United Nations Development Programme
Country: Kyrgyzstan
Project Document

Project Title:	**Consolidation and Expansion of the DOTS Programme in Kyrgyzstan by Providing Access to Diagnostics and Treatment of Drug-Resistant Tuberculosis**
UNDAF Outcome(s):	By 2016, vulnerable groups benefit from improved social protection, namely STI/HIV/TB prevention, care and support
Expected Output(s):	1. DOTS framework consolidated through strengthening programme management, improving TB case detection and diagnosis and quality treatment of TB cases. 2. Access to diagnosis and treatment of drug-resistant tuberculosis expanded.
Implementing Partner:	UNDP
Responsible Parties:	Ministry of Health of the Kyrgyz Republic and its affiliates, NGOs

Brief Description

On 6 August 2010 the Country Coordination Mechanism of the Kyrgyz Republic took a decision to transfer the role of the Principal Recipient of all Global Fund's grants in Kyrgyzstan to UNDP. The decision was caused by a number of factors, but mainly due to the unstable political situation in the country stemming from April and June 2010 events. The overall goal of the Programme is to reduce the burden of tuberculosis in Kyrgyzstan by consolidation of DOTS framework and its expansion by scaling up the management of drug-resistant tuberculosis. The UNDP GFATM Programme will support the implementation of the state programmes on TB and will help the national institutions to deliver a complex of comprehensive measures to provide an access to diagnosis and treatment of drug-resistant tuberculosis. UNDP in its role of the Principal Recipient of GF grants will be primarily focusing on strengthening and accelerating the state reforms, building national capacity for programme development and implementation by building the capacities of sub-recipients and communities as well as government and civil society organizations. More specifically UNDP will assist in developing the capacity of one or more local entities so that a local entity can assume the role of Principal Recipient in the future.

Programme Period:	2 years
Key Result Area (Strategic Plan):	_____
Atlas Award ID:	00077638
Start date:	1 January 2011
End Date	31 December 2012
LPAC meeting date:	24 March 2011
Management Arrangements:	DIM

2011-2012 AWP budget:	USD 7,137,416
Total resources required	USD 7,137,416
Total allocated resources:	USD 7,137,416
Regular	
Other:	
• Global Fund	USD 7,137,416
○ Government	_____
Unfunded budget:	_____
In-kind Contributions	

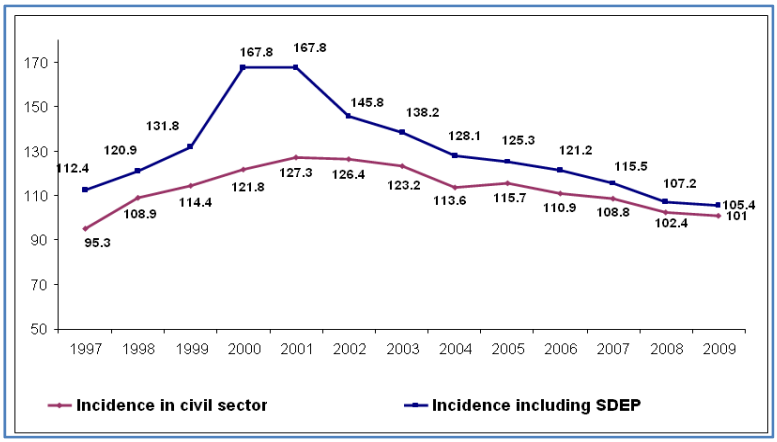
Agreed by UNDP:

PRADEEP SHARMA
DEPUTY RESIDENT REPRESENTATIVE

I. Situational Analysis

Kyrgyzstan (Kyrgyz Republic) is a country in transition in Central Asia with a population of 5.2 million, which gained independence from the Soviet Union in 1991. Tuberculosis re-emerged as an important public health problem after independence and its burden remains high in the country.

Incidence of TB in the Kyrgyz Republic, per 100,000



The negative trends in the tuberculosis situation have been caused by the decreasing standard of living, domestic migration, and the emergence of a new, drug-resistant form of tuberculosis. Tuberculosis is one of the most urgent health problems facing the Kyrgyz Republic today.

The Republic has adopted the "Concept for the Development of an Anti-tuberculosis Service for 2008-2016," and the Government is implementing the Tuberculosis-III national program for 2006-2010. The main objective of these programs is the reduction of tuberculosis incidence and mortality, stabilization of the epidemiological situation, and establishment of full control over this disease within Kyrgyzstan.

According to the WHO, an incidence of tuberculosis exceeding 100 cases per 100,000 people is a high-level epidemic. The incidence in the Kyrgyz Republic has been high since 1998, and in 2009 hit 103.7 cases per 100,000 of population.

The most difficult situation is observed in the correctional facilities, where the incidence, from 1998 to 2003 was 60 times higher than among the general population, and the mortality rate was 200 times higher.

High levels of tuberculosis incidence and mortality have been observed in Bishkek and in Chui province, which can be explained by increased migration to the capital, including by members of high-risk groups from other regions. In addition, the incidence in urban areas is significantly higher than in rural areas.

Nevertheless, since 2003, the incidence of tuberculosis has fallen and the situation has stabilized. Due to anti-tuberculosis measures undertaken within the frameworks of national programs, and the application of the DOTS strategy, the recognition and treatment of tuberculosis has improved, which has helped to reduce the main epidemiological indicators for tuberculosis. Also, the incidence of tuberculosis among children decreased from 49 per 100,000 in 2005 (the year of peak incidence) to 33.7 per 100,000 in 2009.

