

## Ongoing Progress Update and Disbursement Request

### Cover Sheet: Instructions

- This template is compatible with MS Excel 2000 and later versions. Some drop-downs and formulae may not work with earlier versions. Therefore, Principal Recipients with earlier versions of MS Excel are requested to upgrade to MS 2000 or more recent versions.
- Principal Recipients are first required to complete the Cover Sheet with the General Grant Information listed in the boxes below. They can refer to their Grant Face Sheet/Grant Confirmation to fill part of this information.
- Principal Recipients are required to fill in the information related to the periods covered by the progress update and disbursement request.
- Principal Recipients are required to select the type of submission, i.e. whether they are submitting a Mid-Year (or Quarterly) Progress Update or a Year-End Progress Update/Disbursement Request. This is important as the forms will change depending on the type of submission selected.

### GENERAL GRANT INFORMATION

Country:	Kyrgyz Republic
(Disease) Component:	HIV/AIDS
Grant Name/Number:	KGZ-II-UNDP
Principal Recipient:	UNDP Kyrgyzstan
LFA Name:	United Nations Office for Project Services
Program Start Date:	1-Jul-2011
Currency:	USD

<b>PROGRESS UPDATE</b>			
Progress Update - Reporting Period:	Cycle:	Semester	Number: 10
Progress Update - Period Covered:	Beginning Date:	1-Jan-2016	End Date: 30-June-2016

<b>DISBURSEMENT REQUEST</b>			
Disbursement Request - Disbursement Period:	Cycle:	Number:	
Disbursement Request - Period Covered:	Beginning Date:	End Date:	

### Are you submitting:

- A Progress Update (PU); or
- A Progress Update/Disbursement Request (PU/DR).

<input type="radio"/> PU
<input type="radio"/> PU/DR

## On-going Progress Update and Disbursement Request

### Section 1: Programmatic Progress

Note: The table below should contain those Impact/Outcome indicators that are (1) due for reporting during the current year of a grant and (2) those reporting on which is overdue from the previous periods.

A. Impact / Outcome Indicators									
Impact / Outcome	Indicator Description	Baseline (if applicable)		Year of Target	Intended Target	Report Due Date	Actual Result	Data Source of Results	Comments on results on Impact/Outcome indicators and data sources, and any other comments
		Value	Year						
Impact	HIV I-8: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	29,9%	2009	Year 3 2014-2015	3%	15-Mar-16	4,1%	National HIV Health Statistics	According to the data provided by RAC "Spectrum" has estimated 4,08% (4/98) of child HIV infections from HIV positive women delivering in the last 12 months. This data is inline with the National M&E reporting system.
Impact	HIV I - other 1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	76,0%	2010	Year 3 2014-2015	85%	15-Mar-16	76,0%	National HIV Health Statistics	The data is obtained through the National report to UNAIDS for 2015. This data is inline with the National M&E reporting system and Global AIDS Response Progress Reporting. The denominator is 830 (m-477/f-353) and numerator is 629 (m-362/ f-267). For more details pls. refer to: <a href="https://aidsreportingtool.unaids.org/indicator/edit/2588/160/">https://aidsreportingtool.unaids.org/indicator/edit/2588/160/</a>
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## On-going Progress Update and Disbursement Request

### Section 1: Programmatic Progress

Note: All programmatic indicators contained in the current Performance Framework should be listed, regardless of whether there are targets/results for the period covered by the Progress Update or whether the targets have been met in previous periods.

B. Coverage Indicators																
Objective No.	Indicator No.	Indicator Description	Tied To	Targets cumulative?	Top 10 indicator?	Baseline				Target			Result			Reasons for programmatic deviation from intended target and deviations from the related workplan activities
						Year	N#	D#	%	N#	D#	%	N#	D#	%	
1	1	TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Current grant	N-not cumulative	Yes - Top 10	2014	1 344	8 021	17%	2 200	9 300	23,7%	2 417	8 100	29,8%	In accordance to the official data submitted by the Republic AIDS Center, as of 30 June 2016, 2, 417 PLHIV were receiving ARV. The number includes 2, 012 adults (female -923, male - 1, 089) and 405 children (female -157, male - 248). Denominator: Estimated number of all adults and children living with HIV. The latest available data on denominator is 8, 100 according to the UNAIDS country fact sheets (average numbers, pls refer to the link for more information: <a href="http://www.unaids.org/en/regionscountries/countries/kyrgyzstan/">http://www.unaids.org/en/regionscountries/countries/kyrgyzstan/</a> ). As a result % of achievement is 126%. During the reporting period USAID project "FLAGMAN" was started and made some input to achievement of this target.
1	2	TCS-other1: Number and percentage of PLHIV reached with community care and support programmes	Current grant	N-not cumulative	Yes - Top 10	2014	993	2 575	35%	1 163	2 585	45,0%	2 212	2 735	80,9%	As a result % of achievement is 180%. The PR continued conducting manual cross-check of all UICs, codes that received the services in more than one organization were counted only once. After excluding duplicating codes 2, 212 PLHIV in total received various services as a minimum twice during the reported period (once during each quarter). Denominator: Total number of PLHIV in care. The latest available data provided by RAC on denominator is 2, 735 at the end of reporting period. Thus, the result is 80,9% (2212/2735). 1, 993 PLHIV (including 923 women) were reached by five NGOs and healthcare facilities, 309 (including 9 women) PLHIV received services at prisons. During the 1st quarter of 2016 1, 025 PLHIV as NGOs' clients received the motivation support (in the frame of motivation strategy system for PLHIV adherence to ART (more than 85% adherence)). Also in civil sector - 39 clients got food packages (41), in SSES- 75 clients got 75 packages. During the 2nd quarter of 2016 in civil sector - 39 clients got food packages (54), in SSES the distribution of food packages will be provided during the 3rd quarter. The motivational support will be also provided during the 3rd quarter after verification all data/documents.
2	3	KP-1d: Percentage of PWID reached with HIV prevention programs - defined package of services	Current grant	N-not cumulative	Yes - Top 10	2014	10 908	25 000	44%	12 125	25 000	48,5%	13 929	25 000	55,7%	As a result % of achievement is 115%. The activities under this indicator covered 14, 547 clients with duplicates of the governmental NEPs 4, 437clients, 8, 514 NGO clients and 1, 596 SSES clients. After excluding duplicating codes, the total number of prevention programme's clients is 13, 929 including 1, 748 women. The number represents PWIDs who have received a minimal package, at least once during six months including SSES clients. According SR's reports NEPs distributed 1 696 373 syringes and 221 647 condoms. On average every PWID has been receiving 122 syringes and 16 condoms in the reporting period.

