

## General SSF Information

Country	Kyrgyzstan				
SSF Agreement Number	KGZ-S10-G08-T	Component	Tuberculosis	Last Round	09
SSF Title	Consolidation and Expansion of the 'Directly Observed Treatment, Short Term (DOTS) Program in Kyrgyzstan by Providing Access to Diagnostics and Treatment of Drug-Resistant Tuberculosis				
Principal Recipient	United Nations Development Programme				
SSF Status	Active -				
SSF Start Date	01 Jan 2011	SSF End Date	30 Jun 2016		
Current* Implementation Period Start Date	01 Jan 2013	Current* Implementation Period End Date	30 Jun 2016	Latest Rating	
Current* Implementation Period Signed Amount	\$ 18,734,021	Current* Implementation Period Committed Amount	\$ 15,511,912	Current* Implementation Period Disbursed Amount	\$ 15,089,585
Cumulative Signed Amount	\$ 28,374,504	Cumulative Committed Amount	\$ 25,152,395	Cumulative Disbursed Amount	\$ 24,730,068
				% Disbursed	98%
Time Elapsed (at the end of the latest reporting period)	54 months				

\* Latest Implementation Period if SSF is closed

### **New GPR Report - Table of Contents**

*(For ExternalVersion)*

#### **1. Program Description and Contextual Information**

- 1.1. Grant Summary - Web
- 1.2. Country Latest Statistics
- 1.3. Comments on Key Discrepancies between Approved Proposal and Grant Agreement
- 1.4. Conditions Precedent

#### **2. Key Grant Performance Information**

- 2.1. Program Impact and Outcome Indicators
- 2.2. Programmatic Performance
  - 2.2.1. Reporting Periods
  - 2.2.2. Program Objectives, Service Delivery Areas and Indicators
  - 2.2.3. Cumulative Progress To Date
- 2.3. Financial Performance
  - 2.3.1. Grant Financial Key Performance Indicators (KPIs)
  - 2.3.2. Program Budget
  - 2.3.3. Program Expenditures
  - 2.3.4. Graph - Cumulative Program Budget, Expenditures and Disbursement to Date
- 2.4. Progress Update and Disbursement Information
- 2.5. Contextual Information
- 2.6. Phase 2 Grant Renewal

## 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. The program consolidates Round 6 TB grant by strengthening TB information system, patient incentives, support to local authorities and community involvement in TB control. The goal of the program is to reduce the burden of TB by strengthening of Directly Observed Treatment Short-term (DOTS) framework and by scaling-up the management of Drug Resistance-TB (DR-TB). The program will be implemented using a Dual-Track Financing approach under 2 Principal Recipients, Project Hope and United Nations Development Programme (UNDP). This grant will focus on several activities such as strengthening the human and infrastructural capacities, establishing routine drug resistance surveillance throughout the country, upgrading the laboratory services and providing up-to-date treatment of DR-TB cases with appropriate patient support to ensure adherence.

### 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 Second Disbursement (Terminal Date as stated in block 6A of the Face Sheet): The second disbursement of Grant funds to the Principal Recipient is subject to the satisfaction of each of the following conditions:</p> <p>a.) the delivery by the Principal Recipient in form and substance satisfactory 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&amp;E Plan") that incorporates the recommendations made by Program stakeholders upon completion of the Monitoring and Evaluation Systems Strengthening Tool;</p> <p>c.) the delivery by the Principal Recipient to the Global Fund of a revised budget for the period beginning with the Program Starting Date and ending with the Program Ending Date (the "Revised Program Budget") if the amendments incorporated into the Updated M&amp;E Plan necessitate amendments to the budget that was approved by the Global Fund as of the effective date of this Agreement; and</p> <p>d.) the written approval of the Global Fund of the Updated M&amp;E Plan and Revised Program Budget (the latter only being applicable if condition c. of this sub-section is applicable).</p>		Disbursement	14.Aug.11	Met	The PR submitted a completed MESS tool on 24 August 2011. Since the outcome of the MESS workshop did not require any amendments in the M&E plan and budget, those documents were not revised.
	Condition Precedent	<p>Special Condition 1. By 31 March 2011, the Principal Recipient must submit to the Global Fund an Annex to the PSM Plan satisfactory to the Global Fund describing the arrangements for the temporary storage for the Health Products until the renovation work is complete, and which comply with the Good Storage Practice and Good Distribution Practice standards, in accordance with the Article 18 of the Standard Terms and Conditions of this Agreement.</p>		Procurement	31.Mar.11	Met	The PR submitted to the Global Fund an assessment report written by an external consultant engaged by USAID on health product storage facilities until the national storage facilities are brought up to a satisfactory level.
	Condition Precedent	<p>Special Condition 2. The parties to this Agreement agree that the Global Fund may disburse US\$50,000 of Grant funds for each year of the Phase 1 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.</p>		Procurement		Met	The Global Fund disbursed USD 50,000 to the Green Light Committee on 25 February 2011.

KGZ-S10-G08-T

Last Updated on: 03 February 2016

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>Special Condition 3.</p> <p>The disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the procurement of second-line anti-tuberculosis drugs is subject to the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of a copy of the written approval by the Green Light Committee ("GLC") of the Stop TB Partnership of the World Health Organization for the procurement of second-line anti-tuberculosis drugs for the treatment of MDR-TB patients under the Program; and</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 approval by the GLC referred to in sub-section C.3.a. of this Annex A.</p>		Procurement		Met	On 18 May 2011, the PR submitted to the Global Fund the approval, by the Green Light Committee, of the procurement of second-line anti-TB drugs, as well as a copy of invoice from the IDA foundation for the supply of second-line anti-TB drugs.
	Condition Precedent	<p>Special Condition 4.</p> <p>4. The disbursement of Grant funds, for the payment of retention based incentives, salary top-ups or other performance bonuses payable to all government employees in the National Tuberculosis Program ("Incentives"), who are receiving additional incentives for undertaking responsibilities in connection with the Program (the "Incentives Scheme") shall be subject to each of the following conditions being met in form and substance satisfactory to the Global Fund:</p> <p>a. delivery by the Principal Recipient to the Global Fund of the terms of the Incentives Scheme, demonstrating the link between the Incentives and Program performance, identifying the persons eligible for such incentives, and demonstrating that there is no duplication of the scope of work or responsibilities between the terms of employment and the scope of work of existing employment positions and any new scope of work or responsibilities funded by Grant funds; and</p> <p>b. delivery by the Principal Recipient to the Global Fund of written endorsement by the Country Coordinating Mechanism (CCM) of the Incentives Scheme.</p>		Other		Met	The proposed incentives scheme was submitted by the PR to the Global Fund on 25 March 2011. This scheme was approved by the CCM on 19 April 2011.

KGZ-S10-G08-T

Last Updated on: 03 February 2016

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>Phase II Condition Precedent 1</p> <p>Condition Precedent to Disbursement of Grant funds to finance the procurement of Second-Line Anti-Tuberculosis Drugs (Terminal Date as stated in block 6A of the Face Sheet)</p> <p>Unless otherwise duly notified by the Global Fund in accordance with its applicable policies, prior to the disbursement by the Global Fund to the Principal Recipient of relevant Grant funds to finance the procurement of second-line anti-tuberculosis drugs, the Principal Recipient shall make available to the Global Fund, in form and substance satisfactory to the Global Fund, the following:</p> <p>a. A current detailed multi-drug resistant tuberculosis ("MDR-TB") expansion plan (including the number of MDR-TB patients to be treated and the list and quantifications of the medicines to be procured for the MDR-TB program reflecting the Principal Recipient's finalized forecast for the grant implementation period covered by the Grant Agreement) and the national guidelines for programmatic management of MDR-TB, both of which have been developed in collaboration with appropriate stakeholders; and</p> <p>b. For each Disbursement Request that includes funds for the procurement of MDR-TB medicines the Principal Recipient shall deliver to the Global Fund written confirmation of the price estimates and quantities of the second-line anti-tuberculosis drugs that will be procured from the Green Light Committee / Global Drug Facility procurement agent by the Principal Recipient in accordance with the approval by the Green Light Committee referred to in Special Condition 6 of this Annex A.</p>		Disbursement		Met	<p>(a) The CP is met in accordance with the GF approval on 13 March 2013. The following documents have been received by the GF: i) current multi-drug resistant tuberculosis ("MDR-TB") expansion plan; ii) the WHO estimates of the number of MDR TB patients in the country; iii) the national Guidelines on DR TB management.</p> <p>(b) The CP is met since POs for 300 additional courses of TB SLDs procured for 1 Phase savings and quotation for 510 anti TB SLDs courses have been sent to GF together with NCP quantification.</p>
	Condition Precedent	<p>Phase II STC 1</p> <p>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 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.</p>		Other	31.Dec.13	Waived	<p>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. Taking into the account the TB Strategy development process and the fact that the PR can influence the process only to a limited extent, the condition was waived by the Country Team during the grant agreement extension negotiations in March 2015. Nevertheless, the issue will be monitored by the Country Team.</p>

