

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION	
Country:	Kyrgyz Republic
Disease:	Tuberculosis
Grant Number:	KGZ-S10-008-T
Principal Recipient:	UNDP-Kyrgyzstan
Program Start Date:	1-Jan-2011
Currency:	USD
PROGRESS UPDATE	
Progress Update - Reporting Period:	Semester
Progress Update - Period Covered:	1-Jan-2014
Progress Update - Number:	7
Cycle:	7
Beginning Date:	30-Jun-2014
End Date:	
DISBURSEMENT REQUEST	
Disbursement Request - Disbursement Period:	Annual
Disbursement Request - Period Covered:	Not applicable
Disbursement Request - Number:	

Section 1: Programmatic Progress

Note: The table below should contain these 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.

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	TB mortality rate (Number of registered deaths due to TB (all cases per year per 100 000))	9	2009	2013	8	14-Aug-2014	8.10	R&R system	The latest national data shows the TB mortality rate of 8.1 per 100,000 population or 665 total TB deaths occurred countrywide in 2013. Majority of cases (441) occurred in civilian health sector and the remaining 25 were in prisons. The mortality rate indicator for 2013 meets the targeted 8.1 per 100,000 population.
Outcome	Notification rate for new smear positive TB cases - new smear positive TB cases notified to the National Health authorities during a specified period per 100,000 population	32	2007	2013	32	14-Aug-2014	26.10	R&R system	The latest national data shows the notification rate for new smear positive cases of 26.1 per 100,000 population or total 1667 cases, registered countrywide in 2013. Of them 1626 were reported by civilian and 41 - by prison health sector. The notification rate for the new smear positive cases, registered in 2013 was below the goal.
Outcome	Notification rate for all forms of TB cases (including new smear positive, smear negative, extrapulmonary and relapses) notified to the National Health authorities during a specified period per 100,000 population	109	2009	2013	104	14-Aug-2014	109.4	R&R system	The latest national data shows the notification rate for all forms of TB cases equal to 109.4 per 100,000 population or 6257 absolute cases, registered countrywide in 2013. There were 1667 new smear positive and 2505 new smear negative cases among them as well as 1070 extrapulmonary and 415 relapses. Female represented 2656 patients and male - 3599. In 2013 1836 civilian health sector reported 6962 TB cases, including 1697 smear positive, 1659 smear negative, 1829 extrapulmonary and 197 relapses. The prison health sector reported 175 cases, including 41 new smear positive, 97 smear negative, 11 extrapulmonary and 26 relapses. The notification rate for all forms of TB for 2013 was higher than the target.
Outcome	Treatment success rate among new smear positive TB cases: new smear positive TB cases successfully treated (cured plus completed) but of those new smear positive TB cases notified to the health authorities during specified period (number and percentage)	82%	Apr/08- march 09	2012	83%	14-Aug-2014	82.56%	R&R system	Of 1584 new smear positive TB cases, reported for 2012, a total of 1416 were assessed by NTP for their treatment outcomes. The rest of patients were either reconsidered about their TB diagnosis, or on their basis of the drug resistance profile transferred to the DR-TB register (according to the new WHO definitions). Thus, the treatment success rate of new smear positive cases, registered in 2012 become equal to 82.5% (1168 out of 1416). Prison health sector has achieved 74.1% (40 out of 54), civilian sector - 82.8% (1128 out of 1362). The treatment success rate of new smear positive cases have practically met the targeted 83%.
Outcome	Treatment success rate, laboratory confirmed MDR TB cases successfully treated (cured plus completed) among those enrolled in second-line treatment during the year of assessment (number and percentage)	50%	2007	2010	56%	14-Aug-2014	54.30%	R&R system	The treatment success rate among MDR patients, enrolled into treatment in 2010, was equal to 54.2% or 239 patients out of 441. The cohort of interest have achieved the MDT treatment success rate at 34.7% in prisons (26 patients out of 75) and - 58.2% (213 patients out of 366) in civilian sector. Compared with results of the previous cohort, an acceleration in MDR treatment success rate was achieved in civilian health sector. The prison health sector achieved the improvement level, from 20% to 28.7% in 2010. The MDR cohort achieved the target at 97%. The treatment success rate, observed countrywide among the Y 2012 MDR cohort achieved the target at 97%.
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On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	KGZ-510-008-7		
Progress Update - Reporting Period:	Cycle:	Semester	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jun-2014	7
Progress Update - Number:	7	End Date:	30-Jun-2014