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## Section 1: Programmatic Progress

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B. Coverage Indicators																
Objective No.	Indicator No.	Indicator Description	Tied To	Targets cumulative ?	Top 10 indicator?	Baseline				Target			Result			Reasons for programmatic deviation from intended target and deviations from the related workplan activities
						Year	N#	D#	%	N#	D#	%	N#	D#	%	
2	4	KP-3d: Percentage of PWID that have received an HIV test during the reporting period and know their results	Current grant	N-not cumulative	Yes - Top 10	2014	2 765	25 000	11%	4 250	25 000	17%	3 859	25 000	15,4%	As a result % of achievement is 91%. The indicator measured the number of PWIDs tested by ELISA test at AIDS centers' laboratories and/or saliva based rapid testing and/or based on capillary blood rapid testing. It means that clients could be tested more than once using different method of testing during the reporting period. In calculation process all duplicates were removed. The number of clients tested by rapid testing (based on saliva or blood) is 3, 643 (79 % out of 3, 859). The increased accessibility for NGOs' clients, is reflected in the increased numbers accessing testing.
2	5	KP-5: Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	Current grant	N-not cumulative	Yes - Top 10	2014	203	385	53%			58%			49,0%	As a result % of achievement is 84,5%. During the previous period (July - December 2015) 400 PWID entered OST program and 147 of them were still on therapy 6 months after the entering date, which counts 49%. Analysis on PWIDs who were not on retention after 6 months out of 153 PWIDs: died-8; were receiving OST less than 1 month- 92; did not achieve 6 months period for only several days-4; excluded-3 and other reasons-48.  According to the data provided by RCN as of 30 June 2016 - 1, 518 PWID received OST during the reporting period (RCN, SSES and CDC prints).  As of 1 January 2016 coverage by OST programmes was 1, 513 out of them 1, 097 PWID continued to receive OST by 30 06 2016. Thus, 73% (1097/1513) were still on therapy after 6 months.  In the current reporting period, the PR has taken the following actions to address the reasons caused not fully meeting the targets: 1) PR together with RCN from the beginning of the 2016 strengthened all OST sites staff capacity through peer counseling; 2) Through the tender process one NGO was selected to work with OST clients (counseling, trainings, self support groups); 3) PR together with RCN developed, improved and implemented the motivational strategy of payments to all staff OST sites to ensure involving of new clients and retention to OST; 4) PR together with RCN initiated creating of country working group (International, nongovernmental and other partners) to revise of legal framework of OST program in order to address the issues (mandatory registration, increasing the number of days that OST doctors could distribute methadone to stable clients and etc.) and to work on all issues related to OST program in KR, including emphasizing on OST retention.
2	6	KP-3c: Percentage of prisoners that have received an HIV test during the reporting period and know their results	Current grant	Y-cumulative annually	Yes - Top 10	2014	4 000	8 000	50%	2 200	8 000	27,5%	2 869	8 400	34,2%	As a result % of achievement is 124%. The indicator measured the number of prisoners tested by ELISA test and/or saliva based rapid testing and/or based on capillary blood rapid testing. It means that clients could be tested more than once using different method of testing during the reporting period. In calculation process all duplicates were deleted. Thus, 2, 869 prisoners (n=2673/1-196) were tested on HIV and know their results during the reporting period. Denominator: Number of prisoners. According to the data provided by the SSES as of 30 June 2016 8, 400 prisoners were officially registered in penitentiary system.
3	7	KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	Current grant	N-not cumulative	Yes - Top 10	2014	3 663	7 103	52%	3 910	7 103	55,0%	4 583	7 103	64,5%	As a result % of achievement is 117%. During the reported period 4, 583 sex workers have been reached with the minimum package of services which includes condoms, information component (IEM and/or information sessions) and referral to STI and/or HIV testing and/or HIV rapid testing. Six NGOs implemented projects in Bishkek, Osh, Jalal Abad, Naryn, Talas, Kyzyl Kiya, Tokmok, Cholpon Ata and Karakol cities. In the reporting period 1, 693 SWs were tested for STI.

## On-going Progress Update and Disbursement Request

### Section 1: Programmatic Progress

Note: All programmatic indicators contained in the current Performance Framework should be listed, regardless of whether there are targets/results for the period covered by the Progress Update or whether the targets have been met in previous periods.

B. Coverage Indicators																
Objective No.	Indicator No.	Indicator Description	Tied To	Targets cumulative ?	Top 10 indicator?	Baseline				Target			Result			Reasons for programmatic deviation from intended target and deviations from the related workplan activities
						Year	N#	D#	%	N#	D#	%	N#	D#	%	
3	8	KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and knows their results	Current grant	N-not cumulative	Yes - Top 10	2014	1 033	7 103	15%	1 500	7 103	21,1%	1 231	7 103	17,3%	<p>As a result % of achievement is 82%. The indicator measured the number of SWs tested by ELISA test at AIDS centers' laboratories and/or saliva based rapid testing and/or based on capillary blood rapid testing. It means that clients could be tested more than once using different method of testing during the reporting period. In calculation process all duplicates were deleted.</p> <p>Despite of good coverage by minimal package of services, HIV testing coverage is not achieved mostly due to mass raids by the police. Sex workers are tested for HIV mostly by rapid testing which is available in NGO's office only. Rapid testing in SWs' "sites" was not possible. Outreach workers worked mostly during night time by searching and waiting for the SWs to provide minimal package of services. Other reasons are the following: high level of internal and external migration of SWs, stigma and discrimination in the community.</p> <p>The number of clients tested by rapid testing (based on saliva) is 1, 088 (88,4% out of 1, 231). This reflects that provision of rapid HIV testing at NGOs increases key populations willingness to access HIV testing.</p>
4	9	KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services	Current grant	N-not cumulative	Yes - Top 10	2014	1 479	11 692	13%	1 950	11 692	16,7%	2 128	11 692	18,2%	<p>As a result % of achievement is 109%. During the reported period 2, 128 MSMs have been reached with the minimum package of services which includes condoms, information component (IEM and/or information sessions) and referral to STI and/or HIV testing and/or HIV rapid testing. Four NGOs implemented projects in Bishkek, Osh, Jalal Abad, Talas cities and Issyk-Kul and Chui oblasts. In the reporting period 675 MSM were tested for STI.</p>
4	10	KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results	Current grant	N-not cumulative	Yes - Top 10	2014	335	11 692	3%	1 046	11 692	8,9%	840	11 692	7,2%	<p>As a result % of achievement is 80%. The indicator measured the number of MSMs tested by ELISA test at AIDS centers' laboratories and/or saliva based rapid testing and/or based on capillary blood rapid testing. It means that clients could be tested more than once using different method of testing during the reporting period. In calculation process all duplicates were deleted.</p> <p>The number of clients tested by rapid testing (based on saliva) is 628 (75% out of 840) reflecting that provision of rapid HIV testing at NGOs increases the willingness of clients to undertake testing.</p> <p>Despite of good coverage by minimal package of services, HIV testing coverage is not achieved mostly due to the tender process. Two NGOs passed selection process within the 2nd and 3rd tender and started their work within GF grant from February and April 2016. But they did not interrupt the providing of minimal package of services from the beginning of 2016.</p>