KGZ-S10-G08-T

Last Updated on: 03 February 2016

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>Phase II STC 2</p> <p>The Principal Recipient shall cooperate with the relevant office of the Green Light Committee (the "GLC") in the GLC's efforts to provide support to the Principal Recipient with respect to the implementation, management and monitoring of the MDR-TB-related services provided in-country and any needed scale-up of such services. Accordingly, the Principal Recipient shall budget and authorize the Global Fund to disburse up to a maximum of US\$ 50,000, or a lower amount as agreed with GLC and the Global Fund, each year to pay for GLC services</p>		Other		Met	USD 50,000 is currently budgeted and to be disbursed for 2013.
	Condition Precedent	<p>Phase II STC 3</p> <p>By no later than 31 August 2013, the Principal Recipient shall consult with and support the Ministry of Health and relevant in-country stakeholders with the goal to develop by 1 January 2014 an action plan to prevent sales of anti-TB medicines without prescription</p>		Procurement	15.Oct.14	Waived	<p>The Special Condition is unmet - in progress. The PR has undertaken the steps to discuss this issue with the MoH and other relevant stakeholders. The issue of non-prescribed sale of TB drugs was discussed by the Working Group responsible for development of the National Drug Policy and its Implementation Plan for 2014-2020. However, the PR did not succeed in convincing the Working Group on revision of the drug policy to complement the National drug policy strategic document for 2014-2020 with specific provisions, prohibiting non-prescribed sale of TB drugs. At the same time, the MoH stated again that the issue will be reflected in the Plan for Implementation of the National drug policy strategic document for 2014-2020 (approved by the Kyrgyz Government Decree # 376, dated 8 July 2014). The issue should have also been reflected in the report of the NTP review, undertaken by WHO in June 2014. The report on the NTP review is still not available. According to the Management Letter EECA/SI/214-25/06/2014 the fulfilment of this Condition was postponed until 15 October 2014. Taking into the account the PR's efforts and the fact that the PR can influence the process only to a limited extent, the condition was waived by the Country Team during the grant agreement extension negotiations in March 2015. Nevertheless, the issue will be monitored by the Country Team.</p>

KGZ-S10-G08-T

Last Updated on: 03 February 2016

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
1	Condition Precedent	<p>Extension 2016</p> <p>Unless otherwise notified by the Global Fund in writing, prior to the use of grant funds to finance the procurement of second-line anti-tuberculosis drugs, the Principal Recipient shall:</p> <p>a. By 31 May 2015 ensure that the current approved multi-drug resistant tuberculosis ("MDR-TB") expansion plan (including the number of MDR-TB patients to be treated and the list and quantifications of the medicines to be procured for the MDR-TB program reflecting the Principal Recipient's finalized forecast for the grant implementation period covered by the Grant Agreement) is up to date and reflects the actual needs of the country;</p> <p>b. For each Disbursement Request that includes funds for the procurement of MDR-TB medicines deliver to the Global Fund, in form and substance satisfactory to the Global Fund, written confirmation of the price estimates and quantities of the second-line anti-tuberculosis drugs that will be procured from the Green Light Committee / Global Drug Facility procurement agent by the Principal Recipient in accordance with the approval by the Green Light Committee.</p>		Procurement	31.May.15	In Progress	
	Special Condition	<p>The Principal Recipient shall cooperate with the relevant office of the Green Light Committee (the "GLC") in the GLC's efforts to provide support to the Principal Recipient with respect to the implementation, management and monitoring of the MDR-TB-related services provided in-country and any needed scale-up of such services. Accordingly, the Principal Recipient shall budget and authorize the Global Fund to disburse up to a maximum of US\$ 50,000, or a lower amount as agreed with GLC and the Global Fund, each year to pay for GLC services.</p>		Other		In Progress	



## 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 incidence and mortality rate of tuberculosis in the Kyrgyz Republic

Impact indicator	TB incidence rate (Number of new TB cases per year per 100,000 of population).													
	Baselines													
	Value							Year						
	121							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	120	117	113	110	105										
Result	159														
Data source of Results															

Impact indicator	TB mortality rate (Number of registered deaths due to TB (all cases) per year, per 100,000 population).													
	Baselines													
	Value							Year						
	9							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	9	9	8	8	7										
Result	9		8	7											
Data source of Results															

Outcome indicator	Case detection rate for new smear positive TB cases (number and percentage of new smear-positive TB cases detected under DOTS to the estimated [by WHO] number of new smear-positive TB cases in a given year)													
	Baselines													
	Value							Year						
	59.6% (1,720/2,884)							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	N: 1,896 D: 2,872 P: 66%	N: 1,884 D: 2,770 P: 68%	N: 1,842 D: 2,631 P: 70%	N: 1,788 D: 2,484 P: 72%	N: 1,724 D: 2,330 P: 74%	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: 1,645 D: 2,389 P: 69%	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															

Outcome indicator	Case notification (all forms). All TB patients (including new smear positive, new smear negative, extrapulmonary, retreatment and relapse) notified to the national health authorities during a specified period (number per year per 100,000 population).													
	Baselines													
	Value							Year						
	126,6							2006						

	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	125	123	119	116	111										
Result	126	123													
Data source of Results															

**KGZ-S10-G08-T**

Last Updated on: 03 February 2016

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% (1,531 / 1,871)		2008-2009		

	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: 1,658 D: 1,997 P: 83%	N: 1,593 D: 1,896 P: 84%	N: D: P: 83%	N: D: P: 84%	N: D: P: 85%										
Result	N: D: P: %	N: D: P: %	N: D: P: 83%	N: 1,096 D: P: 81%	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															

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	Notification rate for new smear positive TB cases: New smear positive TB, cases notified to the National Health authorities during a specified period per 100 000 population										Baselines				
											Value		Year		
											32		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			32	33	34										
Result			29	32											
Data source of Results															

KGZ-S10-G08-T

Last Updated on: 03 February 2016

**Goal 2 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	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	Year 11	Year 12	Year 13	Year 14	Year 15
Target	14%	13%	13%	13%	12%										
Result	29%	38.5%													
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	65% (for 2008 MDR-TB cohort)	66% (for 2009 MDR-TB cohort)	56% (for 2010 MDR-TB cohort)	62% (for 2011 MDR-TB cohort)	65% (for 2012 MDR-TB cohort)										
Result	50%		54.2%	62.7%											
Data source of Results															

Outcome indicator	MDR-TB prevalence among new smear positive cases, %.										Baselines						
											Value	Year					
											24.8%	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	20.0%	20.0%	19.0%	18.0%	17.0%										
Result	31%														
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 cases notified to national health authority

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

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	474	948	1,422	1,896	471	942	1,413	1,884
Result	Pending result	928	Pending result	1,748	Pending result	828	Pending result	1,584
	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			