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. Programmatic Indicators

Objective No.	Indicator No.	Indicator Description	Tied To	Targets cumulative?	Top 10 indicator?	Baseline (if applicable)		Intended Target to date	Actual Result to date	% achievement (Please calculate as appropriate)	Reasons for programmatic deviation from intended target and deviations from the related workplan activities
						Value	Year				
1	1	Number of new smear positive TB cases notified to national health authority	National Program	Y-cumulative annually	Yes - Top 10	1 720	2007	842	961	102%	The National TB data represented 961 new smear positive TB cases, reported to the health authorities in 1-2 Q, 2014. Of them female represented 411 and male- 550 cases. The civilian health sector contributed 941 of them and the rest 20 relate to prisons. The high performance of indicator was contributed by such GF funded resources as TA, lab, reagents and consumables, capacity building efforts, provision of motivation payments etc.
1	2	Number of TB cases (all forms, new and relapses) notified to national health authority	National Program	Y-cumulative annually	Yes - Top 10	6 329	2005	2831	3402	120%	A total number of all TB cases, reported by NTP in 1-2 Q 2014 was at 3402 against 2831 targeted. The absolute number consists of 961 new smear positive, 1326 against smear negative, 634 extrapulmonary and 21 relapse cases. Of them males represented 432, females- 3322 cases, and the rest 80 relate to prisons. The indicator of all TB cases notified was performed at 120%. The high performance was contributed by such GF funded resources as TA, lab, reagents and consumables, capacity building efforts, provision of motivation payments etc. The important support part arrives from FIND and KfW as well.
1	3	Number and percent of new smear positive TB cases that are successfully treated	National Program	Y-cumulative annually	Yes - Top 10	82% (1 631/1 971)	Apr. 08-Mar. 09 cohort	83%(717/864)	82% (619/755)	99%	Of 917 new smear positive TB cases, reported by NTP for 1-2Q 2013, a total of 755 were assessed by NTP for their treatment outcomes. Rest 162 patients were either reconsidered for their TB diagnosis, or on the basis of their drug resistance profile transferred to the DR-TB register (according to the new WHO definitions). All 755 patients were successfully treated. The indicator of TB cases registered in 1-2 Q 2013 was reported at 82% (619 out of 755). Prison health sector achieved 75% (12 out of 16), civil sector - 82.1% (607 out of 739). The target of the indicator was achieved at 99%.
2	4	Number of laboratory confirmed MDR-TB patients enrolled on second line anti-TB treatment (in both civil and penitentiary sectors)	Current grant	Y-cumulative annually	Yes - Top 10	380	2008	135	587	432%	A total of 569 MDR and 18 XDR patients commenced on treatment with the GF drugs during 1-2 Q 2014. This number consists of 563 civilian and 24 prison health sector patients. Of them female represented 182, male- 405 cases. The indicator performance exceeded 4 times. Besides, the stock of drugs from patients who died and defaulters during 2013- 1-2 Q 2014 allowed NTP include into treatment an additional 42 PDR patients, not reflected in this PF.
2	5	Interim result: culture conversion for new MDR/XDR-TB cases at six months; MDR-TB/XDR cases initiated on a second-line treatment who have a negative culture at the end of six months of treatment during the specified period of assessment	Current grant	N-not cumulative	No	73.5% (66/117)	Q3-4, 2011	76%	70.4%(366/492)	103%	The culture conversion rate at six months of MDR/XDR treatment was at 78.4% among the patients, registered in 1-2 Q 2013 (366/462). Among MDR patients it was 79% (366/463), among the XDR patients- of 71.4%. The indicator achieved the target at 103%.
2	6	Number of MDR/XDR-TB patients on treatment receiving patient support (food, hygiene packages and money allowances) for better adherence to treatment- includes inpatient and outpatient treatment	Current grant	N-not cumulative	No	380	2008	1 085	1 092	101%	The good performance of the indicator can be explained with changing the modality of supporting adherence to treatment. Since the beginning of 2014 distribution of food and hygiene parcels, replaced by paying money allowances. A total number of MDR/XDR patients, covered with money allowances during the reporting period was equal to 1092. Of them female represented 440 and male 643 cases. Thirty five female and 49 male additional PDR patients, enrolled into the treatment with GF drugs, were paid monthly allowances as well. They were not reflected in the indicator performance. The indicator performance exceeded 100% by 101%. Year target of the indicator of Number of MDR-TB patients, enrolled into MDR/XDR treatment. These patients are then available for money allowances.
2	7	Number TB service staff trained in DR-TB management locally and number of nurses trained for provision of DR-TB treatment adherence counselling.	Current grant	Y-cumulative annually	No	75	2004-2008	38	50	132%	Four training courses were organized during the reporting period. Trainings involved 8 lab. specialists, 30 PHC nurses from Naryn and Issyk-Kyl oblasts and 12 TB doctors. Indicator was performed at 132 %. Allocated budget allowed to cover more participants than planned. Number of trainees include 46 female and 4 male.
2	8	Number of MDR TB patients counseled and trained on questions of MDR TB treatment during the inpatient treatment phase	Current grant	Y-cumulative annually	No	-	2008	135	900	667%	The high indicator performance stems directly from 435% year target of the indicator of Number of MDR-TB patients, enrolled into MDR/XDR treatment. These patients are then available for counseling and training. Once they are counseled and trained they sign a monitoring report.
2	9	TB cases with result for drug susceptibility testing. TB cases with results for diagnostic DST for MDR-TB among those eligible for drug susceptible testing according to national policy	National Program	N-not cumulative	No	0	2011	N/a	N/a	N/a	It was supposed to start report this indicator in the next program period. UNDP informed the GF that the ability to report this indicator was contingent upon the timeline and functionality of Project HOPE database. Due to the data base is not functional yet, UNDP is not confident if NTP will timely manage to start reporting this indicator.

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* Indicator No. should correspond to the indicator number listed in the approved Performance Framework of the grant (1.1, 1.2, etc.)