# On-going Progress Update and Disbursement Request

## Section 1: Programmatic Progress

Note: All programmatic indicators contained in the current Performance Framework should be listed, regardless of whether there are targets/results for the period covered by the Progress Update or whether the targets have been met in previous periods.

B. Coverage Indicators																
Objective No.	Indicator No.	Indicator Description	Tied To	Targets cumulative ?	Top 10 indicator?	Baseline				Target			Result			Reasons for programmatic deviation from intended target and deviations from the related workplan activities
						Year	N#	D#	%	N#	D#	%	N#	D#	%	
5	11	TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	Current grant	N-not cumulative	Yes - Top 10	2014	1 556	2 229	70%	2 068	2 585	80%	2 626	2 735	96,0%	The data comes from the National HIV/AIDS Health Statistics (RAC data) which includes data from the State Penitentiary System. Thus, 2, 626 (2, 214 adults and 412 children) have been screened for TB during the reporting period in accordance with the National TB/HIV screening protocol) out of total 2, 735 enrolled in HIV care (2, 321 adults and 414 children). The target indicator was 80% (2, 068/2, 585). The actual result is 96% (2, 626/2, 735). As a result % of achievement is 120%. The reason of that is the new amendments in the national clinical protocols for HIV/TB diagnostics, treatment and care made in line with latest WHO guidelines. Those amendments have changed existing algorithms of HIV/TB screening – made the screening for TB as a mandatory procedure for HIV-positive people during their every single visit to a doctor. ICAP provided additional support to doctors from pilot sites at FMC and AIDS centers as trainings, mentorship and equipment (patient's cards, weigher scale, furniture etc).
5	12	TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Current grant	Y-cumulative annually	Yes - Top 10	2014	110	203	54%	85	200	43%	82	93	88,2%	The data comes from the National HIV/AIDS Health Statistics (RAC data) which includes data from the State Penitentiary System. Thus, 82 (79 adults and 3 children) out of 93 HIV-positive patients with TB (90 adults and 3 children) were receiving ART and TB treatment during the reporting period. The target indicator was 43% (85/200). The actual result is 88,2% (82/93). As a result % of achievement is 205%. The reason of that is the new amendments in the national clinical protocols for HIV/TB diagnostics, treatment and care made in line with latest WHO guidelines.
5	13	TB/HIV-4: Percentage of new HIV-positive patients starting IPT during the reporting period	Current grant	N-not cumulative	Yes - Top 10	2014	70	612	11%			45%	71	176	40,3%	The data comes from the National HIV/AIDS Health Statistics (RAC data) which includes data from the State Penitentiary System. Thus, 71 (68 adults and 3 children) out of 176 adults and children (168 adults and 8 children) newly enrolled in HIV care started IPT during the reporting period. The target indicator was 45%. The actual result is 40% (71/176). As a result % of achievement is 90%. There were some difficulties during the implementation of this activity as follows: the high refusal among PLHIV to start IPT in view of side effects, part of patients are afraid of resistance to isoniazid, duration of the treatment is too long (6 months), turnover of medical staff in FMCs and lack of counselling skills of the newly recruited staff.
6	14	Number of documented key affected population human rights violations (desegregated by KAP groups)	Current grant	N-not cumulative	Yes - Top 10	2014	300			150			135			As a result % of achievement is 90%. During the reported period 135 cases on human rights violations were documented by outreach workers participating in the program Street Lawyers. Number of documented key affected population human rights violations desegregated by KAP groups: PWID- 46; SW-63; MSM- 6 and PLHIV-20. The data comes from sub-recipients participating in the program Street Lawyers and the Soros Foundation-Kyrgyzstan.
6	15	Number of organizations participating in the program Street Lawyers	Current grant	N-not cumulative	Yes - Top 10	2014	n/a			6			21			As a result % of achievement is 350%. During the reported period 21 organizations were participating in the program Street Lawyers according to the data provided by sub-recipients and the Soros Foundation-Kyrgyzstan.
			Select	Select	Select											
			Select	Select	Select											
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### Ongoing Progress Update and Disbursement Request

**Section 1: Programmatic Progress**

Note: Enter only the Workplan Tracking Measures that are due for the reporting period

<b>C- Workplan Tracking Measures</b>								
Activity	Activity details- milestones/ targets	Criterion for completion	Milestones/Target for the Current Period	Country (relevant for multi-country grants)	Target	Progress Status	Score	Reasons for deviation from workplan activities and milestones
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## Ongoing Progress Review and Disbursement Request

### Section 3A: PR - Procurement and Supply Management

		Comments
<p><b>1. Have you updated the Price Quality Reporting (PQR) with the required information on the pharmaceuticals and health products received during the period covered by this PU/DR' (if applicable)? If health products procurement information has not been entered into the PQR, please explain why.</b></p> <p>! For further guidance on PQR data entry, please refer to the guidelines.</p>	Select	The PQR has been updated and the drugs and health products received during Jan-Jun 2016 have been registered in the system.

