BOARD VERSION
RENEWAL SCORECARD

Applicant	CCM Kyrgyzstan
Country	Kyrgyzstan
Component	Tuberculosis
Tuberculosis Implementation Period start date	01.Jan.2011
Tuberculosis Implementation Period end date	31.Dec.2012
Renewal date	01.Oct.2012
Renewal cut-off date	31.Dec.2011

Grant Number / PR	KGZ-S10-G08-T	United Nations Development Programme, Kyrgyzstan

CCM Requested Currency for the next Implementation period	
Secretariat recommended currency for the next Implementation period	USD ($)

1. SCORECARD SUMMARY

1.1 EXECUTIVE SUMMARY

Provide an overview of the CCM compliance and overall program, and summarize the main observations, the recommendations and the rationale for the recommendations. Highlight any significant contextual factors influencing performance.

Kyrgyzstan is among the 27 high MDR-TB burden countries in the world. TB is considered as a priority disease in the new National Health Strategy for years 2012-2016 and is a major public health challenge in the country. Implementation of the National TB Control Program has been a challenge for the National Center of Phthisiology, the PR of previous Global Fund grants in Round 2 and Round 6.

In August 2010, the CCM of Kyrgyzstan decided to transfer the implementation of the Phase 2 of the Round 6 TB grant to UNDP. The Phase 2 of the Round 6 TB grant was consolidated with the Round 9 TB proposal into a Single Stream Funding (SSF) TB grant. The main achievements and the value-added brought by UNDP include: 1) improved coordination with technical partners and donors involved in TB control efforts in the country; 2) efforts to strengthen the TB health care system through targeted incentives to health care staff and MDR-TB patients; and 3) considerable reduction of prices for health products and commodities through competitive procurement procedures.

Despite overwhelming challenges in the TB field in the country (low detection of smear positive TB cases, weak laboratory network, high default rates among notified TB cases, weak motivation of the TB health care staff), the SSF TB grant, implemented by UNDP, has performed well against the set performance targets and reached an A1 quantitative indicator rating at the end of the first year of implementation despite the delay in grant signing and first disbursement. UNDP also faced some start-up challenges, which are reflected in the management issues (financial management and systems, SR management and procurement and supply management, PSM) that warrant an overall performance rating downgrade to an A2.

The Secretariat recommends a "Conditional Go" for this grant with an incremental recommended Phase 2 amount of US$ 12,228,445, which is within the investment range. The counterpart financing requirements and focus of proposal for Kyrgyzstan as a low income country have been met.

The Secretariat includes a Board Condition for the PR to demonstrate by 31 December 2013 that the program activities are appropriately aligned with the upcoming National TB Strategy. In order to remediate inherent weaknesses and under-staffing at the National Center of Phthisiology of the Ministry of Health responsible for the implementation of the national TB program, the Secretariat included a condition precedent to the first disbursement for the establishment of a management team at the National Center of Phthisiology composed of specialists in all functional and programmatic areas. A condition precedent to the second disbursement of funds relates to the enforcement of a ban on the sale of anti-TB drugs in commercial drugstores. Further, a list of management actions is aimed to improve TB recording and reporting systems, stock-taking and forecasting of anti-TB drugs, revising the incentives scheme for TB health care staff, and strengthening the relationships with SRs under the grant.

1.2 PERIODIC REVIEW RECOMMENDATION SUMMARY

Grant[1]	PR Name	Recommended Performance Rating	Recommendation Category	Recommended Incremental Amount	% saving	% of Adjusted TRP clarified amount	Within Investment Range?
KGZ-S10-G08-T	United Nations Development Programme, Kyrgyzstan	A2	Conditional Go	$ 12,228,445	1 %	99 %	Yes
Total Recommended Amount				$ 12,228,445	1 %	99 %	

[1] The term 'grant' refers to Phase 2 and RCC Phase 2 grants and Periodic review SSFs

			Financial Performance at cut-off date					Programmatic Performance at cut-off date	
SSF	PR Name	SSF Age (Months)	Signed Amount for Implementation Period	Disbursed to cut-off date	% of expenditure/ budget	% Disbursed	% Time Elapsed	Top 10 Indicators or equivalent performance	All Indicators Performance
KGZ-S10-G08-T	United Nations Development Programme, Kyrgyzstan	12	$ 7,137,416	$ 4,635,486	24%	70%	49%	103%	103%

1.3 PR by PR Renewal Recommendation Summary

1.3.1 Renewal Recommendation United Nations Development Programme, Kyrgyzstan - KGZ-S10-G08-T

United Nations Development Program, Kyrgyzstan	Performance Rating	Recommendation	Recommended Incremental

		Category	Amount
CCM			$ 12,938,754
Secretariat	A2	Go	$ 12,228,445

Secretariat Rationale for Recommended Performance Rating, Recommendation Category and Recommended Incremental Amount

The overall grant performance rating is "A2" based on the indicator rating "A1" and some management issues that the PR encountered during the first year of grant implementation.

Programmatic performance

Grant performance has been excellent during the second semester of implementation, with an overall quantitative indicator rating of "A1". Out of eight indicators reported on in this period, six are achieved at around 100% with an "A2" rating and two 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 counseled and trained on MDR-TB).

The default rate among MDR-TB cases is very high (29%) and more than double the target (14%). The PR is hopeful that the introduction of social support for MDR-TB patients in June 2011 will improve adherence to treatment. In accordance with the country's Request for Continued Funding submitted on 30 April 2012, the proportion of MDR-TB patients who interrupted the treatment decreased from 27% to 16%.

Management issues affecting the overall performance rating

1. The PR and SRs are using outdated indicator reference sheets, while the rest of the M&E plan has been updated.

2. PR has not provided adequate analysis of variance - merely stating the occurrence of over and under-expenditures without exploring the reasons. The PR seems to have an inefficient system of forecasting expenditures. In the last PU/DR in Semester 1, the PR indicated commitments for procurements, including pharmaceuticals, which were to be delivered in Semester 2. In the PU/DR for Semester 2, the PR lists the same commitments for the same goods to be delivered in Semester 3.

Secretariat Board Conditions for "Conditional Go" Category

Risk	Type (Board Condition)	Board Condition	Timeline
The National TB Strategy has not yet been finalized and this may require adjustments in the program activities and interventions.	Board Condition	By no later than 31 December 2013, the Principal Recipient shall establish to the satisfaction of the Global Fund that the grant program activities are aligned appropriately with the to-be-issued National TB Strategy 2012-2016. If the Global Fund considers that the grant program activities are not appropriately aligned, then the Global Fund may require relevant changes to the program.	No later than 31 December 2013

Secretariat Conditions and Management Actions

Risk	Type (Condition Precedent, Special Condition or MA)	Condition Precedent, Special Condition / Management Action	Timeline
Improve low case detection rates of smear positive TB cases	Management Action	The PR shall to the satisfaction of the Global Fund, and in consultation with relevant in-country stakeholders, conduct an assessment of the availability of the TB microscopy service, and examine the impact such availability and other contributing factors may have on the number of detected new smear positive TB cases in the Country.	31 December 2012
Improve coordination and	Management Action	The PR shall to the satisfaction of the Global Fund strengthen the coordination and management of TB	31 December 2012 and

