	33	32	34	34										
Result			29	32											
Data source of Results															

Outcome indicator	Cure rate: new new smear positive TB cases (percentage of new smear-positive TB cases cured under DOTS compared to the total number of new smear-positive TB cases registered in a given year)													
	Baselines													
	Value							Year						
	81%							2007						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	81%	82%	82%	83%	83%										
Result															
Data source of Results															

Outcome indicator	Treatment success rate													
	Baselines													
	Value							Year						
	82%							2009						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	N: D: P: 83%	N: D: P: 84%	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: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 1,247 D: 1,591 P: 78%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results															

Impact indicator	TB mortality rate													
	Baselines													
	Value							Year						
	9.1							2011						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target			8	8	7										
Result			8	7											
Data source of Results															

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Outcome indicator	Notification rate for all forms of TB (including new smear positive, smear negative, extrapulmonary cases and relapses) notified to the national health authorities during a specified period per year per 100,000 population)										Baselines				
											Value		Year		
											109		2009		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target			104	105	106										
Result			109	124											
Data source of Results															

Outcome indicator	Treatment success rate among new smear positive TB cases: new smear positive TB cases successfully treated (cured plus completed) out of those new smear positive TB cases notified to the National Health authorities during a specified period (number and percentage).										Baselines				
											Value		Year		
											82%(1531/1871)		Apr.08/Mar		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target			83% (2012 cohort)	84% (cohort)	85%(20 14 cohort)										
Result			82.5%	81.2%											
Data source of Results															

Outcome indicator	Treatment success rate, laboratory confirmed MDR-TB cases: laboratory confirmed MDR TB cases successfully treated (cured plus completed) among those enrolled in second-line treatment during the year of assessment (number and percentage)										Baselines				
											Value		Year		
											50%		2007		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target			56% (2010 cohort)	62% (2012 cohort)	65% (2013 cohort)										
Result				62.7%											
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.Jan.11 31.Mar.11	01.Apr.11 30.Jun.11	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

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - To consolidate DOTS framework through strengthening programme management, improving TB case detection and diagnosis and quality treatment of TB cases.

Improving diagnosis

Indicator 1.1 - Number of new smear-positive TB patients notified to the national health authorities.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	1584	2012	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	433	866	1,299	1,732	447	894	1,341	1,787
Result	Pending result	350	Pending result	1,537	Pending result	793	Pending result	1,669
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	864	1,728	942	1,782	918	1,836		
Result	917	1,667	961	1,849	1,035	Pending result		

Indicator 1.10 - Number of TB cases (all forms, new and relapses) notified to national health authority

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	6084	2012	Top 10 Equ.	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	2,804	5,608	2,831	5,662	2,858	5,716		
Result	3,263	6,257	3,402	6,390	3,234	Pending result		

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Indicator 1.11 - TB cases with result for drug susceptibility testing: TB cases with results for diagnostic DST for MDR-TB among those eligible for drug susceptible testing according to national policy

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	26%	2011	N	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: 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: %	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: D: P: %	N: D: P: %	N: 1,287 D: 3,480 P: 37%	N: 2,575 D: 6,960 P: 37%	N: 1,635 D: 3,480 P: 47%	N: 3,270 D: 6,960 P: 47%	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: 1,442 D: 5,309 P: 27%	N: 1,599 D: 2,700 P: 59%	N: 1,066 D: 1,147 P: 93%	Pending result	N: D: P: %	N: D: P: %

Indicator 1.12 - Quality assurance for culture examination: Laboratories showing that the proportion of culture positive results in AFB-positive TB patients not yet initiated on treatment, is >90% among the laboratories that undertake culture examination during the reporting period (number and percentage)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 0-Process/Activity Indicator	N/A	2012	N	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: 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: %	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: D: P: %	N: 4 D: 11 P: 36%	N: 5 D: 11 P: 46%	N: 4 D: 7 P: 57%	N: 5 D: 7 P: 71%	N: 6 D: 7 P: 86%	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: 3 D: 11 P: 27%	N: 3 D: 11 P: 27%	N: 4 D: 7 P: 57%	N: 5 D: 7 P: 71%	Pending result	N: D: P: %	N: D: P: %

HSS: Information System

Indicator 1.2 - Number of people of NTP and TB service staff trained in upgraded TB recording and reporting system.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	n/a n/a	2008	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	15	30	45	60	60	60
Result			Pending result	0	Pending result	56	Pending result	63

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	60							
Result	Pending result							

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Indicator 1.3 - Number of people trained as the national team of trainers.

	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 1-People trained	n/a	2008	N	N										
Target	0	12	12	12	12	12	12	12	12	12	12	12	12	12
Result		0	Pending result	15	Pending result	15	Pending result	15	Pending result	15	Pending result	15	Pending result	15
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	12													
Result	Pending result													

Indicator 1.4 - Number of people trained in drug management.

	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 1-People trained	n/a	2008	N	N										
Target	0	20	20	40	40	60	60	80	80	80	80	80	80	80
Result		14	Pending result	34	Pending result	57	Pending result	83	Pending result	83	Pending result	83	Pending result	83
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	80													
Result	Pending result													

Indicator 1.6 - Number of round table meetings on TB issues with representatives of local (district level) administrations.