2. Based on the most up-to-date stock situation, are there any risks of stock-outs or expiries for the key pharmaceuticals & health products, listed below, at the central level in the next period of implementation? If yes, please comment.			
Key Pharmaceuticals & Health Products	Risk of Stock-Out	Risk of Expiry	Comment (if yes, please provide information on the specific items that are at risk of stock-out or expiry)
1. Anti-malaria medicines	N/A	N/A	
2. Bed nets	N/A	N/A	
3. In-Vitro Diagnostic Products	No	No	
4. Condoms	No	No	
5. Anti-retrovirals	No	No	
6. Anti-TB medicines	No	No	
7. Lab supplies (e.g. CD4, Viral Load, Cartridges...)	No	No	
8. Other (Please specify in the "Comment" column)	Select	Select	

3. Comment on additional issues related to the procurement and supply management of pharmaceuticals and health products.
The pharmaceuticals and health products have been supplied in timely manner. As of 30/06/2016 neither stock out situation nor overstock situation is expected.



**For LFA Use Only**

**Section 3B: LFA-Verified Procurement and Supply Management Information**

	PR's response	LFA's response	LFA Comments/Analysis
1a. Has the PR updated the Price Quality Reporting (PQR) with the required information on the pharmaceuticals and health products received during the period covered by this PU/DR' (if applicable)? (If health products procurement information has not been entered into the PQR, please explain why in comments box)	Select	Select	

**1b. Value of Pharmaceuticals and Health Products in the PQR (6 categories only)**  
 (!) This table is included in the PU/DR form with the aim to improve completeness of information in the PQR system and not for comparing PQR amounts vis-à-vis expenditure per se. NB: PQR and expenditure amounts on health products may not be equal due to a timelag between payments and delivery of pharmaceuticals/health products.  
 (!) For further guidance on PQR data entry, please refer to the guidelines.

Reporting Currency								
PQR Product Categories	Value of products received during reporting period	Value of products entered by the PR and verified as correct by the LFA in the PQR during reporting period	Variance	Reason for Variance	Cumulative value of products received since the start of the grant	Cumulative value of products verified as correct by the LFA in the PQR since the start of the grant	Variance	Reason for Variance
1. Anti-malaria medicines								
2. Bed nets								
3. In-Vitro Diagnostic Products								
4. Condoms								
5. Anti-retrovirals								
6. Anti-TB medicines								
7. Indoor Residual Spraying (IRS)								
<b>Total</b>	0	0	0		0	0	0	

**2. Based on best information available to the LFA, are there any risks of drug stock-out or expiries at the central level in the next period of implementation? (If yes, please explain in comments box)**  
 ! This section should be completed by the LFA based on best information on stock at the central level available to the LFA and should not require dedicated visits for on-site checks of stocks.

Key Pharmaceuticals & Health Products	Risk of Stock-Out	Risk of Expiry	Comment (if yes, please provide information on the specific items that are at risk of stock-out or expiry)
1. Anti-malaria medicines	Select	Select	
2. Bed nets	Select	Select	
3. In-Vitro Diagnostic Products	Select	Select	
4. Condoms	Select	Select	
5. Anti-retrovirals	Select	Select	
6. Anti-TB medicines	Select	Select	
7. Lab supplies (e.g. CD4, Viral Load, Cartridges...)	Select	Select	
8. Other (Please specify in the "Comment" column)	Select	Select	

**3. LFA analysis of issues related to the procurement and supply management of pharmaceuticals and health products**

## On-going Progress Update and Disbursement Request

### Section 4: Grant Management

#### A. PR and LFA Comments on the Fulfilment of Conditions Precedent and/or Special Conditions Under the Grant Agreement

! Please include in this table the Condition Precedent number as per Grant Agreement and full text of Conditions Precedent and/or other special conditions due for fulfilment during this period or outstanding from previous periods.  
! Some Special Conditions may apply to more than one period of grant implementation. Their fulfilment during one period does not automatically imply fulfilment in subsequent periods. The LFA should verify that the status of such conditions is reported by the PR during each period concerned.

Conditions Precedent and/or other special conditions	Status	PR Comments on Progress of Implementation
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## B. PR & LFA Review of Progress on Implementation of Outstanding Management Actions from Previous Disbursements

! Please list all issues raised in the last Performance Letter from the Global Fund or outstanding from previous Performance Letters, and comment on the progress. Please include the date of the Performance Letter and the item number.

