

General Grant Information

Applicant:	Country Coordinating Mechanism of the Republic of Kyrgyzstan
Country:	Republic of Kyrgyzstan
Round:	2
Component:	HIV/AIDS
Grant Title:	Development of preventive programmes on HIV/AIDS, Tuberculosis and Malaria aimed at reduction of social and economic consequences of their spread
Grant Number:	KGZ-202-G01-H-00
Principal Recipient:	The National AIDS Center of the Government of the Republic of Kyrgyzstan
Other Grants (From the same Proposal)	N/A
Proposal Lifetime: (Years)	5
Lifetime Budget: (USD)	17,073,306
2-Year Budget: (USD)	4,958,038
Disbursed to Date: (USD)	4,958,038
Signature Date:	04-Aug-2003
Program Start Date:	01-Mar-2004

A. SECRETARIAT PHASE 2 RECOMMENDATION

Phase 2 Recommendation Category: **Go**

Incremental Phase 2 Amount Recommended for Board Approval (USD): * 12,115,268
 Euro Equivalency : _____

Rationale for Recommendations:

The Secretariat classifies this renewal Request as a "Go".

Program performance:
 Overall programmatic achievement has been strong despite the complex political situation facing this Program. After a slow start and the significant delays that followed the revolution from April to July 2005 (The program was granted a no-cost extension of 3 months to recover from the effects of the revolution), the Principal Recipient (PR) has managed to speed up implementation and has demonstrated very significant progress over the last six months. Out of the 27 programmatic indicators the PR has met or exceeded the targets for 23. These include many of the important people reached indicators. For example:

- 65,153 young people have been exposed to HIV/AIDS education in schools (102% of target);
- 2,840 commercial sex workers (CSWs) have been reached by preventive programs (105% of target);
- 23,250 transfused blood units have been screened for HIV (100% of target); and
- 46 people living with HIV/AIDS (PLWHA) are now receiving antiretroviral treatment (102% of target).

Capacity building indicators have also performed well indicating this Program has the potential to accelerate implementation further in Phase 2.

There has been underperformance to date in the number of condoms distributed (65% of target) and the number of injecting drug users (IDUs) on the methadone substitution treatment program (73% of target). These targets are expected to be met by Quarter 8.

The high level of achievement in this grant suggests that higher targets would have been more appropriate. Therefore, Phase 2 targets should be reviewed and set at more ambitious levels, and impact indicators should be included.

Program management and governance:
 The Project Implementation Unit (PIU) of the PR has managed the grant in a satisfactory and responsible manner to date. Programmatic and financial targets have been met and the overall reporting framework is sound.

The PR has managed the large number of sub-recipients (SRs) well to date, and has played a major role in the development of SR capacity. Nevertheless, the increasing number of NGOs in the Program and the complexity of their involvement requires improved PR monitoring and management during Phase 2.

The implementation of the Program is benefiting greatly from the broad involvement of stakeholders. There are also many international donors actively engaged in providing technical assistance and support directly to the PR or through participation in the CCM.

The CCM itself is strong and active and has demonstrated multi-sectoral support for the program throughout Phase 1.

The Secretariat classifies this Request as a "Go". In Phase 2, the PR should prioritize efforts on fulfilling the suggested remedial actions as stated on page 3 of this Grant Score Card.

* The maximum funding amount available for Phase 2 of each proposal shall be the sum of the incremental amount approved by the Board and the amount of any funds approved for Phase 1 that have not been disbursed by the Global Fund at the end of the Phase 1 period.

Rationale for Phase 2 Recommended Amount:

To date, the Global Fund has disbursed US\$4,958,038 (100% of funds available for Phase 1) to the PR. Of these funds, the PR has spent US\$2,139,525 and disbursed US\$1,260,163 to SRs. The overall expenditure rate at the 19 month point was approximately 63% in 79% of the time elapsed, after allowing for the no cost extension. This puts the Program slightly behind schedule.

The combined PR and SR cash balance at 30 November 2005 looks very high at approximately US\$1.9 million. This may be explained by the fact that it includes a disbursement of approximately US\$1.7 million received on 12 October 2005.

The Secretariat forecasts that at the 27th month (which includes the no cost extension), the Principal Recipient will have spent 100% of the Phase 1 amount on the planned Phase 1 Program activities.