management of TB data among the Ministry of Health and other agencies to address concerns about the validity and reliability of reported TB data, as highlighted in reports of technical missions.		related activities and data at all relevant levels (i.e. NTP, SSED, HIV/AIDS Centers and the penitentiary system), by: (a) developing and submitting an action plan for improving the accuracy and reliability of data; (b) convening and consulting with appropriate technical working groups; and (c) ensuring that summary information is extracted from the improved electronic database and shared appropriately with relevant stakeholders.	on-going
Address weak health care service continuity between penitentiary and civil sectors (in 2009 the proportion of interruption of TB patients after release was 38.2% (WHO Report, 2010)).	Management Action	The PR shall to the satisfaction of the Global Fund, and in consultation with relevant in-country stakeholders, develop a policy framework and cooperation plan with relevant government ministries, agencies and external assistance providers to improve the follow-up and continuity of treatment for TB patients in the penitentiary and civilian sectors.	31 December 2012
Address capacity issues at the National Center of Phthisiology.	Condition Precedent	The PR shall to the satisfaction of the Global Fund, and in consultation with relevant in-country stakeholders, encourage and assist the establishment of a management team within the National Center of Phthisiology with the assistance of national and international specialists to strengthen the implementation of the National TB Program in all functional and programmatic areas (i.e. surveillance, monitoring and evaluation, drug management and forecasting, DOTS, management of drug-resistant tuberculosis) consistent with international standards and best practice.	Prior to first disbursement of Grant funds
Address weak functional relationship between the PR, SRs and national stakeholders	Management Action	The PR shall to the satisfaction of the Global Fund, and in consultation with relevant in-country stakeholders, develop a joint cooperation workplan, including: (i) measures to build and strengthen the capacity of SRs; (ii) the scheduling of joint monitoring visits by the National TB Program and UNDP; and (ii) regular transfer of information relating to Program implementation.	Before 31 December 2012
Improve procurement procedures and SR capacity to provide specifications.	Management Action	The PR shall to the satisfaction of the Global Fund arrange for the implementation of improved procurement procedures to reduce procurement timelines, including using appropriate technical assistance to review and prepare technical specifications, and developing training plans to improve SR procurement practices, especially in the area of specification development.	On-going
Improve TB medicine management.	Management Action	The PR shall to the satisfaction of the Global Fund: a) provide an accurate inventory of second line TB medicines in the Country; b) ensure that there is a plan to consult with, and involve the Coordination Council on TB under the Ministry of Health in relation to the forecasting and procurement process for first and second line TB medicines; and c) develop and adopt a uniform format for the	Prior to first disbursement of grant funds

		substantiation of forecasting requirements for first and second line TB medicines.	
Address availability of first and second line TB medicines in the commercial sector	Condition Precedent	The PR shall to the satisfaction of the Global Fund, and in consultation with relevant in-country stakeholders ensure that the "List B Drugs" includes anti-TB medicines, and that there is improved control over the prescription of anti-TB medicines.	Prior to second disbursement of funds in Phase 2
Improve the Management of Incentive Payments	Management Action	The PR shall to the satisfaction of the Global Fund, and in consultation with relevant in-country stakeholders: (a) conduct an analysis of all salary incentive and related payment schemes ("Incentive Scheme") including the payment rates, reasonableness and level of workload; (b) ensure that there is an appropriate link and gradation between the making of payments under the Incentive Scheme and the volume and quality of work performed; (c) ensure that the Incentive Scheme complies with relevant local laws and regulations; and (d) arrange for the CCM to review and approve the Incentive Scheme.	31 December 2012
Address the high default rate among MDR-TB patients	Management Action	The Principal Recipient shall to the satisfaction of the Global Fund and in consultation with relevant in-country stakeholders provide : a) A plan to improve the treatment outcomes for MDR-TB cases and address the high default rate within a maximum implementation timeframe of six months; b) Evidence of a strong monitoring system for MDR-TB patients enrolled in MDR-TB treatment programs; and c) A plan including a timeline to provide data on MDR-TB treatment default, which shall be reported to the Global Fund on a semi-annual basis.	31 December 2012

Component Program Overview

2.1 Financial Performance at Program Level

PR Type	No. of SSFs	Budget at cut-off date	Disbursed to cut-off date	Expenditure per EFR (to cut-off date)
ML/BL	1	$ 4,257,982	$ 4,635,486	$ 1,016,907
Grand Total	1	$ 4,257,982	$ 4,635,486	$ 1,016,907

Disbursed vs Budget at cut-off date	109%
Expenditure vs Budget at cut-off date	24%
Current Implementation period % time elapsed	50%

2.2 Programmatic Achievements and Financial Performance of grants under review

SDA	Financial Information at cut-off date			Programmatic Achievement
	Budget (USD)	Expenditures (USD)	Expenditure vs. Budget	
High quality DOTS				92%
HSS (beyond TB)	$336,556	$80,293	23.86%	N/A
HSS: Health Workforce				100%
Improving diagnosis				96%
MDR-TB	$3,029,243	$363,702	12.01%	106%
Patient support				120%
Program Management and Administration	$725,266	$510,086	70.33%	N/A
Programme-based operational research	$166,917	$62,827	37.64%	N/A
Grand Total	$4,257,981	$1,016,908	23.88%	103%

Data as of: 31-Dec-2011

Top 10 Rating 103%

All Indicator Rating 103%

Note: *Please note that in many cases the expenditure categories in the EFR do not align with the SDAs in the Performance Framework, which results in inconsistent data presented in the above table. This discrepancy will be resolved shortly.*

2.3 Progress towards Proposal Goals and Impact/Outcome

Proposal Goal 1	To reduce the burden of tuberculosis in Kyrgyzstan by consolidation of DOTS framework and its expansion by scaling up the management of drug-resistant tuberculosis.
Proposal Goal 2	To reduce the incidence and mortality rate of tuberculosis in the Kyrgyz Republic

			Year 2		Year 1	
Indicator Name	Baseline Year	Baseline Value	Target	Result	Target	Result
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)	2007	59.6% (1,720/2,884)	N : 1884 D : 2770 P : 68%	N : D : P :	N : 1896 D : 2872 P : 66%	N : 1645 D : 2389 P : 68.9%
Default rate among MDR-TB cases	2006	15%	13%	N/A	14%	29%
MDR-TB prevalence among new smear positive cases, %.	2007	24.8%	20.0%	N/A	20.0%	N/A
TB incidence rate (Number of new TB cases per year per 100,000 of population).	2007	121	117	N/A	120	159
TB mortality rate (Number of registered deaths due to TB (all cases) per year, per 100,000 population).	2007	9	8.5	N/A	9	9.1
Treatment success rate of MDR-TB patients: number of patients who were cured or completed Category IV treatment (% of the total number of patients in the same registration cohort)	2007	50%	66% (for 2009 MDR-TB cohort)	N/A	65% (for 2008 MDR-TB cohort)	N/A
Treatment success rate: new smear positive TB cases (number and percentage of new smear-positive TB cases successfully treated [cured + treatment completed] under DOTS to the total number of new smear-positive TB cases registered in a given year).	2008-2009	82% (1,531 / 1,871)	N : 1593 D : 1896 P : 84%	N : D : P :	N : 1658 D : 1997 P : 83%	N : D : P :
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).	2006	126,6	123	N/A	125	125.9

Is there a recent report analyzing information regarding health impact and outcome available? No

Please provide an analysis of progress towards the goals of the proposal in the last implementation period, based on (1) trend analysis of results for key indicators; (2) findings of health impact and outcome analysis from recent program review / evaluation (3) any additional information from partners.

For most impact/outcome indicators the data dates back to 2010 since data for 2011 is not available. However, since the program started in January 2011, it is not possible to assess progress based on the outdated information.

According to data submitted to WHO for 2011 (unpublished), 1,537 new smear positive TB cases were notified; however, this figure does not include the TB cases notified in the penitentiary system, which in 2011 made up 109. To sum up, these numbers will result in 1,646 new smear-positive TB cases notified in 2011, constituting 87% achievement of the target set within the Performance Framework (1,896). In terms of the case notification of new smear positive TB cases the same trend remains flat over the recent few years.

In terms of case notification rate of all forms of TB, there is some increase in 2011 compared to 2010. The number of new and relapse cases in 2011 constitutes 6,215 (unpublished WHO data) - 115 per 100.000 (using WHO population estimate). Based on these figures, the achievement for this indicator would total 92%.

Treatment success rate for new smear positive TB cases for 2010 cohort was determined as 78.4% (according to data provided by the CCM in the request for continued funding) that makes 94% of achievement for the indicator; however, compared to previous years, there is some decrease registered perhaps due to the high MDR TB rate in new cases.

The default rate among MDR TB cases is alarming. For the 2008 cohort, the default rate was 29%, while according to data provided to WHO (unpublished), the default rate increased to 38% (208 out of 545). The issue should be immediately addressed; otherwise, it will result in higher spread of MDR TB.

The PR introduced social support for MDR TB patients in June 2011. In accordance with the CCM request for continued funding, the proportion of MDR-TB patients who interrupted treatment decreased from 27% to 16%.

