

**United Nations Development Programme
Country: Kyrgyzstan
Project Document**

Project Title: **Cessation of local transmission and transition to elimination of malaria in Kyrgyzstan**

UNDAF Outcome(s): By 2016, vulnerable groups benefit from improved social protection, namely STI/HIV/TB prevention, care and support

Expected Output(s):

1. Institutional capacities of the National Malaria Program and general services in health care further strengthened;
2. Full access to early diagnosis and adequate treatment of Malaria ensured;
3. Quick response system for vector control improved;
4. Quick response system for disease outbreaks improved;
5. Mechanisms for monitoring and evaluation of programme implementation further strengthened;
6. Capacities of theoretical and practical research are built;
7. Population awareness level and its involvement in Malaria prevention improved

Implementing Partner: UNDP

Responsible Parties: Ministry of Health of the Kyrgyz Republic and its affiliates, WHO, NGOs

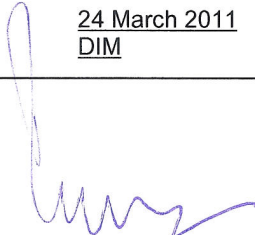
Brief Description

On 6 August 2010 the Country Coordination Mechanism of the Kyrgyz Republic took a decision to transfer the role of the Principal Recipient of all Global Fund's grants in Kyrgyzstan to UNDP. The decision was caused by a number of factors, but mainly due to the unstable political situation in the country stemming from April and June 2010 events. The main Goal of the Programme is to create the supportive environment for interrupting 3-day malaria transmission in Kyrgyzstan by 2015 and for preventing the resumption of local transmission in future. The UNDP GFATM Programme will support the implementation of state programmes on Malaria and will help the national institutions to deliver a complex of comprehensive measures to cessation of local transmission and transition to elimination of malaria in Kyrgyzstan. UNDP in its role of the Principal Recipient of GF grants will be primarily focusing on strengthening and accelerating the state reforms, building national capacity for programme development and implementation by building the capacities of sub-recipients and communities as well as government and civil society organizations. More specifically UNDP will assist in developing the capacity of one or more local entities so that a local entity can assume the role of Principal Recipient in the future.

Programme Period:	<u>1 year</u>
Key Result Area (Strategic Plan):	_____
Atlas Award ID:	<u>00077629</u>
Start date:	<u>1 January 2011</u>
End Date	<u>31 December 2011</u>
LPAC Meeting Date Management Arrangements	<u>24 March 2011</u> <u>DIM</u>

AWP 2011 budget:	<u>USD 1,171,464</u>
Total resources required	<u>USD 1,171,464</u>
Total allocated resources:	<u>USD 1,171,464</u>
Regular	_____
Other:	
• Global Fund	<u>USD 1,171,464</u>
Unfunded budget:	_____
In-kind Contributions	_____

Agreed by UNDP:



PRADEEP SHARMA
DEPUTY RESIDENT REPRESENTATIVE

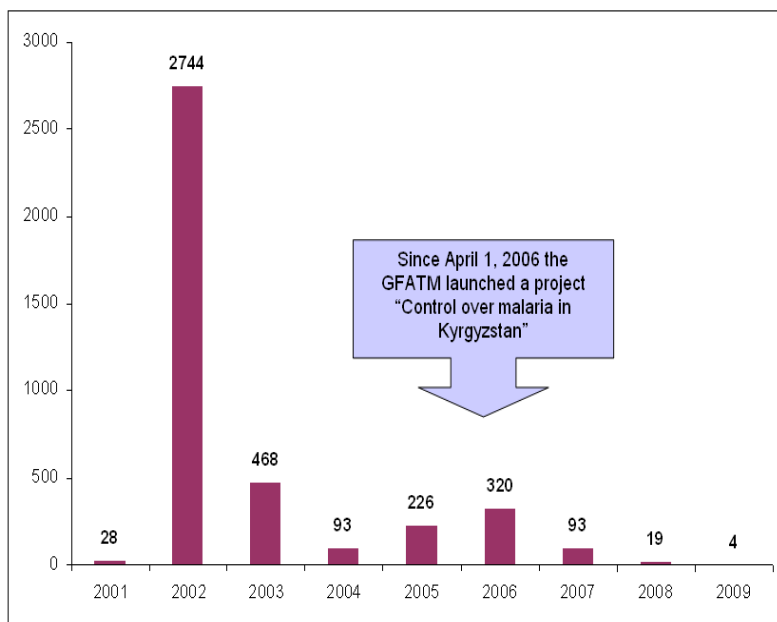
I. Situational Analysis

Kyrgyzstan (Kyrgyz Republic) is a country in transition in Central Asia with a population of 5.2 million, which gained independence from the Soviet Union in 1991.

In 1996, after a sustained period of absence of local transmission of malaria in Kyrgyzstan, the Panfilov region registered the first case of malaria due to local transmission, and from this moment the number of cases of malaria in the country started to rise. In 2001, already, 15 local cases of malaria had been registered. In 2002 the sudden reappearance of transmission led to an epidemic situation, characterized by a significant level of morbidity in the south-eastern area of the country, including the Batken, Osh and Jalal-Abad areas, where 2,267 local cases of tertian malaria were registered. The reappearance of the transmission of malaria in Kyrgyzstan was a result of the migration of people from Tajikistan to the Batken area, where there are exceptionally favorable conditions for transmission of malaria. In 2003-05, as a result of the anti-epidemic measures implemented, the number of local cases was successfully reduced to 226. However, in 2005 already, despite the sharp decrease in morbidity in the south-east of the country, a flashpoint of morbidity of malaria began to be recorded in the north of the country in the suburbs of Bishkek. In 2006 319 cases of tertian malaria were detected in the country, 133 of which were in the locality of Bishkek. In 2007 the situation regarding malaria significantly improved in all territories of the country, and only 96 cases were registered in Kyrgyzstan.