Phase 2 budget savings of approximately US\$98,387 have been identified due to the reduced cost of drugs and supplies. These funds will be re-allocated to SR activities in Phase 2.

In light of strong programmatic performance and sound grant management to date, the Secretariat concludes that the maximum Phase 2 amount of US\$12,115,268 is appropriate for continued funding. As there are no expected undisbursed Phase 1 funds available to partially fund this amount, the Secretariat recommends to the Board to commit the full US\$12,115,268 for this Program.

Suggested Remedial Actions

Issues	Description of Suggested Remedial Actions
1. The PR has involved an important number of SRs in program implementation and their number is expected to increase during Phase 2. This can lead to an insufficient capacity, on behalf of the PR, to properly control and monitor SRs' programmatic and financial reporting.	1. Prior to signing the Phase 2 Grant Agreement, the PR must present a plan for the management of SRs which specifies ways of ensuring financial oversight (development of unified and simple reporting forms, introduction of strict deadlines for submission and review of financial reports) and quality of programmatic reporting. This plan must also address the PR's capacity to manage the increased number of SRs and, if appropriate, the need for additional staff.
2. High level of achievement with some over-performance.	2. Attachment 3 to the Grant Agreement must include significantly increased targets and include impact indicators.
3. Payroll tax liabilities of national staff hired through UNDP.	3. Prior to signing the Phase 2 Grant Agreement, the PR must provide evidence that it will ensure that national staff hired through UNDP meets personal payroll tax responsibilities.
4. CCM compliance as per 9th Board decision.	4. Prior to Phase 2 grant signature, the CCM shall provide evidence that it has fully met all CCM requirements as set forth in the Decision taken by the Global Fund Board at the Ninth Board Meeting in November 2004

B. PHASE 2 BUDGET AND IMPLEMENTATION ARRANGEMENTS

1. Estimated funds available for Phase 2

	Total	Year 3	Year 4	Year 5
Original Phase 2 Adjusted Proposal Amount (*)	12,115,268	3,311,186	3,957,418	4,846,664
Expected undisbursed amount at the end of Phase 1	0			
Estimated Maximum Phase 2 Amount	12,115,268			

(*) Adjustments to the original Board approved proposal amount may be a consequence of TRP review and grant negotiation before Phase 1.

2. Phase 2 Budget and Recommended Amount

	Year 3	Year 4	Year 5	Total Phase 2 Amount	% of maximum Phase 2 Amount	Incremental Phase 2 Amount	% of original Phase 2 Proposal Amount
CCM Request (**)	3,311,186	3,957,418	4,846,664	12,115,268	100%	12,115,268	100%
Global Fund Recommendation (**)	3,311,186	3,957,418	4,846,664	12,115,268	100%	12,115,268	100%

(**) Including any partial or total roll-over into Phase 2 of undisbursed Phase 1 amounts.

1. Does the Phase 2 budget include a material amount of un-disbursed Phase 1 funds?

Yes No

If yes, please explain how the CCM anticipates that these extra funds will be absorbed in Phase 2 (e.g. increased scope of activities, increased targets, activities initially planned during Phase 1 to be undertaken in Phase 2, unanticipated increases in program costs, etc).

The Phase 1 funds have been entirely disbursed.

2. Is the budget within the permitted maximum? Yes No

The budget represents the amount originally set out in the Board approved proposal.

3. Is the budget in line with:

3.1 Usage of funds in Phase 1?

Yes No

No comment.

3.2 Anticipated program realities for Phase 2?

Yes No

There has been a great increase of SRs' (NGOs, public and private organizations) involvement in program implementation. During the Phase 2 the PR plans to sub-contract several more organizations.

4. Do the budget and workplan show sufficient detail (including key budget assumptions)?

Yes No

On the overall basis, the Phase 2 budget and workplan appear to be reasonable and feasible given the resources available, the time frame and the PR's past performance.

5. Are there any other comments on the budget?

Yes No

The structure of the workplan and budget (one consolidated document) follows the structure of objectives from the original proposal.

6. Please comment on any changes or proposed changes in implementation arrangements?

No comment.

C. PROGRAM DESCRIPTION AND GOALS

1. Program Description Summary

The Program will seek to prevent further spread of HIV in Kyrgyz Republic. Implementation of the Program will allow necessary medical treatment for people living with HIV and to provide social support to them, which should raise social activity of these people and their involvement in prevention programs.