C. Analysis of data quality and reporting issues

(1) This section should contain (1) a summary of issues related to data quality and reporting on programmatic indicators, and any relevant issues which are not covered in "Reasons for programmatic deviation" and (2) remedial actions that are underway or planned to address these issues.

inaccuracy and incompleteness of the TB programmatic data is still an issue. Electronic database, which is being developed by Project HOPE under the GF TB grant is still not functional. The National recording and reporting system continue to be the paper based and manually collected. This factor together with the high turnover of the trained staff contributes to statistic mistakes, leading to the wrong analysis of the situation. continue to occur. Improvement is expected, when the electronic data base is finalized, and implemented. The new WHO definitions to be implemented yet. UNDP continues undertake regular M&E visits, participated with national and regional TB specialists, providing technical input and advices to NTP, on spot verifying and cross checking the accuracy of the reports

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD	6/25/13-6/30/14
OK/Not OK	7
Progress Update - Reporting Period:	1/1/2014 - 30/06/2014
Progress Update - Period Covered:	
Disbursement Period:	

Section 2: Grant Management

A. PR COMMENTS ON THE FULFILLMENT OF CONDITIONS PRECEDENT AND/OR SPECIAL CONDITIONS UNDER THE GRANT AGREEMENT

Please include in the table the CF number for the Grant Agreement and a list of CFs and/or other special conditions due for fulfillment during the period of submission from previous periods. Some Special Conditions may apply to more than one period of grant implementation. They followed from one period does not automatically imply fulfillment in subsequent periods. The EA should verify the status of each condition is reported by the PR during each period concerned.

Conditions Precedent and/or other special conditions	Status	PR Comments on Progress of Implementation
<p>Conditions Precedent to Disbursement of Grant funds to finance the procurement of the second lot for ART, TB, Syringes (Contract Date 13.11.2013) and 1st lot for ART, TB, Syringes (Contract Date 13.11.2013) of the First Phase</p> <p>Unless otherwise duly notified by the Global Fund in accordance with its applicable policies, prior to the disbursement by the Global Fund to the Principal Recipient of the grant, the Principal Recipient shall make available to the Global Fund, in form and substance satisfactory to the Global Fund, the following:</p> <p>A. A current detailed multi-drug resistant tuberculosis (MDR-TB) expansion plan (including the number of MDR-TB patients to be treated and the list and quantities to be procured for the MDR-TB program, including the principal Recipient's finalized forecast for the grant implementation period covered by the grant) and the national guidelines for programmatic management of MDR-TB, both of which have been developed in collaboration with appropriate stakeholders and</p> <p>B. For each Disbursement Request that includes funds for the procurement of MDR-TB medicines the Principal Recipient shall deliver to the Global Fund a copy of the national guidelines for programmatic management of MDR-TB, both of which have been developed in collaboration with appropriate stakeholders and Global drug facility procurement agent by the Principal Recipient in accordance with the approval by the Green Light Committee referred to in Special Condition 6 of this annex A.</p>	<p>Select</p> <p>Select</p> <p>Met</p> <p>Met</p> <p>Select</p> <p>Unmet - In Progress</p> <p>Met</p> <p>Unmet - In Progress</p> <p>Select</p>	<p>PR Comments on Progress of Implementation</p> <p>The national MDR-TB plan for 2013-2016 was developed by the group of the national and international experts and endorsed by MoH February 2013. UNDP shared it with the Global Fund. 21 May 2013. Since then UNDP made available to the Global Fund the WHO estimate of the number of MDR-TB patients in the country</p> <p>The condition of having the GF confirmation of the second line price estimates and quantities of drugs became the operational rule of UNDP. UNDP ensures each round of the Second line drugs procurement. Lines below after Global Fund approves the treatment schemes, price quotation and qualification of medicines. Within the reporting period the approval was granted to the procurement of the SLD for 300 courses for 2015. All the medicines are procured through the GDF mechanism, which ensures them to be produced on the basis of the WHO standards.</p> <p>The National TB Program for the period 2013-2016 was approved by the Kyrgyz Government Decree #220 dated June 10, 2013. However, this document had to be amended with certain principles. Following the UNDP initiative, the Ministry of Health has created the Working Group on revision of the National TB strategy. Later the National TB strategy was revised and approved by the Kyrgyz Government Decree #220 dated June 10, 2013. The revision is on-going and is expected to incorporate the key findings from the NTP review, which took place in June 2014 by the GF initiative. The Global Fund has acknowledged the necessary to postpone the compliance with this Condition until 18 October 2014.</p> <p>Transfer to Green Light Committee is paid by the Global Fund directly on behalf of the PR.</p> <p>The Global Fund acknowledged that the UNDP has made significant efforts to consult the national stakeholders and to work with the Ministry of Health to include action towards preventing non-prescribed sale of TB drugs. GF also advised that the recommendation was not fully under the control of UNDP. The GF understands that the UNDP did not succeed in convincing the Working Group on revision of the drug policy to complement the National drug policy strategic document for 2014-2020 with specific provisions, prohibiting non-prescribed sale of TB drugs statements. However, the MoH reaffirmed UNDP that the issue is going to be reflected in the Plan Implementation of the National drug policy strategic document for 2014-2020, which was approved by the Kyrgyz Government Decree #316, dated 6 July 2014. UNDP expects MoH to fulfill this commitment. UNDP also looks forward that the issue is to be reflected in the report of the NTP review undertaken by WHO in June 2014.</p>