According WHO data, children and women, especially with pregnancy, are more vulnerable to malaria and consist the majority of infected. Moreover, this category and elder people are more amenable for cases of malaria in the country because of men-prevalled migration of able-bodies population from south areas of Kyrgyzstan.

Incidence of Malaria, per 100,000



In October 2005 Kyrgyzstan approved and signed the Tashkent Declaration 'The move from malaria control to elimination'. In 2006 a new regional strategy, aiming to stop transmission of malaria by 2015 and to eliminate it in the affected countries of the region, was prepared, and is now being applied successfully in the WHO European Region.

The Ministry of Health of Kyrgyzstan and department of State Sanitary and Epidemiological Surveillance with financial support from WHO, USAID, the Global Fund has created an effective system for the fight against malaria based on early diagnosis and adequate treatment, an integrated approach to the fight against the carriers of malaria, an increase in awareness of the population in the domain of prevention of malaria, improvement of epidemiological surveillance for malaria, creation of conditions for suppression of

malaria epidemics, performance of scientific and practical research, aimed at improving diagnosis, treatment and fighting against carriers.

Despite the certain success achieved, local transmission of malaria in 2007 continues in Batken area (Batken and Kadamjai regions), Jalal-Abad area (Nooken region, Tashkumyr), Chuy area (Alamudun, Moskovsky and Sokuluk regions) and Bishkek. Due to the intensive migration of the population the risk of import of malaria persists for all territories of the republic.

The main gaps in the implementation of the strategy of the successful fight against carriers of malaria include insufficient finance in development and implementation of biological measures for the fight against malaria-carrying mosquitoes, which together with treatment of premises using insecticides could lead to disruption of the transmission of malaria. Anticipated directions include the large-scale application of larva-eating fish, especially in the rice fields. Unfortunately, this method is implemented at a very insignificant scale, which is connected with the lack of finance for creation of larva-eating fish farms, laboratories for testing them and breeding, purchase of

breeding fish for distribution into rice fields, payment for workers providing care for the farms and distribution of larva-eating fish.

The material and technical base of parasitological laboratory is in poor condition, highly dated in terms of premises, fittings, stock and equipment, especially at the periphery, in regions with a high risk of malaria. Enlargement of the malaria locality, sporadic morbidity, changes in approaches and methodology (classification of outbreaks, etc.), mandatory epidemiological analysis of all cases and outbreaks requires substantial revision and optimization of the system of epidemiological surveillance and its reorientation to elimination of malaria. There are difficulties with hiring of disinfection teams, because the existing payment standards for workers are too low to be able to engage workers. Canopies impregnated with insecticide for protection of the population are implemented in insufficient volumes. For example, at the present time in the most epidemiologically high-risk Batken area, a total of 22.1 % places are protected by canopies, whilst in other areas this indicator is even lower. There are difficulties with providing practical transport for anti-malaria services, making it impossible for the full volume of epidemiological information to be collected and to implement home treatment team trips for performance of anti-malaria measures. Also the material and technical base remains sufficiently weak at the regional and area levels: there is a lack of computers, an absence of connections and distribution to databases via the Internet. There is low awareness among the population of symptoms and measures for protection from malaria, even in comparatively highly affected regions (for example, in the Batken area, such information is possessed by a total of 40% of the population). Young rural women have lack of access to information because of social marginalization and strengthening patriarchal norms, especially on the south areas. In consequence of women's poverty and decreasing of level of education, informational and communicational activity, there are high level of maternal and child mortality in rural areas of the country and among internal migrants (second place in Europe and CIS region)¹. Significant problems arise as a result of uncontrolled migration of the population from the territories at risk of malaria epidemic to the regions of the country that are so far free of malaria, but which have favorable conditions for transmission of malaria. This refers to self-acquisition of land, as a result of which there is unregulated settlement of people who are lacking in medical support and are sources of the spread of malaria. There remains a risk of flight of infected female carriers from territories of neighboring countries with a risk of malaria (Uzbekistan, Tajikistan). Despite the significant success of the program for fighting malaria and the presence of definite preconditions for elimination of it, the existence of the aforementioned problem and the solution, the country requires additional resources on the path to elimination of malaria.

Rationale for UNDP engagement

On 6 August 2010 the CMCC of the Kyrgyz Republic took a decision to transfer the role of the Principal Recipient of all Global Fund's grants in Kyrgyzstan to UNDP. The decision was caused by a number of factors, but mainly due to the unstable political situation in the country stemming from April and June 2010 events.

The available technical, management and financial capacities of the UNDP, combined with corporate experience of managing Global Fund's grants, established partner relations with key governmental entities, NGOs and local communities, gender mainstreaming corporative approach make it possible to consider UNDP as the most appropriate Principal Recipient of the GFATM grants.