The program also intends to expand and improve the coordination of governmental and non-governmental organizations as well as business and mass media representatives. The program will also ensure distribution of information to all the involved participants.

The main goal of the program is to reduce the spread of HIV in the Kyrgyz Republic at the initial stage of the epidemic through targeted interventions among vulnerable groups and the organization of support for people living with HIV and AIDS patients.

The main strategies to achieve the goal include:

- Carrying out HIV/AIDS prevention among vulnerable groups;
- Creating availability and quality of medical and social support to people living with and affected by HIV/AIDS; and
- Ensuring safety of donated blood.

The main broad activities that will be implemented to achieve the Program goals and strategies will include:

- Improving legislation and public support related to the Prevention of the HIV/AIDS Epidemic;
- Strengthening existing, as well as developing new educational, training and prevention programs for vulnerable, youth and general population;
- Conducting sociological surveys of priority needs of people living with HIV/AIDS;
- Ensuring access of youth to friendly medical services and counseling;
- Providing medical support, including antiretroviral (ARV) therapy;
- Strengthening capacity of people living with HIV/AIDS and people affected by HIV/AIDS (PLWHA/PAHA) community organizations;
- Developing harm reduction programs for intravenous drug users (IDUs); and
- Developing donorship programs, including monitoring systems to ensure blood safety.

Program Goals and Impact Indicators								
Goal 1	To contain the spread of HIV in the Kyrgyz Republic at the initial stage of the epidemic through targeted interventions among the vulnerable groups and organization of support to	Baseline		Target				
		Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5
Impact Indicator	Number of HIV cases amongst adult population	0.12%	2002	0.018				<2%
Impact Indicator	AIDS morbidity rate amongst adult population	0.0001%	2002	0.001%				<0.5%

D. SUMMARY OF Y1-2 GRANT PERFORMANCE

1. Overall Grant Rating

This section contains the assessment of performance by service delivery area (SDA).

B1. Adequate

Each grant is structured into goals, objectives, and SDAs.

- Goals are broad and overarching and will typically reflect national disease program goals. The results achieved will usually be the result of collective action undertaken by a range of actors. Examples include "Reduced HIV-related mortality," "Reduced burden of tuberculosis," "Reduced transmission of malaria."
- Objectives describe the intention of the programs for which funding is sought and provide a framework under which services are delivered. Examples linked to the goals listed above include "To improve survival rates in people with advanced HIV infection in four provinces," "To reduce transmission of tuberculosis among prisoners in the ten largest prisons" or "To reduce malaria-related morbidity among pregnant women in seven rural districts."
- SDAs describe the key services to be delivered to achieve objectives. The service delivery area is a defined service that is provided. Examples for the objectives listed above include "Antiretroviral treatment and monitoring for HIV/AIDS", "Timely detection and quality treatment of cases for Tuberculosis," or "Insecticide-treated nets for Malaria". A standard list of service delivery areas agreed and used by international partners is contained in the Monitoring & Evaluation Toolkit.

The table below lists the objectives for this grant (numbered for easy reference and for linking with the SDAs). The "Goal Number" column indicates which goal each objective is linked to (goals are numbered on page 5).

Objective Number	Objective Description	Goal Number
1	Strengthening political and legal support to AIDS prevention programs based on multisectoral approach	1
2	Reducing vulnerability of young people	1
3	Reducing vulnerability of IDUs	1
4	Reducing vulnerability of sex workers	1
5	Reducing vulnerability of prisoners to HIV/AIDS	1
6	Reducing vulnerability of MSM to HIV/AIDS	1
7	Donor - blood safety provisions	1
8	Ensuring healthcare and social support for PLWHA	1

2. Service Delivery Area (SDA) Ratings

As stated, Service Delivery Areas (SDAs) are linked to an Objective (the 1st column on the left contains the objective number). Some SDAs may appear under different Objectives.

SDAs are typically measured through coverage indicators, categorized into three levels: *Level 3, people reached*; *Level 2, service points supported*; and *Level 1, people trained* (the 3rd, 4th and 5th columns display the number of indicators per level that have been assessed for the SDA indicated).