Indicator 1.2 - 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	73%(1208/1646)	2011	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 414 D: 499 P: 83%	N: 828 D: 998 P: 83%	N: 1,243 D: 1,497 P: 83%	N: 1,658 D: 1,997 P: 83%	N: 398 D: 474 P: 84%	N: 796 D: 948 P: 84%	N: 1,194 D: 1,422 P: 84%	N: 1,593 D: 1,896 P: 84%
Result	Pending result	N: 681 D: 878 P: 78%	Pending result	N: 1,273 D: 1,675 P: 76%	Pending result	N: 683 D: 864 P: 79%	Pending result	N: 1,262 D: 1,646 P: 77%
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 679 D: 828 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: 791 D: 942 P: 84%	N: 1,515 D: 1,782 P: 85%	N: D: P: %	N: D: P: %
Result	N: 637 D: 828 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%	N: D: P: %	N: D: P: %	N: D: P: %

**KGZ-S10-G08-T**

Last Updated on: 03 February 2016

**Indicator 1.3 - Number and percentage of laboratories performing regular external quality assurance for smear microscopy**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	27	2010	Top 10 Equ.	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 27 D: 27 P: 0%	N: 11 D: 27 P: 41%	N: 14 D: 27 P: 52%	N: 16 D: 27 P: 59%	N: 19 D: 27 P: 70%	N: 22 D: 27 P: 82%	N: 24 D: 27 P: 89%	N: 27 D: 27 P: 100%
Result	N: D: P: %	N: 11 D: 27 P: 41%	Pending result	N: 16 D: 27 P: 59%	Pending result	N: 24 D: 27 P: 89%	Pending result	N: 32 D: 27 P: 119%
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 27 D: 27 P: 100%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	Pending result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

**Indicator 1.4 - 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	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	2,804	5,608	2,831	5,662	2,858	5,716		
Result	3,263	6,257	3,402	6,390	3,234			

**Objective 2 - To expand access to diagnosis and treatment of drug-resistant tuberculosis.****MDR-TB**

Indicator 2.1 - Number of MDR-TB patients on treatment receiving patient support (food, hygiene packages) for better adherence to treatment- includes inpatient and outpatient treatment phases.

	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	740/675 (109.6%)	2012	N	N										
Target	125	225	325	425	525	675	800	850						
Result	Pending result	125	Pending result	531	Pending result	740	Pending result	829						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	874	1,286	1,085	1,295	1,186	1,335								
Result	1,029	1,144	1,087	1,227	1,170									

Indicator 2.4 - Number TB service staff trained in DR-TB management locally and number of nurses trained for provision of DR-TB treatment adherence counselling.

	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	150/150 (100%)	2012	N	N										
Target	0	20	20	50	70	100	130	150						
Result		20	Pending result	49	Pending result	152	Pending result	152						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	53	106	38	61										
Result	51	118	50	92										

Indicator 2.5 - Number of MDR TB patients counselled and trained on questions of MDR TB treatment during the inpatient treatment phase.

	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	850	2012	N	N										
Target	0	120	240	380	620	860	1,120	1,360						
Result		138	Pending result	680	Pending result	1,355	Pending result	2,020						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	100	810	135	648										
Result	144	845	882	1,652										

**KGZ-S10-G08-T**

Last Updated on: 03 February 2016

**Indicator 2.6 - Interim result: culture conversion for new MDR-TB cases at six months: MDR-TB cases initiated on a second-line treatment who have a negative culture at the end of six months of treatment during the specified period of assessment**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	86/117 (73.5%)	3-4Q 2011	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target				125		380		
Result	N: D: P: %	N: D: P: %	N: D: P: %	125	N: D: P: %	411	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: 75%	N: D: P: 75%	N: D: P: 76%	N: D: P: 76%	N: D: P: 78%	N: D: P: 78%	N: D: P: %	N: D: P: %
Result	N: 173 D: 212 P: 82%	N: 170 D: 207 P: 82%	N: 386 D: 492 P: 79%	N: 631 D: 849 P: 74%	N: D: P: 76%	N: D: P: %	N: D: P: %	N: D: P: %

**Indicator 2.7 - 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 0-Process/Activity Indicator	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: D: P: %	N: D: P: 55%	N: D: P: 60%	N: D: P: 65%	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 79%	N: 1,066 D: 1,147 P: 93%	N: D: P: %	N: D: P: %	N: D: P: %

**HSS: Health Workforce**

**Indicator 2.3 - 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	120	240	360	480	120	240		
Result	Pending result	235	Pending result	480	Pending result	240		

#### 2.2.3. Cumulative Progress To Date

Latest reporting due period : 13 (01.Jan.15 - 30.Jun.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 cases notified to national health authority

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	13	918	13	1,035						113%

#### Indicator 1.2 - 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	13	N: 791 D: 942 P: 84 %	13	N: 636 D: 778 P: 81.7 %						97%

#### Indicator 1.3 - Number and percentage of laboratories performing regular external quality assurance for smear microscopy

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 2-Service Points supported	9	N: 27 D: 27 P: 100 %	8	N: 32 D: 27 P: 118.5 %						118%

#### Indicator 1.4 - Number of TB cases (all forms, new and relapses) notified to national health authority


	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	13	2,858	13	3,234						113%




**Objective 2** To expand access to diagnosis and treatment of drug-resistant tuberculosis.

**SDA** MDR-TB


**Indicator 2.1 - Number of MDR-TB patients on treatment receiving patient support (food, hygiene packages) for better adherence to treatment- includes inpatient and outpatient treatment phases.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	13	1,186	13	1,170					99%	


**Indicator 2.4 - Number TB service staff trained in DR-TB management locally and number of nurses trained for provision of DR-TB treatment adherence counselling.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	12	61	12	92					120%	


**Indicator 2.5 - Number of MDR TB patients counselled and trained on questions of MDR TB treatment during the inpatient treatment phase.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	12	648	12	1,652					120%	

**Indicator 2.6 - Interim result: culture conversion for new MDR-TB cases at six months: MDR-TB cases initiated on a second-line treatment who have a negative culture at the end of six months of treatment during the specified period of assessment**


	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	13	N: D: P: 78 %	13	N: D: P: 75.7 %					97%	

**Indicator 2.7 - 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 0-Process/Activity Indicator	13	N: D: P: 60 %	13	N: 1,066 D: 1,147 P: 92.9 %					120%	

**SDA** HSS: Health Workforce

**Indicator 2.3 - Number of trained doctors of PHC from outpatient facilities of all rayons, prisons and military service.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	6	240	6	240					100%	

## 2.3. Financial Performance

## 2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	66 months	Grant Amount	25,152,395 \$
% Time Elapsed (as of end date of the latest PU)	82%	% disbursed by TGF (to date)	98%
Time Remaining (as of end date of the latest PU)	12 months	Disbursed by TGF (to date)	24,730,068 \$
Expenditures Rate (as of end date of the latest PU)	60%	Funds Remaining (to date)	422,327 \$

## 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:	206,690	413,380	715,147	1,016,914	1,433,266	3,677,277	5,188,683	6,982,108
Summary Period Budget:	206,690	206,690	301,767	301,767	416,352	2,244,011	1,511,406	1,948,733

## 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:	7,024,373	7,244,524	7,496,369	9,086,109	9,741,028	10,153,697	11,994,701	16,836,207
Summary Period Budget:	42,265	220,151	251,845	1,589,740	654,920	412,669	1,841,004	4,841,506

## 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:	17,310,034	24,869,755	25,250,874	25,628,293	25,703,200	25,703,200	25,703,200	25,703,200
Summary Period Budget:	473,827	7,559,721	381,119	377,419	74,907			