II. Strategy

The Programme "**Cessation of local transmission and transition to elimination of malaria in Kyrgyzstan**" is aimed to support of the implementation of the National Malaria Control Programme in the Kyrgyz Republic from 2010-2015 and the Implementation Plan to eliminate Malaria for 2010-2015.

The main Goal of the Programme is to create the supportive environment for interrupting 3-day malaria transmission in Kyrgyzstan by 2015 and for preventing the resumption of local transmission in future.

The Programme will include national informational and awareness raising anti-malaria campaign with involvement of local self governments, community based organization such as Rural Committees of Health. Special channel of information and communication will be created for young rural women with small children in pilot areas.

¹ WHO Global Report, 2008

The Programme has following **key objectives**:

1. Further strengthening of institutional capacities of the national malaria programme and general services in health care
2. Ensuring full access to early diagnosis and adequate treatment of malaria
3. Improvement of the quick response system for vector control
4. Improvement of the quick response system for disease outbreaks
5. Further strengthening the mechanisms for monitoring and evaluation of programme implementation
6. Building capacity of theoretical and practical research
7. Further improvement of population awareness level and its involvement in malaria prevention

Within the framework of the objectives, the following **key activities** for accomplishment of the aims of this Programme will be implemented:

Objective 1: Further strengthening of the institutional capacity of the national specialized program and general health system

- 1.1. Development of normative documents for elimination of malaria, with participation of WHO consultants
- 1.2. Performance of training/retraining of directors of LPO for management of the program of elimination of malaria in accordance with WHO standards
- 1.3. Training/retraining of leading specialists at international courses on elimination of malaria, organized by WHO;
- 1.4. Provision of technical expertise for planning, implementation and evaluation of the project.

Objective 2. Provision of full access to early diagnosis and adequate treatment of malaria

- 1.1. Training/retraining of laboratory personnel, doctors and paramedics of primary treatment centers for improvement of diagnosis and treatment;
- 1.2. Provision of external quality control of laboratory diagnosis and treatment;
- 1.3. Strengthening of infrastructure of parasitological laboratory service in 20 regions, at risk of malaria.
- 1.4. Strengthening of the material and technological base of 1 reference laboratory and providing it with equipment for PCR diagnoses, quality control and confirmation of the absence of local cases;
- 1.5. Continuation of provision of parasitological and diagnostic laboratories with necessary equipment and miscellaneous materials;
- 1.6. Purchase of drugs for adequate treatment and prevention of malaria.

Objective 3. Improvement of integration of systems for fighting against carriers

- 3.1. Training/retraining of entomologists, bonificators, home treatment specialists;
- 3.2. Purchase of insecticide and performance of in-home treatment for epidemiological indications, purchase of spraying equipment, special clothing and means of individual protection;
Purchase and distribution of canopies impregnated with insecticide for protection of the population.
Implementation of hydraulic engineering measures in epidemic risk zones in the vicinity of Bishkek (drainage and backfill of economically unnecessary water areas, accomplishment of use for economic necessity and recreation)

Objective 4. Improvement of systems of operational response to potential outbreaks of morbidity

- 4.1. Maintenance of essential supply of insecticide, drugs, spraying equipment, special clothing, means of individual protection and mobilization of other resources as necessary

Objective 5. Further strengthening of the mechanisms for monitoring and evaluation of implementation of the program

- 5.1. .Creation of independent national committee for elimination of malaria
- 5.2. Creation of 2 field offices for malaria (in Northern and Southern regions of the Country);

5.3. Creation of national register of cases of malaria, box files, databases of patients with laboratory diagnosis and treatment (according to WHO forms)

5.4. Creation of centralized databases for entomological monitoring and implemented measures for the fight against carriers.

Objective 6. Strengthening of capacity for scientific and practical research

6.1. Continuation of work for study of resistance of carriers to insecticide;

6.2. Implementation of work on environmental malariogenic zoning of Kyrgyzstan with use of the GIS system;

6.3. Study of distribution of carriers by different environmental zones of Kyrgyzstan their ecological preferences and food chains;

Objective 7. Further increase in level of awareness of population and their participation in prevention of malaria

7.1 Development and implementation of the strategy 'Development of partnership and involvement of population in activity for elimination of malaria in Kyrgyzstan' to raise public awareness considering different informational channels of target groups – women, men, children and elders, with involvement of national and local mass media, local self governments, Primary Health Care, community based organization such as Rural Committees of Health.

The Programme is targeted at all groups of the population of Kyrgyzstan, because malaria affects representatives of both sexes and of all age groups, and the implementation of the measures specified in this application will help to relieve the whole population of problems connected with malaria (damage to health, economic losses, connected with loss of ability to work and costs of treatment, decline in level of education due to disruption of attendance at school and other learning establishments). More specifically the **target group** of the Programme includes 2.5 million local inhabitants, especially the vulnerable groups (pregnant women and children) and migrants to the endemic zones of the country.

The Programme is expected to achieve following **key results**:

- a properly functioning system for easy access to early/reliable diagnosis and prompt/adequate anti malaria treatment for every inhabitant of the malaria-affected areas;
- a built-in rapid response capability to cope with emergency situations;
- training programmes continuously adapted and appropriate to implementing strategy;
- vector control guided by consideration of technical and operational feasibility, effectiveness and sustainability,
- research component, capable of planning, monitoring and evaluating control interventions, and
- the participation of a motivated community, especially young rural women, in malaria prevention activities
-

The GFATM financial resources will be additional to domestic resources that will be allocated to cover substantial costs of the staff, medical interventions and facility expenses. The Programme will be fully complementary to the other on-going development programmes and will be implemented in a co-ordinated way with the support provided by other external partners in the area of TB control.