Section 2: Grant Management

B. PREVIEW OF PROGRESS ON IMPLEMENTATION OF OUTSTANDING MANAGEMENT ACTIONS FROM PREVIOUS DISBURSEMENTS

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

Global Fund Management Actions	PR Comments on Progress of Implementation
<p>Financial management and systems (management letter dated 25 June 2014)</p> <p>The PR has initiated the enhanced review process to ensure that relevant financial information to be submitted to the GF is accurate and adequate.</p> <p>The PR takes note on this recommendation.</p> <p>The PR has initiated the enhanced review process to ensure that relevant financial information to be submitted to the GF is accurate and adequate.</p>	<p>PR Comments on Progress of Implementation</p>
<p>Pharmaceutical and health product management (management letter dated 25 June 2014, #2) Both PR and GF already make significant efforts in addressing the "Good Storage Practices" issue. E.g. the GF is currently being pilot consultant who will help develop a comprehensive, multi-country Good Storage Practices (GSP) manual. The PR has also initiated a multi-country GSP manual development process. The PR has also initiated a multi-country GSP manual development process. The PR has also initiated a multi-country GSP manual development process.</p>	<p>Please note that this management action was received on 25 June 2014, just before the end of the semester. The timeline for completion is very tight especially with many Governments still on holiday in August.</p> <p>This specific PRM effort has been completed by UNDP in February 2015. The PR has also initiated a multi-country GSP manual development process. The PR has also initiated a multi-country GSP manual development process. The PR has also initiated a multi-country GSP manual development process.</p>
<p>Monitoring and evaluation (management letter dated 25 June 2014, #4) The PR should ensure that the TB Coordinators and M&E teams are fully equipped with the necessary tools and resources to monitor and evaluate the implementation of the TB program. The PR should ensure that the TB Coordinators and M&E teams are fully equipped with the necessary tools and resources to monitor and evaluate the implementation of the TB program.</p>	<p>UNDP is currently working with the PR to develop a comprehensive M&E framework for the TB program. The PR has also initiated a multi-country GSP manual development process. The PR has also initiated a multi-country GSP manual development process. The PR has also initiated a multi-country GSP manual development process.</p>

C. PR 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	Due date (Month/Year)	Status	Comments
Certified Financial Statement	June-14	Submitted to GF	The Certified Financial Statement will be submitted by UNDP HQP directly to the Global Fund on 30 June 2014.
Enhanced Financial Reporting (EFR)	1-Mar-14	Submitted to GF	The EFR was submitted along with the RUGER for Semester 1 (July - December 2013) on 13 March 2014.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD		03/25/2014 - 06/30/2014
Budget for Reporting Period	Actual Cash Outflow for Reporting Period	Variance
1,988,899	1,188,171	320,816
1a. PRS total expenditures		
1,200,122	981,442	208,681
1b. PRS total receipts		
268,776	206,729	62,047
2. Total pharmaceutical & health product expenditures vs. budget		
634,202	692,277	(141,055)
2a. Medicines and pharmaceutical products		
708,084	660,703	128,381
2b. Health products and health equipment		
125,300	111,875	13,425
1. Total PR cash outflow vs. budget		
14,677,794	9,800,715	4,897,079

Section 3A: Total PR Cash Outflow

For RCC grants the cumulative section of the table below should contain cumulative amount from the start of the RCC and not from the start of Phase 1 of the program.