Gender dimension of TB statistic is following: men's TB is 1.4 times more than women's because of broad spreading of TB in penitentiary institutions where men are consist 88.6% of prisoners[1]. Also there is a clear gender pattern of lifestyle: men are more prone to unhealthy and deviant behavior (smoke, alcohol, and drug using). Men are less likely seen on medical service than women[2]. But at the same time there is not positive dynamic with women in TB. For example, number of men who get active TB in 2009 compare to 2000 declined by 33,8%, while number of women - only by 4,6%. [3] Women, especially women in reproductive age in rural areas, are more vulnerable to TB because of lack of access to financial recourses (women consist 70% of poor and poorest population of the country[4]; average women's salary consists 2/3 from average men's), decision making, information and time (women spent in 3 times more than men at unpaid reproductive work)[5]. The highest incidence of TB with first diagnosed among box sexes is observed in the 18-24 age. There is a direct correlation of women and child TB, including DRTB forms.

[1] KR National Statistic Committee data, 2009

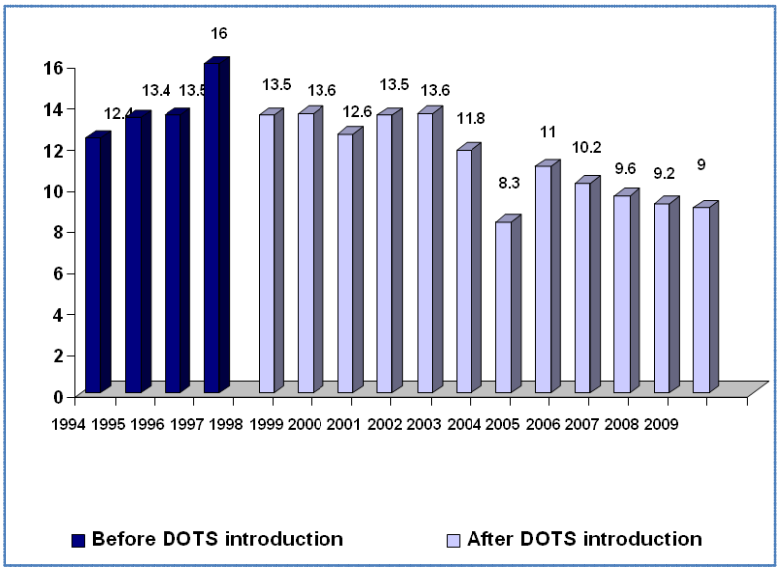
[2] WHO report, 2007, UNDP research "Assessment of effect of sustainable energy supply of village first aid stations on reducing social and gender problems in Kyrgyz Republic", 2010

[3] KR National Statistic Committee data, 2009

[4] World Bank data, 2007

[5] KR National Statistic Committee data, 2009

Incidence of Tuberculosis Mortality, per 100,000



While there are substantial achievements of the National TB Programme during recent years, important challenges remain to be addressed. As in the other former Soviet Union republics, **resistance to anti-TB drugs** represents a serious obstacle to effective control of the TB epidemic. The data of the Drug Resistance Survey in 2007 revealed very high MDR-TB prevalence of **24.8%** among new smear positive cases and **53.7%** - among previously treated cases. High burden of drug resistance is seen as the major problem for effective TB control in the country. Its spread in Kyrgyzstan was conditioned by the overall health system crisis during the 1990s and disintegration of TB control programme, which had led to critical shortages of anti-TB drugs and incomplete treatment, poor infection control in hospitals and co-infection, poor adherence of TB patients to treatment leading to frequent interruption and lack of standardization in case management with sub-optimal treatment regimens prescribed by many providers, sometimes with unjustified addition of 2nd line drugs. It has become evident that although further strengthening essential DOTS elements is instrumental for prevention of drug resistance and therefore remains the top priority for the NTP, extremely high MDR-TB rates call for scaling up the treatment of DRTB cases to decrease their pool and transmission of drug resistant strains.

Therefore the main weakness of the National TB Control Programme in Kyrgyzstan today is seen as its incapacity to provide universal access to diagnosis and treatment of MDR-TB cases as required for the countries and settings with high DR-TB burden according to the WHO Stop TB Strategy and the Global Plan to Stop TB 2006-2015. This may offset the achievements in TB control during the recent years and prevent the country progress towards reaching the disease-related MDG targets. In particular, the National TB Control Programme faces the following gaps:

- Lack of financial resources to ensure effective scale up of DR-TB management programme in terms of procurement of 2nd line drugs as well as other costly interventions such as laboratory investigations, infection control and patient support;
- Insufficient capacities of the National TB Control Programme management to supervise the programme interventions in all territories, given the large size of the country and existence of difficult-to-reach areas due to mountainous landscape and climate;
- Insufficient capacities of TB service providers to implement new activities and technologies;
- Insufficient involvement of community services and civil society in TB control which prevents from ensuring proper social support and social adaptation of TB patients to motivate them to complete the therapy. This is especially important for MDR-TB patients who have to undergo complex and lengthy (up to 2 years) second line treatment.

An important but insufficiently studied issue is the burden of TB, TB/HIV and DR-TB among the large group of seasonal labour migrants. This group assumingly plays a significant role in the spread of TB including drug-resistant strains, however proper evaluation of the problem is required for planning and implementing effective interventions.

The Government is committed to fight the disease and increasingly allocates financial, human and infrastructural resources for TB control. However, substantial financial gaps exist, especially in regard to the complex and costly interventions in DR-TB management.

Rationale for UNDP engagement

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

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

II. Strategy

The grant "**Consolidation and Expansion of the DOTS Programme in Kyrgyzstan by Providing Access to Diagnostics and Treatment of Drug-Resistant Tuberculosis"** (January 2011 – December 2013) is mainly aimed at strengthening and improving measures undertaken by the government and civil society against drug resistant tuberculosis in compliance with Stop TB WHO Strategy and Global Plan.