	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 0-Process/Activity Indicator	0	2008	N	N										
Target	0	4	9	14	18	21	25	28	28	28	28	28	28	28
Result		2	Pending result	8	Pending result	22	Pending result	30	Pending result	30	Pending result	30	Pending result	30
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	31													
Result	Pending result													

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Indicator 1.7 - Number of representatives of Village Health Committees (VHC) and community activists trained on TB control issues at community level.

	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 1-People trained	0	2008	N	N										
Target	0	0	300	600	900	1,200	1,500	1,800						
Result			Pending result	525	Pending result	1,523	Pending result	2,134						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	1,980													
Result	Pending result													

Indicator 1.8 - Number of mass media representatives trained on TB issues.

	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 1-People trained	26	2004-2008	N	N										
Target	0	20	40	40	60	60	80	80						
Result		31	Pending result	56	Pending result	85	85	85						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	100													
Result	Pending result													

High Quality DOTS

Indicator 1.5 - Number of TB patients receiving incentives (food parcels) for better adherence to treatment during out-patient phase of 1st line treatment.

	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 3-People reached	7710	2012	N	N										
Target	1,048	2,096	3,144	4,191	1,048	2,099	3,147	4,194						
Result	Pending result	0	Pending result	2,658	Pending result	2,441	Pending result	5,052						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	2,488	2,488	2,424	2,987	2,536	2,964								
Result	2,276	2,527	2,266	2,473	2,363	Pending result								

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Indicator 1.9 - Treatment success rate: new smear-positive TB patients cured plus completed treatment among the new smear-positive TB cases to the National Health authorities registered during a specified period (number and percentage).

	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 3-People reached	1208/1646 (73.4%)	2011	Y	N										
Target	N: D: P: 83%	N: D: P: 83%	N: D: P: 83%	N: D: P: 83%	N: D: P: 83%	N: D: P: 83%	N: D: P: 83%	N: D: P: 83%	N: D: P: 83%	N: D: P: 84%	N: D: P: 84%	N: D: P: 84%	N: D: P: 84%	N: D: P: 84%
Result	N: D: P: %	N: D: P: 83%	N: D: P: %	N: 1,247 D: 1,591 P: 78%	N: D: P: %	N: D: P: 81%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 1,201 D: 1,523 P: 79%	N: D: P: %	N: D: P: %
Target	N: 679 D: 826 P: 82%	N: 1,315 D: 1,584 P: 83%	N: 717 D: 864 P: 83%	N: 1,452 D: 1,728 P: 84%	N: 1,008 D: 1,200 P: 84%	N: 2,040 D: 2,400 P: 85%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 637 D: 829 P: 77%	N: 1,168 D: 1,416 P: 83%	N: 619 D: 755 P: 82%	N: 1,096 D: 1,349 P: 81%	N: 636 D: 778 P: 82%	Pending 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: %

Indicator 1.13 - Number of TB service doctors / nurses trained in DOTS, different aspects of NTP management and drug management

	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 1-People trained	80	2012	N	N										
Target														
Result														
Target	240	465	240	443	55	95								
Result	15	467	209	284	159	Pending result								

Indicator 1.14 - Number of TB cases contributed through referral by PHC

	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 3-People reached	0	2012	N	N										
Target														
Result														
Target	1,135	2,270	500	1,000	550	1,100								
Result	1,299	2,282	508	1,278	770	Pending result								

HSS: Facility management and organisation

Indicator 1.15 - Number and percentage of TB facilities supervised

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 0-Process/Activity Indicator	0	2012	N	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: 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: %	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: 10 D: 34 P: 29%	N: 34 D: 34 P: 100%	N: 17 D: 34 P: 50%	N: 34 D: 34 P: 100%	N: 17 D: 34 P: 50%	N: 34 D: 34 P: 100%	N: D: P: %	N: D: P: %
Result	N: 11 D: 34 P: 32%	N: 34 D: 34 P: 100%	N: 26 D: 34 P: 77%	N: 43 D: 34 P: 127%	N: 17 D: 34 P: 50%	Pending result	N: D: P: %	N: D: P: %

ACSM (Advocacy, communication and social mobilization)

Indicator 1.16 - Number of community members reached via cascade trainings rolled out independently by trained community activists.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	2129	2012	N	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	420	480						
Result	429	400						

2.2.3. Cumulative Progress To Date

Latest reporting due period : 14 (01.Jul.15 - 31.Dec.15)

Objective 1 To consolidate DOTS framework through strengthening programme management, improving TB case detection and diagnosis and quality treatment of TB cases.

SDA Improving diagnosis

Indicator 1.1 - Number of new smear-positive TB patients notified to the national health authorities.

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	14	1,836	13	1,035					56%	

Indicator 1.10 - Number of TB cases (all forms, new and relapses) notified to national health authority

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	14	5,716	13	3,234					57%	

Indicator 1.11 - TB cases with result for drug susceptibility testing: TB cases with results for diagnostic DST for MDR-TB among those eligible for drug susceptible testing according to national policy

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	14	N: 3,270 D: 6,960 P: 47 %	13	N: 1,066 D: 1,147 P: 92.9 %					120%	

Indicator 1.12 - Quality assurance for culture examination: Laboratories showing that the proportion of culture positive results in AFB-positive TB patients not yet initiated on treatment, is >90% among the laboratories that undertake culture examination during the reporting period (number and percentage)


	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	14	N: 6 D: 7 P: 85.7 %	13	N: 5 D: 7 P: 71.4 %					83%	

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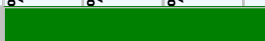
Last Updated on: 25 April 2016

SDA HSS: Information System


Indicator 1.2 - Number of people of NTP and TB service staff trained in upgraded TB recording and reporting system.