Impact profile states that in 2010, Kyrgyzstan ranked 62nd (out of 206 countries/territories) in terms of total number of TB deaths excluding HIV+ (accounting for 0.13% of global TB deaths) and 41st in terms of deaths per 100 person-years. Kyrgyzstan is one of the 27 high MDR-TB burden countries. TB incidence and prevalence are estimated to have increased over the 1990s and early 2000s. As DOTS was implemented since the late-1990s, the case notification improved, but no further improvements have been documented since 2000. TB mortality is estimated to be fluctuating, without evidence of decrease since 2000, in part due to high MDR-TB rates. Despite reasonably high treatment success rates, Kyrgyzstan is not on track to reach any TB-related MDG target, unless the NTP will improve management and outcomes for MDR-TB patients notably. The program is at best classified as limited or no progress towards TB goals.

The latest assessment of the National TB Program, conducted by KNCV within the framework of USAID TB Care noted a reduction of TB among the population since 2002. The notification rate in 2008 decreased to 101.7 per 100,000 inhabitants. The following situation with decreasing mortality rate (from 13.9 per 100,000 in 2002 to 8.6 in 2010) can be attributed to adequate treatment of TB from the beginning of DOTS implementation in the civil system; however, there is a marked growing tendency in the number of MDR-TB cases in Kyrgyzstan, which is especially obvious in the growing number of culture tests, DST and expand possibility of the MDR treatment. In 2009, MDR-TB rates amounted to 33.2% and 61.2% in new and previously treated TB cases, respectively, but this data may not be representative for the whole country. According to NRL, in 2007, the MDR-TB rates just for Bishkek city were 10.8% among new and 46.2% among previously treated TB cases. The report identifies weaknesses in all areas assessed (migrants, children, prisoners, laboratory, infection control, TB/HIV co-infection, human resource management, monitoring and evaluation, drug management) and sets forth a large number of recommendations for improvement.

More or less the same findings were included in GLC report, which states that the TB epidemic has stabilized and is showing a slow downward trend although the number of detected MDR TB cases is growing. It is special a concern that also the default rates over the last years have been between 16% and 30%.

Impact Rating	Insufficient data available

2.4 Program Effectiveness Assessment

Program Effectiveness Assessment – in areas of Aid Effectiveness, Equity, and Value for Money

There is no data generated by the Aid Effectiveness Support Tool for this program.

Risk Rating for the Program Effectiveness Areas

Aid Effectiveness Risk Rating	Equity Risk Rating	Value for Money Risk Rating

Details of assessment are included in the Effectiveness Support Tool.

2.5 Program Quality Evaluation

Program Quality Evaluation and Risk Mitigation Measures

The latest assessment of the National TB Program was conducted by KNCV within the framework of USAID TB Care -1 project in July-August 2011 and aimed at assessing the TB control program in civil and prison sectors, including TB in children, implementation of TB and HIV collaborative activities, social support for TB patients.

The review concludes that despite the tendency of TB reduction among the population noted for the first time in 2002 and 2003, there is a marked growing tendency in the number of MDR TB cases in Kyrgyzstan, which is especially obvious in the growing number of culture tests, DST and expanded possibility for MDR treatment. In 2009, MDR-TB rates amounted to 33.2% and 61.2% in new and previously treated TB cases, respectively. This data however may not be representative for the whole country.

According to NRL, in 2007, the MDR-TB rates just for Bishkek city were 10.8% among new and 46.2% among previously treated TB cases.

The report identifies weaknesses in all areas assessed (migrants, children, prisoners, laboratory, infection control, treatment wards, TB/HIV co-infection, human resource management, monitoring and evaluation, drug management) and sets forth a large number of recommendations for improvement.

Assessment mission findings have been captured, to some extent, in the CCM Request for Continued Funding. The main challenges are the availability of second line drugs for all X/MDR TB patients (now they are available for 50-60%) and accessibility of quality assured culture and DST examinations, as well as organization and strengthening of ambulatory treatment. Infection control measures, especially isolation of drug resistant patients is inadequate. Capacity of medical staff should improve through trainings and technical assistance. Country ownership and strong coordination among different partners (technical organizations, donors etc.) needs to be further ensured.

Similar to the KNCV assessment report, serious systemic weaknesses were identified during the National TB Program review, conducted by WHO in 2010 and by GDF mission in 2011. The Secretariat requested an update on the status of fulfillment of these recommendations and concludes that progress has been limited. The fact that the same weaknesses and the same recommendations for improvement are recurring year by year illustrates a clear lack in administrative and human resource capacity at the National TB Program level.

The Secretariat has taken due note of the weaknesses in National TB Control Program management, as noted by technical partner assessments (WHO, GDF, KNCV). In this regard, the Secretariat recommends a Condition Precedent to the first disbursement for the establishment of a management team at the National TB Institute, with the assistance of national and international specialists, with salaries financed through the grant and other donor funds. It is expected that the management team will enable the National TB Institute to fully implement the National TB Control Program in line with international standards and best practice.

2.6 Maximum funds available to the program

	United Nations Development Programme, Kyrgyzstan	Total Program
Adjusted TRP clarified amount for the next Implementation Period[2]	$ 12,352,926	$ 12,352,926
Total budget required (after cut-off date to the end of the next Implementation Period)	$ 18,348,977	$ 18,348,977
- Undisbursed amount at cut-off date	$ 2,501,930	$ 2,501,930
- Cash at cut-off date	$ 3,618,602	$ 3,618,602
=Incremental amount requested	$ 12,228,445	$ 12,228,445
% of adjusted TRP clarified amount (cannot exceed 100% of adjusted TRP clarified amount for the Total Program)	99 %	99 %

[2] Next implementation period in case of Phase 2 and RCC Phase 2 refers to the Phase 2 period

2.7 Indicative Funding Range at Program Level

Program Performance rating	Adjusted TRP clarified amount for next implementation period	=	Indicative investment range	
			% of Adjusted TRP amount	
A1	$ 12,352,926		(90-100%)	$ 11,117,633 - $ 12,352,926

Secretariat recommendation within range? Yes

If no, please provide the necessary justifications

N/A

Has the CCM request complied with the requested Board efficiencies, if any?

The CCM has requested a budget of USD 12,938,754 for the next implementation period and an incremental amount of USD 12,938,754. Both are slightly above the adjusted TRP approved amount (USD 12,352,926).

2.8 Compliance with Counterpart Financing Requirement (see annex 4.2 for details)

Based on the available information, please comment on the whether the compliance with counterpart financing requirements has been met per the threshold based on the income classification for the country. | Yes

If no, please provide the necessary justifications for non-compliance as well as the actions planned during the next Implementation Period to move towards reaching compliance.

The 5% counterpart finance requirement for Kyrgyzstan has been fulfilled (62%) based on the 2012 figures from the Ministry of Health and including a forecast for the remaining years maintaining this level.

2.9 Compliance with Focus of Proposal Requirement

Based on your analysis, please comment whether the focus of proposal requirement has been met per the threshold based on the income classification for the country. | Yes

If no, please provide the necessary justifications

2.10 Proposed Changes in Programmatic, Budgetary and Implementation Arrangements

Are there any changes proposed in Programmatic, Budgetary and Implementation Arrangements? | No

a. Are there any changes proposed in the Implementation Arrangements of the Program? | No

If yes, please indicate the nature of the change.

Reallocation of funds between PRs	Changes in institutional arrangements	Budgetary changes
No	No	No

If the CCM is proposing to add new PR(s) to the program, please provide name(s).

N/A

If the CCM is proposing to discontinue any PR(s) in the program, please provide name(s).

N/A

Please describe and provide rationale and justification for each proposed change.

N/A

PR by PR Recommendation

3.1 GENERAL INFORMATION PRINCIPAL RECIPIENT United Nations Development Programme, Kyrgyzstan

Grant Number	KGZ-S10-G08-T
Principal Recipient	United Nations Development Programme, Kyrgyzstan
Grant Start date	01.Jan.2011
Grant End date	31.Dec.2012

3.1.1 STEP 1 - Programmatic Achievements

PR : United Nations Development Programme, Kyrgyzstan

2011	
1 .Jan.2011 - 30.Jun.2011	1 .Jul.2011 - 31.Dec.2011
B1	A1

PR : United Nations Development Programme, Kyrgyzstan

Top 10	Is Training	Target Type	Indicator No	Indicators (Performance Framework)	Target	Result	% Achievement
Yes	No	National Program	1.1	Number of detected new smear positive TB cases.	1,896	1,748	92%
Yes	No	Global Fund	1.2	Number and percent of new smear positive TB cases that are successfully treated.	83%	76%	92%
Yes	No	Global Fund	1.3	Number and percentage of laboratories performing regular external quality assurance for smear microscopy	59%	59%	100%
Yes	No	National Program	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.	425	531	120%
Yes	No	National Program	2.2	Number of MDR-TB patients enrolled in second line treatment in both civil and penitentiary sectors.	125	125	100%
Yes	Yes	National Program	2.3	Number of trained doctors of PHC from outpatient facilities of all rayons, prisons and military service.	480	480	100%
Yes	Yes	National Program	2.4	Number of TB service staff trained in DR-TB management locally.	50	49	98%
Yes	No	National Program	2.5	MDR TB patients counselled and trained on questions of MDR TB treatment during the inpatient treatment phase.	380	680	120%

Analysis of Indicator Performance to date (including reasons for important deviations between results and targets, if any)

Grant performance has been excellent in the second implementation semester (data cut-off date), with an overall quantitative indicator rating of A1. Out of eight indicators reported on in this period, six are achieved at around 100% with an "A2" rating and two 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 counseled and trained on MDR-TB).