It actually completes and supplements on-going Phase II of Grant "Enhancing DOTS implementation by strengthening strategic planning and management of the National TB Programme (NTP) under the Manas Taalimi National Health Care Reform Programme and by its further integration into health care services, scaling-up DOTS-Plus implementation beyond the pilot phase, and reducing the burden of TB, TB/HIV and MDRRR-TTTB in the penitentiary system" (July 2009 – June 2012) financed by the Global Fund under Round 6 Grant Nr KGZ-607-G04-T. Therefore, this Programme represents **a consolidation of TB Round 6 and Round 9** approved funds through Single Stream of Funding (SSF) in line with new GF grants funding architecture.

The overall **Goal** of the Programme is to reduce the burden of tuberculosis in Kyrgyzstan by consolidation of DOTS framework and its expansion by scaling up the management of drug-resistant tuberculosis. While further strengthening essential DOTS interventions remains the key requirement for preventing resistance, it has become clear that, in conditions of extremely high DR-TB burden, timely diagnosis and proper treatment of DR-TB cases are necessary for the overall success in combating the epidemic and achieving TB control targets and disease-related Millennium Development Goals.

Two main **Objectives** have been identified for the SSF grant with the emphasis to be put to the management of drug-resistant tuberculosis:

- To consolidate DOTS framework through strengthening programme management, improving TB case detection and diagnosis and quality treatment of TB cases.
- To expand access to diagnosis and treatment of drug-resistant tuberculosis.

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

Objective 1: To consolidate DOTS framework through strengthening programme management, improving TB case detection and diagnosis and quality treatment of TB cases

Activities under this component were designed to further sustain priority TB control interventions. In addition, a number of new activities have been added according to the emerging needs, such as strengthening TB information system, patient incentives and support to local authorities and community involvement in TB control. Special channel of information and communication will be created for young rural women and women-internal migrant with small children who are often have a lack of access to information because of economic marginalization and strengthening of patriarchal norms in society. Health system strengthening is an integral part of the project through continuing involvement of Primary Health Care in TB case detection, treatment follow up and community and family work. The Component envisages following **key activities**:

1.1. Strengthening management, coordination, monitoring and evaluation of the National Tuberculosis Programme
1.2. Strengthening TB laboratory network
1.3. Improving TB case management
1.4. Strengthening Primary Health Care involvement in TB control
1.5. TB Advocacy, communication and social mobilization

Objective 2: To expand access to diagnosis and treatment of drug-resistant tuberculosis

Activities under this Objective aim at scaling up the DR-TB management programme in the country to ensure universal access to DR-TB diagnosis and treatment by the end of the project. It is foreseen to scale up the provision of treatment to MDR-TB patients over five years from the civilian and penitentiary sectors. The Programme is built to support the country's application to the Green Light Committee for expansion of treatment cohort, approved in July 2007. The accomplishment of this Objective will be reached through strengthening the human and infrastructural capacities, establishment of routine drug resistance surveillance throughout the country, upgrading the laboratory services and provision of up-to-date treatment of DR-TB cases with appropriate patient support to ensure adherence. The Component envisages following **key activities**:

1.6. Strengthening national capacities for management of drug-resistant tuberculosis
1.7. Drug resistance surveillance and diagnosis of drug-resistant tuberculosis cases
1.8. Treatment of drug-resistant tuberculosis cases
1.9. Patient support programme for drug-resistant tuberculosis patients
1.10. Operational research on drug-resistant tuberculosis

The Programme has a country-wide scope and covers the needs of both civilian and penitentiary sectors. It aims at ensuring universal coverage with diagnosis and treatment of DR-TB: all TB patients will have access to drug susceptibility testing and all patients diagnosed with DR-TB will have access to second line treatment. It is expected that on a longer run, the project will contribute to improving the key TB outcome indicators (case detection rate and treatment success rate) and decreasing the prevalence of MDR-TB.

The accomplishment of the Programme objectives will be ensured through strengthening human and infrastructural capacities, establishment of routine drug resistance surveillance throughout the country, upgrading the laboratory services and provision of up-to-date treatment of TB and DR-TB cases with appropriate patient support to ensure adherence. All persons diagnosed with TB will have access to drug susceptibility testing (DST).

The **target group** are all tuberculosis patients from the country. Specific groups to be reached by the project are DR-TB patients who will receive Category IV treatment with the project support. It is expected that the provision of needed services to this group will contribute to reducing the pool and transmission of drug-resistant TB infection, thus bringing a benefit for the entire population.

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

- 380 patients with drug-resistant tuberculosis will receive an access to treatment
- 860 patients with drug-resistant tuberculosis will receive an access to social support
- More then 870 health workers will undergo necessary capacity building on diagnosis and treatment of drug-resistant tuberculosis
- Capacities of the national health services will be strengthened to control tuberculosis prevalence

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

The total scope of grant activities will be shared between two Principal Recipients: Public Foundation «Grant HOPE in Kyrgyzstan» and UNDP in Kyrgyzstan. This goes in line with the Global Fund's recommendations on dual track financing and was endorsed by Country Coordination Mechanism on Socially Significant and

Particularly Dangerous Infectious Diseases under the Government of the Kyrgyz Republic (CCM). The CCM will take the overall coordination role over the Programme implementation.

UNDP capacity development role

UNDP's partnership with the GFATM is traditionally based on support to countries in exceptional circumstances where an appropriate Principal Recipient cannot be established due to low national capacities, at the times of military conflicts, political unrest and in other similar situations. This partnership presents a new opportunity for UNDP Country Offices to strengthen and accelerate reforms in a number of areas of their work. In its role of the Principal Recipient UNDP will put additional focus on developing the capacity of one or more local entities so that a local entity can assume the role of Principal Recipient as soon as possible. UNDP, as Principal Recipient, will also work to strengthen national capacity for programme development and implementation by building the capacities of sub-recipients and communities as well as government and civil society organizations.

.