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	60	8	63					105%	


Indicator 1.3 - Number of people trained as the national team of trainers.

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	12	8	15					120%	


Indicator 1.4 - Number of people trained in drug management.

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	80	8	83					104%	


Indicator 1.6 - Number of round table meetings on TB issues with representatives of local (district level) administrations.

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	8	28	8	30					107%	

Indicator 1.7 - Number of representatives of Village Health Committees (VHC) and community activists trained on TB control issues at community level.

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	1,800	8	2,134					119%	

Indicator 1.8 - Number of mass media representatives trained on TB issues.

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	80	8	85					106%	

SDA High Quality DOTS

Indicator 1.5 - Number of TB patients receiving incentives (food parcels) for better adherence to treatment during out-patient phase of 1st line treatment.

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	14	2,964	13	2,363						80%

Indicator 1.9 - Treatment success rate: new smear-positive TB patients cured plus completed treatment among the new smear-positive TB cases to the National Health authorities registered during a specified period (number and percentage).

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	14	N: 2,040 D: 2,400 P: 85 %	13	N: 636 D: 778 P: 81.7 %						96%

Indicator 1.13 - Number of TB service doctors / nurses trained in DOTS, different aspects of NTP management and drug management

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 1-People trained	14	95	13	159						120%

Indicator 1.14 - Number of TB cases contributed through referral by PHC

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	14	1,100	13	770						70%

SDA HSS: Facility management and organisation

Indicator 1.15 - Number and percentage of TB facilities supervised

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 0-Process/Activity Indicator	14	N: 34 D: 34 P: 100 %	13	N: 17 D: 34 P: 50 %						50%

SDA ACSM (Advocacy, communication and social mobilization)

Indicator 1.16 - Number of community members reached via cascade trainings rolled out independently by trained community activists.

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	10	480	10	400						83%

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

Grant Duration (months)	60 months	Grant Amount	5,899,008 \$
% Time Elapsed (as of end date of the latest PU)	90%	% disbursed by TGF (to date)	100%
Time Remaining (as of end date of the latest PU)	6 months	Disbursed by TGF (to date)	5,870,020 \$
Expenditures Rate (as of end date of the latest PU)	91%	Funds Remaining (to date)	28,988 \$

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.Jan.11	01.Apr.11	01.Jul.11	01.Oct.11	01.Jan.12	01.Apr.12	01.Jul.12	01.Oct.12
Period Covered To:	31.Mar.11	30.Jun.11	30.Sep.11	31.Dec.11	31.Mar.12	30.Jun.12	30.Sep.12	31.Dec.12
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	832,495	931,045	1,070,379	1,194,263	1,936,577	2,023,591	2,107,890	2,205,474
Summary Period Budget:	832,495	98,550	139,334	123,884	742,314	87,014	84,299	97,584

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.Jan.13	01.Apr.13	01.Jul.13	01.Oct.13	01.Jan.14	01.Apr.14	01.Jul.14	01.Oct.14
Period Covered To:	31.Mar.13	30.Jun.13	30.Sep.13	31.Dec.13	31.Mar.14	30.Jun.14	30.Sep.14	31.Dec.14
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	2,445,387	2,773,766	3,235,353	3,482,886	3,707,637	4,356,097	4,674,849	4,908,159
Summary Period Budget:	239,189	328,379	461,587	247,533	224,752	648,459	318,752	233,310

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

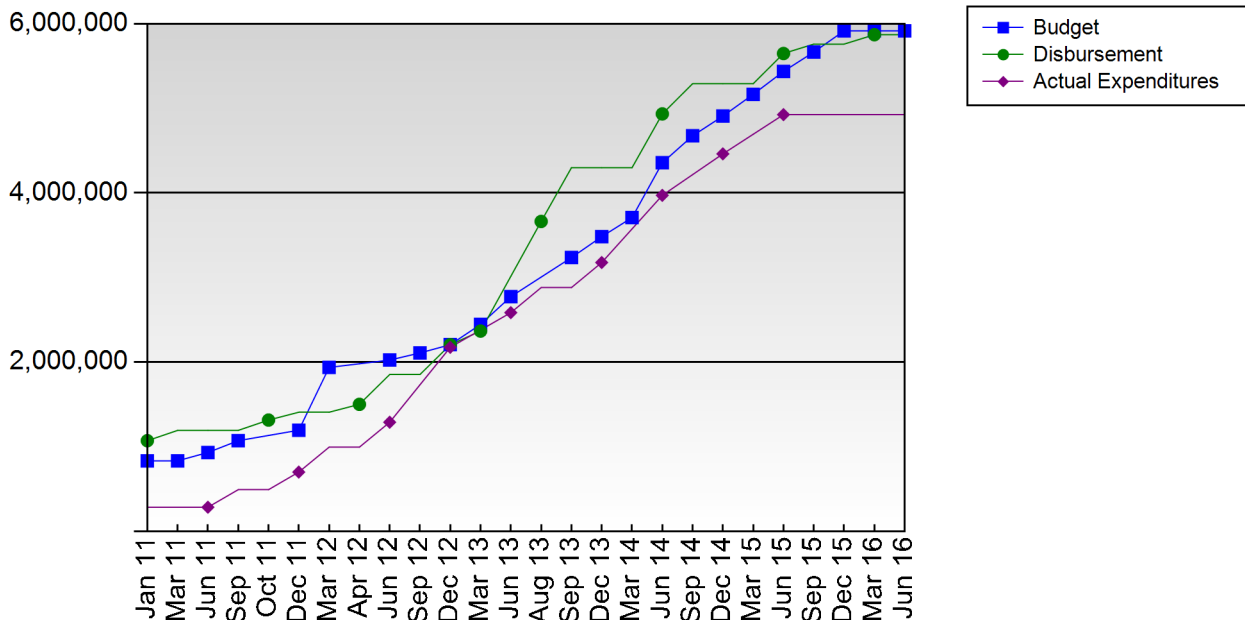
	Budget Period 17	Budget Period 18	Budget Period 19	Budget Period 20	Budget Period 21	Budget Period 22	Budget Period 23	Budget Period 24
Period Covered From:	01.Jan.15	01.Apr.15	01.Jul.15	01.Oct.15	01.Jan.16	01.Apr.16	01.Jul.16	01.Oct.16
Period Covered To:	31.Mar.15	30.Jun.15	30.Sep.15	31.Dec.15	31.Mar.16	30.Jun.16	30.Sep.16	31.Dec.16
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	5,165,260	5,436,208	5,665,010	5,915,917	5,915,917	5,915,917	5,915,917	5,915,917
Summary Period Budget:	257,101	270,948	228,802	250,907				