## Expenditure Categories

## Program Activities

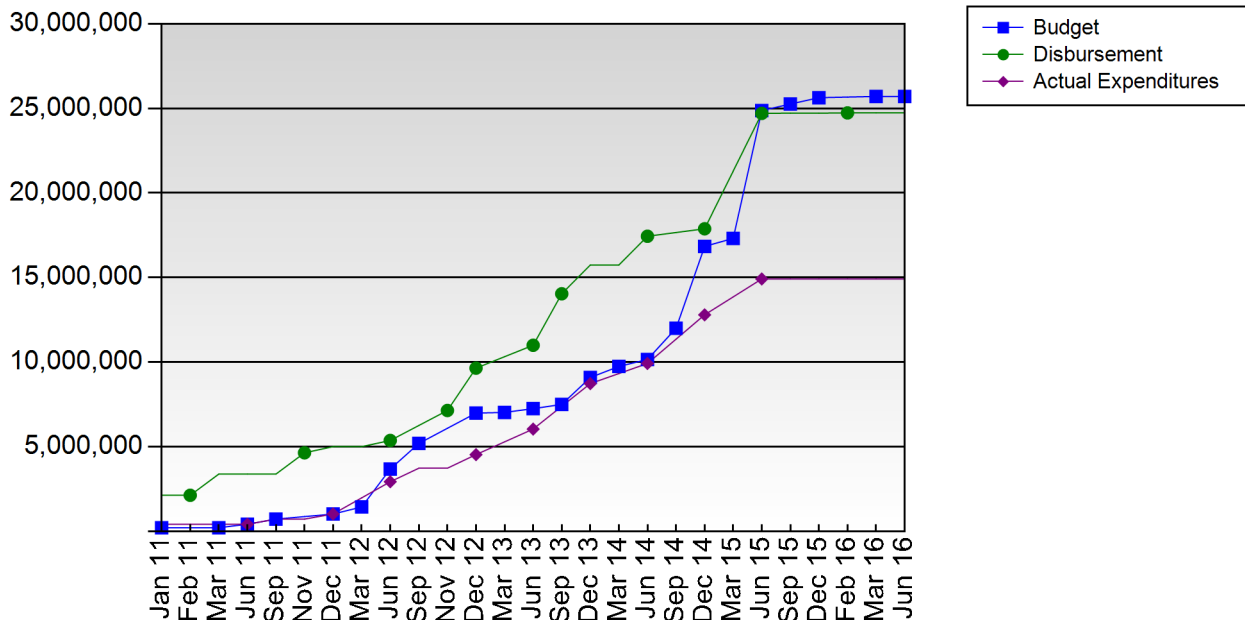
## Implementing Entities

## - 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
<b>1. Total cash outflow vs. budget</b>	\$ 2,121,584	\$ 24,869,755	\$ 14,914,196	\$ 9,955,559	
<b>1a. PR's Total expenditure</b>	\$ 1,890,832		\$ 13,801,802		
<b>1b. Disbursements to sub-recipients</b>	\$ 230,752		\$ 1,112,394		
<b>1c. Expenditure Adjustments</b>					Reason for adjustments
<b>2. Pharmaceuticals &amp; Health Product expenditures vs budget</b>	\$ 1,359,418		\$ 9,237,765		
<b>2a. Medicines &amp; pharmaceutical products</b>	\$ 1,324,144		\$ 8,175,648		
<b>2b. Health products and health equipment</b>	\$ 35,274		\$ 1,062,117		

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

**KGZ-S10-G08-T**

*Last Updated on: 03 February 2016*

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.Sep.11	2,074,280	\$ 2,074,280	25 Feb 2011	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
This is the first disbursement to this grant.					This disbursement is a split disbursement.				
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	1.1	01.Jan.11 - 30.Sep.11	50,000	\$ 50,000	25 Feb 2011	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
This is the first disbursement to this grant.					This is the split disbursement that includes the Green Light Committee fee that was directly paid.				

KGZ-S10-G08-T

Last Updated on: 03 February 2016

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.Dec.11	2,670,116	\$ 2,511,206	18 Nov 2011
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>In August 2010, the CCM of the Kyrgyz Republic decided to transfer all active grants to UNDP. The decision meant that the previous PR, National TB Institute, had to hand over grant activities to UNDP. The negotiations of a new Grant Agreement with the Global Fund Secretariat took longer than anticipated and the Grant Agreement with UNDP was signed on 8 February 2011. The first disbursement reached the country on 1 March 2011. Considering that UNDP had slightly more than one quarter instead of a full semester to implement activities set forward in the workplan and performance framework for the reporting period, and the fact that the National TB Institute only provided the requested specifications for pharmaceuticals and health products in April and June 011, the results achieved by the new PR are considerable.</p> <p>Out of a total of seven indicators to be reported on, four achieved or over-achieved their targets, including the "Number of new smear positive TB cases detected" and the "Number of new smear positive Tb cases that are successfully treated". All four are important Top 10 indicators relating to case detection, treatment success rates, training of TB service staff and counselling of MDR-TB patients. It is interesting to note especially that the case detection and treatment success rates are high compared to the last reported results under the Round 6 TB grant. Two indicators have severely under-achieved their targets for this period receiving a "C" rating at zero and 20% achievement. This is due to downgrading of the results reported due to data quality issues for these indicators. Overall the resulting indicator performance rating is B1.</p> <p>The PR invested significant effort to catch up with program implementation after a delayed Grant signing and first disbursement, and launched several important procurements. The variance between the budget and the actual expenditures for the reporting period is explained by the fact that the payments for the procurements launched in the first semester will occur in the second semester. Also, the PR faced delays in signing contracts with sub-recipients due to the fact that it had to conduct SR assessments first and the selected SRs had to open separate bank accounts which led to certain delays in transferring funds to SRs. The actual expenditure rate for the period is 27.9 per cent.</p>				<p>The PR's disbursement request of USD 2,670,116 has been adjusted as follows:</p> <ul style="list-style-type: none"> <li>-minus USD 78 to account for minor reconciliations of the cash balance made by the LFA representing bank charges and exchange rate gain.</li> <li>-minus USD 158,400 representing funds allocated for the TB infrastructure renovation but for which no relevant documentation has been submitted by the PR to fulfil the Special Condition included in the Annex A for the use of grant funds for this purpose;</li> <li>-minus USD 432.10 representing ineligible expenditures paid with grant funds (catering services for a CCM meeting)</li> </ul> <p>The final disbursement amount is thus UDS 2,511,205.90.</p>				