III. RESULTS AND RESOURCES FRAMEWORK

Intended Outcome as stated in the UNDAF Framework:

By 2016, vulnerable groups benefit from improved social protection, namely STI/HIV/TB prevention, care and support

Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:

Indicator:

Baseline:

Target:

Applicable Key Result Area (from 2008-11 Strategic Plan):

Partnership Strategy: Ministry of Health of the Kyrgyz Republic

Project title and ID (ATLAS Award ID): Consolidation and Expansion of the DOTS Programme in Kyrgyzstan by Providing Access to Diagnostics and Treatment of Drug-Resistant Tuberculosis. Atlas ID 00077368

INTENDED OUTPUTS	OUTPUT TARGETS FOR Y1, Y2	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
Objective 1: DOTS framework consolidated through strengthening programme management, improving TB case detection and diagnosis and quality treatment of TB cases.				
Number of detected new smear positive TB cases *Baseline: 1720*	*1896/1884*	1.1. Strengthening management, coordination, monitoring and evaluation of the National Tuberculosis Programme 1.2. Strengthening TB laboratory network 1.3. Improving TB case management 1.4. Strengthening Primary Health Care involvement in TB control 1.5. TB Advocacy, communication and social mobilization	*MoH* *UNDP* *NGOs*	*GFATM SSF Grant on TB*
Number and percent of new smear positive TB cases that are successfully treated *Baseline: 82%*	*83%/84%*			
Number and percentage of laboratories performing regular external quality assurance for smear microscopy *Baseline: 27 laboratories*	*60%/100%*			
Objective 2: Access to diagnosis and treatment of drug-resistant tuberculosis expanded.				
Number and percent of new smear positive TB cases that are successfully treated *Baseline: 82%*	*83%/84%*	1.1. Strengthening national capacities for management of drug-resistant tuberculosis 1.2. Drug resistance surveillance and diagnosis of drug-resistant tuberculosis cases 1.3. Treatment of drug-resistant tuberculosis cases	*MoH* *UNDP* *NGOs*	*GFATM SSF Grant on TB*
Number of MDR-TB patients on treatment receiving patient support (food, hygiene packages) for better adherence to treatment- includes inpatient and outpatient treatment phases *Baseline: 360*	*425/850*			

Number of MDR-TB patients enrolled in second line treatment in both civil and penitentiary sectors *Baseline: 360*	0/190	1.4. Patient support programme for drug-resistant tuberculosis patients 1.5. Operational research on drug-resistant tuberculosis		
Number of trained doctors of PHC from outpatient facilities of all rayons, prisons and military service. *Baseline: 500*	480/n.a			
Number of TB service staff trained in DR-TB management locally *Baseline: 75*	50/150			
MDR TB patients counselled and trained on questions of MDR TB treatment during the inpatient treatment phase *Baseline: 0*	380/1360			
Number and percentage of laboratories performing regular external quality assurance for smear microscopy *Baseline: 27 laboratories*	*60%/100%*			

IV. ANNUAL WORK PLANS

The AWPs are subject to revision according to consecutive programmatic arrangements with GFTAM.

YEAR 2011

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
	List activity results and associated actions	Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount
Objective 1: DOTS framework consolidated through strengthening programme management, improving TB case detection and diagnosis and quality treatment of TB cases. ***Indicators:*** Number of detected new smear positive TB cases *Baseline: 1720* *Target: 1896* Number and percent of new smear positive TB cases that are successfully treated *Baseline: 82%* *Target 83%* Number and percentage of laboratories performing regular external quality assurance for smear microscopy *Baseline: 27 laboratories* *Target: 60%*	Annual National TB Control Conference- Capacity building and strengthening of the NTP management					**UNDP**	GFATM	TR	8,152.00
	Attendance of international meetings and conferences -Capacity building and strengthening of the NTP management and health system					**UNDP**	GFATM	TR	16,850.00
	Training courses on priority aspects of TB control programme management (KNCV training, training courses in Sondalo, training on laboratory management, TB/HIV etc.)-Capacity building and strengthening of the NTP management					**UNDP**	GFATM	TR	99,400.00
	Meetings of Regional NTP Coordinators at NTP central unit-Development of human resources capacity and involvement of Primary Health Care in TB control					**UNDP**	GFATM	ME	3,400.00
	Meetings of district TB specialists with regional coordinators-Development of human resources capacity and involvement of Primary Health Care in TB control					**UNDP**	GFATM	TR	840.00
	Training of PHC doctors in TB control-Development of human resources capacity and involvement of Primary Health Care in TB control					**UNDP**	GFATM	TR	7,272.00
	Training of PHC nurses in TB control-Development of human resources capacity and involvement of Primary Health Care in TB control					**UNDP**	GFATM	TR	7,272.00
	Communication and office operating expenses of NTP central unit, regional level-Strengthening monitoring of the program and reporting, recording for improved case finding and treatment providers).					**SR**	GFATM	OVER	1,800.00