UNDP capacity development role

UNDP's partnership with the GFATM is traditionally based on support to countries in exceptional circumstances where an appropriate Principal Recipient cannot be established. This partnership presents a new opportunity for UNDP Country Offices to strengthen and accelerate reforms in a number of areas of their work within partner

countries. In its role of the Principal Recipient UNDP will be primarily focusing on developing the capacity of one or more local entities so that a local entity can assume the role of Principal Recipient as soon as possible. UNDP, as Principal Recipient, would also work to strengthen national capacity for programme development and implementation by building the capacities of sub-recipients and communities as well as government and civil society organizations.

Starting from January 2011 at the decision of the Country Multi-sectoral Coordinating Committee UNDP takes over the role of Principal Recipient of Phase 1 from the previous PR - the State Sanitary Epidemiological Department (SSED). It is planned that UNDP will continue partnership with SSED as SSED one the main structural divisions under Ministry of Health and is responsible for malaria control at the national level. UNDP will conduct thorough capacity assessment of SSED and conclude Standard Sub-recipient Agreement for respective service delivery areas and target groups. Sub-recipient management will be implemented in accordance with respective GF and UNDP guidelines. Based on the capacities assessment UNDP will prepare comprehensive capacity development response and deliver a package of measures to strengthen institutional and operational capacity of SSED in the areas of programme development, financial management, procurement and supply management and monitoring and evaluation.

III. RESULTS AND RESOURCES FRAMEWORK

Intended Outcome as stated in the UNDAF Framework:				
By 2016, vulnerable groups benefit from improved social protection, namely STI/HIV/TB prevention, care and support				
Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:				
Indicator:				
Baseline:				
Target:				
Applicable Key Result Area (from 2008-11 Strategic Plan):				
Partnership Strategy: Ministry of Health of the Kyrgyz Republic				
Project title and ID (ATLAS Award ID): Cessation of local transmission and transition to elimination of malaria in Kyrgyzstan. Atlas ID 00077629				
INTENDED OUTPUTS	OUTPUT TARGETS	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
Objective 1: Institutional capacities of the National Malaria Program and general services in health care further strengthened				
Number of persons trained in management of malaria elimination programs and improved diagnosis and treatment. <i>Baseline: 0</i>		<ul style="list-style-type: none"> Development of normative documents for elimination of malaria, with participation of WHO consultants Performance of training/retraining of directors of LPO for management of the program of elimination of malaria in accordance with WHO standards Training/retraining of leading specialists at international courses on elimination of malaria, organized by WHO; Provision of technical expertise for planning, implementation and evaluation of the project. 	MoH State Sanitary and Epidemiology Department, WHO UNDP, RHCs NGOs	GFATM 90,042
Objective 2. Provision of full access to early diagnosis and adequate treatment of malaria				
Number of renovated and equipped parasitological laboratories <i>Baseline: 0</i>		<ul style="list-style-type: none"> Training/retraining of laboratory personnel, doctors and paramedics of primary treatment centers for improvement of diagnosis and treatment; Provision of external quality control of laboratory diagnosis and treatment; Strengthening of infrastructure of parasitological laboratory service in 20 regions, at risk of malaria. Strengthening of the material and technological base of 1 reference laboratory and providing it with equipment for PCR diagnoses, quality control and confirmation of the absence of local cases; Continuation of provision of parasitological and diagnostic laboratories with necessary equipment and miscellaneous materials; Purchase of drugs for adequate treatment and prevention of malaria 	MoH State Sanitary and Epidemiology Department, WHO UNDP, RHCs NGOs	241,702
Number of persons presenting to a health worker with documented malaria infection who received antimalarial treatment according to national treatment policy <i>Baseline: 18</i>				