Global Fund Management Actions	Status	PR Comments on Progress of Implementation
<p><b>Recommendation 1: The PR together with NAC and community of PLHIV (community based NGO) should pay more attention to motivation of PLHIV by provision of incentives and strengthening of self-support.</b></p>	Met	<p>The number of PLHIV on ART by the end of the reporting period was over achieved (126%) due to the following actions implemented by PR jointly with the partners:</p> <ul style="list-style-type: none"> <li>* PR jointly with RAC developed, approved and implemented the Motivational Strategy on payments (incentives, performance based) to the staff of AIDS centers and FMC (doctors, nurses, social and peer workers involved in work with PLHIV and their families), including prisons.</li> <li>* During M&amp;E visits in June of 2016 PR jointly with RAC have conducted on-job trainings on capacity building of medical staff of AIDS centers and FMC, involved in work with PLHIV and their families (recording and reporting of documentation, counselling on adherence to ART, nutrition and dietary during ART, treatment management of patients on ART, implementation of motivational incentives), provided informational educational materials, etc.</li> <li>* The motivation strategy system for PLHIV adherenced to ART continued to be implemented in monetary remuneration that were paid via Bishkek AIDS Centre based on information available through the HIV Electronic Case Management System (UICs, percentage of PLHIV adherence to ART). For clients without documents in civil sector (up to 10 % out of all clients) and for all clients in prisons the motivation packages remuneration was provided.</li> <li>* According to the description of services provided by all selected community-based NGOs "peer to peer" consultations, self-help groups and regular mini-sessions for clients and their family members, case management approach for each HIV positive client were held during the reporting period.</li> <li>* In order to improve the services on treatment, care and support of PLHIV in prisons, during the reporting period PR conducted several meetings with the Republic and Bishkek AIDS Centers, SSES and NGOs resulting in development of action plans for two priority prisons, the similar action plans will be developed and implemented for other prisons. RAC continued to provide their regular technical support to SSES through visits, consultations, working with complicated cases, cooperation in examination the clients on CD4 and VL, joint work with PLHIV and coordination (reporting system, scheduled visits, trainings, etc.). In order to improve the quality of services in prisons the Harm Reduction Network NGO have continued their regular M&amp;E visits and data collection on needs of PLHIV in prisons.</li> <li>* In order to improve the cooperation with the new project of USAID "FLAGMAN" PR held several coordinating meetings with PSI / USAID and implementing partners (governmental and non-governmental organizations).</li> <li>* Based on results of M&amp;E visits and programme needs requested by SRs, PR revised and added necessary resources to SRs for the second semester of 2016.</li> <li>* Within the Work Plan and Budget for the 2nd Semester of 2016 PR planned trainings for improving the capacity of the partners on case management, peer counseling, human rights, etc.</li> </ul>
<p><b>Recommendation 2: The PR together with NAC should improve access to laboratory monitoring of ART for all eligible PLHIV. Support for transportation of blood sample to laboratories for viral load or CD-4 tests provision may be useful for the doctors and clients. As the PR already provides support to NCP for material transportation to TB laboratory, it can consider arrangement of outsourcing in case of HIV as well.</b></p>	Unmet - In Progress	<p>For the further improvement of the access of PLHIV to laboratory monitoring of the effectiveness of ART (the analysis of VL, CD4 cell) during the reporting period PR implemented the following activities:</p> <ol style="list-style-type: none"> <li>1) Conducted and finalized construction works in Osh AIDS Centre for establishment of new PCR laboratory based in the Center. Transportation and installation works are conducted by RAC with ICAP support, trainings of staff will be conducted by ICAP as well. It is planned that the laboratory will start working from September of 2016.</li> <li>2) RAC with support of ICAP and PR have outsourced the transportation services to private laboratories (e.g. private courier service of Bonetsky Laboratory - Intelmed LLC) for the transportation of biological samples (VL, CD4) from the regions to the only existing PCR laboratory in the country – in RAC from January of 2016, from September of 2016 to the Osh PCR laboratory as well. ICAP is planning to finance the transportation services until October of 2016. PR included the costs for the above mentioned services in revised Work Plan and Budget for the 2nd Semester 2016 – 2017 (18 months).</li> <li>3) During the reporting period, PR assured AIDS centers with the uninterrupted provision of tests systems (VL, CD4 tests).</li> </ol> <p>As a result of undertaken efforts 77% out of the number of PLHIV on ART and to be diagnosed on VL/CD4 during the reporting period have been examined. However, only 29% out of the number of PLHIV not on ART and to be diagnosed on VL/CD4 during the reporting period have been examined.</p> <p>The total percentage of PLHIV in care were examined for VL/CD4 is 68%. Further PR jointly with RAC and other partners will continue to work on improvement of indicators related to VL / CD4.</p>

<p><b>Recommendation 3: ASTB diagnoses and TB prevention among PLHIV are crucial for decreasing of mortality and retention at the ART PLHIV, the PR together with NAC, as a SR should pay more attention to early TB diagnoses and prevention, as well as providing treatment, care and support to patients with HIV/TB.</b></p>	<p>Met</p>	<p>In accordance with the RAC report for the first semester of 2016, 96% of all eligible PLHIV (2,735) were screened for TB, and as a result the percentage of the achievement is 120%.</p> <p>According to the data provided by RAC, which includes data from the State Penitentiary System, 82 (79 adults and 3 children) out of 93 HIV-positive patients with TB (90 adults and 3 children) were receiving ART and TB treatment during the reporting period. Thus, the actual result is 88.2% (82/93), and as a result the percentage of the achievement is 205%. The reason of that is the new amendments in the national clinical protocols for HIV/TB diagnostics, treatment and care made in line with the latest WHO guidelines.</p> <p>During the reporting period 71 (68 adults and 3 children) out of 176 adults and children (168 adults and 8 children) newly enrolled in HIV care started IPT, according to the RAC report. The actual result is 40% (71/176), and as a result the percentage of the achievement is 90%.</p> <p>In order to continue improvement on prevention of TB among PLHIV, PR have included to the Agreements with the NGOs working with PLHIV and their families, services on counselling and motivation of PLHIV on the IPT issues through peer counselling and case management.</p> <p>PR jointly with PEPFAR partners (ICAP, USAID, CDC, PSI) and RAC will continue to consolidate efforts to strengthen the work in this direction for achieving the planned targets, as well as continue training of medical staff of AIDS centers, FMC on the issues of prevention TB by isoniazid (IPT), motivational counselling, etc.</p>
<p><b>Recommendation 4: Activities realized by PR together with Republican Narcology Center demonstrate high level of interest for retention OST clients at the programme. More attention should be paid for organization of motivation sessions and for arrangement of special more comfortable venue for such activity. Unified training materials should be prepared and distributed among OST sites. Such sessions can be organized for several sites at the same time. Merging OST sites and establishing more flexible work (more flexible opening hours for OST points, provision of dosage for several days, working with close environment of the clients) could approve retention of the clients within the programme.</b></p>	<p>Unmet - In Progress</p>	<p>Despite the joint efforts of the PR, RNC, NGOs and other partners working with OST clients there is a continued trend on reduction of OST programs coverage during the recent several reporting periods. The main reason for such reduction of coverage is remaining not enough retention in the program of the OST clients.</p> <p>Such rate of retention caused by the following reasons: 1) uncertainty of clients in the future of the OST program due to the forecast of transition to domestic financing from 2018; 2) mandatory registration of the OST clients in the state narcology database; 3) discrimination of the OST clients rights by law enforcement employees; 4) inability for clients to obtain a dosage of methadone for more than two day due to current regulations of the program; 5) low medical staff motivation to work on patient's retention to OST because of work overload and high turnover and decrease of salary scale; 6) parallel usage of other drugs.</p> <p>In the current reporting period, the PR has taken the following actions to address the above mentioned reasons:</p> <ol style="list-style-type: none"> <li>1) PR together with RCN from the beginning of the 2016 strengthened all OST sites staff capacity through peer counseling;</li> <li>2) Through the tender process one NGO was selected to work with OST clients (counseling, trainings, self-support groups);</li> <li>3) PR together with RCN developed, improved and implemented the motivational strategy of payments to all staff OST sites to ensure involving of new clients and retention to OST;</li> <li>4) PR together with RCN initiated creating of country working group (International, nongovernmental and other partners) to revise of legal framework of OST program in order to address the issues (mandatory registration, increasing the number of days that OST doctors could distribute methadone to stable clients and etc.) and to work on all issues related to OST program in KR, including emphasizing on OST retention.</li> <li>5) RCN will provide mentorship support to OST sites, including SSES. Jointly with ICAP support all OST sites will be covered by this activity. As a result increasing of client's retention for OST is supposed to be increased;</li> <li>6) RCN will update training module on OST for medical staff, and will develop training module for non-medical staff (peer and social workers), and conduct on-job and other trainings on OST issues;</li> <li>7) RCN will provide additional psychological support for OST clients aimed to improve client's satisfaction with OST and retention for OST;</li> <li>8) RCN will conduct mini-sessions for OST clients with paying more attention on retention issues;</li> <li>9) The established country thematic working group will implement and coordinate all planned activities.</li> </ol>
<p><b>Recommendation: The PR in collaboration with UN agencies and development partners should arrange special assessment for verification of indicator's achievement, such as Number of pregnant women who know their HIV status; Number of people tested for HIV, including the provision of results; coverage by viral load tests, etc. Such activity may be implemented together with UN agencies and development partners, as well as implemented within State Programme midterm evaluation which will be organized at the year 2015.</b></p>	<p>Unmet - In Progress</p>	<ol style="list-style-type: none"> <li>1) All program indicators are verified by the PR and other partners during monitoring visits on a routine basis.</li> <li>2) The indicator on coverage by VL tests was included in to the indicator sheet of the agreements with the AIDS centers.</li> <li>3) During the reporting period the working group for the development of State HIV programme and Strategic Plan was established and approved by the MoH KR. PR will support with hiring of the International Consultant for the working group.</li> <li>4) During the reporting period PR with the partners synchronized national and GF grant M&amp;E system by the following activities: <ul style="list-style-type: none"> <li>- reporting systems of the AIDS Centres and NGO's to have a possibility to work with the harmonized data to develop the HIV cascade for each covered key population group (PWID, SWs, MSM) was implemented by including of UIC system to the AIDS Centre's electronic base on HIV cases;</li> <li>- strengthening the cooperation between NGOs and AIDS Centres (joint meetings, discussions, etc.);</li> <li>- discussions with the MoH KR and RAC on the using MIS Data Base by the national key entities;</li> <li>- promotion of the MIS Data Base by MoH among all donors working on HIV prevention in the country;</li> <li>- upgraded MIS Data Base during the reporting period was introduced among all Sub-Recipients. The appropriate trainings on M&amp;E and on-job trainings were provided;</li> <li>- improvement of MIS Data Base for OST points was finalized and introduced;</li> <li>- within the Work Plan and Budgets for the 2nd semester of 2016 PR planned several activities for synchronization of the National M&amp;E system and GF project M&amp;E system (working group, meetings, trainings, etc.).</li> </ul> </li> </ol>
	<p>Select</p>	
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**C. Comments on Annual Grant Reporting Requirements**