	Support to central and regional supervision visits-Strengthening monitoring of the program and reporting, recording for improved case finding and treatment					**SR**	GFATM	M&E	11,512.00
	Reagents and supplies for TB laboratory diagnosis -Improving diagnosis and case finding					**UNDP**	GFATM	HP	34,392.00
	Re-training for laboratory staff based on experience exchange trainings, which will be hosted at regions with participation of lab staff from that region					**UNDP**	GFATM	TR	2,332.00
	First-line anti-TB drug procurement-Ensuring uninterrupted high quality first-line anti-TB drug supply					**UNDP**	GFATM	MED	216,455.67
	Procurement and supply management-Ensuring uninterrupted high quality first-line anti-TB drug supply					**UNDP**	GFATM	PSM	1,000.00
	Improving drug storage conditions, ensuring temperature regimens- Ensuring uninterrupted high quality first-line anti-TB drug supply					**UNDP**	GFATM	IF	6,000.00
	Strengthening of the laboratory network and organizing support for improved detection and treatment of cases.					**UNDP**	GFATM	LS	40,920.00
Sub-total of Objective 1: DOTS framework consolidated through strengthening programme management, improving TB case detection and diagnosis and quality treatment of TB cases.									**460957.6667**
Objective 2: Access to diagnosis and treatment of drug-resistant tuberculosis expanded. **Indicators** Number and percent of new smear positive TB cases that are successfully treated *Baseline: 82%* *Target 83%* Number of MDR-TB patients on treatment receiving patient support (food, hygiene packages) for better	Technical assistance of GLC will be requested from GLC for management of MDR-TB cases once per year.					**UNDP**	GFATM	PA	50,000.00
	Culture, DST investigations and clinical laboratory tests for MDR-TB patients					**UNDP**	GFATM	HR	29,648.00
	Procurement of second-line anti-TB drugs					**UNDP**	GFATM	MED	618,526.12
	Side effect drugs for 150 patients					**UNDP**	GFATM	MED	7,457.10
	Procurement and supply management-Ensuring uninterrupted high quality first-line anti-TB drug supply					**UNDP**	GFATM	PSM	1,000.00
	Supplies for infection control means					**UNDP**	GFATM	HP	2,236.00

adherence to treatment-includes inpatient and outpatient treatment phases *Baseline: 360* *Target: 425* Number of MDR-TB patients enrolled in second line treatment in both civil and penitentiary sectors *Baseline: 360* *Target: 0* Number of trained doctors of PHC from outpatient facilities of all rayons, prisons and military service. *Baseline: 500* *Target: 480* Number of TB service staff trained in DR-TB management locally *Baseline: 75* *Target: 50* MDR TB patients counselled and trained on questions of MDR TB treatment during the inpatient treatment phase *Baseline: 0* *Target: 380* Number and percentage of laboratories performing regular external quality	Support for supervision visits in penitentiary sector - Strengthening TB programme management in penitentiary sector					**UNDP**	GFATM	M&E	796.00
	Laboratory supplies-Improving TB case finding					**UNDP**	GFATM	HP	2,560.00
	Culture, DST investigations and clinical laboratory tests for MDR-TB patients-Management of MDR-TB in the penitentiary system					**UNDP**	GFATM	HP	9,265.00
	Procurement of second-line anti-TB drugs for penitentiary system 50 patients					**UNDP**	GFATM	MED	206,175.37
	Side effect drugs for MDR-TB patients-Management of MDR-TB in the penitentiary system					**UNDP**	GFATM	MED	2,552.84
	Supplies for infection control in MDR-TB department and TB departments and TB laboratories-Management of MDR-TB in the penitentiary system					**UNDP**	GFATM	HP	19,155.00
	Supplies for infection control in MDR-TB department and TB departments and TB laboratories-Management of MDR-TB in the penitentiary system					**UNDP**	GFATM	HP	64,643.40
	Technical assistance (by external consultants) in selected aspects of the DR-TB management, such as laboratory diagnosis, clinical management of DR-TB cases, organization of treatment and follow-up, and strategy development on previous WHO missions recommendations.					**UNDP**	GFATM	TA	30,640.00
	Training in managerial, clinical and laboratory aspects of MDR-TB management for TB service staff DR-TB treatment delivery sites (by external trainers and national trainers who have been trained abroad).					**UNDP**	GFATM	TR	14,400.00
	Training in managerial, clinical and laboratory aspects of MDR-TB management for TB service staff DR-TB treatment delivery sites (by external trainers and national trainers who have been trained abroad).					**UNDP**	GFATM	TR	2,650.00

assurance for smear microscopy *Baseline: 27 laboratories Target 60%*	2nd class laboratories that perform culture investigations and have to deliver cultures to Bishkek Reference Laboratory for drug susceptibility testing will be provided with reimbursement of costs of petrol to deliver cultures twice a week to the laboratory					**UNDP**	GFATM	IF	14,874.05
	Procurement of cool boxes for sputum storage for sputum specimens' transportation within routine drug resistance surveillance system.					**UNDP**	GFATM	HP	6,480.00
	DST to 1st line drugs will be performed in culture-positive cases using manual technique on solid media, for quality assurance of automated MGIT technique. Estimated number of tests					**UNDP**	GFATM	HP	20,412.00
	Culture investigations for MDR-TB patients on treatment (manual technique)					**UNDP**	GFATM	HP	34,214.40
	DST to 2nd line drugs will be performed in all MDR-TB patients on treatment (in all patients - at the beginning of treatment and in patients during treatment with no improvement / culture conversion; on average 2 investigations per patient					**UNDP**	GFATM	HP	34,320.00
	Second line MDR TB drugs for 180 MDR-TB patients					**UNDP**	GFATM	MED	742,231.34
	Side effect drugs for MDR-TB patients- for 180 MDR TB patients					**UNDP**	GFATM	MED	7,964.75
	Consumables for a set of clinical and laboratory investigations that will be carried out in all MDR-TB patients on treatment for treatment monitoring and proper evaluation and management of side effects of 2nd line drugs. Different tests will be performed					**UNDP**	GFATM	HP	51,480.00
	Procurement of respirators for 20 TB service specialists of penitentiary system in addition to the respirators under Rnd 6 procurement					**UNDP**	GFATM	HP	16,512.00
	9 Health care coordinators will be recruited to manage MDR TB treatment and social support program throughout the grant cycle to MDR TB patients					**SR**	GFATM	HR	8,640.00
	Adherence counsellors' groups will be established in the hospitals with MDR TB beds to ensure patient treatment					**UNDP**	GFATM	HR	15,912.00
	Support to treatment adherence: establishment of adherence counsellors' groups.					**UNDP**	GFATM	TR	14,360.00