Budget for Reporting Period	Actual Cash Outflow for Reporting Period	Variance	Reason for Variance	Cumulative Budget through period of Progress Update	Cumulative Actual Cash Outflow through period of Progress Update	Variance	Reason for Variance
1,988,899	1,188,171	320,816	<p>POSITIVE VARIANCE IN THE TOTAL AMOUNT OF \$801,728:</p> <p>The positive variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$500,000 for procurement of 165 MDR TB patients. There are commitments in amount of \$204,500 reprogrammed for additional MDR courses for 2015. Unspent amount of \$302,800 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. Unspent amount of \$198,928 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. Unspent amount of \$198,928 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. Unspent amount of \$198,928 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. 	14,677,794	9,800,715	4,897,079	<p>POSITIVE VARIANCE IN THE TOTAL AMOUNT OF \$4,897,079:</p> <p>The positive variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$500,000 for procurement of 165 MDR TB patients. There are commitments in amount of \$204,500 reprogrammed for additional MDR courses for 2015. Unspent amount of \$302,800 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. Unspent amount of \$198,928 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. Unspent amount of \$198,928 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. Unspent amount of \$198,928 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015.
1,200,122	981,442	208,681	<p>POSITIVE VARIANCE IN THE TOTAL AMOUNT OF \$218,239:</p> <p>The positive variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$100,000 for procurement of 100 MDR TB patients. There are commitments in amount of \$50,000 reprogrammed for additional MDR courses for 2015. Unspent amount of \$118,239 for procurement of 118 MDR TB patients. There are commitments in amount of \$59,119 reprogrammed for additional MDR courses for 2015. 	13,853,965	9,201,877	4,652,088	<p>POSITIVE VARIANCE IN THE TOTAL AMOUNT OF \$4,652,088:</p> <p>The positive variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$100,000 for procurement of 100 MDR TB patients. There are commitments in amount of \$50,000 reprogrammed for additional MDR courses for 2015. Unspent amount of \$118,239 for procurement of 118 MDR TB patients. There are commitments in amount of \$59,119 reprogrammed for additional MDR courses for 2015.
268,776	206,729	62,047	<p>POSITIVE VARIANCE IN THE TOTAL AMOUNT OF \$62,047:</p> <p>The positive variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$62,047 for procurement of 62 MDR TB patients. There are commitments in amount of \$31,023 reprogrammed for additional MDR courses for 2015. 	732,628	644,039	88,589	<p>POSITIVE VARIANCE IN THE TOTAL AMOUNT OF \$88,589:</p> <p>The positive variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$62,047 for procurement of 62 MDR TB patients. There are commitments in amount of \$31,023 reprogrammed for additional MDR courses for 2015.
634,202	692,277	(141,055)	<p>NEGATIVE VARIANCE IN THE TOTAL AMOUNT OF \$58,075:</p> <p>The negative variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$58,075 for procurement of 58 MDR TB patients. There are commitments in amount of \$29,037 reprogrammed for additional MDR courses for 2015. 	9,181,833	5,936,006	3,245,777	<p>NEGATIVE VARIANCE IN THE TOTAL AMOUNT OF \$3,245,777:</p> <p>The negative variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$58,075 for procurement of 58 MDR TB patients. There are commitments in amount of \$29,037 reprogrammed for additional MDR courses for 2015.
708,084	660,703	128,381	<p>POSITIVE VARIANCE IN THE TOTAL AMOUNT OF \$147,381:</p> <p>The positive variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$147,381 for procurement of 147 MDR TB patients. There are commitments in amount of \$73,690 reprogrammed for additional MDR courses for 2015. 	6,103,112	4,998,988	1,104,124	<p>POSITIVE VARIANCE IN THE TOTAL AMOUNT OF \$1,104,124:</p> <p>The positive variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$147,381 for procurement of 147 MDR TB patients. There are commitments in amount of \$73,690 reprogrammed for additional MDR courses for 2015.
125,300	111,875	13,425	<p>POSITIVE VARIANCE IN THE TOTAL AMOUNT OF \$13,425:</p> <p>The positive variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$13,425 for procurement of 13 MDR TB patients. There are commitments in amount of \$6,712 reprogrammed for additional MDR courses for 2015. 	1,081,521	907,088	174,433	<p>POSITIVE VARIANCE IN THE TOTAL AMOUNT OF \$174,433:</p> <p>The positive variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$13,425 for procurement of 13 MDR TB patients. There are commitments in amount of \$6,712 reprogrammed for additional MDR courses for 2015.
14,677,794	9,800,715	4,897,079	<p>POSITIVE VARIANCE IN THE TOTAL AMOUNT OF \$4,897,079:</p> <p>The positive variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$500,000 for procurement of 165 MDR TB patients. There are commitments in amount of \$204,500 reprogrammed for additional MDR courses for 2015. Unspent amount of \$302,800 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. Unspent amount of \$198,928 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. Unspent amount of \$198,928 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. Unspent amount of \$198,928 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. 	14,677,794	9,800,715	4,897,079	<p>POSITIVE VARIANCE IN THE TOTAL AMOUNT OF \$4,897,079:</p> <p>The positive variance on category MED related to:</p> <ol style="list-style-type: none"> Unspent amount of \$500,000 for procurement of 165 MDR TB patients. There are commitments in amount of \$204,500 reprogrammed for additional MDR courses for 2015. Unspent amount of \$302,800 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. Unspent amount of \$198,928 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. Unspent amount of \$198,928 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015. Unspent amount of \$198,928 for procurement of 180 MDR TB patients. There are commitments in amount of \$151,400 reprogrammed for additional MDR courses for 2015.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant Number:	KGZ-S10-008-7		
Progress Update - Reporting Period:	Cycle:	Semester:	Number:
Progress Update - Period Covered:	7	1-Jan-2014	7
Progress Update - Number:	7	30-Jun-2014	

Section 4: Procurement and Supply Management

	Yes	Comments
<p>1a. 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 PUOR? (If applicable)? If health products procurement information has not been entered into the PQR, please explain why.</p> <p>† For further guidance on PQR data entry, please refer to the guidelines.</p>	Yes	<p>In the reporting period the PR received 2nd line drugs procured within 1 Phase savings and 2nd Phase. The deliveries were recorded in the PQR.</p> <p>1) Second shipment of drugs procured within 1 Phase savings arrived in January 2014. 2) 3rd line TB drugs for 20 patients procured within 1 Phase arrived in January 2014. 3) 2nd line TB drugs for 35 patients procured within 1 Phase savings arrived in July 2014 with further deliveries December 2014 and July 2015 (1st delivery arrived in February 2014). 4) 1st shipment of 510 MDR courses, planned for 2013, arrived in September 2013, 2nd shipment arrived in July 2014. 5) The drugs for Side Effect Treatment (for 510 patients) arrived in February 2014. 6) 1st delivery of 2nd line TB drugs for 520 MDR courses arrived in February 2014, 2nd shipment arrived in August 2014, with further deliveries in January 2015 and in May 2015. 7) Surgical masks arrived in April 2014. 8) 99% of Laboratory reagents arrived in June 2014, one further item arrived in July 2014 with one further delivery expected before the end of August 2014. 9) X-ray films arrived in January 2014. 10) Purchase Orders for Respirators are issued. 1st shipment arrived in April 2014, 2nd shipment arrived in August 2014. 11) Lab. reagents and consumables, ordered in 2012 arrived in March 2014 (99%) and in June 2014 (1%). Although the supplier delayed the delivery of goods the national partner had sufficient stock. 12) 1st shipment of 3rd line TB drugs for 14 patients (cohort 510 patients) arrived in November 2013, 2nd shipment arrived in July 2014. 13) 1st shipment of 1st line TB drugs (Ethambutol) arrived in August 2013, 2nd shipment arrived in July 2014. 14) 1st shipment of 3rd line TB drugs for 14 patients (cohort 520 patients) arrived in March, 2014, 2nd shipment is expected in January 2015. 15) The order for Side effect treatment (520 patients) for 2014 is under the procurement process, UNDP is in process of evaluation of quotation from LTA. 16) 2nd line TB drugs for 165 patients are expected in October 2014, July 2015, October 2015 and July 2016. 17) The shipment of water for injection for 520 patients is expected October 2014. 18) Procurement of 2nd line TB drugs for 530 patients and 3rd line TB drugs for 14 patients (cohort 530 patients) are in the process and orders have been placed. 19) PASC for 300 patients is expected in November 2014. 20) NRL provided request for procurement of reagents and consumables for 2015 in August 2014. The procurement is ongoing.</p>
<p>2. Based on the most up-to-date stock situation, are there any risks of stockouts of key pharmaceuticals & health products at the central level in the next period of implementation? If yes, please comment.</p>	No	