In terms of the annual impact and outcome indicators reported on in this period, most of the indicators have results that meet or almost meet the targets for the period (mortality rate, case detection, case notification); however, the data reported by the PR for some of the impact/outcome indicators is outdated and refers to 2010.

In addition, the default rate among MDR-TB cases is very high at 29% and more than double the target of 14% (data of 2008 cohort). The PR is hopeful that the introduction of social support for MDR-TB patients in June 2011 will improve adherence to treatment. In accordance with the CCM Request submitted on 30 April 2012 for the purpose of the periodic review of the current grant, during the implementation of adherence support activities within the current grant, the proportion of MDR-TB patients who interrupted the treatment decreased from 27% to 16%.

PR : United Nations Development Programme, Kyrgyzstan

Training Indicators Performance	99%
Top 10 Indicators (including training) Performance	103%
Top Performance Rating	A1
All Indicators Performance	103%
All Indicators Rating	A1
Number of Top 10 indicators with B2 or C rating	0
Overall Renewal Rating	A1

!! Percentages and ratings do not include "Cannot Calculate" percentage achievements for 0 Indicator(s) !!

Are there any reasons for changing the calculated indicator performance rating?

No.

Revised Indicator Rating	A2

3.1.2 STEP 2 - Quality of Data and Services

Is there a recent On-site Data Verification (OSDV), Data Quality Audit (DQA) or any other external data quality assessment report available for the Renewal process? Yes

If yes, when was the latest assessment conducted in the field? DQA Sept/Oct 2011 OSDV July 2012

Data Quality Assessment Results (see annex 4.6 for details)

Indicator Text	Overall Verification Factor	Data Quality Rating
Number and percentage of new smear -positive TB cases in the civilian sector that are	106 %	No Risks
Number of MDR-TB patients enrolled in second line treatment in both civil and	94 %	No Risks
Number of new smear positive TB cases detected in the civilian sector	102 %	No Risks
Calculated Indicator Rating after applying OSDV results		A1

Risk Rating for Data Quality

Minor Risks

Quality of Services Results (where applicable)

Program Risk Assessment and Mitigation Measure
N/A

Risk Rating for Quality of Services Assessment

No Risks

3.1.3 STEP 3 - Grant Management

Grant management assessment		Rating
Monitoring and evaluation	1) There is a lack of coordination in the management of TB data among the institutions of the Ministry of health and other agencies;	Minor Risks

	2) Inadequate TB recording-reporting system that is not aligned with international standards and guidelines; 3)There is no the National M&E plan in place, the National TB strategic Plan (2012-2016) was developed however not approved yet; 4) The validity and reliability of data are questionable that were reflected in all reports of missions of international organizations.	
Program management		Minor Risks
Financial management and systems	1) There are problems in forecasting and procurement of goods. Thus, in previous first semester, the PR indicated that it had commitments for delivery of goods for USD 1,074 933.02 and the goods should have been delivered in Semester 2. However, the indicated procurement has not been conducted by the PR by the end of Semester 2; 3) The PR has an inflexible financial system. This system does not allow the forming of financial statements in accordance with the Global Fund's requirements. The PR has established additional software, which allows for the division of expenditures and disbursements made by the PR for the purposes of PU/DR and EFR by implementing entities, categories and objectives. This division is made manually and, therefore, the process of preparation of financial statements takes time and has a high risk of errors. 4) The PR does not provide sufficient level of detail of variances between initial budget amounts and amount of actual expenditures. Most of the time the PR only states the occurrence of such variances and does not provide any reasons, explanation or information with regards to their occurrence. The provision of such explanations would allow proper analysis of the reasons for such variances, risks to program performance and identification of potential weaknesses in the PR's management system. 5) The PR does not have an adequate system of control over efficiency of funds use. Thus, the PR has deposited a considerable amount of grant funds that have not been used during the reporting period. However, during the reporting period the PR has not gained any interest from the deposited funds.	Minor Risks
Pharmaceutical and Health Products Mgmt.	1) During the second semester, the PR procured only 9.3% of what was budgeted for procurement. Many goods especially laboratory reagents to be procured in 2011 were delayed until 2012 and there was a 2-month delay in supply of second-line drugs, which could lead to treatment interruption. 2) The delay in procurement of laboratory reagents occurred due to insufficient specifications provided by the NTP.	Minor Risks
Other Management Issues		Minor Risks
Additional safeguards		Not Applicable

Are there any issues that led to noncompliance with Global Fund policies (e.g. Quality assurance, procurement guidelines, etc)?

No.

3.1.4 RECOMMENDED PERFORMANCE RATING

Has the performance rating been downgraded based on identified risks?	Yes

Please explain reasons for downgrade

The Secretariat recommends an A2 performance rating for this grant. In the last PU/DR (July-December 2011), the achievements reflected an A1 rating, but were downgraded to an A2 based on management issues. The program had five impact and outcome indicators and eight program indicators. Despite the fact that the percentage of achievement of the targets for most of the indicators is high (at the level of 92 - 100% and above), the PR has attributed the lower (91%) than targeted achievement related to the indicator "Number of detected new smear positive TB cases" to the insufficient detection capacity at microscopy level. The performance of one of the most important outcome indicators, "Default rate among MDR-TB cases", significantly worsened and increased from 15% to 29% (target for the reporting period was 14%), i.e. almost every third patient taken to treatment with utilization of second-line drugs interrupted the treatment. On the positive side, the PR achieved progress in such issues as MDR patient education, as well as provision of social support to those patients. In accordance with the CCM request, the proportion of MDR-TB patients who interrupted the treatment, decreased from 27% to 16% during the implementation of adherence support activities within the current grant,

During the first year of implementation, the PR implemented 24% of the planned budget. The main reasons for the low level of absorption of funds are:

1) Delays with grant signing and first disbursement (the first tranche of funds arrived in March 2012, almost one quarter later than the grant start date).

2) Problems in forecasting and procurement of goods. In the first semester, the PR indicated that it had commitments for delivery of goods for USD 1,074 933 and the goods were to be delivered in Semester 2. However, the indicated procurement has not been conducted by the PR until the end of Semester 2.

3) An inflexible financial system that does not allow the forming of financial statements in accordance with the Global Fund's requirements. The PR has established additional software, which allows for the division of expenditures and disbursements made by the PR for the purposes of PU/DR and EFR by implementing entities, categories and objectives. This division is made manually and, therefore, the process of preparation of financial statements takes time and has a high risk of errors.

4) Insufficient detail on variances between initial budget amounts and amount of actual expenditures. The provision of such explanations would allow the proper analysis of the reasons for such variances, risks to program performance and identification of potential weaknesses in the PR's management system.

5) Inadequate system of control over efficiency of funds use; thus, the PR has deposited a considerable amount of grant funds that have not been used during the reporting period. However, during the reporting period the PR has not gained any interest from the deposited funds.

During the first implementation year, actual execution of the budget by SRs was at the level of 55% of the approved budget. The PR has concluded contracts with only ten SRs. The reason for the delays with financing of activities of indicated SRs was in the evaluation and selection process in Semester 1 that extended beyond original estimated timeframes and in communication difficulties in Semester 2. However, during Semester 2, the PR has managed to train financial officers of SRs and the quality of contract execution, as well as the delivery of financial information from SRs has significantly improved. The PR has not properly conducted the analysis of SRs performance that has led to incorrect estimation of the SRs performance.