KGZ-S10-G08-T

Last Updated on: 03 February 2016

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		A1	3	01.Jan.12 - 30.Jun.12	736,427	\$ 680,019	20 Jun 2012	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>Grant performance has been excellent in this period, with an overall quantitative indicator rating of A1. Out of 8 indicators reported on in this period, 6 are achieved at around 100% with an A2 rating and 2 are over-achieved with an A1 rating (Number of MDR-TB patients on treatment receiving patient support and Number of MDR-TB patients on treatment counselled and trained on MDR-TB).</p> <p>In terms of the annual impact and outcome indicators reported on in this period (for 2011), most of the indicators have results that meet or almost meet the targets for the period (mortality rate, case detection, case notification). The result for TB incidence is above the target (159 per 100,000 population against a target of 120), which would result in a 67.5% achievement rate if calculated using reverse calculation. The PR should examine the discrepancies between the targets and the figures reported through the WHO Global TB Report and through the Republican Medical Information Center. In addition, the Default rate among MDR-TB cases is very high at 29% and more than double target of 14%. The PR is hopeful that the introduction of social support for MDR-TB patients in June 2011 will improve adherence to treatment.</p>					<p>The expenditure rate in this period is only 21.8%. The positive variance of USD 2,169,564 is primarily explained by under-spending in medicines and pharmaceuticals (most of the amount for procurement for first-line and second-line drugs was secured in commitments and contracts signed but only part of the drugs were delivered and paid for during the period); PSM costs related to the shipment of those drugs; and failed procurement of TB reagents and consumables (due to weak specifications provided by the NTP). Cumulatively, the expenditure rate is 24%, for the same major variance reasons due to procurement. Although the majority of the variance amount for procurement of pharmaceuticals and health products is secured in commitments, the LFA notes that the PR exhibits poor forecasting and planning of procurement needs. In the last period, the PR had large commitments for procurements to be delivered in the next period, which were never delivered and pushed over to the next period. Some second-line drugs were delivered with delay. In this reporting period, the PR only implemented 9.3% of the planned procurement budget.</p>				
<b>Progress Updates</b>					<b>Disbursement Information</b>				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Jul.11 - 31.Dec.11		A1	3.1			\$ 50,000	20 Jun 2012	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>Grant performance has been excellent in this period, with an overall quantitative indicator rating of A1. Out of 8 indicators reported on in this period, 6 are achieved at around 100% with an A2 rating and 2 are over-achieved with an A1 rating (Number of MDR-TB patients on treatment receiving patient support and Number of MDR-TB patients on treatment counselled and trained on MDR-TB).</p> <p>In terms of the annual impact and outcome indicators reported on in this period (for 2011), most of the indicators have results that meet or almost meet the targets for the period (mortality rate, case detection, case notification). The result for TB incidence is above the target (159 per 100,000 population against a target of 120), which would result in a 67.5% achievement rate if calculated using reverse calculation. The PR should examine the discrepancies between the targets and the figures reported through the WHO Global TB Report and through the Republican Medical Information Center. In addition, the Default rate among MDR-TB cases is very high at 29% and more than double target of 14%. The PR is hopeful that the introduction of social support for MDR-TB patients in June 2011 will improve adherence to treatment.</p>					GLC fee				
<b>Progress Updates</b>					<b>Disbursement Information</b>				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
3	01.Jan.12 - 30.Jun.12		A2	4	01.Jul.12 - 31.Mar.13	4,750,906	\$ 1,771,911	15 Nov 2012	

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
<p>The program has shown excellent performance in this reporting period (1 January – 30 June 2012). Out of eight indicators to be reported on in this period, five were over-achieved with an A1 rating, two were achieved with an A2 rating, and only one indicator was slightly underachieved with a high B1 rating (88%). The Top 10 indicator rating and All indicator rating are both A1 (106%), and the final Quantitative indicator rating is also A1.</p> <p>The three indicators relating to MDR-TB are all over-achieved. The indicator Number of MDR-TB patients on treatment was over-achieved due to additional patients being enrolled using GF drugs reserved for other patients who discontinued due to death or treatment interruption. The Number of MDR-TB patients counseled and trained during the intensive phase and the Number of MDR-TB patients receiving patient support were both over-achieved due to the additional number of MDR-TB patients who were enrolled using government funding, in addition to the drugs funded by UNITAID and the Global Fund.</p> <p>The indicator relating to external quality assurance of laboratories is over-achieved in this period, with 89% of laboratories currently conducting EQA. The treatment success rate indicator is almost achieved in this period, with a 79% treatment success rate of new smear-positive cases. The two training indicators are both achieved, with 120 doctors and 120 nurses from PHC facilities trained in this period, and 103 new TB staff trained in this period on the management of drug-resistant TB.</p> <p>The only indicator slightly under-achieved relates to the Number of new smear-positive cases detected. Case detection is still lagging due to weak management and coordination at the NTP, high turnover of laboratory staff, the fact that the National TB Program 2012-2016 is still not approved and funded, and insufficient coordination between the PR and the NTP.</p>	<p>The expenditure rate in this period is 164%. The overall over-spending of USD 746,030 in this period is due primarily to payment of commitments from the previous period for the purchase of TB drugs (USD 1,279,119), consisting of first-line and second-line TB drugs and side effect drugs. This is off-set by unused funds for the procurement of TB reagents and consumables (USD 298,126) due to failed tenders (TORs and quantification to be revised by international experts because of weak specifications provided by the NTP) and procurement of face masks and specimen containers not yet delivered, unused funds for infrastructure which are being reprogrammed towards additional second-line drug procurement (USD 184,606), and savings in trainings, HR, PIU salaries and other budget lines.</p> <p>The cumulative expenditure rate is 54%. The total variance of USD 2,490,730 is due primarily to postponement of procurement of drugs, delay with procurement of reagents for laboratory tests and significant savings from procurement of health products (respirators, cool boxes, face masks and containers for sputum collection).</p> <p>The PR's reported cash balance as of 30 June was USD 2,475,758. The cash balance was adjusted to USD 2,479,113 based on a reconciliation adjustment to the financial results of the previous reporting period due to the accrual of the UNDP management fee after the end of the period.</p> <p>Based on satisfactory programmatic performance, the Regional Team decided to disburse against the PR's forecasted cash needs for the period 1 July 2012-31 December 2012. The PR submitted a reprogramming request to scale up MDR-TB treatment in Kyrgyzstan to enroll an additional 300 patients on MDR-TB treatment out of the growing waiting list of MDR-TB patients. This request was approved and was formalized through an Implementation letter which revised the Summary Budget for the first implementation period. The revised Summary Budget includes a roll-over of funds from Year 1 to Year 2 in order to align the Year 1 budget with actual Year 1 expenditures and a reprogramming of savings towards additional procurement of second-line drugs for 300 MDR-TB patients as well as procurement of third-line drugs for XDR-TB patients.</p> <p>The PR has also included in their forecast and disbursement request the Q9 buffer from the first period of Phase 2, on the advice of the Global Fund, in order to prevent a possible interruption of services in the beginning of 2013 pending the negotiation and finalization of the grant agreement for the second implementation period. An exceptional extension to this grant was sought internally within the Global Fund to allow an extension for the Q9 period for this type of SSF grant. This Q9 extension was approved and formalized as part of the Implementation letter number 2 dated 4 December 2012, which committed an additional USD 3,004,760 for the Q9 period.</p> <p>The Regional Team approved the full recommended disbursement amount of USD 4,274,978 which includes the Q9 buffer amount according to the revised Summary Budget, but had to disburse the funds in two tranches pending the processing and signing of the Implementation letter granting the Q9 extension.</p> <p>The approved budget for the disbursement period (Q7-Q8) was USD 1,721,129 according to the Summary Budget previously valid as signed with the Grant agreement in February 2011. According to the revised Summary Budget, the budget for Q7-Q8 is USD 3,460,139. The PR's forecast for the period Q7-Q8 was USD 4,211,858, which was adjusted to USD 4,040,474 to include the Q7-Q8 revised budget plus the commitments as of 30 June (USD 580,334).</p> <p>The verified cash balance as of 30 June was USD 2,479,113. However in the meantime, the PR spent most of their funds and UNDP committed their own funds to sign contracts with IDA for the procurement of second-line drugs for the additional 300 patients in the amount of USD 1.37 million, plus third-line drugs and other procurements (worth approximately USD 1.2 million). These commitments will need to be paid for upon delivery of goods in Q9.</p> <p>The Global Fund therefore decided to disburse the full amount remaining undisbursed in the grant for the first implementation period, in the amount of USD 1,771,911. This disbursement was released on 14 November 2012. As soon as the Implementation letter was duly counter-signed, a supplementary disbursement was released for the remaining amount of USD 2,503,067. This disbursement was released on 13 December 2012.</p>