3. Comment on additional issues related to the procurement and supply management of pharmaceuticals and health products

The grant includes 2nd and 3rd line drugs for 530 MDR patients and 14 XDR patients in 2015. Orders for 2nd line TB drugs for 530 MDR patients have been placed. However, we highlight that there is a gap in drugs for 644 MDR, 24 XDR and 216 PDR patients. We have been working with WHO to estimate the number of patients, requiring additional drugs. Although this shortfall has been communicated widely, no source of funding has been identified. We anticipate that in September 2014 the CCM will request the PR to negotiate with GF to advance the funds for these drugs

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	KGZ-S10-G08-T		
Progress Update - Reporting Period:	Cycle:	Semester	Number
Progress Update - Period Covered:	Beginning Date:	1-Jan-2014	7
Progress Update - Number:	End Date:	30-Jun-2014	7
Currency:	USD		

! A Statement of Sources and Uses of Funds (SSUF) is to be provided by PR along with the PUOR form

Section 5: Cash Reconciliation and Disbursement Request

A: CASH RECONCILIATION FOR PERIOD COVERED BY PROGRESS UPDATE

1. Cash Balance: Beginning of period covered by Progress Update (line 10 from Cash Reconciliation section of the period covered by the previous Progress Update):

5 393 092

Add:

2. Cash received by the PR from the Global Fund during the period covered by this progress update:
3. Cash disbursed to third parties by the Global Fund on behalf of the PR during the period covered by this progress update:
4. Interest received on bank account
5. Revenue from income-generating activities (if applicable)
6. Other income, if applicable (e.g. income from disposal of fixed assets, tax refunds)

3 350 626
50 000
55 474

0

3 455 100

Less:

7. Total cash outflow during period covered by Progress Update (value entered in Section 3A "Total cash outflow");
8. Net exchange rate gains/losses (gains should be shown with a minus sign; losses should be shown with a plus sign)
9. Reconciliation adjustments (gains should be shown with a minus sign; losses should be shown with a plus sign)

1 188 171

3 857

0

1 192 028

10. Cash Balance: End of period covered by Progress Update:

7 657 164

Explanation of reconciliation adjustments (line 9)

! An explanation must be provided if there have been any adjustments.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant Number:	KGZ-S10-G08-T		
Progress Update - Reporting Period:	Cycle:	Semester:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jan-2014	7
Progress Update - Number:	7	End Date:	30-Jun-2014

Section 6: 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: The grant continued with very strong programme performance. The programme performance of the current reporting period was assessed against eight programme indicators. However, the definition of one them, namely the number of MDR patients on treatment, receiving food and hygiene parcels, was complemented with cash motivational allowances, being transferred to patients since the beginning of 2014. Performance of 3 Top 10 indicators exceeded 100%. All not Top 10 indicators were above 100%. One program indicator was not assessed: according to the PF it is to become reported in the next program period. The ability to report this indicator is dependent from the timeliness and functionality of the electronic data base, which is yet to be implemented. Taking into account the fact, that the data base is still not in place, UNDP request the GF to reconsider the date for beginning to report the DST coverage. The PR has identified potential grant savings and will discuss with GF to reprogramme these funds for MDR drugs. The reported financial performance in the period is at the level of 79% of the budgeted amount of USD 1,508,988. A total of USD 1,188,171 was spent in the current reporting period out of the budgeted amount. Furthermore, UNDP made commitments of \$3,502,513 for the procurement of 3rd and 2nd line anti-TB drugs, PSM costs, food and dairy products for TB patients, contract with NCP coordinators on DR TB, Drug and Lab Management, PMU running costs etc.. UNDP CO has obligation to charge GMS cost for 2013-2014 in the amount \$485,793. Thus the delivery rate of the current reporting period including commitments of Phase 2 is 343 % of the budgeted amount. The balance of commitments of Phase 1 in the amount of \$79,560 will be paid upon delivery of goods and reflected in the next reporting period. Taking into account the spent funds and the commitments, total expenditure under the grant is USD13,977,581 which represents 97% of the budget to date.

Programmatic performance: During the reporting period, UNDP continued providing major support related to diagnostics and treatment of MDR TB. All the planned activities were implemented in a timely and comprehensive manner. Procured drugs arrived without delay which allowed the scheduled enrollments into treatment to be fully respected. The new mechanisms of grant operation, which were implemented in Phase 2, were successful: (1) reimbursement of transportation fee to MDR patients became available countrywide; (2) new modality of adherence support showed to be more attractive to patients compare with the previous one; (3) performance based scheme of motivations to medical staff resulted in improved program indicators; and (4) contracts with the outsource biochemistry labs ensured all patients to access free of charge tests for SLD side effects. TB drugs for 2015 as originally planned have been quantified, quoted, confirmed with the Global Fund and ordered for procuring.