	Support to treatment adherence: incentives (food parcels) for DR-TB patients.					**SR**	GFATM	LS	72,200.00
	Support to treatment adherence / DOT for DR-TB patients: transportation of visiting DOT supporters					**SR**	GFATM	LS	3,009.60
	Support to treatment adherence / DOT for DR-TB patients: transportation of patients to DOT centres					**SR**	GFATM	LS	2,736.00
	Support to treatment adherence / DOT for DR-TB patients: transportation of patients to DOT centres					**SR**	GFATM	LS	19,152.00
	Vehicles for pilot intensive patient support project- to ensure provision of social support to patients in all regions, including delivery of food packages if needed.					**UNDP**	GFATM	IF	105,000.00
	Maintenance costs of the procured vehicles for social support program, including delivery of drugs, follow-up on treatment etc.					**SR**	GFATM	OVER	9,450.00
	A nation-wide representative Drug Resistance Survey will be conducted Phase I of the grant, according to WHO standards and based on the protocol, which will be developed prior to the start of the survey with the assistance of the Supranational Reference					**UNDP**	GFATM	M&E	42,515.00
	Supervision missions and spot checks by the UNDP personnel together with the national partners on the overview of the program implementation and progress					**UNDP**	GFATM	M&E	5,566.00
	PSM costs (Procurement Agent's Handling Fees, 4%+Transportation&Insurance Costs=6%)- total 10%					**UNDP**	GFATM	PSM	216,533.16
	Quality assurance of procured TB drugs in line with GF policy and UNDP regulations					**UNDP**	GFATM	PSM	13,500.00
	Quality assurance of procured TB drugs in line with GF policy and UNDP regulations					**UNDP**	GFATM	HP	8,102.63
	Development of infection control plans for 11 laboratories (that perform culture), 6 hospitals with MDR TB beds- establishment of a working group					**UNDP**	GFATM	TA	2,720.00
	Development of infection control plans for 11 laboratories, 6 hospitals- international expert					**UNDP**	GFATM	TA	13,020.00
	Procurement of face masks for MDR TB patients					**UNDP**	GFATM	HP	5,548.00

	Support to 3 NTP staff on M&E, Drug Management and MDR TB					**UNDP**	GFATM	HR	3,600.00
	Procurement of containers for sputum collection- 100 000 per year					**UNDP**	GFATM	HP	25,000.00
	Printing brochures for MDR TB patients					**UNDP**	GFATM	COM	**2,500.00**
	Procurement of second line drugs for continuation of treatment of MDR TB patients					**UNDP**	GFATM	MED	**492,500.00**
Sub-total of Objective 2: Access to diagnosis and treatment of drug-resistant tuberculosis expanded.									**3071757.765**
Programme Management	Coordination of the grant by grants implementation unit staff (Renumeration to Grant Manager, TB Specialist, Procurement Specialist, Coordinator of social support office, program officer, M&E Specialist, Construction specialist, Finance Specialist, Administrative Assistant, Driver.					**UNDP**	GFATM	HR	206,237.95
	Procurement of IT and office equipment for setting up of the GIU unit, minor renovation works					**UNDP**	GFATM	IF	16,455.00
	Overhead costs of PMU- maintenance and running costs of vehicles					**UNDP**	GFATM	OVER	9,648.00
	Insurance of vehicles and warehouses					**UNDP**	GFATM	OVER	2,532.00
	Rent and utilities costs of PMU					**UNDP**	GFATM	OVER	14,400.00
	Costs for internet					**UNDP**	GFATM	OVER	3,360.00
	Communication costs					**UNDP**	GFATM	OVER	1,440.00
	Planning and administration costs					**UNDP**	GFATM	PA	1,680.00
	Technical assistance to the PR, training for PR staff in grant management, procurement, monitoring and evaluation; external grant monitoring and assessment; grant audit					**UNDP**	GFATM	TR	34,020.00
	External audit for the verification of sub-recipients records, SR capacity assessment					**UNDP**	GFATM	PA	9,000.00
	Capacity building of grants implementation unit and country office staff involved in the grant management process-					**UNDP**	GFATM	TR	24,000.00

	participation in various conferences, seminars, educational workshops for effective grant implementation								
	Monitoring visits on the overview of program implementation					**UNDP**	GFATM	M&E	8,000.00
	Recovery costs of transition team					**UNDP**	GFATM	OVER	115,933.61
	UNDP administrative charges 7%					**UNDP**	GFATM	OVER	278,559.54
Sub-total of Programme Management									**725266.1035**
TOTAL 2011									**4257981.535**

YEAR 2012

EXPECTED OUTPUTS	PLANNED ACTIVITIES	IMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		1	2	3	4		Funding Source	Budget Description	Amount
Objective 1: DOTS framework consolidated through strengthening programme management, improving TB case detection and diagnosis and quality treatment of TB cases. ***Indicators:*** Number of detected new smear positive TB cases *Baseline: 1720* *Target: 1896* Number and percent of new smear positive TB cases that are successfully treated *Baseline: 82%* *Target 83%* Number and percentage of laboratories performing regular external quality	Training courses on priority aspects of TB control programme management (KNCV training, training courses in Sondalo, training on laboratory management, TB/HIV etc.)-Capacity building and strengthening of the NTP management					UNDP	GFATM	TR	**4,970.00**
	Meetings of Regional NTP Coordinators at NTP central unit-Development of human resources capacity and involvement of Primary Health Care in TB control					UNDP	GFATM	M&E	**1,200.00**
	Meetings of district TB specialists with regional coordinators-Development of human resources capacity and involvement of Primary Health Care in TB control					UNDP	GFATM	TR	**840.00**
	Training of PHC doctors in TB control-Development of human resources capacity and involvement of Primary Health Care in TB control					UNDP	GFATM	TR	**3,636.00**
	Training of PHC nurses in TB control-Development of human resources capacity and involvement of Primary Health Care in TB control					UNDP	GFATM	TR	**3,636.00**
	Communication and office operating expenses of NTP central unit, regional level-Strengthening monitoring of the program and reporting, recording for improved case finding and treatment (Support of NTP central unit and Support 7 regional branches)					TBD	GFATM	OVER	**900.00**
						TBD	GFATM	OVER	**1,680.00**