During the period to the cut-off date, the volume of procurement carried out by the PR significantly below budget. In particular, a significant part of the laboratory reagents was purchased in 2011 and deliveries have been deferred to 2012. The of second-line drugs was delivered with a two months delay (due to a global shortage of Capreomycin). Significant delay in supply involves a risk of treatment interruption.

a. SECRETARIAT PERFORMANCE RATING	A2

Secretariat rationale for the Recommended Performance Rating

Despite the high indicator performance rating (A1), the management issues during the first year of program implementation (cut-off date) call for a downgrade of the program performance rating to an A2.

3.1.5 STEP 4 - Progress towards Proposal Goals and Impact (see Section 2.3)

Impact Rating	Insufficient data available

3.1.6 STEP 5 - Conditions & Management Actions

Are there any major risks identified as part of the assessment that should be addressed through a Condition or Management Action? If so, please list in the below table.

Related Conditions and Management Actions

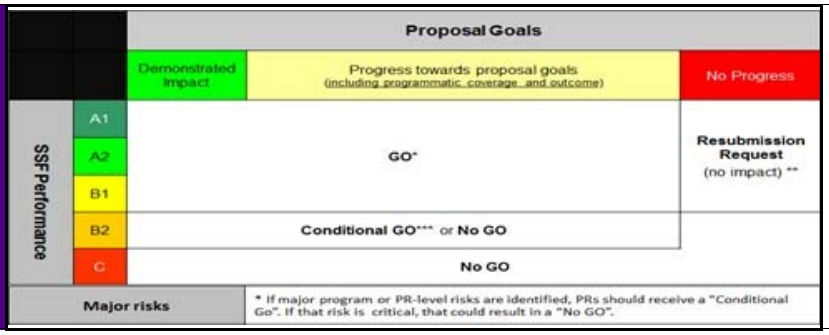
Risk	Type (Board Condition, Condition Precedent, Special Condition or MA)	Description of Board Condition, Condition Precedent, Special Condition or MA	Timeframe*
The National TB Strategy has not yet been finalized and this may require adjustments in the program activities and interventions	Board Condition	By no later than 31 December 2013, the Principal Recipient shall establish to the satisfaction of the Global Fund that the grant program activities are aligned appropriately with the to-be-issued National TB Strategy 2012-2016. If the Global Fund considers that the grant program activities are not appropriately aligned, then the Global Fund may require relevant changes to the program.	No later than 31 December 2013
Improve coordination and management of TB data among the Ministry of Health and other agencies to address concerns about the validity and reliability of reported TB data, as highlighted in reports of technical missions	Management Action	The PR shall to the satisfaction of the Global Fund strengthen the coordination and management of TB related activities and data at all relevant levels (i.e. NTP, SSED, HIV/AIDS Centers and the penitentiary system), by: (a) developing and submitting an action plan for improving the accuracy and reliability of data; (b) convening and consulting with appropriate technical working groups; and (c) ensuring that summary information is extracted from the improved electronic database and shared appropriately with relevant stakeholders.	By 31 December 2012 and on-going
Address weak health care service continuity between penitentiary and civil sectors (in 2009 the proportion of interruption of TB patients after release was 38.2% (WHO Report, 2010)	Management Action	The PR shall to the satisfaction of the Global Fund, and in consultation with relevant in-country stakeholders, develop a policy framework and cooperation plan with relevant government ministries, agencies and external assistance providers to improve the follow-up and continuity of treatment for TB patients in the penitentiary and civilian sectors.	By 31 December 2012
Address capacity issues at the National Center of Phthisiology	Condition Precedent	The PR shall to the satisfaction of the Global Fund, and in consultation with relevant in-country stakeholders, encourage and assist the establishment of a management team within the National Center of Phthisiology with the assistance of national and international specialists to strengthen the implementation of the National TB Program in all functional and programmatic areas (i.e. surveillance, monitoring and evaluation, drug management and forecasting, DOTS, management of drug-resistant tuberculosis) consistent with international standards and best practice.	Prior to first disbursement of Grant funds
Address weak functional relationship between the PR, SRs and national stakeholders	Management Action	The PR shall to the satisfaction of the Global Fund, and in consultation with relevant in-country stakeholders, develop a joint cooperation workplan, including: (i) measures to build and strengthen the capacity of SRs; (ii) the scheduling of joint monitoring visits by the National TB Program and UNDP; and (ii) regular transfer of information relating	Before 31 December 2012

		to Program implementation.	
Improve procurement procedures and SR capacity to provide specifications	Management Action	The PR shall to the satisfaction of the Global Fund arrange for the implementation of improved procurement procedures to reduce procurement timelines, including using appropriate technical assistance to review and prepare technical specifications, and developing training plans to improve SR procurement practices, especially in the area of specification development.	On-going
Improve TB medicine management	Management Action	The PR shall to the satisfaction of the Global Fund: a) provide an accurate inventory of second line TB medicines in the Country; b) ensure that there is a plan to consult with, and involve the Coordination Council on TB under the Ministry of Health in relation to the forecasting and procurement process for first and second line TB medicines; and c) develop and adopt a uniform format for the substantiation of forecasting requirements for first and second line TB medicines.	Prior to first disbursement of grant funds
Address availability of first and second line TB medicines in the commercial sector	Condition Precedent	The PR shall to the satisfaction of the Global Fund, and in consultation with relevant in-country stakeholders ensure that the "List B Drugs" includes anti-TB medicines, and that there is improved control over the prescription of anti-TB medicines.	Prior to second disbursement of funds in Phase 2
Improve the Management of Incentive Payments	Management Action	The PR shall to the satisfaction of the Global Fund, and in consultation with relevant in-country stakeholders: (a) conduct an analysis of all salary incentive and related payment schemes ("Incentive Scheme") including the payment rates, reasonableness and level of workload; (b) ensure that there is an appropriate link and gradation between the making of payments under the Incentive Scheme and the volume and quality of work performed; (c) ensure that the Incentive Scheme complies with relevant local laws and regulations; and (d) arrange for the CCM to review and approve the Incentive Scheme.	By 31 December 2012
Address the high default rate among MDR-TB patients	Management Action	The Principal Recipient shall to the satisfaction of the Global Fund and in consultation with relevant in-country stakeholders provide : a) A plan to improve the treatment outcomes for MDR-TB cases and address the high default rate within a maximum implementation timeframe of six months; b) Evidence of a strong monitoring system for MDR-TB patients enrolled in MDR-TB treatment programs; and c) A plan including a timeline to provide data on MDR-TB treatment default, which shall be reported to the Global Fund on a semi-annual basis.	By 31 December 2012

* at signature, first disbursement, second disbursement, disbursement linked to specific action or category, date, on-going

3.1.7 RECOMMENDATION CATEGORY

b. SECRETARIAT RECOMMENDATION CATEGORY



Conditional Go

Secretariat rationale for the Recommendation Category

The Secretariat recommends a "Conditional Go" for this grant, based on a) the program's satisfactory performance, b) the epidemiological situation in Kyrgyzstan that requires a sustained increase in funding to address TB in the country, and c) the concerted efforts by the country's national and international stakeholders to improve the management of the TB program in Kyrgyzstan. Since the grant implementation by UNDP (January 2011), increased efforts have been made to ensure a systemic approach to the implementation of the National TB Program through 1) increased partnerships, 2) a series of TB health-system related external assessments, and 3) improvement of procurement practices that have resulted in better prices and have freed-up funds for additional MDR-TB treatments. The Secretariat includes a Board Condition to ensure that program activities are appropriately aligned with the upcoming National TB Strategy once it is finalized.

3.1.8 STEP 6 – Financial Efficiency Review

Is the financial information as reflected in sections 3.1.8 and 3.1.9 in accordance with the financial information in the Request submitted by the CCM? **No**

FINANCIAL PERFORMANCE PREVIOUS IMPLEMENTATION PERIOD

Financial situation at cut-off date

Disbursements

Signed Budget for current implementation period[3]	$ 7,137,416
less: disbursed to [cut-off date]	$ 4,635,486
Undisbursed amount at cut-off date	$ 2,501,930

[3] Current implementation period in case of Phase 2 and RCC Phase 2 refers to the Phase 1 period

Cash at cut-off date

	PR	SRs	Total
a. Disbursed to PR to cut-off date[4]	$ 4,635,486	N/A	$ 4,635,486
b. Less: Disbursed from PR to SRs	$ -65,001	$ 65,001	$ 0
c. Less: Expenditure incurred to cut-off date	$ -1,016,884	$ 0	$ -1,016,884
d. Add: Interest received	$ 0	$ 0	$ 0
e. Add: Other income - please specify	$ 0	$ 0	$ 0
f. Equals: Cash at cut-off date	$ 3,553,601	$ 65,001	$ 3,618,602

[4] Funds in-transit should be shown as disbursements received.