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

2.3.3. Program Expenditures

Period PU9: 01.Jan.15 - 30.Jun.15	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
1. Total cash outflow vs. budget	\$ 463,693	\$ 5,436,208	\$ 4,925,245	\$ 510,963	
1a. PR's Total expenditure	\$ 374,574		\$ 3,831,201		
1b. Disbursements to sub-recipients	\$ 89,119		\$ 1,094,044		
1c. Expenditure Adjustments					Reason for adjustments
2. Pharmaceuticals & Health Product expenditures vs budget	\$ 37,396		\$ 931,241		
2a. Medicines & pharmaceutical products			\$ 744,776		
2b. Health products and health equipment	\$ 37,396		\$ 186,465		

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

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Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0	01.Jan.11 -		N/A	1	01.Jan.11 - 30.Jun.11	1,070,379	\$ 1,070,379	18 Jan 2011	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
First Disbursement to this grant.					N/A				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Jan.11 - 30.Jun.11		B1	2	01.Jul.11 - 31.Mar.12	267,585	\$ 243,778	28 Oct 2011	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>During the first reporting period, the quantitative indicator rating is "B1" which correctly reflects the Program's overall performance.</p> <p>Both the actual and cumulative expenditure rate for the first implementation period was only 30.4 per cent.</p> <p>The main cause of variance is the delay in obtaining VAT exemption for the Program. Since the Kyrgyz authorities communicated to the Project HOPE that the VAT exemption would be granted in early 2011, the PR preferred to wait for the VAT exemption before launching major procurements. Since the VAT exemption was not granted during the first quarter of 2011, the PR started conducting procurement activities in limited amounts in order not to overly delay the Program while respecting the value for money principles.</p> <p>The largest expenditure categories affected by this delay are:</p> <ol style="list-style-type: none"> 1) Living support to target populations, including procurement and supply management costs (variance of USD 452,839), and 2) Infrastructure and equipment (variance of USD 151,022) for vehicle procurement. <p>Overall, the Program is characterized by a prudent use of grant funds: sound assessment of risks in every activity, particularly the distribution of social support packages to the TB patients, solid procurement activities (Project HOPE received an appraisal from its internal auditors for the transparency and rigor of procurement procedures), close monitoring of sub-recipient activities, regular contact with the Fund Portfolio Manager on intended changes in the program's workplan and budget, and intense efforts aimed at obtaining VAT exemption for grant funds.</p>					<p>Considering the Program's satisfactory performance overall despite the start-up challenges during the first implementation period, the Global Fund Secretariat decides to disburse against the forecasted cash needs for the implementation period (1 July - 31 December 2011) and one buffer quarter (1 January - 31 March 2012).</p> <p>The disbursement amount of USD 243,777.57 is derived as follows: USD 511,053 of forecasted expenditures for the period 1 July - 31 December 2011, composed of USD 263,219 as approved in the budget and USD 247,834 as commitments from the previous implementation period; plus USD 519,866 of forecasted expenditures for the buffer quarter (1 January - 31 March 2012) composed of USD 742,314 as approved in the budget minus USD 222,448 as savings identified by the PR from the procurement of health products; minus USD 786,661 of cash balance; and minus USD 480.43 of ineligible expenditures.</p>				

Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Jul.11 - 31.Dec.11		B1	3	01.Jan.12 - 30.Jun.12	186,232	\$ 186,232	03 Apr 2012
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>At the end of the first year of grant implementation, the results achieved are satisfactory:</p> <ul style="list-style-type: none"> - out of nine indicators, three are in the "A" performance range, including treatment success rate (achievement of the national program) and training of trainers and mass media representatives; - four indicators are in the "B1" performance range, including notification of new smear-positive TB cases (responsibility of the national program), distribution of food packages to the TB patients, training of specialists in drug management and training of village health committee activists on TB control issues. It should be noted that the distribution of food packages started with a delay because the program did not want to make large procurement without having received a confirmation from the Government about VAT exemption. Since the VAT exemption proved to be impossible without the signature of the Privileges and Immunities Agreement, it seemed inappropriate to further delay grant activities. - one indicator is achieved in the "B2" performance range, namely the number of round table meetings on TB held with representatives of district administrators. This activity is performed jointly with the USAID-funded projects, to achieve better value for money and higher impact in awareness rising. The under-achievement is due to the fact that local administrators were not available during the last quarter of the year because of preparations for presidential elections. It should be noted that the PR has erroneously reported on three districts involved in one round table meeting instead of reporting on just one round table meeting. - one indicator remains unachieved during the reporting period, namely "Number of people of NTP and TB service staff trained in upgraded TB recording and reporting system" due to the fact that outsourcing of a technical consultant for the TB recording and reporting system upgrade took longer than planned. It should be noted that thorough preparatory work has been conducted by the PR to achieve broad consultations with the national stakeholders on the modalities of the new TB recording and reporting system. While this process has taken longer than anticipated, the results will benefit from a strong national ownership and commitment. It is anticipated that the indicator achievement will show some progress in the next reporting period. <p>During the reporting period, the expenditure rate is 158 per cent which illustrates acceleration in program implementation as compared to the first implementation semester where the expenditure rate was as low as 30.4 per cent. The delays in funds absorption were due to the fact that the PR was expecting a Government's decision on VAT exemption which has not materialized until now. For this reason, expenditures during the first semester were limited to the minimum in order not to incur VAT payments. VAT exemption is subject to the Kyrgyz Republic signing the Privileges and Immunities Agreement with the Global Fund. While the discussions with the Government of the Kyrgyz Republic have been started, the frequent changes in government jeopardize the continuity of these discussions and progress with the Privileges and Immunities Agreement signing. The CCM is kindly requested to assist with the Privileges and Immunities Agreement signing process.</p>				<p>Considering the Program's satisfactory performance overall, the Global Fund Secretariat decided to disburse against the forecasted cash needs for the next implementation semester (January-June 2012) and a buffer quarter (July-September 2012). The disbursement amount is USD 186,232.</p>				

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Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
3	01.Jan.12 - 30.Jun.12		A1	4	01.Jul.12 - 31.Mar.13	866,275	\$ 705,086	14 Dec 2012	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					

The program has shown excellent performance during the reporting period (January - June 2012), with an overall A1 quantitative indicator rating and both A1 Top 10 indicator ratings and All indicator ratings. Out of 9 indicators due for reporting in this period, 5 were over-achieved with an A1 rating, 3 were achieved with an A2 rating, and only one was slightly underachieved with a B1 indicator rating (89% achievement).

All training and advocacy indicators are achieved or over-achieved (training of NTP/TB services staff, mass media, drug management staff, national team of trainers, representatives of Village Health Committees and round tables on TB with local administrations). For the indicator on representatives of Village Health Committees trained, the PR reported 1202 but this was corrected during verification to 1523 due to a mistake in calculation.

The number of TB patients receiving food parcels for better adherence to treatment is over-achieved at 116%, and the treatment success rate of new smear-positive patients is satisfactory at 81% for the first two quarters of 2011 (against an 83% target), which is still below the global 85% target but represents a slight increase since the 78.4% rate reported at the end of the year based on the 2010 cohort.

The only indicator slightly under-achieved is the Number of new smear-positive TB patients notified to the national health authorities. This indicator is at an 89% achievement level which is a B1 rating but at the very borderline of an A2 rating.

The expenditure rate in the reporting period is 71%. The total variance in the reporting period is USD 240,149, the bulk of which relates to the PR's expenditures. The PR's underspending of USD 227,156 relates primarily to a delay in the start of the procurement activities for food parcels for TB patients due to difficulties in obtaining VAT exemption at the beginning of the grant. The contracting of the SR in charge of food parcel procurement and distribution was delayed and the payments for this activity will be made in the next reporting period instead of the first semester as originally budgeted. This variance (total USD 349,869 for Living support to patients and PSM costs) was partially offset in this period by overspending on the procurement of vehicles, the contracting of an IT specialist for the M&E database and renovation works due to catch-up of delayed activities in Year 1. The additional variance of USD 12,992 relating to disbursements to sub-recipients relates to delayed performance-based funding of the SR AFEW in charge of procurement and distribution of food parcels, as described above.

The cumulative expenditure rate since the start of the grant in January 2011 is 63.7%. The cumulative variance of USD 735,028 is due primarily to the delay in the start of the procurement for the food parcel distribution activity as described above. In addition the PR achieved savings on this activity due to lower achieved cost of the SR contract, which will be reprogrammed towards procurement of first-line drugs (approved by the CCM and the Global Fund; GDF already contracted as procurement agent in July 2012). Underspending also relates to delays in the start of renovation works of drug storage facilities due to a delay in the assessment of storage facilities needing repair. Savings were also achieved on technical maintenance of TB program vehicles, which were procured with delay and for which the maintenance is now being provided free of charge in the first year by the supplier.

Based on an excellent A1 programmatic performance in this period and the absence of any major management issues that would justify a downgrade, the Regional Team has agreed to disburse against the PR's forecasted cash needs for the disbursement period (July-December 2012) plus the buffer quarter which is the first quarter of Phase 2 (January-March 2013). The total forecast for this period is USD 1,082,979 and the cash balance is USD 216,703.