Objective 3. Improvement of the quick response system for vector control				
Number of long lasting insecticide treated mosquito nets distributed to people among high-risk population Baseline		<ul style="list-style-type: none"> • Training/retraining of entomologists, bonificators, home treatment specialists; • Purchase of insecticide and performance of in-home treatment for epidemiological indications, purchase of spraying equipment, special clothing and means of individual protection; • Purchase and distribution of canopies impregnated with insecticide for protection of the population. 	MoH State Sanitary and Epidemiology Department, WHO	396,324
Number and percentage of households in designated target areas sprayed by indoor residual spraying in the last 12 months. Baseline: 57,610		<ul style="list-style-type: none"> • Implementation of hydraulic engineering measures in epidemic risk zones in the vicinity of Bishkek (drainage and backfill of economically unnecessary water areas, accomplishment of use for economic necessity and recreation) • 	UNDP, RHCs NGOs	
Objective 4. Improvement of systems of operational response to potential outbreaks of morbidity				
		Maintenance of essential supply of insecticide, drugs, spraying equipment, special clothing, means of individual protection and mobilization of other resources as necessary	MoH State Sanitary and Epidemiology Department, WHO UNDP, RHCs	997
Objective 5. Further strengthening of the mechanisms for monitoring and evaluation of implementation of the program				
		<ul style="list-style-type: none"> • Creation of independent national committee for elimination of malaria • Creation of 2 field offices for malaria (in Northern and Southern regions of the Country); • Creation of national register of cases of malaria, box files, databases of patients with laboratory diagnosis and treatment (according to WHO forms) • Creation of centralized databases for entomological monitoring and implemented measures for the fight against carriers. 	MoH State Sanitary and Epidemiology Department, WHO UNDP, RHCs	52,404
Objective 6. Strengthening of capacity for scientific and practical research				
		<ul style="list-style-type: none"> • Continuation of work for study of resistance of carriers to insecticide; • Implementation of work on environmental malariogenic zoning of Kyrgyzstan with use of the GIS system; • Study of distribution of carriers by different environmental zones of Kyrgyzstan their ecological preferences and food chains; 	MoH State Sanitary and Epidemiology Department, WHO UNDP, RHCs	21,423
Objective 7. Further increase in level of awareness of population and their participation in prevention of malaria				
Number and percentage of people reached by information, education and communication and behavior change communication community outreach or mass media Baseline: 72544		<ul style="list-style-type: none"> • Development and implementation of the strategy 'Development of partnership and involvement of population in activity for elimination of malaria in Kyrgyzstan' to raise public awareness considering different informational channels of target groups – women, men, children and elders, with involvement of national and local mass media, local self governments, Primary Health Care, community based organization such as 	MoH State Sanitary and Epidemiology Department,	84,707

Number of village health committees equipped for demonstration of educational and awareness-raising materials Baseline: 0		Rural Committees of Health.	WHO UNDP, RHCs NGOs	
Number of trained volunteers, representatives from village health committees. Baseline: 0				

III. ANNUAL WORK PLAN 2011

The AWP's are subject to revision according to consecutive programmatic arrangements with GFATM.

EXPECTED OUTPUTS	PLANNED ACTIVITIES	IMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
							Funding Source	Budget Description	Amount
Objective 1: Further strengthening of institutional capacities of the national malaria programme and general services in health care	Development of the normative documents on malaria elimination together with WHO experts					SSED	GFATM	COM	3,000.00
	Training/retraining of heads of prevention and treatment facilities (LPO) on malaria elimination program management according to WHO standards					SSED	GFATM	TR	20,880.00
	Training/retraining of key personnel in international trainings, conducted by WHO.					UNDP	GFATM	TR	12,000.00
	Conducting of the technical assessment on planning, implementation and project assessment					WHO	GFATM	TA	34,900.00
	Visits to other countries of the region on malaria program. 5-days visits to other countries of the region (travel expenses, per diem) (3 persons a year)					UNDP	GFATM	TR	8,142.00
	Procurement of training books and WHO methodical guidelines					WHO	GFATM	COM	32,000.00
Sub-total for Objective 1: Further strengthening of institutional capacities of the national malaria programme and general services in health care									90,042
Objective 2: Ensuring full access to early diagnosis and adequate treatment of malaria	Training/retraining of laboratory assistants, physicians and medical attendants of primary health care (PHC) on improvement of diagnostics and treatment					SSED	GFATM	TR	20,880.00
	Strengthening of infrastructure of laboratory service in 20 districts (rayon) under the risk of malaria					UNDP	GFATM	IF	160,000.00
						SSED	GFATM	IF	3,200.00

	Further provision of parasitological and diagnostic laboratories with necessary equipment and supplies.					SSED	GFATM	HP	1,120.00 480.00 520.00 4,700.00 4,280.00
	PSM costs- 10 % of procurement					SSED	GFATM	PSM	555.00
Sub-total for Objective 2: Ensuring full access to early diagnosis and adequate treatment of malaria									241,702
Objective 3: Improvement of the quick response system for vector control	Procurement of insecticides and conduction of indoor residual sprayings according to the epidemiological evidence, procurement of spraying equipment, protective clothes and supplies for personal protection					UNDP	GFATM	HP	107,000.00
	Procurement of insecticides and conduction of indoor residual sprayings according to the epidemiological evidence, procurement of spraying equipment, protective clothes and supplies for personal protection					SSED	GFATM	HP	5,940.00 5,400.00 2,304.00 7,680.00
	Procurement and distribution of LLNs for population					UNDP	GFATM	HP	268,000.00
	PSM costs- 10 % of procurement					SSED	GFATM	PSM	5,917.00
Sub-total Objective 3: Improvement of the quick response system for vector control									396,324
Objective 4: Improvement of the quick response system for disease outbreaks	Ensuring necessary reserve of insecticides, drugs, spraying equipment, protective clothes, supplies for personal protection and mobilization of other resources if necessary.					SSED	GFATM	MED	75.60 80.00 144.00 30.24 67.20 600.00
	PSM costs- 10 % of procurement					SSED	GFATM	PSM	49.85
Sub-total Objective 4: Improvement of the quick response system for disease outbreaks									997