Please explain the reasons for undisbursed funds and/or available cash (activities not performed, savings realized, etc.)

Due to delays in grant signing, the first disbursement was processed at the end of February 2011 and the PR received it on 9 March 2011, which means that the PR only had ten months to implement activities planned for the first year.

At the end of the first year of implementation (cut-off date), the cumulative expenditure rate was 24%. The main reason for variance relates to delays with procurement of pharmaceuticals and health products. The majority of variance is secured in commitments (the expenditure rate including commitments amounts to 88%). It should be noted that UNDP executes payments after the delivery of pharmaceuticals and not at the moment of the placement of the order, unlike widespread practice among other types of PRs, where pre-payment for pharmaceuticals is required by the supplier.

The amount of liabilities represents USD 2,826,388. The majority relates to the procurement of second-line TB drugs (USD

2,024,030), PSM costs (USD 286,177), first-line TB drug procurement (USD 184,096), UNDP administrative charges (USD 184,904), human resource costs (USD 72,655), laboratory reagents and supplies (USD 49,155), and other activities (side effect drugs, audit costs, rental costs, etc.).

Have all liabilities at cut-off date been taken into account in the post-cut-off date budget?	Yes

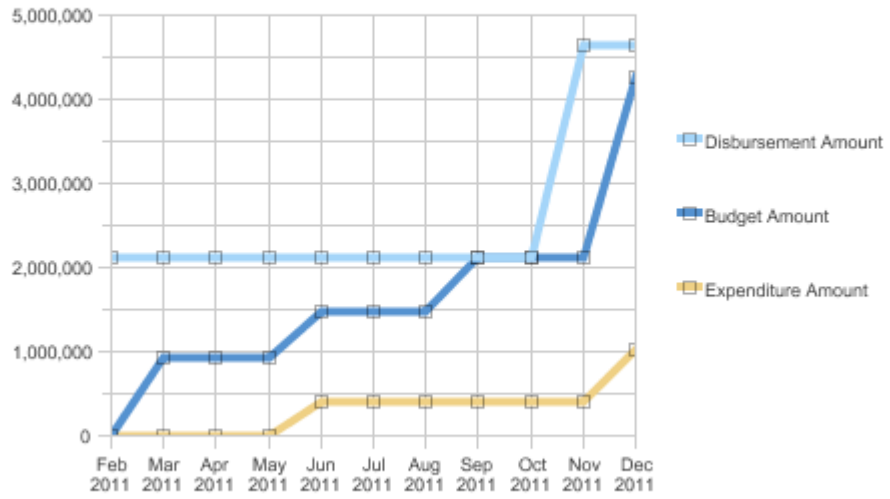
Programmatic achievements and financial performance

Percentage of funds budgeted at PR level	93 %

Percentage of funds budgeted at SR/SSR level	7 %

PR : United Nations Development Programme, Kyrgyzstan

Currency: USD



PR : United Nations Development Programme, Kyrgyzstan

Currency: USD

SDA	Budget	Expenditures	Exp. vs Budget	Programmatic Achievement
High quality DOTS				92%
HSS (beyond TB)	$336,556	$80,293	24%	N/A
HSS: Health Workforce				100%
Improving diagnosis				96%
MDR-TB	$3,029,243	$363,702	12%	106%
Patient support				120%
Program Management and Administration	$725,266	$510,086	70%	N/A
Programme-based operational research	$166,917	$62,827	38%	N/A
Grand Total	**$4,257,981**	**$1,016,908**	**24%**	**103%**

Data as of: 31-Dec-2011

Please comment if the expenditure was overall in line with the budget and programmatic achievements.

The main variance between the financial performance and the programmatic achievement of the grant is related to UNDP's pay on delivery policy for procurement of drugs. UNDP could start the enrollment of the planned 125 MDR-TB patients on treatment using the drug stock provided by UNITAID in the framework of the Round 6 TB grant and upon delivery of second-line drugs purchased with the current grant funds returned these drugs to the National Center of Phthisiology.

According to the latest EFR, the current drugs procured in Year 1 due for delivery in Year 2 are the following;

1. USD 202,604: procurement of first line TB drugs. Commitments (signed contract) were made for the total amount of USD 188,347.62, the shipment is planned in Quarter 1 2012; only TB drugs worth USD 13,852 were delivered and paid for in 2011.
2. USD 1,566,887: procurement of second line TB drugs for 380 patients. Commitments (signed contract) were made in the total amount of USD 1,508,319 as of 31 December 2011. The drugs will be delivered in Quarter 2 of 2012.
3. USD 76,665: procurement of second line TB drugs for 125 patients. A portion of the drugs were shipped in the reporting period, remaining drugs are planned in Quarter 1 2012 and Quarter 2 2012;
4. USD 168,286: PSM related-costs.

Taking into consideration the above commitments for drugs and its pay-on-delivery policy, the financial performance should be realistically higher than indicated. The remaining variance can be allocated to the savings achieved by UNDP for significant price reductions for TB health products through its procurement mechanisms. This has allowed efficiencies that will be re-allocated for the purchase of second-line drugs for an additional 300 MDR-TB patients.

Please provide a summary of the expenditures vs. budget analysis using EFR including for deviations between programmatic performance and expenditure rate, based on EFR and EER analysis if available (see annexes).

As mentioned above the main variance in the EFR is made up of the following categories: health products and equipment, medicines and pharmaceutical products and PSM costs - amounting to USD 2,674,709.

The majority of the variance indicated is due to actual commitments and due to UNDP's pay-on-delivery policy. Most of the second line drugs have actually already been ordered and are due for delivery in Year 2. At the end of the first year of implementation (cut-off date), the programmatic performance of the grant is dramatically higher compared to the total cumulative expenditure rate of 24%. If we consider the total commitments at the cut-off date as expenditures, this would go up to 88% not counting the savings achieved by the PR through its procurement mechanisms.

Please provide overall conclusions in terms of financial efficiency to date (e.g. with reference to rate of spending, EFR variance analysis and value for money indications)

Considering the fact that only one year has elapsed since the start of the grant and there were delays with procurement activities leading to a low cumulative expenditure rate, it is difficult to assess the amount of savings that will be generated throughout the entire Phase 1 implementation.

After a year of implementation the grant was able to achieve a high programmatic rating of A2 with a very low financial performance. The low financial performance is mainly due to the delays in the first semester of implementation, as well as in the procurement of drugs. The UNDP pay-on-delivery policy has also affected the actual expenditure rate of the grant at the cut-off date.

It should be noted however that UNDP has achieved much better prices through its procurement mechanisms than the previous PR (National Center of Phthisiatry) using local procurement practices. The additional efficiencies have enabled the grant to procure additional second line MDR-TB drugs for an additional 300 patients.

3.1.9 STEP 7 – Programmatic proposal and Budget Reasonableness for the Next Implementation Period

3.1.9 a: PROGRAMMATIC ASPECTS OF NEXT IMPLEMENTATION PERIOD

Table of Impact and Outcome indicators for the next implementation period

Impact/ Outcome	Indicator	Baseline Targets		Targets		
		Target	Year	Year 1	Year 2	Year 3
Impact	TB mortality rate (Number of registered deaths due to TB (all cases) per year, per 100,000 population)	9	2007	8	7.5	7
Outcome	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	35	2007	32	33	34
Outcome	Treatment success rate: new smear positive TB cases; new smear positive TB cases successfully treated (cured plus completed) among new smear positive TB cases notified to	82%	2008	80%	82%	85%

	the National Health authorities during a specified period (number and percentage)					
Outcome	Treatment success rate, laboratory confirmed New MDR-TB cases: laboratory confirmed new MDR TB cases successfully treated (cured plus completed) among those enrolled in second-line treatment during the year of assessment (number and percentage)	50%	2007	54%	55%	

Are the proposed indicators appropriate to assess programmatic performance and impact / outcome? Yes

Are there any issues or risks associated with alignment of indicators for the next implementation period with the national M&E and data collection systems? No

If so, please explain.