The forecast for the disbursement period (July-December 2012) of USD 900,900 differs from the approved budget for the period of USD 181,883 due to:

- 1) reprogramming of savings on procurement of food parcels towards procurement of first-line drugs approved by the CCM and the Global Fund. This amount was not originally budgeted in this period and a contract has already been signed with GDF for USD 504,796.
- 2) timing of payment to SR AFEW for distribution of food parcels postponed to the next period when originally budgeted in the first semester
- 3) planned renovation of 4 additional facilities as requested by the NTP (forecast based on estimates of assessment already conducted)
- 4) recommended cuts on the ACSM component based on savings from the previous period and technical assistance on the TB database.

In addition the PR has added the budget for the buffer period of Q9 of USD 182,079 calculated on the basis of the Q9 quarter of the Performance Framework. This Q9 extension to the Phase 1 Summary Budget has just been formalized through an Implementation letter in order to ensure sufficient funds pending the Phase 2 grant signing.

The Regional Team approves the disbursement of the full PR requested amount of USD 866,275 (forecast of USD 1,082,979 minus the cash balance of USD 216,703). However, as the Implementation letter granting the Q9 extension has only just been signed, the Regional Team recommends disbursing at this stage only the amount currently undisbursed in the grant, USD 705,086, in order to proceed with program activities. As soon as the Q9 funds have been committed, a supplementary disbursement with funds required for Q9 will be processed. Please see explanatory breakdown below:

Phase 1 signed grant amount: USD 2,205,475
Initial first commitment: USD 1,984,928
Supplementary first commitment: USD 220,547

Amount disbursed to-date: USD 1,500,388.57
Remaining amount undisbursed: USD 705,086.00
Disbursement recommendation: USD 705,086.00

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Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
3	01.Jan.12 - 30.Jun.12		A1	4.1	01.Jul.12 - 31.Mar.13	866,275	\$ 160,989	26 Mar 2013	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>The program has shown excellent performance during the reporting period (January - June 2012), with an overall A1 quantitative indicator rating and both A1 Top 10 indicator ratings and All indicator ratings. Out of 9 indicators due for reporting in this period, 5 were over-achieved with an A1 rating, 3 were achieved with an A2 rating, and only one was slightly underachieved with a B1 indicator rating (89% achievement).</p> <p>All training and advocacy indicators are achieved or over-achieved (training of NTP/TB services staff, mass media, drug management staff, national team of trainers, representatives of Village Health Committees and round tables on TB with local administrations). For the indicator on representatives of Village Health Committees trained, the PR reported 1202 but this was corrected during verification to 1523 due to a mistake in calculation.</p> <p>The number of TB patients receiving food parcels for better adherence to treatment is over-achieved at 116%, and the treatment success rate of new smear-positive patients is satisfactory at 81% for the first two quarters of 2011 (against an 83% target), which is still below the global 85% target but represents a slight increase since the 78.4% rate reported at the end of the year based on the 2010 cohort.</p> <p>The only indicator slightly under-achieved is the Number of new smear-positive TB patients notified to the national health authorities. This indicator is at an 89% achievement level which is a B1 rating but at the very borderline of an A2 rating.</p>				<p>This is a supplementary disbursement for USD 160,989 for the Q9 buffer, now that the Q9 extension has been processed and the additional funds committed. The buffer funds are needed prior to arrival of the first disbursement under Phase 2.</p>					

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Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
4	01.Jul.12 - 31.Dec.12		A1	5	01.Jan.13 - 31.Dec.13	1,300,196	\$ 1,295,913	14 Aug 2013	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>By the end of the first implementation period the program has shown excellent performance, with an overall A1 quantitative indicator rating and both A1 Top 10 indicator ratings and All indicator ratings. Out of 9 indicators due for reporting in the reporting period (July - December 2012), 7 were over-achieved with an A1 rating, and 2 were achieved with an A2 rating. All training and advocacy indicators are over-achieved (training of NTP/TB services staff, mass media, drug management staff, national team of trainers, representatives of Village Health Committees and round tables on TB with local administrations). The number of TB patients receiving food parcels for better adherence to treatment is over-achieved at 120%, and the treatment success rate of new smear-positive patients is satisfactory at 94% against an 84% target, which represents an increase since the 81% rate reported during the last reporting period. The only indicator slightly under-achieved is the Number of new smear-positive TB patients notified to the national health authorities. This indicator is at a 93% achievement level corresponding to A2 rating</p>				<p>The Country Team disbursement recommendation of USD1,295,913 is based on the additional information provided by the PR in mid July and revised disbursement request of USD 1,300,196 (please see attached Forecast Summary and Schedule). The Country Team recommendation is based on the following calculations: Add Q9 USD 239,189 Budget Add Q10 USD 328,379 Budget Add Q11 USD 461,587 Budget Add Q12 USD 247,533 Budget Add Q13 USD 224,752 Buffer quarter Total budget for the disbursement period USD 1,501,440 Add Commitments USD17,678 at PR Less Projected savings USD6,820 as per forecast Less Cash outflows pushed to future periods USD34,530 Activities of one SR are delayed by one quarter Less Cash outflows paid for in prior periods USD3,936 (Budgeted in the disbursement period, paid in advance in the reporting period) Less SR cash balance -USD18,414 negative CB Total forecast USD 1,492,246 Less PR cash balance USD 35,343 At the end of the reporting period 31/12/2012 Less Cash in transit USD 160,989 Disbursement made on 26/03/2013 Disbursement decision USD 1,295,913 Taking into account the size of the annual budgets under the grant and compliance with the relevant condition on the renovation of laboratories, the full amount of USD 1,295,913 is to be disbursed to the PR in a single cash transfer.</p>					