KGZ-S10-G08-T

Last Updated on: 03 February 2016

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			A2	5	01.Jul.12 - 31.Mar.13	4,750,978	\$ 2,503,067	14 Dec 2012
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The program has shown excellent performance in this reporting period (1 January – 30 June 2012). Out of eight indicators to be reported on in this period, five were over-achieved with an A1 rating, two were achieved with an A2 rating, and only one indicator was slightly underachieved with a high B1 rating (88%). The Top 10 indicator rating and All indicator rating are both A1 (106%), and the final Quantitative indicator rating is also A1.</p> <p>The three indicators relating to MDR-TB are all over-achieved. The indicator Number of MDR-TB patients on treatment was over-achieved due to additional patients being enrolled using GF drugs reserved for other patients who discontinued due to death or treatment interruption. The Number of MDR-TB patients counseled and trained during the intensive phase and the Number of MDR-TB patients receiving patient support were both over-achieved due to the additional number of MDR-TB patients who were enrolled using government funding, in addition to the drugs funded by UNITAID and the Global Fund.</p> <p>The indicator relating to external quality assurance of laboratories is over-achieved in this period, with 89% of laboratories currently conducting EQA. The treatment success rate indicator is almost achieved in this period, with a 79% treatment success rate of new smear-positive cases. The two training indicators are both achieved, with 120 doctors and 120 nurses from PHC facilities trained in this period, and 103 new TB staff trained in this period on the management of drug-resistant TB.</p> <p>The only indicator slightly under-achieved relates to the Number of new smear-positive cases detected. Case detection is still lagging due to weak management and coordination at the NTP, high turnover of laboratory staff, the fact that the National TB Program 2012-2016 is still not approved and funded, and insufficient coordination between the PR and the NTP.</p>					<p>The Global Fund therefore decided to disburse the full amount remaining undisbursed in the grant for the first implementation period, in the amount of USD 1,771,911. This disbursement was released on 14 November 2012. As soon as the Implementation letter was duly counter-signed, a supplementary disbursement was released for the remaining amount of USD 2,503,067. This disbursement was released on 13 December 2012.</p>				
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			A2	6.1	01.Jan.13 - 31.Mar.14	4,347,948	\$ 1,302,369	21 Jun 2013
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The quantitative indicator rating for the period is A2 with the average performance of 98% for TOP TEN indicators (A2) and average performance of 102% for all indicators (A1).</p> <p>Out of the six indicators measured during the reporting period, five, including one Top Ten Equivalent indicator, achieved more than 100% indicator score. These include: (1) Number and percentage of laboratories performing regular external quality assurance for smear microscopy; (2) Number TB service staff trained in DR-TB management locally and number of nurses trained for provision of DR-TB treatment adherence counselling; and (3) MDR TB patients counselled and trained on questions of MDR TB treatment during the inpatient treatment phase.</p>					<p>This is the first cash transfer for the fifth disbursement for this grant covering periods Q9-Q10. The total disbursement amount is USD 4,396,899, which comprises of total two cash transfers and GLC fee that has been already processed directly to GLC.</p>				



KGZ-S10-G08-T

Last Updated on: 03 February 2016

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			A2	6.2	01.Jan.13 - 31.Mar.14	4,347,948	\$ 50,000	21 Jun 2013
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>The quantitative indicator rating for the period is A2 with the average performance of 98% for TOP TEN indicators (A2) and average performance of 102% for all indicators (A1).            Out of the six indicators measured during the reporting period, five, including one Top Ten Equivalent indicator, achieved more than 100% indicator score. These include: (1) Number and percentage of laboratories performing regular external quality assurance for smear microscopy; (2) Number TB service staff trained in DR-TB management locally and number of nurses trained for provision of DR-TB treatment adherence counselling; and (3) MDR TB patients counselled and trained on questions of MDR TB treatment during the inpatient treatment phase.</p>					GLC Fee.				
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			A2	6.3	01.Jan.13 - 31.Mar.14	4,347,948	\$ 3,044,530	04 Sep 2013
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>The quantitative indicator rating for the period is A2 with the average performance of 98% for TOP TEN indicators (A2) and average performance of 102% for all indicators (A1).            Out of the six indicators measured during the reporting period, five, including one Top Ten Equivalent indicator, achieved more than 100% indicator score. These include: (1) Number and percentage of laboratories performing regular external quality assurance for smear microscopy; (2) Number TB service staff trained in DR-TB management locally and number of nurses trained for provision of DR-TB treatment adherence counselling; and (3) MDR TB patients counselled and trained on questions of MDR TB treatment during the inpatient treatment phase.</p>					see above				

KGZ-S10-G08-T

Last Updated on: 03 February 2016

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>During the Progress Update period, the grant continues to demonstrate very good performance overall, with the quantitative indicator rating being "A1" (over 100% achievement of all performance targets). We note the over-achievement of the targets for the enrollment of MDR-TB patients on treatment, and are pleased with the strategic approach taken by UNDP to re-allocate grant funds to cover more patients in need of treatment thus reducing the waiting list. Of course, the achievement of programmatic targets is a result of efforts invested by the TB health care staff in the country, and the National TB Program hosted by the National Center of Phthisiology. We also welcome UNDP's support to the management of the National Center of Phthisiology in terms of capacity building and sustainability.</p> <p>It is well understood that the National TB Program will need to be continuously supported by all donors and partners in the country in order to implement the recommendations from the last Green Light Committee mission to the Kyrgyz Republic. Therefore, the "A1" programmatic achievement rate should be taken with some reservations, given the broader challenges in the program implementation context, such as the low treatment success rate for MDR-TB patients, the absence of a fully operational electronic database, including drug management software, and a rather slow progress in addressing the long hospitalization of TB patients which affects adherence to treatment and poses a challenge to integrating TB in the primary health care.</p> <p>From a financial perspective, the grant has spent 42 per cent of its budget for the progress update period and 57 per cent of its cumulative budget. Slower than anticipated absorption of grant funds and the cumulative variance of USD 4.5 million is due to following key reasons:</p> <ul style="list-style-type: none"> <li>- USD 3,4 million variance for medicines and health products and equipment, consisting of: <ul style="list-style-type: none"> <li>o USD 718,464 committed funds from procurement activities in Phase 1;</li> <li>o USD 2,298,078 unspent funds in Phase 2 for procurement of drugs</li> </ul> </li> </ul> <p>Out of this amount, USD 1,876,888 are committed for 2nd and 3rd line anti-TB drugs, to be paid upon delivery</p> <ul style="list-style-type: none"> <li>o USD 184,515 committed funds for laboratory equipment and consumables;</li> <li>o USD 231,988 of unspent funds in Phase 2 for procurement of laboratory consumables.</li> </ul> <ul style="list-style-type: none"> <li>- USD 1,128,071 variance for delayed activities, human resources costs, and overhead payments).</li> </ul> <p>The main reasons for variance between SR cumulative budget and SR cumulative expenditures (USD 84,360) are as follows:</p> <ul style="list-style-type: none"> <li>- SRs' reports for the reporting period are not reflected in the current reporting period by the PR;</li> <li>- understaffing of TB facilities, including medical staff supporting treatment and responsible for adherence;</li> <li>- lack of laboratory staff in GSIN; Issyk-Kul and Chui oblast TB centers;</li> <li>- lack of the Health care coordinator in Batken Oblast during 5 months.</li> </ul>									

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		A2	7	01.Jan.14 - 31.Mar.15	3,840,329	\$ 50,000	24 Jun 2014
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>The Progress Update covers Period 10 (i.e. 1 July - 31 December 2013). The Quantitative Indicator Rating for the reporting period is "A1". Out of 8 indicators, performance of 5 indicators is above 100%; performance of 2 indicators is above 90%, and performance of 1 indicator is at 87%. Some programmatic highlights:</p> <ol style="list-style-type: none"> <li>1,667 of New Smear Positive TB cases notified to national health authority (96% achievement). The PR acknowledges that system strengthening measures, such as consolidation of the laboratory network, implementation of a system of transportation of specimens, expansion of the external quality control system, as well as on improving the quality of TB cases identification and sputum collection in the PHC level will help improve the detection of the new smear positive TB cases.</li> <li>1,168 out of 1,416 of new smear positive TB cases successfully treated (99% achievement). An improvement was reached in prisons where the value of this indicator increased from 56% to 74.1%.</li> <li>6,257 TB cases notified to national health authority (112% achievement). This number includes 1667 new smear positive, 2505 new smear negative, 1670 extra pulmonary and 415 relapse cases.</li> <li>881 of MDR-TB patients enrolled on second line anti-TB treatment (104% achievement). This number includes 846 MDR TB patients and 35 XDR TB patients (818 MDR and 25 XDR TB patients in civil sector and 28 MDR and 10 XDR TB patients in penitentiary sector).</li> </ol> <p>The latest OSDV and RSQA held in December 2013 revealed a number of issues, including inaccuracies in recording/reporting DOTS forms and also DOTS+ issues. However, majority of these issues are of a systemic nature and affected by the delays in implementation of the TB database. They are being discussed by the Secretariat with the PR, NTP, MOH and Project Hope. A special session on TB electronic database will be held during the upcoming NTP review at the end of June - beginning of July 2014, which the Country Team representative will attend.</p> <p>At the same time there are a number of management issues that the team included in the ADMF based on the latest OSDV and RSQA reviews and submission of the PUDR (non-reflection of the disbursement in 2013). Taking them into account the Country Team recommended downgrading the rating from A1 to A2.</p>				<p>This is the second cash release under the current DR to cover USD 50,000 of GLC fees.</p>				