3.1.9 b: PMAS ASPECTS OF NEXT IMPLEMENTATION PERIOD *(IF APPLICABLE)*

Is the PSM plan for the next implementation period appropriate? Yes

The PSM plan is consistent with Performance Framework and workplan and budget for the next implementation phase.

Part of the problems identified by the CCM (problems with storage, distribution etc.) will be solved within Phase 1 (renovation of the warehouses, procurement of the vehicles) under actions by both UNDP and Project HOPE. Incorrect specifications were one of the challenges which have led to significant delays with deliveries. In the CCM request for renewal, the PR indicates that it is planning to involve the technical experts to work out the specifications, which will undoubtedly help in the procurement process.

The risk of breaks in the cold chain is being addressed by UNDP, including in the first phase the use of private storage facilities. Whilst in the request for renewal it commented that UNDP would be purchasing refrigeration for the renovated facilities in the revision of the budgets these have been removed.

There is a risk that some of the anti-TB drugs can be found in the private pharmacies (identified by WHO 2010). There are currently no restrictions on the selling of anti-TB drugs in private pharmacies so there is the potential for drugs to be leaking from the system. Currently, there are two lists that are published by the Ministry of Health - list A (narcotics and poisons) and list B (other pharmaceuticals). Items in these lists require a prescription to be dispensed. It is recommended that the agenda of the meetings of the Coordination Council on TB under the Ministry of Health includes the issue of strengthening controls on prescription of anti-TB drugs by including them into List B drugs. The implementation of any rule changes should be monitored by the appropriate agency of the Ministry of Health to ensure private pharmacies are implementing this correctly. UNDP will need to better monitor their drugs that are distribution (use of batch numbers for example) to ensure appropriate safeguards.

3.1.9 c: FINANCIAL ASPECTS OF NEXT IMPLEMENTATION PERIOD

Resources available to finance program for next implementation period

Category		Year 1	Year 2	Year 3	Total
TRP clarified amount allocated to PR		$ 4,498,116	$ 4,631,982	$ 4,595,375	$ 13,725,473
Any Board mandated adjustments		$ -449,812	$ -463,198	$ -459,537	$ -1,372,547
Adjustment +/(-) for (borrowing) and/or staggered commitments not yet committed		$ 0	$ 0	$ 0	$ 0
Adjusted TRP clarified amount		$ 4,048,304	$ 4,168,784	$ 4,135,838	$ 12,352,926
CCM reallocations +/(-) (implementation arrangements)		$ -41,479	$ -41,479	$ -41,479	$ -124,437
Adjusted reallocated amount		$ 4,006,825	$ 4,127,305	$ 4,094,359	$ 12,228,489
+ Undisbursed amount at cut-off date					$ 2,501,930
+ Cash at cut-off date					$ 3,618,602

= Total Resources available (after cut-off date for the next Implementation Period)					$ 18,349,021

Recommendation for Incremental Amount

Recommendation of Incremental Amount

	Year after cut-off date	Year 1	Year 2	Year 3	Total
Total Budget required (after cut-off date for the next Implementation Period)	$ 6,120,487	$ 4,006,826	$ 4,127,305	$ 4,094,359	$ 18,348,977
- Undisbursed amount at cut-off date					$ 2,501,930
- Cash at cut-off date					$ 3,618,602
= Incremental amount requested					$ 12,228,445
% of adjusted TRP clarified amount					99 %

CCM Budget Request for Next Implementation Period

Please provide a summary of the CCM analysis of Renewal request versus original budget.

Given the upper threshold of 90%, the CCM has made changes to the budget. Furthermore, there was a need to harmonize the budget, as for some categories there are efficiency gains and some had deficit. Moreover, due to increased prices for drugs, originally allocated funds were not sufficient to cover all patients in need of treatment.

The PRs jointly with the NTP identified additional program activities of critical importance. This need arose from the fact that the approved proposal allocated insufficient resources to strengthen laboratory services - it has been planned only to purchase reagents and to train the staff. There was no funding provided to maintain MGIT machine at NRL. Respirators were purchased only for MDR-TB departments and laboratories, while drug-sensitive TB departments at primary health care organizations lack the means of respiratory protection. To follow the principle of universal access to diagnosis of DR-TB, included to the approved proposal application, it is necessary to increase access to DST.

This proposal focuses on expanding access to treatment for all TB forms, to increase laboratory capacity, to improve infection control, to provide motivational support for adherence to treatment, and to support capacity building of health workers and to strengthen the epidemiological surveillance of TB.

Currently, there is an urgent need to procure second line TB drugs. This issue has been discussed with the CCM and it was decided to spend savings achieved during the first phase of the grant, as well as to spend any savings, to purchase lacking drugs in connection with increasing queue of patients waiting for treatment of drug-sensitive TB. The Performance Framework was changed in order to increase the number of MDR patients receiving treatment at the expense of the grant. The number of patients receiving social support and treatment of MDR TB will be also expanded due to the increase in the number of such patients.

After consultation with SNL (Gauting) the activities to support laboratory services were extended. In particular, laboratories will be renovated, equipment will be supplied and the staff will be trained, this allows including laboratory related indicators into the performance framework.

3.1.10 RECOMMENDED INCREMENTAL AMOUNT

c. SECRETARIAT RECOMMENDED INCREMENTAL AMOUNT	**$ 12,228,445**

Secretariat Rationale for the Recommended Incremental Amount

The Secretariat recommends USD 12,228,445 as incremental Phase 2 amount based on the assessment of the Phase 2 budget and the A2 overall performance. An amount of USD 124,436 has been reduced from the budget line 2.4.5. "Incentives to medical staff for training and consulting" (50% reduction of the original budget for this budget line) as it estimated that health care staff should not be paid additional incentives for training and consulting TB patients.

Summary Budget Recommendation

Summary table - Recommendation for funding amounts

Recommendation	Year after cut-off date	Year 1	Year 2	Year 3	Total Funding	Total resources available at	Incremental Amount

						cut-off date	
CCM Request	$ 6,153,064	$ 4,132,775	$ 4,352,469	$ 4,453,510	$ 19,091,818	$ 18,473,413	$ 12,938,754
Secretariat	$ 6,120,487	$ 4,006,826	$ 4,127,305	$ 4,094,359	$ 18,348,977	$ 18,349,021	$ 12,228,445

Indicative Funding Range

Grant/ Performance rating	Adjusted TRP clarified amount for next implementation period	=	Indicative investment range	
			% of adjusted TRP clarified amount	
A2	$ 12,352,926		(90-100%)	$ 11,117,633 - $ 12,352,926

Secretariat Recommended Incremental Amount within range? Yes

If no, please provide the necessary justifications

N/A

Please explain key differences between CCM and Secretariat Recommended Incremental Amount

The Secretariat reduced the Phase 2 budget requested by the CCM by USD 124,436 for the budget line related to "Incentives to medical staff for training and consulting" (50% reduction of the original budget for this budget line) as it estimated that health care staff should not be paid additional incentives for training and consulting TB patients.

4. SUPPORTING INFORMATION

4.1 Health Systems Analysis & Contextual Information

Please comment on the status of the HSS (Health System Strengthening) actions undertaken with Global fund support since the last Renewal and how they have addressed the identified health system constraints. Please elaborate on any lessons learnt and what health system gaps remain in scaling up the program.

In the original Round 9 TB proposal the health system related challenges were indicated. Some of them have been addressed within Phase 1 by Project HOPE (in charge of implementing the Objective 1 of the Round 9 proposal):

- to provide social support (food and hygiene packages) to the TB patients with sensitive TB cases who are enrolled in the first line treatment;
- to provide support to revise the curriculum and to adapt it to the needs of individual groups of trainers (TB specialists, family physicians and medical nurses);
- to involve of VHCs and community representatives in TB control issues through providing to them trainings;
- to strengthen capacity in managing of TB program at regional level (organizing the regular meetings with local stakeholders to discuss TB control issues); and
- to conduct activities aimed at strengthening the monitoring and evaluation system (introduction of an electronic database for TB; providing funds for inspection visits; publishing the reporting and accounting forms).