SRs management: during the reporting period UNDP continued to implement part of the activities through Agreements with 10 SR organizations. All of them belong to the Governmental sector and represent civilian and prison health sectors. UNDP carried out costing of SR Agreements for 2014, prepared work plans, descriptions of activities, ToRs for the staff, affected with grant implementation, facilitated the signing process and ensured transfer of money to SR accounts. According to SR Agreements, in 2014 SRs continue to be engaged into educating and counseling patients, paying them transportation fee and monthly allowances, transportation of specimens and paying the salary top-ups to the medical staff. To properly manage the released GF funds, UNDP continued efforts toward further developing the capacity of SR organizations. On-site visits, on job coaching, consultations continued together with efforts to standardize the system of SR to -PR reporting. The training on all aspects of implementation of SR Agreements with UNDP was conducted beginning 2014. It involved SR program, administrative and financial staff, and affected with grant operation. Within the reporting period the majority of SRs have been demonstrating significant progress in quality and timely performance of activities, outlined in the Agreements with UNDP. Thus, the SRs financial delivery during the reporting period was equal to 51 % (the disbursed amount was equal to \$97,139 against \$189,049 budgeted. Some of the SR's continue to show weak capacity in absorption of GF funds effectively. UNDP continue supporting SRs in achieving the possible high level of implementation of GF funds. During the period some SRs struggled to receive the necessary Government approval to access funding through Treasury. UNDP actively engaged with relevant stakeholders to ensure funds were released for use by the SRs. Furthermore, UNDP is also organising a training for SR finance staff in Bishkek to familiarise staff with the appropriate financial procedures.

Procurement of health products and medicines: During the reporting period, the UNDP continued ensuring the uninterrupted channel of supplying the National program with drugs, lab.reagents, health products etc. The PR delivered medicines and health products amounting at \$1,875,684 including second and third line drugs. At the request of the national partners maintenance costs of laboratory equipment were paid. The procurement process for drugs, masks and respirators for 2015 was initiated and is followed up. The request for the lab. order is pending due to the NRL continue being behind of the speed of the project.

Lessons learnt: 1) The effective grant implementation is not possible without having in place such essential national health system mechanisms as electronic data base, effective PHC, proper drug management 2) Imbalance between technical and financial support, available from the international agencies, present in the country, led to no solution, other than borrowing money from the GF NFM was found to procure missing drugs for 2015. The currently available international aid, mainly focused on the technical assistance, result in all the financial gaps are expected to be filled in by the GF. The financial limitations, existing in the GF make such strategy ineffective and leading to the same problems existing for years. 3) The performance based modality of top-up payments to medical staff is more efficient compare to the universal one, which is not underpinned by strong performance management principles.

B. Planned Changes in the Program, if any

It is planned to reprogram budget to procure missing drugs for 2015. Reservation of some funds is possible if the less important program activities are cancelled and the released funds redirected for medicines. Savings, expected due to lower prices of already costed drugs will allow to increase the amount for procurement of additional drugs.

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

Due to the capacity constraints with the current TB system UNDP invests significant efforts into activities that support the national system but are beyond the direct scope of the grant. UNDP is currently working with the Ministry of Health to develop plan on prohibit of non prescribed sale of the TB drugs, develop the system for monitoring adverse effects of drugs together with associated recording and reporting forms, reduce length of hospitalization and revise the National TB strategy. These activities support the environment in which the grant operates, but the timelines for completion/finalisation are well beyond the control of the PR. UNDP has been working very closely with NTP and WHO in developing specifications, quantifying drugs and health products, management of drugs, monitoring the program and the challenging environment impacts the smooth running of grant operations.

There remains a perception that the current TB grant covers all MDR and XDR (excluding patients treated by MSF) needs for the Country. UNDP has invested significant efforts to inform stakeholders of the programme realities. A shortage of MDR and XDR drugs in the country may affect the impact of the national programme and the performance of the grant. The are challenges in the NRL predicting their needs and there is often a delay in submission of their requests. This results in a large number of requests being received and many of them are extremely urgent.

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	Kyrgyz Republic
Disease:	Tuberculosis
Grant number:	KGZ-S10-G08-T
Principal Recipient:	UNDP Kyrgyzstan
Program Start Date:	1-Jan-2011
Currency:	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Semester	Number:	7
Progress Update - Period Covered:	Beginning Date:	1-Jan-2014	End Date:	30-Jun-2014
Progress Update - Number:	7			

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Annual	Number:	0
Disbursement Request - Period Covered:	Beginning Date:	Not applicable	End Date:	
Disbursement Request - Number:				

Section 7: Cash Request and Authorization

A: CASH REQUEST

On behalf of the PR, the undersigned hereby requests the Global Fund to disburse funds under the above-referenced Grant Agreement as follows:

1. Cash amount requested from the Global Fund (from line 14 – "PR's Disbursement Request" in the tab "PR_Disbursement Request_4B"), in grant currency

0

2. Amount requested in words (in USD):

B: 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 block 9 of the face sheet of the Grant Agreement; unless otherwise specified herein; 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)

Name: Pradeep Sharma

Title: UNDP Deputy Resident Representative

Date and Place: Bishkek, Kyrgyzstan, 20 August 2014

NB: Please ensure that section 7C Bank Details on the following page is completed, if (1) this is a split disbursement (i.e. disbursement going to more than one recipient) or (2) if there have been changes to the bank details since the previous disbursement.