KGZ-S10-G08-T

Last Updated on: 03 February 2016

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		A2	7			\$ 439,834	17 Dec 2014
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>The Progress Update covers Period 10 (i.e. 1 July - 31 December 2013). The Quantitative Indicator Rating for the reporting period is "A1". Out of 8 indicators, performance of 5 indicators is above 100%; performance of 2 indicators is above 90%, and performance of 1 indicator is at 87%. Some programmatic highlights:</p> <ol style="list-style-type: none"> <li>1,667 of New Smear Positive TB cases notified to national health authority (96% achievement). The PR acknowledges that system strengthening measures, such as consolidation of the laboratory network, implementation of a system of transportation of specimens, expansion of the external quality control system, as well as on improving the quality of TB cases identification and sputum collection in the PHC level will help improve the detection of the new smear positive TB cases.</li> <li>1,168 out of 1,416 of new smear positive TB cases successfully treated (99% achievement). An improvement was reached in prisons where the value of this indicator increased from 56% to 74.1%.</li> <li>6,257 TB cases notified to national health authority (112% achievement). This number includes 1667 new smear positive, 2505 new smear negative, 1670 extra pulmonary and 415 relapse cases.</li> <li>881 of MDR-TB patients enrolled on second line anti-TB treatment (104% achievement). This number includes 846 MDR TB patients and 35 XDR TB patients (818 MDR and 25 XDR TB patients in civil sector and 28 MDR and 10 XDR TB patients in penitentiary sector).</li> </ol> <p>The latest OSDV and RSQA held in December 2013 revealed a number of issues, including inaccuracies in recording/reporting DOTS forms and also DOTS+ issues. However, majority of these issues are of a systemic nature and affected by the delays in implementation of the TB database. They are being discussed by the Secretariat with the PR, NTP, MOH and Project Hope. A special session on TB electronic database will be held during the upcoming NTP review at the end of June - beginning of July 2014, which the Country Team representative will attend.</p> <p>At the same time there are a number of management issues that the team included in the ADMF based on the latest OSDV and RSQA reviews and submission of the PUDR (non-reflection of the disbursement in 2013). Taking them into account the Country Team recommended downgrading the rating from A1 to A2.</p>				<p>This is the third cash release.</p>				

KGZ-S10-G08-T

Last Updated on: 03 February 2016

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			A2	7	01.Jan.14 - 31.Mar.15	3,840,329	\$ 3,350,626	24 Jun 2014
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>The Progress Update covers Period 10 (i.e. 1 July - 31 December 2013). The Quantitative Indicator Rating for the reporting period is "A1". Out of 8 indicators, performance of 5 indicators is above 100%; performance of 2 indicators is above 90%, and performance of 1 indicator is at 87%. Some programmatic highlights:</p> <ol style="list-style-type: none"> <li>1,667 of New Smear Positive TB cases notified to national health authority (96% achievement). The PR acknowledges that system strengthening measures, such as consolidation of the laboratory network, implementation of a system of transportation of specimens, expansion of the external quality control system, as well as on improving the quality of TB cases identification and sputum collection in the PHC level will help improve the detection of the new smear positive TB cases.</li> <li>1,168 out of 1,416 of new smear positive TB cases successfully treated (99% achievement). An improvement was reached in prisons where the value of this indicator increased from 56% to 74.1%.</li> <li>6,257 TB cases notified to national health authority (112% achievement). This number includes 1667 new smear positive, 2505 new smear negative, 1670 extra pulmonary and 415 relapse cases.</li> <li>881 of MDR-TB patients enrolled on second line anti-TB treatment (104% achievement). This number includes 846 MDR TB patients and 35 XDR TB patients (818 MDR and 25 XDR TB patients in civil sector and 28 MDR and 10 XDR TB patients in penitentiary sector).</li> </ol> <p>The latest OSDV and RSQA held in December 2013 revealed a number of issues, including inaccuracies in recording/reporting DOTS forms and also DOTS+ issues. However, majority of these issues are of a systemic nature and affected by the delays in implementation of the TB database. They are being discussed by the Secretariat with the PR, NTP, MOH and Project Hope. A special session on TB electronic database will be held during the upcoming NTP review at the end of June - beginning of July 2014, which the Country Team representative will attend.</p> <p>At the same time there are a number of management issues that the team included in the ADMF based on the latest OSDV and RSQA reviews and submission of the PUDR (non-reflection of the disbursement in 2013). Taking them into account the Country Team recommended downgrading the rating from A1 to A2.</p>					<p>The GF recommended amount of USD 3,840,460 is based on:</p> <ol style="list-style-type: none"> <li>1) budget of USD 5,448,914 for Quarters 13-17</li> <li>2) PLUS USD 3,351,176 (PR's contractual commitments. This includes 2nd line anti-TB drugs for MDR-TB patients (USD 2,813,384); 3d line anti-TB drugs for MDR-TB patients (USD 27,757); Reagents and supplies for microscopy (30,976); PSM costs (USD 343,682); Support to treatment adherence (USD 48,013, etc...).</li> <li>3) PLUS USD 445,279 (cash outflows carried over to this disbursement period)</li> <li>4) LESS USD 5,393,092 (PR's cash balance at the end of reporting period) (Note: As of 20.05.2014, the non-verified cash balance was USD 170,273.)</li> <li>5) LESS USD 11,817 (SRs's cash balance as reported by LFA).</li> </ol> <p>The disbursement will be made via three cash transfers: (1) USD 3,350,626 is required for the PR to implement Q 3-4 2014 activities (USD 718,326) and commit PO for 2015 TB drugs order (USD 2,288,957 MED for 1st quarter 2015 and USD 343,344 PSM). (2) USD 50,000 is for GLC fees. (3) remaining USD 439,834 to be released in mid-October 2014 subject to the cash balance as of 30 September 2014.</p>				
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
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
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				