The SSF TB grant, implemented by UNDP, has undertaken the following health system strengthening activities:

- salary incentives for key TB health care staff (National Reference Laboratory, focal points in regional TB health care facilities);
- food and hygienic packages as well as reimbursement of transportation expenses to MDR-TB patients in order to increase their adherence to treatment; and
- investments in infection control measures in TB health care facilities.

Please describe the disease epidemiological situation and any changes in the epidemiological context that is likely to affect program implementation or strategies.

In 2010, Kyrgyzstan ranked 62nd (out of 206 countries/territories) in terms of total number of TB deaths excluding HIV+ (accounting for 0.13% of global TB deaths) and 41st in terms of deaths per 100 person-years. The epidemiological situation with TB in the Kyrgyz Republic remains consistently tense. TB incidence and prevalence are estimated to have increased over the 1990s and early 2000s. As DOTS was implemented since the late-1990s, the case notification improved, while no further improvements have been documented since 2000. TB mortality is estimated to be fluctuating, without evidence of decrease since 2000, in part part due to high MDR-TB rates. According to WHO estimates the incidence of new cases and relapses made

up 159 cases per 100,000 (8700 cases) in 2010 and remain practically the same since 2005.

In 2010, 5,652 TB cases (new and relapse) were notified to the WHO (case notification rate 106); however, according to the information from the CCM request this number does not include the TB cases registered in penitentiary system. Pulmonary TB was diagnosed in 71% and extrapulmonary in 29% of notified cases. Out of new cases only 31% were smear-positive.

Treatment success rate for new smear positive cases registered in 2009 totaled 82%, among it 3% died, 4% failed and 6% defaulted from treatment (the rest has not been evaluated). Over previous years (2008, 2007, 2006) the treatment success was even better, around 85%. Majority of TB patients in 2010 were male (male/female ratio 1.4), the highest number of TB cases was notified 15-24 and 25-34 age groups.

The incidence of TB among prisoners in Kyrgyzstan is estimated to be 20 to 30 times higher than among general population, while mortality rates can be 60 times higher. In 2010 the number of TB cases increased in penitentiary system (2009 - 161 cases, 2010 - 202 cases) due to better diagnostics and registration.

Although it was reported to WHO that all TB patients had been screened for HIV, the accuracy of this information is still doubtful. GLC report (2011) indicates that there is a lack of collaboration between TB and HIV programs and TB patients are provided with HIV testing only in hospitals and less often - in ambulatories. No reliable data were found by GLC consultant on TB/HIV cases.
Kyrgyzstan has a high TB incidence and high prevalence of MDR-TB. The results of large-scale study on DR prevalence, which was conducted under support of CDC, have not been published; however, WHO estimates suggest that the level of MDR cases makes up 14% among new cases and 39% among retreatment cases. At the same time, the results of a small research study on DR, conducted in 2007 in Bishkek City under the support of German Supranational Laboratory (Borstel) have found significantly higher levels of MDR cases (among new smear-positive cases - 24.8%, among previously treated cases - 53.7%). It should be noted that this study is not representative of the whole country. Thus, despite the decline in the overall incidence of sensitive TB forms, there is a continued increase in the number of patients with drug-resistant TB.

Funds allocated in the proposal for Round 9 to procure second-line TB drugs are not enough and the country is now facing a growing waiting list for the treatment of drug-resistant TB.

Please describe the relevant key changes in the national or program context (political environment, economic situation, social situation and legal context) and the effect of these on program implementation. Elaborate on mitigation strategies and material changes adversely affecting program performance.

The CCM has provided some overall context, framing the current situation within Kyrgyzstan at the moment. Of importance to the grants are perhaps the following elements:

- The government maintains a strong commitment to working with the Global Fund, strengthening the national systems and institutions, whilst facing constraints in their own budgets due to changes in the economic conditions.
- Fluctuations in food prices, which have included a 30% rise from mid-2010 (time of grant negotiations), which are now declining along with other consumer prices. These factors have in part contributed to economies for food parcels for Project HOPE in the first implementation period and enable reasonable assumptions on costs for the next implementation period to be made.
- Remittances from labor migrants remain significant within the country. Migration is both internal and external, both of which have implications with regards to communicable diseases and accessing the health system. There is a lack of research into the area, but some estimates indicate the 70% of internal migrants do not access primary health care due to registration issues in the area in which they are working compared to where they originally live.
- Kyrgyzstan is a low income country as recognized by the World Bank classifications. Therefore, external assistance is a major contributor to the overall development finance within the country, with the Global Fund being significant in both HIV and TB programming within the country.
- As noted in other areas of the document there is a need for further research to better understand some of the factors that are at play within the country.

It is worth noting that the National Health Strategy for years 2012-2016 "Den Sooluk" was approved on 24 May 2012 (Regulation #309 dated 24.05.2012) and presented during the Health Summit in May, 2012. This strengthens the strategic base for the health sector in Kyrgyzstan. Tuberculosis IV (2012-2016) has not been approved at present. Whilst the draft is consistent with Den Sooluk, it provides a higher level of detail. It is possible that the reason for this non-approval at present relates to both the focus of the Ministry of Health on Den Sooluk, but also that within the Ministry there is no longer a focal point for TB issues championing this strategy.

There are two further external factors that should also be mentioned:

- Amnesty and release of prisoners in 2010-2011. A considerable number of people were released from the prison sector. This reduced some of the statistics for TB within the prison sector, but the issue has been that a significant number of patients either were delayed in accessing treatment in the civilian sector (related in part to official documentation and paperwork) or lost to follow up. Whilst ICRC and MSF - Swiss have been working in this area, there are still requirements for closer collaboration between the civil and penitentiary sector to ensure that adequate

treatment is maintained for the release of people from prisons.

- Concern raised over human rights in relation to TB. This is discussed further in the section of equity. It is reported that the Government of Kyrgyzstan plans to build a facility to place people suffering from TB, but who refuse treatment. The facility is not built yet, but concern amongst both local and international partners has been expressed. Given limited funding, it is not clear at this stage of the level of prioritization this is given by the Government.

4.2 Update to Financial Gap Analysis

Please explain any significant variances between planned funding at the time of the latest proposal and actual funding received from each source.

N/A

4.3 Partnerships

Please provide an analysis how the program is advancing the promotion of broad and inclusive partnerships (e.g. people living with AIDS, TB and malaria, civil society, religious community, private sector, bilateral and multilateral partners)

Kyrgyzstan is characterized by a rich partner landscape. The following activities aimed at strengthening of the health system are carried out in collaboration with other partner organizations:

- Quality Health Care Project of USAID (overview of TB programs and priorities),
- KNCV (supporting of laboratory services and infection control, management of MDR-TB issues, HIV/TB co-infection, drug management, M&E, human resources management in pilot sites),
- KfW (strengthening of the TB National Reference Laboratory),
- WHO (review of TB program, including detection and diagnostics, treatment guidelines and SOPs, drug management, DR),
- MSF and ICRC (Supporting of the reform of TB services in the penitentiary system). These organizations are involved in the development of guidelines, standard operating procedures, policies, of NRL and supporting in the penitentiary system.

A lot of efforts from national and international partners are required to achieve the positive sustainable results in HSS and tendencies in epidemiologic situation in the country. There are some key elements which are considered as current gaps and needs in the capacity building such as pediatric TB, HIV/TB, evaluation of classification of TB cases and reporting to WHO, improvement of Infection Control Systems, human resources, development of standard operating procedures for laboratory services.

The involvement of civil society organizations in TB control is currently limited. In mid-June 2012, however, a press conference was held by an active HIV-servicing organization voicing concern about the TB program implementation in the country and accusing the current management of the National Center of Phthisiology for systemic weaknesses in managing the TB control efforts in the country. This HIV-servicing organization has taken on TB-related advocacy, which is very welcome.

Unlike malaria prevention activities which are implemented by Village Health Committees, TB does not benefit from such a community involvement yet. Synergies have to be sought in order to improve DOT and patient adherence to treatment.

Please provide an analysis of the technical assistance provided by partners to the CCM and implementing partners and indicate the linkages and/or synergies between the program and any other program(s) supported with national or external resources.

UNDP is promoting linkages with other donors in the country, such as USAID, to undertake relevant program implementation-related assessments. As such, an assessment of health product storage facilities and an assessment of infection control arrangements in TB health care facilities were conducted by USAID in 2011. These assessments have informed programmatic decisions such as rental of private storage facilities for health products and re-allocation of funds for more targeted infection control measures in health care facilities.