Based on results achieved against targets for each indicator, SDAs are given a rating: *A= Expected or exceeding expectations*; *B1= Adequate*; *B2= Inadequate but potential demonstrated*; *C=Unacceptable* (the 6th column contains the SDA rating and the 7th contains the rating's justification).

Objective	Service Delivery Area	Level 3	Level 2	Level 1	Rating	Evaluation of Performance (at the SDA Level)
1	Supportive Environment: Strengthening of Civil Society	0	1	0	A	Overachievement of target. More ambitious target required.
1	Prevention: Behavioral Change Communication - Mass Media	0	1	1	B1	Good results. More ambitious targets required for the future.
2	Prevention: Youth Education and Prevention	4	2	1	A	Performance is good overall, but more condoms should have been distributed. More ambitious targets required.
3	Prevention: Programmes for specific groups	2	1	0	B1	Delays with methadone program are due to the revolutionary events. Progress needs to accelerate.
4	Prevention: Programmes for specific groups	1	1	0	A	Good performance. Results very close to targets. More ambitious targets required in Phase 2.
5	Prevention: Programmes for specific groups	1	1	1	A	Good performance. Results very close to targets. More ambitious targets required in Phase 2.
6	Prevention: Programmes for specific groups	1	1	0	A	Good performance. Results very close to targets. More ambitious targets required in Phase 2.
7	Prevention: Blood safety and universal precautions	1	0	1	A	Good performance. Results very close to targets. More ambitious targets required in Phase 2.
8	Treatment: Antiretroviral treatment and monitoring	1	0	1	A	Good performance. Results very close to targets. More ambitious targets required in Phase 2
8	Prevention: PMTCT	2	0	1	A	Good performance. Results very close to targets. More ambitious targets required in Phase 2

Level 1: No. of people trained indicators.

Level 2: No. of service points supported indicators.

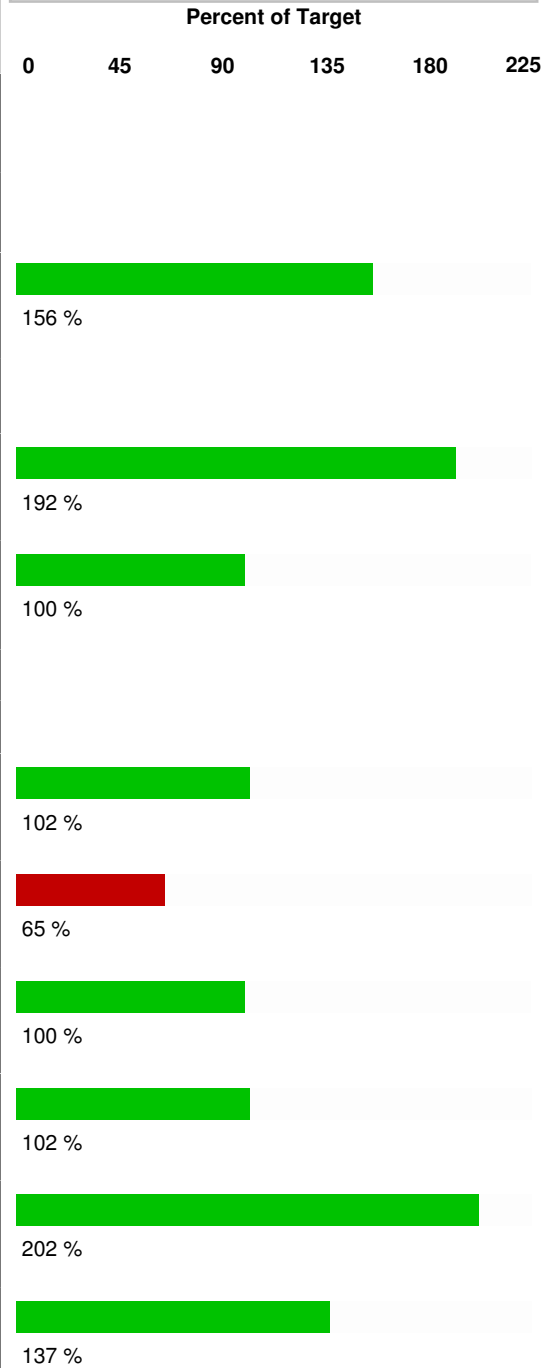
Level 3: No. of people reached indicators.