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Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
5	01.Jan.13 - 30.Jun.13		A1					N/A	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>By the end of the first semester of the second implementation period the program has shown excellent performance, with an overall "A1" quantitative indicator rating; "A1" Top 10 indicator rating (average performance of 102%); and "A2" All indicator rating (average performance of 92%). Out of 8 indicators due for reporting in the reporting period (1 January -30 June 2013), 5 were over-achieved with an "A1" rating, 2 were achieved with an "A2" rating, and one was not achieved.</p> <p>We acknowledge the over-achievement of programmatic targets in the following areas: notification of new smear-positive TB patients; notification of TB cases (all forms, new and relapses); referral of TB cases through Primary Health Care (PHC); supervision of TB facilities; and reaching community members via cascade trainings rolled out independently by trained community activists.</p> <p>We note the good progress with the TB patients receiving incentives for better adherence to treatment during out-patient phase of 1st line treatment and new smear-positive TB patients cured plus completed treatments among the new smear-positive TB cases.</p> <p>We acknowledge the underachievement of training of TB service doctors/nurses in DOTS, different aspects of NTP and drug management due to a delayed approval of new TB clinical protocols and guidelines by the Ministry of Health and delayed signing of the Phase 2 grant agreement. We understand that the target will be fully caught up by the end of 2013.</p>									

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
6	01.Jul.13 - 31.Dec.13			A1	6	01.Jan.14 - 31.Mar.15	1,492,471	\$ 1,271,525	17 Jun 2014
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The Program continues to demonstrate very satisfactory performance: out of nine indicators, seven are in the "A1" or "A2" achievement range. TB case notification, referrals from Primary Health Care services, support to treatment adherence, treatment success rate, supervision of TB health facilities and training of TB service doctors and nurses are all important activities to lay solid grounds to TB control in the country.</p> <p>As compared to the previous reporting period, the average performance of all indicators has increased from 92% to 96%. The PR has improved on the training of TB doctors and nurses, as compared to the previous period when this indicator was in the "C" range.</p> <p>Two indicators have slightly decreased in performance as compared to the previous semester, namely the quality assurance of laboratories and training of community members. Note: the activity of community members' training will be removed from the</p> <p>Program to re-allocate the costs on a more strategic activity which is the development of an electronic database for TB registration.</p> <p>The LFA notes that the M&E component of the Program has been strengthened: the team which conducted the M&E visits has included PR's M&E specialist, leading specialists of the NCP, epidemiologist of sanitary and epidemiological service. M&E supervision agenda has covered infection control, laboratory, and drug management. After each site visit the reports with revealed issues and recommendations were submitted to the NCP and MoH. The PR has good reputation for coordination with</p> <p>national entities. It organised a joint meeting with MoH, NCP, Kyrgyz State Medical Institute for Continuous Education (KSMICE), oblast TB coordinators in order to discuss all gaps and issues identified during the monitoring visits.</p> <p>The main weaknesses revealed during the monitoring visits include: inappropriate compliance with TB diagnostic algorithm; low quality of completion of TB recording and reporting forms; unobserved sputum collection; usage of incorrect regimen and dosage of anti-TB drugs; unjustified extension of treatment of TB patients; non-compliance with infection control measures, poor drug management practices etc. Therefore, while the Program's results appear satisfactory, the underlying systemic weaknesses are important, and it affects the validity of reported data.</p>					<p>Considering Program's satisfactory performance ("A1" rating), 91 per cent of cumulative expenditure rate, and overall prudent use of funds, the Country Team agrees with the disbursement of the amount of USD 1,492,471 as requested by the PR, corresponding to the forecasted cash needs for the period January-December 2014, including commitments, and January-March 2015 as a buffer quarter, minus the PR's cash balance as at 31 December 2013.</p> <p>The forecasted expenditures consist of the following main items:</p> <ul style="list-style-type: none"> USD 465k for the procurement of first line TB drugs (medicines and associated PSM costs); USD 316k for the renovation and equipment of culture laboratories; USD 305k for management and administration costs; USD 267k for the procurement of food parcels for TB patients; USD 59k for supportive supervision (M&E visits) by the National TB Program; USD 53k for the procurement of vehicles to the TB program; and USD 31.7k for operational expenses of the NTP Central Unit and Regional Units. <p>The disbursement of USD 1,492,471 will be made in two tranches: USD 1,271,525 corresponding to the forecasted cash needs and commitments for the period January-December 2014 - with the current disbursement; and USD 220,946 corresponding to the buffer period - in December 2014, subject to the submission of the cash balance by the PR, as at 30 November 2014.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
7	01.Jan.14 - 30.Jun.14			A1					N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				