! Please indicate a date for the report due for submission. If a report is overdue, indicate the original due date and explain the reason for delay.

Required Documentation	Status	Comments
PR Audit Report	Preparati on on track	PR Audit is expected in November/December 2016.
Annual Financial Report (AFR) / Enhanced Financial Report (EFR)	Preparati on on track	AFR would be submitted by March 2017.

# Ongoing Progress Update and Disbursement Request

## Section 5: PR and LFA Evaluation of Overall Performance

### A. PR's Overall Self-Evaluation of Grant Performance (including a summary of how financial performance is linked to programmatic achievements)

! The self-evaluation should be undertaken by taking into account programmatic achievements, financial performance and program issues in various functional areas (M&E, Finance, Procurement, and Program Management, including management of Sub-Recipients). See Guidelines for more detailed guidance.

#### Summary:

During the reporting period, the grant has continued to achieve a strong programmatic performance. UNDP has ensured continuous provision of prevention services for all key populations as well as diagnostic and treatment.

The budget for the reporting period was \$ 3,909,992.84; cash outflow was \$1,848,251.91 and commitments together with other obligations at the end of the reporting period are \$1,057,849.61.

The financial delivery versus budget in the reporting period excluding commitments is 47 % whereas including commitments it is 74 %. The current period burn rate at 74% is calculated as following: SR and PR cash outflow plus commitments versus current budget.

The cumulative financial rate excluding commitments is 89%; whereas including commitments its 93%

The cash balance at the end of reporting period is \$2,050,710.32 which covers below activities:

- \$1,177,203.91 PR commitments as of 30/06/2016;
- \$ 80,904.80 - other PR's obligations i.e. ongoing programmatic activities and expected OAI audit in November 2016;
- \$ 792 601.60 remaining balance that would be updated upon finalization of UNDP expenditures under closed grants.

During the reporting period, the PR jointly with the partners achieved the following significant results implemented within the program:

- In order to prevent the interruption of the services provision to the clients PR started the tender process of SRs for 2016 in the middle of November 2015 and ensured the implementation of prevention, treatment, care and support activities at the same level during the "transition" period 2015-2016;
- More than forecasted number of PLHIV were involved to ART;
- PR effectively collaborated with the MoH on the updating the Capacity development Plan (according to the USAID GMS Mission recommendations), development and implementation of the Action plan on information and experience sharing sessions, conducting all recruitment processes (of MoH staff and consultants);
- PR developed the M&E Plan for the period of July 2016-December 2017detailed, that was submitted to the GF, met with the identified deadlines;
- Within the cooperation with ICAP and RAC: the access to the VL diagnostic was improved through the outsourcing services for blood sample transportation by "Bonetsky lab."; all issues related to the organizing and conducting IBBS in 2016 were discussed (procurement, program part, protocol, trainings, etc.);
- The mechanism of public monitoring of HIV prevention and treatment programs by Harm Reduction Network continued to be implemented in SSES, as the result the collaboration between SSES and RAC, and situation in some prisons were significantly improved;
- PR jointly with Foundation Soros-Kyrgyzstan conducted several trainings to start the "street lawyers" project;
- Due to the started new USAID/PSI "Flagman" project from May 2016 among PWID and PLHIV, PR conducted several coordinating meetings with the partners and conducted the data verification/analysis.