3. Indicator level Performance

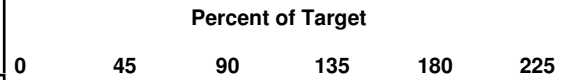
The numbers to the left of the indicators refer to their coverage level: Level 3, people reached; Level 2, service points supported; and Level 1, people trained.

These early grants typically reported on a quarterly basis, so each period usually represents one quarter. Therefore, results reported in Period 6 are typically from month 18 of the grant term and are the most recent results available.

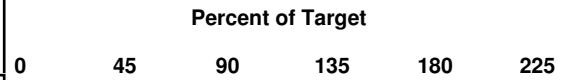
Program Objectives, Service Delivery Areas (SDAs), Indicators, Targets and Results					
		Period	Target	Actual	Percent of Target
Objective 1		Strengthening political and legal support to AIDS prevention programmes based on multisectoral approach			
Service Delivery Area 1		Supportive Environment: Strengthening of Civil Society			
2	Number of governmental, non governmental and academic institutions involved in HIV/AIDS prevention programs	Period 6	45	70	156
Service Delivery Area 2		Prevention: Behavioral Change Communication - Mass Media			
2	Number of TV/radio programmes aired in newspapers and distributed dedicated to HIV/AIDS problem	Period 6	25	48	192
1	Number of journalists trained on HIV/AIDS issues	Period 6	50	50	100
Objective 2		Reducing vulnerability of young people			
Service Delivery Area 3		Prevention: Youth Education and Prevention			
2	Number and percentage of schools with educational course on "Healthy Lifestyle" introduced	Period 6	34.87% 713	35.4% 724	102
3	Number of condoms distributed to young people aged 15-24	Period 6	1000000 0	6467928	65
2	Number of STI service rooms for youth established	Period 6	6	6	100
3	Number of young people exposed to HIV/AIDS education in schools	Period 6	64170	65153	102
1	Number of trainers trained to deliver teaching methodology related to HIV/AIDS for work with young people	Period 6	40	81	202
3	Percentage and number of army soldiers exposed to HIV prevention activities (targets include baseline)	Period 6	45.23% 9000/19 900	62% 12325/1 9900	137



Program Objectives, Service Delivery Areas (SDAs), Indicators, Targets and Results					
		Period	Target	Actual	Percent of Target
3	Percentage of young people who gave correct answers during the poll on ways of protection from HIV transmission	Period 6	54.66% 645000/ 1180000	50% 590000/ 1180000	91
Objective 3		Reducing vulnerability of IDUs			
Service Delivery Area 4		Prevention: Programmes for specific groups			
2	Number of needle exchange points for IDUs and MST points	Period 6	11	12	109
3	Number and percentage of IDUs reached by harm reduction programs out of total number of IDUs assessed	Period 6	6000 12%	7000 14%	117
3	Number of IDUs on methadone substitution treatment program (targets include baseline)	Period 6	200	146	73
Objective 4		Reducing vulnerability of sex workers			
Service Delivery Area 5		Prevention: Programmes for specific groups			
2	Number of cities having preventive programs for sex- workers, including venereologic service access provision	Period 6	8	8	100
3	Number of CSWs reached by preventive programs including venereological service	Period 6	2700	2840	105
Objective 5		Reducing vulnerability of prisoners to HIV/AIDS			
Service Delivery Area 6		Prevention: Programmes for specific groups			
3	Number and percentage of prisoners covered by harm reduction programs out of the total number of prisoners	Period 6	6000 36.36%	6105 37%	102
2	Number of prisons having harm reduction programs	Period 6	11	11	100
1	Number of penitentiary personnel trained on HIV/AIDS issues	Period 6	80	80	100
Objective 6		Reducing vulnerability of MSM to HIV/AIDS			
Service Delivery Area 7		Prevention: Programmes for specific groups			