assurance for smear microscopy *Baseline: 27 laboratories* *Target: 60%*	Support to central and regional supervision visits-Strengthening monitoring of the program and reporting, recording for improved case finding and treatment					TBD	GFATM	M&E	**5,756.00**
	Reagents and supplies for TB laboratory diagnosis -Improving diagnosis and case finding					UNDP	GFATM	HP	**33,966.00**
	Re-training for laboratory staff based on experience exchange trainings, which will be hosted at regions with participation of lab staff from that region					UNDP	GFATM	TR	**1,166.00**
	Strengthening of the laboratory network and organizing support for improved detection and treatment of cases. Incentives support per person per month for 27 TB laboratories in the TB hospitals system.					TBD	GFATM	LS	**40,920.00**
Sub-total of Objective 1: DOTS framework consolidated through strengthening programme management, improving TB case detection and diagnosis and quality treatment of TB cases.									**98,670**
Objective 2: Access to diagnosis and treatment of drug-resistant tuberculosis expanded. **Indicators** Number and percent of new smear positive TB cases that are successfully treated *Baseline: 82%* *Target 83%* Number of MDR-TB patients on treatment	Training on DOTS-Plus in WHO's training centers					UNDP	GFATM	TR	**3,945.00**
	Technical assistance of GLC will be requested from GLC for management of MDR-TB cases once per year. GLC fee					UNDP	GFATM	PA	**50,000.00**
	Culture, DST investigations and clinical laboratory tests for MDR-TB patients (microscopy, cultures, DST for 2nd line drugs as well as a set of clinical blood tests)					UNDP	GFATM	HP	**27,795.00**
	Support for supervision visits in penitentiary sector -Strengthening TB programme management in penitentiary sector					UNDP	GFATM	M&E	**398.00**
	Laboratory supplies-Improving TB case finding,					UNDP	GFATM	HP	**1,280.00**

receiving patient support (food, hygiene packages) for better adherence to treatment-includes inpatient and outpatient treatment phases *Baseline: 360* *Target: 425* Number of MDR-TB patients enrolled in second line treatment in both civil and penitentiary sectors *Baseline: 360* *Target: 0* Number of trained doctors of PHC from outpatient facilities of all rayons, prisons and military service. *Baseline: 500* *Target: 480* Number of TB service staff trained in DR-TB management locally *Baseline: 75* *Target: 50* MDR TB patients counselled and trained	Culture, DST investigations and clinical laboratory tests for MDR-TB patients-Management of MDR-TB in the penitentiary system (microscopy, cultures, DST for 2nd line drugs as well as a set of clinical blood tests and X-rays)					UNDP	GFATM	HP	**9,265.00**
	Supplies for infection control in MDR-TB department and TB departments and TB laboratories-Management of MDR-TB in the penitentiary system (Respirators)					UNDP	GFATM	HP	**83,798.40**
	Technical assistance (by external consultants) in selected aspects of the DR-TB management, such as laboratory diagnosis, clinical management of DR-TB cases, organization of treatment and follow-up, and strategy development on previous WHO missions recommendations.					UNDP	GFATM	TA	**30,640.00**
	Training in managerial, clinical and laboratory aspects of MDR-TB management for TB service staff DR-TB treatment delivery sites (by external trainers and national trainers who have been trained abroad).					UNDP	GFATM	TR	**28,800.00**
	Training in managerial, clinical and laboratory aspects of MDR-TB management for TB service staff DR-TB treatment delivery sites (by external trainers and national trainers who have been trained abroad).					UNDP	GFATM	TR	**5,300.00**
	Limited support is requested for infrastructure rehabilitation at DR-TB in-patient treatment sites for installation of the ventilation system and patient separation measures: in Bishkek, Tash-Debe, Osh and Jalal-Abad. The hospitals are subject to change based on the assessment of the hospitals.					UNDP	GFATM	IF	**792,000.00**
	2nd class laboratories that perform culture investigations and have to deliver cultures to Bishkek Reference Laboratory for drug susceptibility testing will be provided with reimbursement of costs of petrol to deliver cultures twice a week to the laboratory					TBD	GFATM	OVER	**14,874.05**

on questions of MDR TB treatment during the inpatient treatment phase *Baseline: 0* *Target: 380* Number and percentage of laboratories performing regular external quality assurance for smear microscopy *Baseline: 27 laboratories* *Target 60%*	DST to 1st line drugs will be performed in culture-positive cases using manual technique on solid media, for quality assurance of automated MGIT technique. Estimated number of tests					UNDP	GFATM	HP	**28,188.00**
	Culture investigations for MDR-TB patients on treatment (manual technique)					UNDP	GFATM	HP	**59,097.60**
	DST to 2nd line drugs will be performed in all MDR-TB patients on treatment (in all patients - at the beginning of treatment and in patients during treatment with no improvement / culture conversion; on average 2 investigations per patient					UNDP	GFATM	HP	**59,280.00**
	Procurement of side effect drugs for 50 patients of penitentiary system.					UNDP	GFATM	MED	**0.00**
	Provision of kefir and/or similar social support to 100 MDR TB patients on a daily basis- $0,34 per portion multiplied by 6 days a week by 4 weeks a month. The total cost per month- $8,16, $98 per person per year. See Annex TA& TR for details					UNDP	GFATM	MED	**0.00**
	Consumables for a set of clinical and laboratory investigations that will be carried out in all MDR-TB patients on treatment for treatment monitoring and proper evaluation and management of side effects of 2nd line drugs. Different tests will be performed					UNDP	GFATM	HP	**88,920.00**
	Procurement of respirators for 20 TB service specialists of penitentiary system in addition to the respirators under Rnd 6 procurement					UNDP	GFATM	HP	**16,512.00**
	9 Health care coordinators will be recruited to manage MDR TB treatment and social support program throughout the grant cycle to MDR TB patients					TBD	GFATM	HR	**8,640.00**
	Adherence counsellors' groups will be established in the hospitals with MDR TB beds to ensure patient treatment					TBD	GFATM	HR	**21,216.00**
	Support to treatment adherence: establishment of adherence counsellors' groups - Provision of training to the health personnel on adherence to treatment.					UNDP	GFATM	TR	**14,360.00**