Objective 5: Further strengthening the mechanisms for monitoring and evaluation of programme implementation	Creation of national list-register of malaria cases, card index of risk areas, database of people on laboratory diagnostics and treatment (WHO form)					SSED	GFATM	IF	3,119.40
	Creation of 1 field office on malaria program (In south of the country)					SSED	GFATM	HR	6,584.76 6,584.76 6,584.76 3,660.00
						SSED	GFATM	OVER	1,668.00 1,668.00
						SSED	GFATM	M&E	2,880.00
						SSED	GFATM	OVER	240.00 3,000.00 2,500.00
						SSED	GFATM	M&E	6,957.00 6,957.00
		Sub-total Objective 5: Further strengthening the mechanisms for monitoring and evaluation of programme implementation							
Objective 6: Building capacity of theoretical and practical research	Works on malaria landscape zoning Kyrgyzstan with use of GIS					SSED	GFATM	HR	5,423.00
	Study of vector spread on different landscape zones of Kyrgyzstan their ecological preferences and feeding behaviour					SSED	GFATM	M&E	16,000.00
Sub-total Objective 6: Building capacity of theoretical and practical research									21,423
Objective 7: Further improvement of population awareness level and its involvement in malaria prevention	Development and implementation of "Partnership development and population involvement on malaria elimination activity in Kyrgyzstan" strategy Development and implementation of "Partnership development and population involvement on malaria elimination activity in Kyrgyzstan" strategy					SSED	GFATM	COM	4,350.00 1,400.00 8,400.00 1,350.00 28,000.00 6,957.00
						SSED	GFATM	TR	21,750.00
						SSED		IF	12,500.00
		Sub-total Objective 7: Further improvement of population awareness level and its involvement in malaria prevention							

Project Management	Project management (SR)					SSED	GFATM	HR	62,748.00
								OVER	2,400.00
								OVER	1,800.00
								OVER	2,400.00
								M&E	8,640.00
								OVER	7,200.00
	Project management (UNDP)					UNDP	GFATM	HR	78,840.02
								OVER	2,532.00
						UNDP	GFATM	OVER	4,320.00
								IF	1,500.00
						UNDP	GFATM	OVER	1,008.00
								OVER	432.00
								OVER	504.00
						UNDP	GFATM	M&E	3,024.00
				UNDP	GFATM	PA	9,000.00		
UNDP administrative charges 7%					UNDP	GFATM	OVER	76,637.86	
Sub-total Programme Management									262,986
TOTAL 2011									1,171,464

III. MANAGEMENT ARRANGEMENTS

Programme Management Level

As a Principal Recipient of the GFATM TB grant, UNDP in Kyrgyzstan is considered to be an implementing agency at the Programme Management level.

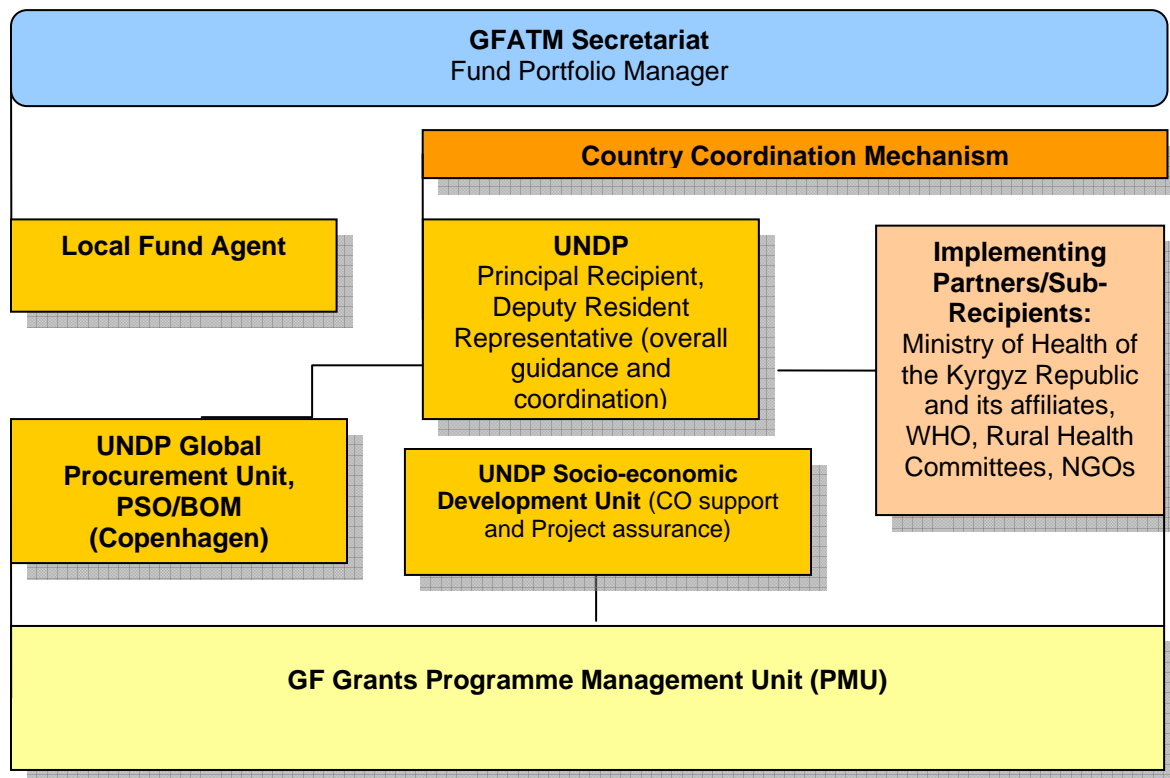
UNDP has been active in Kyrgyzstan since early 1993 on the basis of the agreement with the government of Kyrgyz Republic. The Programme has extensive experience of cooperation with government agencies and non-governmental organizations.