Program Objectives, Service Delivery Areas (SDAs), Indicators, Targets and Results					
		Period	Target	Actual	Percent of Target
2	Number of cities having preventive programs for MSMs	Period 6	3	3	100
3	Number of MSM covered by HIV/AIDS preventive programs	Period 6	7500	7300	97
Objective 7		Donor-blood safety provision			
Service Delivery Area 8		Blood safety and universal precautions			
3	Number and percentage of transfused blood units screened for HIV	Period 6	23250/2 3250 100%	23250/2 3250 100%	100
1	Number of medical personnel trained within the framework of a free-will donor activity program.	Period 6	60	67	112
Objective 8		Ensuring healthcare and social support for PLWHA			
Service Delivery Area 9		Treatment: Antiretroviral treatment and monitoring			
3	Number of PLWHA receiving ARV treatment	Period 6	45	46	102
1	Number of people trained to provide ARV treatment, psychosocial consulting, HIV prevention and treatment of	Period 6	300	328	109
Service Delivery Area 10		Prevention: PMTCT			
1	Number of medical workers trained on issues of PMTCT	Period 6	240	250	104
3	Number and percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of	Period 6	14/14 100%	19/19 100%	100
3	Percentage of PLWHA receiving support from the community organizations (targets include baseline)	Period 6	24.96% 150/601	25% 147/586	100