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Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
8	01.Jul.14 - 31.Dec.14		A2	8	01.Jan.15 - 31.Dec.15	965,106	\$ 714,199	19 Jun 2015
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>During the reporting period, the grant continues to demonstrate very satisfactory performance. As you can see from the Grant Rating Tool enclosed to this letter, the quantitative indicator rating is "A2". This rating accurately reflects the grant's overall performance.</p> <p>We are pleased to note the higher than expected referrals of TB cases by the Primary HealthCare level, which demonstrates the results of training activities conducted among PHC staff, as well as on-going monitoring visits and improved quality of laboratory diagnostics work, including LED microscopy at the PHC level and the introduction of GenXpert.</p> <p>Only two performance indicators have been achieved in the "B1" range, namely:</p> <p>1) Food parcel distribution among TB patients has been achieved at 83 per cent of the target partially because the target was set on a higher side, following the observation of trends in the past reporting periods. It seems that the number of patients enrolled on treatment is higher during the first half of the year, for reasons that remain to be explored; and</p> <p>2) The organization of training activities for TB healthcare staff experienced delays due to difficulties in sub-contracting training and logistics providers. During the reporting period, a total number of 2,581 TB patients have signed the agreements on food parcel provision in exchange of adherence to treatment, but 35 patients have refused to follow the terms and conditions of the agreement, 6 patients have died and 67 have interrupted the treatment. A lower than anticipated level of food package distribution might warrant a closer look into the level of flexibility and patient-centered approach in treatment adherence service provision. For example, for MDR-TB patients the switch from food parcels to monetary incentives have proven to be helpful in improving adherence rates.</p> <p>Regarding the training activities for 2015, the PRs (Project HOPE and UNDP) and the NTP have been requested to consolidate all training activities into one document/calendar, showing which partner organizes which trainings and for which topic. Such a consolidated training plan has been submitted but requires some amendments.</p> <p>We note the intense monitoring activity during the second semester where 8 joint monitoring visits made to the central, oblast and rayon levels. Overall 59 health facilities were visited including 44 PHCs, 13 TB facilities in civilian sector and 2 TB facilities in penitentiary system.</p>				<p>Taking into consideration the "A2" rated performance and 89% burn rate during the reporting period, the Country Team decided to disburse full amount of USD 965,106 requested by the PR and recommended by the LFA for the period 1 January-31 December 2015.</p> <p>The disbursement amount of USD 965,106 is based on the following: USD 1,007,758 of approved budget for the disbursement period PLUS USD 386,175 of PR commitments and shifted activities and procurement PLUS USD 53,009 of SR commitments LESS USD of 481,975 of PR cash balances as of 31 December 2014 LESS (USD 139) of SR cash balance as of 31 December 2014</p> <p>The annual funding decision will be used for implementing program's activities as per the agreed upon workplan and budget, with a specific focus on</p> <ol style="list-style-type: none"> 1) standard treatment, patient support (37%); 2) program management and administration (31%); 3) monitoring and evaluation (19%); 4) health systems strengthening (13%). <p>The funds are to be released in two cash transfers: 1) 1st cash release of USD 714,199 is based on the adjusted budget of USD 756,851 for Quarter 1-3 of 2015; 2) the 2nd cash release of USD 250,907 represents the budget for Quarter 4 and is subject to receipt of the cash balance as of 31 August 2015.</p>				

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
8	01.Jul.14 - 31.Dec.14			A2	9			\$ 221,919	22 Mar 2016
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>During the reporting period, the grant continues to demonstrate very satisfactory performance. As you can see from the Grant Rating Tool enclosed to this letter, the quantitative indicator rating is "A2". This rating accurately reflects the grant's overall performance.</p> <p>We are pleased to note the higher than expected referrals of TB cases by the Primary HealthCare level, which demonstrates the results of training activities conducted among PHC staff, as well as on-going monitoring visits and improved quality of laboratory diagnostics work, including LED microscopy at the PHC level and the introduction of GenXpert.</p> <p>Only two performance indicators have been achieved in the "B1" range, namely:</p> <p>1) Food parcel distribution among TB patients has been achieved at 83 per cent of the target partially because the target was set on a higher side, following the observation of trends in the past reporting periods. It seems that the number of patients enrolled on treatment is higher during the first half of the year, for reasons that remain to be explored; and</p> <p>2) The organization of training activities for TB healthcare staff experienced delays due to difficulties in sub-contracting training and logistics providers.</p> <p>During the reporting period, a total number of 2,581 TB patients have signed the agreements on food parcel provision in exchange of adherence to treatment, but 35 patients have refused to follow the terms and conditions of the agreement, 6 patients have died and 67 have interrupted the treatment. A lower than anticipated level of food package distribution might warrant a closer look into the level of flexibility and patient-centered approach in treatment adherence service provision. For example, for MDR-TB patients the switch from food parcels to monetary incentives have proven to be helpful in improving adherence rates.</p> <p>Regarding the training activities for 2015, the PRs (Project HOPE and UNDP) and the NTP have been requested to consolidate all training activities into one document/calendar, showing which partner organizes which trainings and for which topic. Such a consolidated training plan has been submitted but requires some amendments.</p> <p>We note the intense monitoring activity during the second semester where 8 joint monitoring visits made to the central, oblast and rayon levels. Overall 59 health facilities were visited including 44 PHCs, 13 TB facilities in civilian sector and 2 TB facilities in penitentiary system.</p>					Disbursement to cover close out period.				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
9	01.Jan.15 - 30.Jun.15								N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				

2.5. Contextual Information

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Title	Explanatory Notes

2.6. Phase 2/ Periodic Review Grant Renewal

Performance Rating		Recommendation Category	
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Rationale for Phase 2/ Periodic Review Recommendation Category

Rationale for Phase 2/ Periodic Review Recommendation Amount

Time-bound Actions		
Issues	Description	