KGZ-S10-G08-T

Last Updated on: 03 February 2016

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		A1	14	01.Jan.15 - 31.Dec.15	7,274,553	\$ 6,772,226	04 Jun 2015
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>The grant continues to show very satisfactory performance as it can be seen from the Grant Rating Tool here enclosed: the average performance of all indicators is in the "A1" achievement range. Note: some performance indicators are over-achieved due to higher number of drug-sensitive and drug-resistant TB cases diagnosed and notified. We note that thanks to the efforts of national stakeholders and UNDP, there was not waiting list for second-line TB treatment during the reporting period. Culture conversion rate among MDR-TB patients has achieved 75%. The number of MDR/XDR-TB patients on treatment receiving patient support (food, hygiene packages and money allowances) for better adherence to inpatient and outpatient treatment has reached 95%. We are proud of the strong achievement of key programmatic indicators in the penitentiary system, which have been higher than those in the civilian sector, for example: 1) DST has reached 100% in prisons (in civilian sector 58,2%); 2) treatment success rate of drug-sensitive TB cases was 84.6% in penitentiary system and 81.17% in the civilian sector; 3) culture conversion rate during 6 months of MDR-TB treatment has achieved 80% among prisoners and 74% only in the civilian sector. These achievements would not be possible without continued support provided by the ICRC to the penitentiary sector. Among other significant programmatic achievements during the second semester of 2014 one should mention the following: 1) reimbursement of transportation fees to MDR-TB patients became available countrywide; 2) new modality of adherence support proved to be more attractive to patients compared with the previous one; 3) performance based scheme of motivations to medical staff resulted in improved program indicators; 4) contracts with the outsourced private biochemistry labs ensured all patients to access free of charge tests for SLD side effects; 5) procurement of the side effect drugs in blisters, which replaced the hospital packaging of drugs allowed free access to the side effect drugs not only in the hospitals, but in the PHC level as well; 6) procurement of third line TB drugs, initiated by UNDP in 2013, has resulted in implementation of the treatment of the XDR TB, which did not exist before. UNDP continued capacity development efforts with its sub-recipients through on-site visits, on-the-job coaching and consultations. It should be noted that the majority of SRs have demonstrated significant progress in the quality and timeliness of implementation, during the reporting period. Thus, the SRs' financial delivery during the reporting period was equal to 88 %. Yet, during the reporting period some SRs experienced delays in receiving Government's approval to access their funding channelled through the state treasury.</p>				<p>The Global Fund Secretariat has requested the Global Fund Board to approve a three-months costed extension of the TB grant with a borrowing of USD 6,270,400 from the New Funding Model allocation for Kyrgyzstan. This extension will allow to cover the needs in second-line TB treatments for patients to be enrolled in 2015. This extension request has been granted, and the grant's end date is now 31 March 2016. This should allow signing the new grant under NFM modalities on time, in order to avoid interruption of program activities. Based on program's satisfactory performance and considering the program's needs for the year 2015 as specified in the reallocation and extension request approved by the Secretariat, the Country Team supports the PR's request to disburse USD 7,274,553. The amount is based on the following: 1) approved budget of USD 8,866,995 for the period 1 Jan 2015 -31 March 2016 2) LESS PR cash balance of USD 5,226,158 and SRs' cash balance of USD 159,517 as of 31 December 2014 3) PLUS the commitments of USD 3,793,233 supported by payment orders and GMS fee of 7%. 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 second-line TB drugs (USD 5.2 mln), diagnostics (USD 494k), treatment adherence support (USD 906k), monitoring and evaluation and grant administration. The disbursement will be executed as follows: 1) USD 6,772,226 will be paid to UNDP as PR now; 2) USD 50,000 will be paid to the Green Light Committee for the technical assistance rendered in 2015 (GLC fee) now; and 3) USD 452,327, which represents budget for last quarter for 2015 (1 November-31 December 2015) and buffer period (1 January-31 March 2016), will be paid towards September 2015 based on the actual cash needs for the remainder of the implementation period.</p>				

KGZ-S10-G08-T

Last Updated on: 03 February 2016

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		A1	14.1			\$ 50,000	04 Jun 2015	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>The grant continues to show very satisfactory performance as it can be seen from the Grant Rating Tool here enclosed: the average performance of all indicators is in the "A1" achievement range. Note: some performance indicators are over-achieved due to higher number of drug-sensitive and drug-resistant TB cases diagnosed and notified.</p> <p>We note that thanks to the efforts of national stakeholders and UNDP, there was not waiting list for second-line TB treatment during the reporting period. Culture conversion rate among MDR-TB patients has achieved 75%. The number of MDR/XDR-TB patients on treatment receiving patient support (food, hygiene packages and money allowances) for better adherence to inpatient and outpatient treatment has reached 95%.</p> <p>We are proud of the strong achievement of key programmatic indicators in the penitentiary system, which have been higher than those in the civilian sector, for example: 1) DST has reached 100% in prisons (in civilian sector 58,2%); 2) treatment success rate of drug-sensitive TB cases was 84.6% in penitentiary system and 81.17% in the civilian sector; 3) culture conversion rate during 6 months of MDR-TB treatment has achieved 80% among prisoners and 74% only in the civilian sector. These achievements would not be possible without continued support provided by the ICRC to the penitentiary sector.</p> <p>Among other significant programmatic achievements during the second semester of 2014 one should mention the following: 1) reimbursement of transportation fees to MDR-TB patients became available countrywide; 2) new modality of adherence support proved to be more attractive to patients compared with the previous one; 3) performance based scheme of motivations to medical staff resulted in improved program indicators; 4) contracts with the outsourced private biochemistry labs ensured all patients to access free of charge tests for SLD side effects; 5) procurement of the side effect drugs in blisters, which replaced the hospital packaging of drugs allowed free access to the side effect drugs not only in the hospitals, but in the PHC level as well; 6) procurement of third line TB drugs, initiated by UNDP in 2013, has resulted in implementation of the treatment of the XDR TB, which did not exist before.</p> <p>UNDP continued capacity development efforts with its sub-recipients through on-site visits, on-the-job coaching and consultations. It should be noted that the majority of SRs have demonstrated significant progress in the quality and timeliness of implementation, during the reporting period. Thus, the SRs' financial delivery during the reporting period was equal to 88 %. Yet, during the reporting period some SRs experienced delays in receiving Government's approval to access their funding channelled through the state treasury.</p>				GLC fee					

KGZ-S10-G08-T

Last Updated on: 03 February 2016

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		A1	16			\$ 30,000	02 Feb 2016	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>The grant continues to show very satisfactory performance as it can be seen from the Grant Rating Tool here enclosed: the average performance of all indicators is in the "A1" achievement range. Note: some performance indicators are over-achieved due to higher number of drug-sensitive and drug-resistant TB cases diagnosed and notified. We note that thanks to the efforts of national stakeholders and UNDP, there was not waiting list for second-line TB treatment during the reporting period. Culture conversion rate among MDR-TB patients has achieved 75%. The number of MDR/XDR-TB patients on treatment receiving patient support (food, hygiene packages and money allowances) for better adherence to inpatient and outpatient treatment has reached 95%. We are proud of the strong achievement of key programmatic indicators in the penitentiary system, which have been higher than those in the civilian sector, for example: 1) DST has reached 100% in prisons (in civilian sector 58,2%); 2) treatment success rate of drug-sensitive TB cases was 84.6% in penitentiary system and 81.17% in the civilian sector; 3) culture conversion rate during 6 months of MDR-TB treatment has achieved 80% among prisoners and 74% only in the civilian sector. These achievements would not be possible without continued support provided by the ICRC to the penitentiary sector. Among other significant programmatic achievements during the second semester of 2014 one should mention the following: 1) reimbursement of transportation fees to MDR-TB patients became available countrywide; 2) new modality of adherence support proved to be more attractive to patients compared with the previous one; 3) performance based scheme of motivations to medical staff resulted in improved program indicators; 4) contracts with the outsourced private biochemistry labs ensured all patients to access free of charge tests for SLD side effects; 5) procurement of the side effect drugs in blisters, which replaced the hospital packaging of drugs allowed free access to the side effect drugs not only in the hospitals, but in the PHC level as well; 6) procurement of third line TB drugs, initiated by UNDP in 2013, has resulted in implementation of the treatment of the XDR TB, which did not exist before. UNDP continued capacity development efforts with its sub-recipients through on-site visits, on-the-job coaching and consultations. It should be noted that the majority of SRs have demonstrated significant progress in the quality and timeliness of implementation, during the reporting period. Thus, the SRs' financial delivery during the reporting period was equal to 88 %. Yet, during the reporting period some SRs experienced delays in receiving Government's approval to access their funding channelled through the state treasury.</p>				GLC fee for 2016					



KGZ-S10-G08-T

Last Updated on: 03 February 2016

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	
Title	Explanatory Notes

2.6. Phase 2/ Periodic Review Grant Renewal	
Performance Rating	Recommendation Category
Rationale for Phase 2/ Periodic Review Recommendation Category	
Rationale for Phase 2/ Periodic Review Recommendation Amount	

Time-bound Actions	
Issues	Description