On-going Progress Update and Disbursement Request

Annex to PU/DR - Sub-recipient financial information - FOR DISCRETIONARY COMPLETION, UPON THE SECRETARIAT'S REQUEST

Has the Secretariat requested the PR to complete this Annex for this reporting period?

Grant number:	KGZ-S10-G08-T
Progress Update - Reporting Period:	Cycle: 7
Progress Update - Period Covered:	Semester: 1-Jan-2014
Progress Update - Number:	Number: 7
Currency:	USD
	End Date: 30-Jun-2014

Name of Entity	Date of Most Recent Disbursement to SR	Budget for Reporting Period*	Disbursed during Reporting Period*	Cumulative Budget through period of this Progress Update*	Cumulative Disbursed through period of this Progress Update*	Cumulative BS revaluation	Cash balance at the end of the period covered by this Progress Update	Variance between Latest Cumulative Expenditure Reported and Cumulative Budget	PR's explanation of variance (1) between cumulative budget and cumulative expenditure and (2) between cumulative disbursement and cumulative expenditure (mandatory for amounts above \$50,000 or equivalent and with more than 10% variance)
BATKEN OBLAST TB CENTER		7,394.00	2,882.05	30,604.48	20,819.47		254.84	10,039.85	
BISHKEK CITY TB CENTER	23-Apr-14	37,890.00	27,809.93	115,755.81	92,693.29	-786.43	17,364.62	41,213.57	
CHUI OBLAST CENTER TI FIGHT TB	2-May-14	26,767.62	23,115.64	69,899.80	64,494.48	-744.51	14,374.74	20,524.57	The main reasons for variance between SR cumulative budget and SR cumulative disbursement are
ISSYK-KUL OBLAST TB CENTER	16-May-14	19,525.88	16,076.83	71,881.53	60,289.38	-88.62	10,608.26	22,299.03	Category HR - Disbursements below the budgeted amounts led to savings. The reason is that the UNDP introduced new performance based modality of incentive payments for governmental medical institutions. As a result, the actual payments to some of the staff, was less due to the below targets programme results.
JALALABAD OBLAST TB CENTER	20-May-14	31,470.00	31,469.95	83,107.33	80,913.19	-920.98	16,885.54	19,900.66	Furthermore, the services occurred due to actual budget was based on re-estimation of 100% staffing. In fact the number of staff is insufficient and the high turnover is ongoing. This leads to savings.
MAIN DEPARTMENT OF PUNISHMENT EXECUTION	8-May-14	6,760.00	6,558.86	40,070.06	33,366.72	-176.35	3,852.19	10,731.88	Category LS - Disbursements below the budgeted amounts led to savings. The reason is that some of the services occurred due to actual budget was based on re-estimation of 100% staffing. In fact the number of staff is insufficient and the high turnover is ongoing. This leads to savings.
NARYN OBLAST TB CENTER	28-Apr-14	8,430.00	8,674.78	32,957.50	31,455.91	-219.92	5,577.47	7,298.88	
NCP	28-Apr-14	57,288.00	49,830.80	138,545.80	127,393.75	-1,378.65	32,414.33	44,945.03	The main reason of variance between cumulative disbursement and cumulative expenditures is
OSH OBLAST TB CENTER TO FIGHT TB	20-May-14	38,652.00	32,264.62	113,917.46	106,357.24	-165.95	19,746.96	27,473.13	In addition to the above mentioned reasons the variance is occurred due to
TALAS OBLAST TB CENTER	16-May-14	9,726.00	8,246.30	34,277.73	30,254.43	-253.72	5,096.97	9,333.99	the cumulative expenditure staff deficit in NCP, GSN and in Issyk-Kul, Batken and Talas oblast TB centers.
Other		16,962.30		-7,188.40				-7,188.40	
TOTAL		258,856	206,730	723,829	648,038	-4,645	517,257	206,572	

TOTAL amount for these columns should reconcile with relevant amounts under "1b. Disbursed to Sub Recipients" in Section 3A

** Where the number of SRs is significant (over 10), SRs with small budgets (less than \$50,000 cumulative each) do not need to be reported separately and the figures can be aggregated in a group called "Other Minor SRs"

List of supporting documents for PU/DR review

This checklist is included for information and not for completion.

List of Latest Approved Documents by functional area	To be made available to the LFA by the PR	To be submitted by the LFA to the Secretariat	Comments
M&E			
Performance Framework	x		
M&E Plan	x		
Survey results	x		For Impact/Outcome indicators
M&E Systems Strengthening Assessment	x		If newly available during the reporting period.
Other M&E assessments done by partners to assess data quality and M&E system issues.	x		If newly available during the reporting period.
Procurement			
Consumption reports for pharmaceuticals and health products	x		
Supplier invoices	x		
PSM Plan	x		
Stock level reports	x		
Finance			
Approved budgets	x		For the periods covered by Progress Update and Disbursement Request, including the buffer period.
Statement of sources and uses of funds (Cash flow statement)	x	x	See guidance on SSUF content and format in the guidelines.
Cash books	x		
General Ledger	x		
Cash forecasts	x		
Bank statements	x		
Bank Reconciliations	x		
Annual PR Audit Report, Financial Statements, Management Letters and Responses (if Due)	x	x	
Annual SR Audit Report, Financial Statements, Management Letters and Responses (if Due)	x		
General Management			
Grant Agreement (including Annex A and subsequent implementation letters)	x		
Workplan	x		