#### Programmatic performance:

The detailed programmatic performance overall self-assessment for 2011- 2015 was provided in the previous PUDRs.

In the beginning of the grant (the 2nd Semester 2011) the performance of the grant was assessed by 4 performance indicators, related to PLHIV, ART, OST and PMTCT.

In 2012 there were identified 17 indicators related to the prevention programs for each key population group, PLHIV and ART, HIV testing, PMTCT, STL, community development, trainings, etc. were identified in PF. Out of 17 indicators 9 were determined as Top Ten.

In 2013 the evaluation of the grant was conducted through the same 17 indicators.

In 2014 despite the delay in the signed Grant Agreement for 2014, all programme activities were continued. The PF was revised, the total number of indicators was 14, non Top Ten indicators were excluded and some new indicators were included. The new indicators on OST adherence and HIV testing of the clients from PWID, SWs and MSM group were identified to measure the quality of the appropriate services.

In 2015 the PF was revised again and 13 program indicators were identified, incl. new indicators on the clients from key population groups receiving an HIV test and know their results. In the last Semester 2015 the grant performance was assessed by one impact indicator as well.

In the current reporting period the performance of the grant is assessed by two impact indicators for 2015 (annual indicators) and 15 program indicators. The first impact indicator on the estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months is kept almost on the same level as in 2014 (4.1 % vs 4.2 % accordingly). The second impact indicator shows that 76 % of adults and children with HIV known to be on treatment 12 months

after the initiation of treatment (confirmed data). In accordance with the PF other impact indicators will be available from the IBBS, which is planned for the second semester 2016 and the data will be available in 2017. For the reporting period nine out of 15 programme indicators were overachieved (more than 100 %), three indicators were achieved at and more than 90 %, and three program indicators were achieved at more than 80 %.

During last semester all key population groups continued receiving minimum package of prevention services, the performance indicators for PWID, sex workers and MSM were exceeded. The number of PLHIV reached with the care and support programs within the Grant were overachieved as well. The target indicator on the clients from key population groups receiving an HIV test and know their results during the year was achieved among the prisoners, among the PWID, SWs and MSM it was achieved at more than 90, 80 and 80 % accordingly. The indicator on the "Percentage of individuals receiving OST who received treatment for at least six months" was achieved at 84.5 %. The number of people receiving ART at 31 December 2015 was 2,105 and at 30 June 2016 it was 2,417. The denominator was significantly decreased according to the decrease in the estimated data for the number of people living with HIV for 2015 (8,100 latest available data in 2015 compared with 9,300 previously), but anyway the indicator was overachieved (126 %). The % of HIV-positive patients who were screened for TB in HIV care or treatment settings were overachieved in each Semester. Two new indicators on the street Lawyer program were achieved at a good level (90 and more than 100 %).

#### **Sub-recipients management:**

The detailed information for 2011- 2015 was provided in the previous PUDRs.

In accordance with GF Implementation letter the contract with UNDP as PR was extended till 30 June 2016. According to the Concept Note for 2016-2017 submitted by the Country and approved by the GF, and UNDP procedures SRs involved to the grant implementation were supposed to be determined through the selection process. The grant planned to be implemented by the state and non-governmental organizations. The state organizations as SRs were involved to the grant through the direct methods and NGOs were selected through the tender process. UNDP launched the tender process in October 2015. The program design was developed, the number of the partners and geographical areas were identified, ToRs were developed and the tender process started in November 2015. Despite on the duration of the SRs selection process, the PR was able to manage the SRs and their activities in the beginning of the year on: signing the Agreements with the partners on no-cost basis till the mid of January 2016, procuring of the continuation and prevented the interruption of the provided services to the programme clients, keeping the most of trained staff and effective collaboration and communication with SRs. As a results of the tenders 25 NGOs on different areas were selected as SRs. The total number of SRs during the reporting period was 30 (25 NGOs and 5 state organizations).

To ensure the targets achievement during 2016 PR planned the expansion of the program activities to some new regions and took into account within the SRs selection process.

UNDP practiced the series of joint and separate working meetings, which helped to improve communication with SRs and avoid misunderstandings of GF and UNDP policies.

To ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines PR jointly with governmental SRs developed, agreed with the Ministry of Health, approved and implemented the plan of incentive payments for 2016.

In order to ensure the quality of some new activities to be implemented PR conducted a series of training activities to improve capacities of SRs on PDI, street lawyers and M&E issues. PR conducted several meetings with RAC and other partners like ICAP to discuss, improve and synchronize the national M&E system with the GF grant.

From the beginning of January 2016 the collaboration with the MoH was continued. During the reporting period, nine experts hired by MoH worked within the Agreement between UNDP and MoH. In April 2016, USAID GMS team provided Technical support to the MoH on optimization of the approved Capacity development plan and development the Road map of further activities. During May – June 2016 UNDP and MoH teams updated the Capacity development according to the forecasted real timelines and real needs. Some activities related to the national technical support and other issues were started. UNDP developed, like the Secondment plan, Action plan on information and experience sharing sessions that was agreed with the MoH team and implemented. UNDP staff was attracted to all recruitment processes within the Agreement.

During the reporting period the Secondment approach of PR programme staff continued to be implemented. These secondments assisted with developing the quality of reports and routine accounting and reporting by SRs by providing technical and practical assistance in the field by consultations and within on-job trainings.

In 2016 PR continued the work on development, testing and implementation of iC financial management software for SRs as per the new modular approach of budgeting of GF grants.

#### **Monitoring and Evaluation:**

The detailed information for 2011- 2015 was provided in the previous PUDRs.

During the last reporting period, according to the Data Quality assessment recommendations in 2016 PR continued to finance two M&E positions under RAC to provide high quality data and to support and increase the capacity of RACs' staff as they are physically working in RAC. As a result, the better quality of reporting data was demonstrated.

PR continued to ensure the qualitative and effective operation of the existing M&E System on routine basis by working on programme reports, M&E visits, and consultations. PR had several meetings with RAC, ICAP and other partners on the synchronization of the National M&E system with the GF grant, some changes were included into the electronic database on HIV cases and the primary reporting system.

From November 2015 PR discussed with RAC, ICAP and other partners all issues related to the IBBS. IBBS is planned for August – October 2016. All prepared works were finalized.