In accordance with the UNDP procedures, auditing rules and the Implementation Manual for Global Fund Grants, this programme will be implemented through the **Direct Implementation Modality (DIM)**.

UNDP will closely cooperate with the **Country Coordinating Mechanism (CCM)** and the **Ministry of Health of the Kyrgyz Republic**. Such involvement will foster national ownership and ensure UNDP's accountability for programming activities and results and the use of resources.

UNDP has agreed with the Global Fund that the Programme will be implemented through one **Programme Management Unit** for all GFATM grants using well-developed and transparent financial, accountability, procurement and supply chain management tools, and project management that facilitate the implementation of a variety of projects managed by UNDP in the country. The Programme Management Unit will be headed by International Programme Manager.

Operational chart for GFATM Grants Programme:



The Global Fund to Fight Aids, TB and Malaria (GFATM) is a public-private foundation based in Geneva, Switzerland, created as a financing and not an implementing entity. Projects financed by the GFATM are implemented through a partnership in which the key structures are the Country Coordinating Mechanism (CCM), the Principal Recipient (PR), and the Local Fund Agent (LFA).

The Local Fund Agent (LFA) is an entity entrusted by the GFATM to assist in its oversight functions. For Kyrgyzstan GFATM contracted Crown Agents as in-country agency to oversee, verify and report on grant performance. LFA will implement independent periodical review of grant implementation and verification of financial and programmatic reports and data submitted by UNDP to GFATM.

The implementation of GFATM projects in Kyrgyzstan is coordinated through **the Country Coordination Mechanism (CCM)**, which includes representatives from government, multilateral or bilateral agencies, nongovernmental organizations, academic institutions, and people living with HIV. CCM coordinates and oversees the implementation of the approved grant and submit requests for continued funding; approve reprogramming; ensure linkages and consistency between Global Fund grants and other national health and development programs; evaluate the performance of the programs, including of Principal Recipient.

UNDP is a key partner to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) and is the UN agency nominated by Country Coordination Mechanism (CCM) as **Principal Recipient** of GFATM grants in Kyrgyzstan. UNDP's management role consists of implementing grants, ensuring financial accountability, and training of national and international counterparts on programme management, financial accountability and timely programmatic reporting to CCM and Global Fund (GF) Secretariat. All programmatic, logistical, administrative and finance support for project implementation will be provided with the existing programme, finance and administration structure of the UNDP Country Office. **UNDP Global Procurement Unit PSO/BOM (Copenhagen)** is an agency to support UNDP Country Office in procurement processes and operations-related procurement aspects.

The **Ministry of Health of the Kyrgyz Republic** is the main national partner of UNDP within this Programme, whose main functions include overall support to individual grant components, facilitating inputs from local stakeholders; gap analysis and recommendations on the funds allocations for the benefit of the end recipients; interacting with the UNDP on all aspects of grant activities implementation. At the outset of the programme, the Ministry of Health will appoint the **National Coordinator** for the Programme who will be responsible for close cooperation with UNDP on the issues of the Programme implementation.

UNDP will also engage **WHO** as sub-recipient of the programme to provide necessary technical assistance in the field of malaria control and development of relevant guidelines. UNDP will also engage non-governmental organizations such as **Association of Family Doctors** and **Rural Health Committees** in planning, implementation, monitoring and evaluation of activities, achieving project outputs, and for the effective use of UNDP resources.

Project Management Level

In accordance with UNDP procedures, appropriate management arrangements and oversight of project activities will be established for making management decisions on a consensus basis under overall guidance and coordination by the **UNDP Deputy Resident Representative (DRR)**.

Within regular UNDP CO management structure the **Socio-economic Development Unit** will be taking Project Assurance Role and will be responsible for daily supervision of the Programme performance, providing on-going management and administrative support according to UNDP standards, coordinating the implementation of the Programme with respective departments of UNDP CO, coordinating Programme activities with similar initiatives in the Country.

For effective and time implementation of the Programme according to the requirements of the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNDP will establish **GFATM Programme Management Unit (PMU)**. GFATM PMU will be responsible for day-to-day implementation of grant activities on behalf of UNDP and will perform the programmatic, financial and procurement administration for all the Global Fund grants in accordance with approved work plans, budgets and procurement plans. The PMU structure includes following staff:

- **International Programme Manager** responsible for the overall coordination of GMU activities and such of other organizations involved in grant implementation (grant funds' sub-recipients', etc.) in part which covered by grants' funds and directly related to or connected with the grant objectives. Works in close contact with the Head of Socio-economic Development Unit, Operations Manager and other UNDP Country Office staff, Country Coordinating Mechanism, and MOH. International Programme Manager will

be directly reporting to UNDP Deputy Resident Representative (primarily supervisory role) and to the Head of the Socio-economic Development Unit (secondary supervisory role).

- **Finance Manager, Finance Specialists and Finance Clerk** responsible for keeping records of the grants' money transactions, planning and monitoring and reporting for grants expenditures, funds disbursements and proceeds.
- **Procurement Manager, Procurement Specialists and Logistics Specialists** responsible for ensuring timely delivery of the products to the end-user's organization, monitoring the available stocks at all levels within the country, scheduling procurement requests, conducting procurement procedures, managing purchase orders, goods' distribution, consumption rates, and arranging systematic quality control of the procured products.
- **Programme Coordinators, Specialists** responsible for activities directly targeted at the Grant's objectives and ensuring delivering results against the grant's work plan, budget and Performance Indicator's framework.
- **Monitoring & Evaluation Specialist(s)** responsible for overall monitoring of the grant progress, the work of sub-recipients and evaluating the effectiveness of the programme activities at all levels.
- **Administrative support staff** responsible for administrative issues and smooth operation of the PMU.