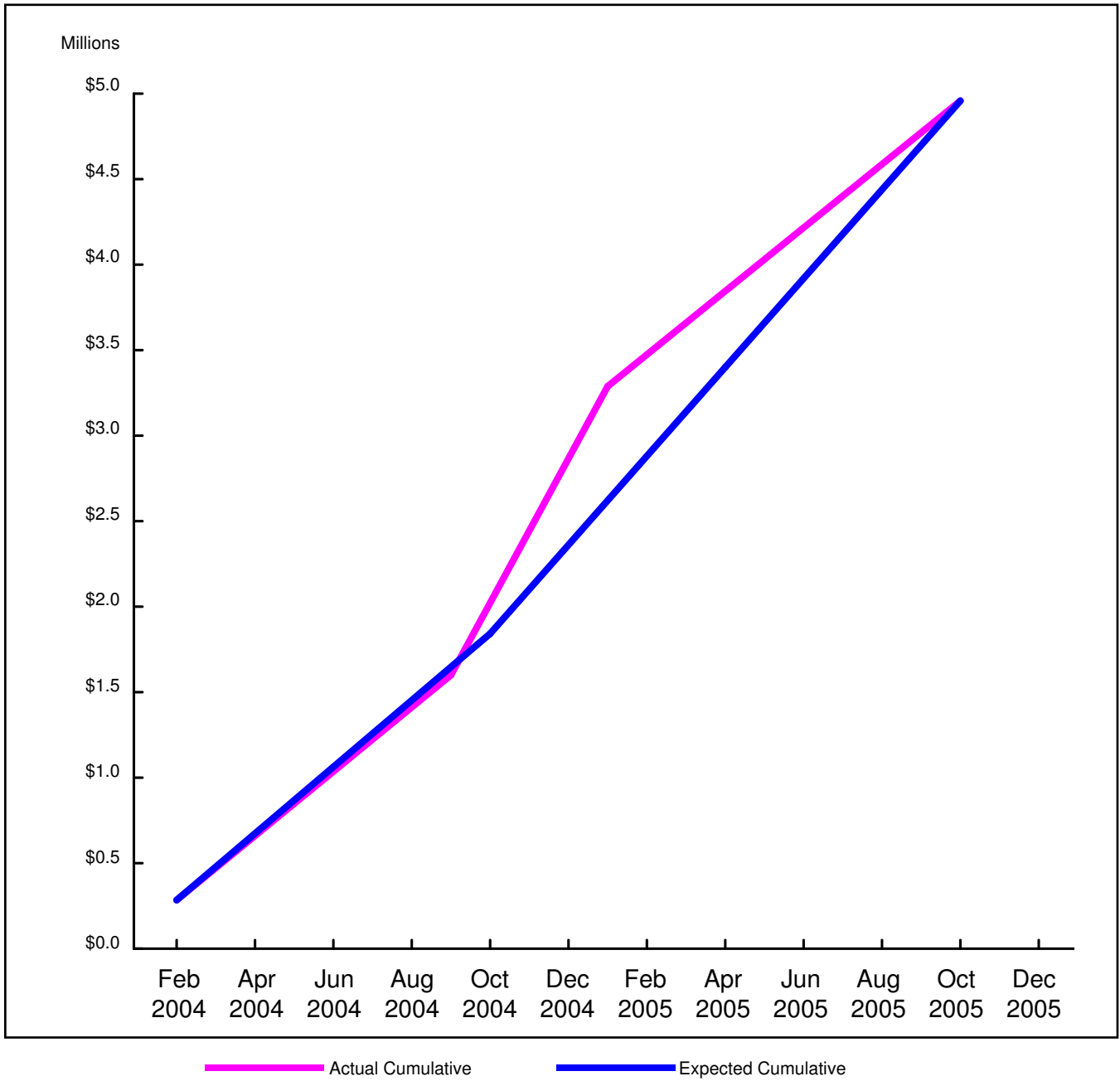


4. Disbursement History

*Note: In the absence of previous agreements, and noting in the future we will have agreed amounts and dates for disbursement, we have created an expected amount.
 The Expected Amount is calculated by subtracting the first disbursement from the 2 year approved budget and spreading the remaining portion evenly over 6 additional disbursement. The Expected Date is calculated by assuming that quarterly updates and disbursement requests are due within 45 days after completion of each quarter.

Expected vs. Actual Disbursements						
	Date		Amount		Cumulative	
	Expected	Actual	Expected *	Actual	Expected	Actual
1	05-Feb-2004	05-Feb-2004	283985	283985	283985	283985
2	16-Oct-2004	01-Sep-2004	1558018	1315727	1842003	1599712
3	15-Apr-2005	10-Jan-2005	1558018	1688666	3400021	3288378
4	16-Oct-2005	12-Oct-2005	1558017	1669660	4958038	4958038

Expected vs. Actual Disbursements



5. Estimated under-disbursement in Phase 1

Estimated under-disbursement in Phase 1	Amount (in USD)	Amount (in %)
Phase 1 grant agreement amount	4,958,038	100 %
Less: actual disbursed to date	4,958,038	100 %
Less: expected additional disbursement until the end of Phase 1 grant agreement		0 %
Expected undisbursed amount at the end of Phase 1	0	0 %

1. How many months of the program lifetime are covered by the actual disbursements to date, including buffer period (e.g., 18 months, 21 months, 24 months, etc)?

27 months

2. Are actual disbursements to date significantly behind original disbursement schedules?

If yes, please comment:

Yes No

The original program start date is 1 March 2004, therefore, according to the original disbursement schedule, the Phase 1 had to be completed on 28 February 2006. However, due to the revolution in the country during the spring of 2005, the Phase 1 end date has been moved to 31 May 2006.

3. Do the expected additional disbursements until the end of Phase 1 appear to be high compared to amounts previously disbursed?

If yes, please comment:

Yes No

N/A.

4. Is it anticipated that there will be undisbursed funds of a material amount at the end of the Phase 1 period?

If yes, please explain why and provide other relevant comments, inf any:

Yes No

N/A.

6. Expenditures and Cash Balance

Principal Recipient Cash Balance	Amount (in USD)	Amount (in %)	Date
Actual disbursed to date by the Global Fund (to PR)	4,958,038	100 %	30-Nov-05
Less: Direct payments for PR Expenditures	2,139,525	43 %	
Less: PR disbursements to sub-recipients	1,260,163	25 %	
PR cash-balance	1,558,350	32 %	30-Nov-05

1. Are there any significant PR commitments to date that will be expended during the current or the next reporting period?

If yes, please give detailed comments:

Yes No

The cash balance represents the budget for the last six months of the program.

2. Is the PR cash-balance of a material amount (relative to disbursements received from the Global Fund)?

If yes, please explain why and provide other relevant comments, if any: (e.g., if disbursements received from the Global Fund cover a period beyond the expenditure period, unpaid commitments, implementation delays, etc)

Yes No

The cash balance is material but it is offset by outstanding commitments and expected expenditures by the end of the Phase 1. Contractual commitments represent US\$ 585,332, expected expenditures represent US\$ 973,018. These commitments and expected expenditures have been verified by the LFA.

E. CONTEXTUAL CONSIDERATIONS

1. Have there been significant adverse external influences (force majeure)? Yes No

Kyrgyzstan underwent political unrest (revolution, Government change) from April to July 2005. During one quarter, program implementation activities were almost blocked.