PR updated the Data Base MIS on some program issues according to the identified needs and installed the updated base in all SRs. PR discussed with Republic Narcological Center and ICAP and consolidated all efforts to plan the installment and using of the Electronic MAT register (electronic database on OST clients) in all OST sites from January 2017.

In order to exclude the duplication of activities with a new USAID/PSI "Flagman" project started from May 2016 among PWID and PLHIV, PR conducted several coordinating meetings with the partners and conducted the data verification/analysis.

PR developed and agreed with the GF the HIV M&E Plan for the period January – June 2016 and July – 2016 – December 2017. In addition, PR updated the M&E and Database MIS guidelines for SRs.

#### **Procurement**

The procurement overall self-assessment for 2011-2013, 2014 and 2015 was provided in the previous PUDRs.

In 2016, UNDP ensured all essential medicines (ARVs, naloxone and methadone) and health products (mainly diagnostic products) have been procured and delivered to end-users in timely manner.

There are only concerns on the supply of methadone for 2017 as there is only one supplier that deals with import of methadone into the country and the registration period of the methadone is over. The Supplier is collecting necessary dossier for the re-registration of methadone. The current stock of methadone covers the period till end of 2016. Therefore, the risk of stock out is minimal. However, the PR keeps control on this and regularly contacts the Supplier in order to follow up with the timely delivery for 2017.

It should be noted, as a result of cooperation with the USAID/RSI "Flagman" project, the number of enrolled HIV patients will increase. This will require additional order of ARV drugs. The PR has savings from previous orders of ARV drugs and can cover the procurement of additional ARV drugs needed for new patients (100 patients).

As the best practice, it could be mentioned that UNDP started the SRs selection process beforehand and mostly ensured not interruption of the services to the target groups from the beginning of 2016.



## B. Planned Changes in the Program, if any

The detailed information for 2011- 2015 was provided in the previous PUDRs.

During the reporting period PR mostly followed the planned program activities.

Due to the USAID/RSI "Flagman" project started from May 2016, as it was agreed before with the partners, PR cancelled the PDI activities among PWID within the GF grant as the mentioned project is aimed at the search and involvement new PWID to the HIV programs.

Due to the MoH order on the removing the OST point in Karasu from the current location, according to the RNC PR urgently reviewed the planned repairing activities and started the process on the requested works.

## C. External factors beyond the control of the Principal Recipient that have impacted or may impact the Program

The detailed information for 2011- 2015 was provided in the previous PUDRs.

During the reporting period, PR and partners faced with some new and still existing challenges/barriers as the following:

1) Continued stigma and not enough effective patient management from the medical staff side due to the understaffing/staff turnover, huge pressure, etc. in the medical institution. PR and SRs regularly organize the meetings between NGOs and the state organizations where the existing problems are discussed. In the AIDS centers there are employed "peer" and social workers to conduct the consultations, support the medical staff in case management of PLHIV. During the next reporting period PR jointly with SRs and other partners are planning to conduct several events on the issues, like Summer school for HIV positive children, four National Forums for PLHIV, PWID, SWs and MSM Communities.

2) Not high capacity of the SSES and continued understaffing/high staff turnover.

3) Changes in the regulatory environment. There is continued legal bill being discussed in Parliament which prohibits 'non-traditional' sexual relations. This continued to affect our ability to reach MSM and even sex workers with planned services, but during the reporting period SRs were able to keep the coverage of the clients with the minimal package of services, but were not able to cover the clients by the HIV testing according to the targets.

4) In terms of working with SWs, together with the continued activities of "Morality police" (under the MIA), SRs faced with the regular and harsh raids in Bishkek and Osh conducted by the Police departments. Such actions significantly complicated the SRs work with SWs. Despite on the difficulties SRs were able to keep the coverage of the clients with the minimal package of services, but were not able to cover the clients by the HIV testing according to the targets.

5) Not high rate of coverage and retention to OST program continued to be caused by the reasons as: uncertainty of clients in the future of the OST program due to the forecast of transition to domestic financing from 2018; mandatory registration of the OST clients in the state narcology database; discrimination of the OST clients rights by law enforcement employees; inability for clients to obtain a dosage of methadone for more than two day due to current regulations of the program; low medical staff motivation to work on patient's retention to OST because of work overload and high turnover and decrease of salary scale; parallel usage of other drugs by the clients. PR together with all partners are trying to implement necessary activities aimed on the improvement the situation (meetings, working groups, trainings, etc.).

6) Starting of the new projects in KR, such as USAID projects in civil and penitentiary sectors, aimed at PWID and PLHIV which have great potential (financial, etc.) and is needed to be coordinated/consolidated with the GF grant for 2016-2017.

7) As the Global Fund funding reduces, and there is increased reliance on National Funding, it may be difficult to attract financing for activities and NGOs working with key populations at the same level in the future.

## For LFA Use Only

### A. LFA Overall Evaluation and Rating of Grant Performance (including a summary of how financial performance is linked to programmatic achievements)

! The evaluation should be undertaken by taking into account programmatic achievements, financial performance and program issues in various functional areas (M&E, Finance, Procurement, and Program Management, including management of sub-recipients). See Guidelines for more detailed guidance on the completion of this section.

Indicator rating	<input type="text" value="Select"/>	Any major management issues resulting in downgrade?	<input type="text" value="Select"/>	Overall Grant Rating	<input type="text" value="Select"/>
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### B. LFA comments on PR planned changes in the program, if any

### C. LFA Comments on External Factors Beyond Control of the Principal Recipients that have impacted or may impact program

# Ongoing Progress Review and Disbursement Request

## Section 9A. PR Authorization

The undersigned acknowledges that: (i) all the information (programmatic, financial, or otherwise) provided in this Progress Update and Disbursement Request is complete and accurate; (ii) funds disbursed in accordance with this request shall be deposited in the bank account specified in the Facesheet; and (iii) funds disbursed under the Grant Agreement shall be used in accordance with the Grant Agreement.

Signed on behalf of the Principal Recipient:  
(signature of Authorized Designated Representative)



Aliona Niculita

Name:

\_\_\_\_\_

Deputy Resident Representative

Title:

\_\_\_\_\_

Bishkek, September 7, 2016

Date and Place:

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