Implementation arrangements for Sub-Recipients

The procedures for selecting SRs depend on the type of SR (governmental entity, UN agency, non-governmental or private sector organization) and thus must be looked at individually.

The selection of governmental and UN agency SRs is considered a programming decision and is therefore governed by the Programme and Project Management provisions in UNDP's Programme and Operations Policies and Procedures. The UNDP Country Office must conduct technical and financial capacity assessment of the proposed SR (including an assessment of procurement capacity, if applicable) and adopt appropriate measures to address any weakness in capacity. After the capacity assessment the Country Office enters into a model Letter of Agreement tailored for GFATM projects.

The procedures in the Contract, Asset and Procurement management section of UNDP's Programme and Operations Policies and Procedures govern the selection of NGOs and private sector entities. However, the selection of NGOs that have been named a potential SRs in the grant proposal approved by the Global Fund and have been named as SR in the Project Document signed by UNDP will be governed by the same procedures applicable for the selection of Government entities subject to some additional safeguard measures, including:

- Detailed capacity assessment of SR.
- Value for Money assessment of SR proposal cleared by PSO in Copenhagen.
- Approval by LPAC.

More detailed description of the procedures for selection of SRs is available in Operation Manual for projects financed by the GFATM for which UNDP is Principal Recipient (2008).

Partnership with other stakeholders and technical agencies

For effective coordination aimed at non-duplication of activities, technical support and communication, UNDP CO will continue building partnership with key agencies both from the Government and international community. Wherever feasible, UNDP will also utilize existing implementation capacities available with other UNDP programmes, as well as capacities of other projects of UNDP working in cross cutting areas.

IV. MONITORING AND EVALUATION FRAMEWORK

The goal of the Programme monitoring and evaluation is to provide timely information about Programme progress, achieved outcomes and project targets to all stakeholders. The developed indicators will help identify the scale of achievement of the expected project outcomes by measuring what has been achieved and comparing it with what has been planned through tracking quality, quantity and time aspects. The Programme monitoring and evaluation plan is one of the fundamental documents for cooperation with the Global Fund. According to the Grant Agreement, the national party agrees to provide to the Global Fund the evaluation questionnaire on enhancement

of the tuberculosis-related activities monitoring and evaluation, as well as a detailed plan of monitoring and evaluation.

Mechanisms used for the project efficiency monitoring and evaluation will include:

- Half-year and yearly programme and financial reports on the project, prepared by the GFATM Programme Implementation Unit (PIU) in close cooperation with national partners;
- Travels to the sites of the monitoring and evaluation specialist, specialists of the Ministry of Health, the UNDP Senior Management, Programme Officers and other project specialists to verify the Programme progress;
- Participation of the monitoring and evaluation specialist in regular meetings together with theme coordinators of the project components;
- Sitzings of the CCM whose participants will consider reports prepared by the Programme Implementation Unit and track the compliance of the achieved outcomes with the planned outcomes;
- Involvement, when required, of independent experts to perform project monitoring and evaluation; and
- Regular missions and reports of the local Global Fund agent representing the interests of the Fund in the grant implementation country.

On agreement with the Global Fund, the UNDP and the Ministry of Health, the basic Programme implementation indicators can be revised for saving of financial resources, based on the progress reports or variation of the needs.

V. LEGAL CONTEXT

This document together with the CPAP signed by the Government and UNDP which is incorporated by reference constitute together a Project Document as referred to in the SBAA [or other appropriate governing agreement] and all CPAP provisions apply to this document.

Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the implementing partner and its personnel and property, and of UNDP's property in the implementing partner's custody, rests with the implementing partner.

The implementing partner shall:

- a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
- b) assume all risks and liabilities related to the implementing partner's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

The implementing partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document".

Annex 2: Risk Analysis

Project Title: Cessation of local transmission and transition to elimination of malaria in Kyrgyzstan.	Atlas ID 00077629	Date: January 1 2011-December 2011
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#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	Insufficient budget for procurement of planned health and non-health goods as a result of increase of prices and/or inflation of US Dollar due to the global and in-country economic conditions	October 2010	Financial	Lack of budget resources can result in decreased number of goods and services procured and insufficient coverage of project needs. P = 2 I = 2	The UNDP management intends to plan all procurement cases in advance and estimate the prices and priorities	PO	PO	Q 4 2010	
2	Insufficient leadership role of the Government and Country Coordination Mechanism could result in weakened country coordination processes, duplication of donor funds, and lack of national ownership of the programme	October 2010	Organizational	The funds need to be re-programmes in case the activities are duplicated P = 3 I = 2	UNDP intends to strengthen collaboration and communication lines with Ministry of Health, and other stakeholders involved in National Malaria programme.	PO	PO	Q 4 2010	
3	Lack of qualified human resources in health service	October 2010	Organizational	Lack of qualified medical workers may result in poor	UNDP continues supporting training of health specialists, at	PO	PO	Q 4 2010	