1.1. If yes, have they been (or are they being) alleviated? Yes No

A no cost extension for the Phase 1 has been given to the grant (from 28 February 2006 to 31 May 2006) without extending the end-date of the Phase 2. This means that there is an overlap of the Phase 1 and the Phase 2 during 1 quarter. An appropriate Phase 2 extension (equal to the Phase 1 extension) should be granted to the Program.

2. Are there any unresolvable internal issues? Yes No

The CCM of Kyrgyzstan is functioning well and involved a broad range of stakeholders. All constituencies are represented in the CCM, it is meeting regularly and it has a well functioning Secretariat.

3. Are there financial and program management issues (e.g., slow or incomplete disbursements to sub-recipients or issues with the PR)? Yes No

The program experienced a slowdown in implementation due to political events in the country. This is why the planned disbursement schedule was delayed by one quarter. Despite of this, the PR has reached the great majority of programmatic targets for the Phase 1.

4. Are there any systemic weaknesses in:

4.1. Monitoring and evaluation?

Yes No

Overall, the PR reports on M&E data accurately. However, the PR should take appropriate measures to ensure that SRs are delivering quality reports. These measures have been summarized in the time-bound action prior to Phase 2 Grant Agreement signature.

4.2. Procurement and Supply Chain Management?

Yes No

Overall, there are no risks linked to capacity-gaps in the Procurement and Supply Management systems. However, the PR should improve its oversight functions over Sub-Recipients (see time-bound action).

4.3. Any other areas?

Yes No

No comment.

5. Are there any material issues concerning quality or validity of data?

Yes No

Data reported is adequate for the activities implemented during Phase 1. PR has hired a M&E specialist who will be entirely responsible for the reliability of actual results and the control of sub-recipients' implementation activities.

6. Are there major changes in the program-supporting environment (e.g., recent initiation of capacity strengthening, support of implementation by technical partners)?

Yes No

There has been significant increase in participation of the non-governmental sector in HIV/AIDS prevention programs. Number of AIDS-service NGOs has increased more than 3 times. Collaboration between NGOs and governmental sector has strengthened. There has been improvement of technical capabilities of tracking, monitoring and evaluation of HIV/AIDS situation by introducing of second generation sentinel epidemiologic surveillance and relevant national indicators.
 National HIV/AIDS treatment protocols have been developed and ratified by the Ministry of Health and introduced in 2005. Also, a new law of the Kyrgyz Republic "On HIV/AIDS" has been passed in 2005.
 Recently, the Ministry of Internal Affairs has issued an order about strengthening the control on prostitution which affects outreach work and might result in lower results in coverage of this vulnerable group. The CCM needs to mitigate against the consequences of this order and ensure that the Ministry of Internal Affairs does not object against the Program.

7. Has the program demonstrated significant improvements in implementation over the last 6 months?

Yes No

Although program implementation has always been good, it should be noted that the PR has deployed additional efforts to catch up with implementation activities after the political crisis in Kyrgyzstan in spring 2005.

8. Have there been any changes in disease trends?

Yes No

During the year 3 of the program it is planned to conduct surveys to measure the outcome of program activities resulting in behavior change among vulnerable groups.

9. Is there information that would indicate that the program was not advancing the Global Fund's operating principles to:

9.1. Promote broad and inclusive partnerships?

Yes No

UN agencies (especially UNDP) and other international donors are actively engaged in providing technical assistance and support directly to the PR or through active participation in the CCM.

9.2. Promote sustainability and national ownership through use of existing systems and linkages with related strategies and programs?

Yes No

The CCM in Kyrgyzstan is responsible for effective implementation of all HIV/AIDS projects. The CCM plays an important role in oversight of financial flows from all partners available for the fight against HIV/AIDS.

9.3. Provide additional resources?

Yes No

No additional comments.

10. Are there any synergies between this grant and other Global Fund financed programs (e.g., grants to be signed, other on-going grants, etc)?

Yes No

The CCM of Kyrgyzstan submitted one proposal (HIV, TB and Malaria components) during the Round 2 in 2003 and only HIV and TB components were approved. In 2005 (Round 5), the Global Fund Board approved a Malaria proposal. Both PRs (National AIDS Center and National Center of Phthisiology) cooperate closely in the area of HIV/TB. Both grants are primarily implemented by PRs with deep involvement of the Sub-Recipients (both governmental and non-governmental).