	Support to treatment adherence: incentives (food parcels) for DR-TB patients.					TBD	GFATM	LS	**158,600.00**
	Support to treatment adherence / DOT for DR-TB patients: transportation provision to healthcare specialists involved in the outpatient treatment					TBD	GFATM	LS	**7,797.60**
	Support to treatment adherence / DOT for DR-TB patients: transportation of patients to DOT centres					TBD	GFATM	LS	**1,368.00**
	Support to treatment adherence / DOT for DR-TB patients: transportation of patients to DOT centres					TBD	GFATM	LS	**23,256.00**
	Maintenance costs of the procured vehicles for social support program, including delivery of drugs, follow-up on treatment etc.					TBD	GFATM	OVER	**12,600.00**
	A nation-wide representative Drug Resistance Survey will be conducted Phase I of the grant, according to WHO standards and based on the protocol, which will be developed prior to the start of the survey with the assistance of the Supranational Reference					UNDP	GFATM	M&E	**42,515.00**
	Supervision missions and spot checks by the UNDP personnel together with the national partners on the overview of the program implementation and progress					UNDP	GFATM	M&E	**3,614.00**
	PSM costs (Procurement Agent's Handling Fees, 4%+Transportation&Insurance Costs=6%)- total 10%					UNDP	GFATM	PSM	**86,149.59**
	Quality assurance of procured TB drugs in line with GF policy and UNDP regulations - QA ISO certified laboratory- every batch of drugs to be tested,					UNDP	GFATM	PSM	**13,500.00**
	Development of infection control plans for 11 laboratories, 6 hospitals with MDR TB beds- establishment of a working group					UNDP	GFATM	TA	**2,720.00**
	Procurement of face masks for MDR TB patients					UNDP	GFATM	HP	**5,548.00**
	Procurement of UV-fixtures and lamps for infection control					UNDP	GFATM	HP	**422,845.92**

	For the purposes of ensuring adherence to treatment in MDR TB departments as well as strengthening patients' knowledge on TB and introducing improved forms of treatment adherence, TV sets and DVD sets will be procured for each MDR TB department					UNDP	GFATM	IF	**32,300.00**
	For the purposes of ensuring adherence to treatment in MDR TB departments as well as strengthening patients' knowledge on TB and introducing improved forms of treatment adherence, TV sets and DVD sets will be procured for each MDR TB department					UNDP	GFATM	IF	**7,600.00**
	Support to 3 NTP staff on M&E, Drug Management and MDR TB					TBD	GFATM	HR	**3,600.00**
	Procurement of containers for sputum collection- 100 000 per year					UNDP	GFATM	HP	**25,000.00**
	Support of TB hotline free of charge for incoming calls (green number)					TBD	GFATM	OVER	**2,400.00**
	Support of TB hotline free of charge for incoming calls (green number)					TBD	GFATM	OVER	**720.00**
	Printing brochures for MDR TB patients					UNDP	GFATM	COM	**2,500.00**
Sub-total Objective 2: Access to diagnosis and treatment of drug-resistant tuberculosis expanded.									**2,198,943.16**
Programme management	Coordination of the grant by grants implementation unit staff (Remuneration to Grant Manager, TB Specialist, Procurement Specialist, Coordinator of social support office, program officer, M&E Specialist, Construction specialist, Finance Specialist, Administrative Assistant, Driver).					UNDP	GFATM	HR	**285,367.29**
	Overhead costs of PMU- maintenance and running costs of vehicles					UNDP	GFATM	OVER	**9,648.00**
	Insurance of vehicles and warehouses					UNDP	GFATM	OVER	**2,532.00**
	Rent and utilities costs of PMU					UNDP	GFATM	OVER	**14,400.00**
	Costs for internet					UNDP	GFATM	OVER	**3,360.00**
	Communication costs					UNDP	GFATM	OVER	**1,440.00**

	Planning and administration costs					UNDP	GFATM	PA	**1,680.00**
	Technical assistance to the PR, training for PR staff in grant management, procurement, monitoring and evaluation; external grant monitoring and assessment; grant audit					UNDP	GFATM	TA	**34,020.00**
	External audit for the verification of sub-recipients records, SR capacity assessment					UNDP	GFATM	PA	**9,000.00**
	Capacity building of grants implementation unit and country office staff involved in the grant management process- participation in various conferences, seminars, educational workshops for effective grant implementation					UNDP	GFATM	TR	**24,000.00**
	Monitoring visits on the overview of program implementation					UNDP	GFATM	M&E	**8,000.00**
	UNDP administrative charges 7%					UNDP	GFATM	OVER	**188,374.23**
Sub-total Programme Management									**581,822**
TOTAL 2012									**2,879,434.68**

TOTAL 2011 - 2012	**7,137,416.22**

V. MANAGEMENT ARRANGEMENTS

Programme Management Level

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

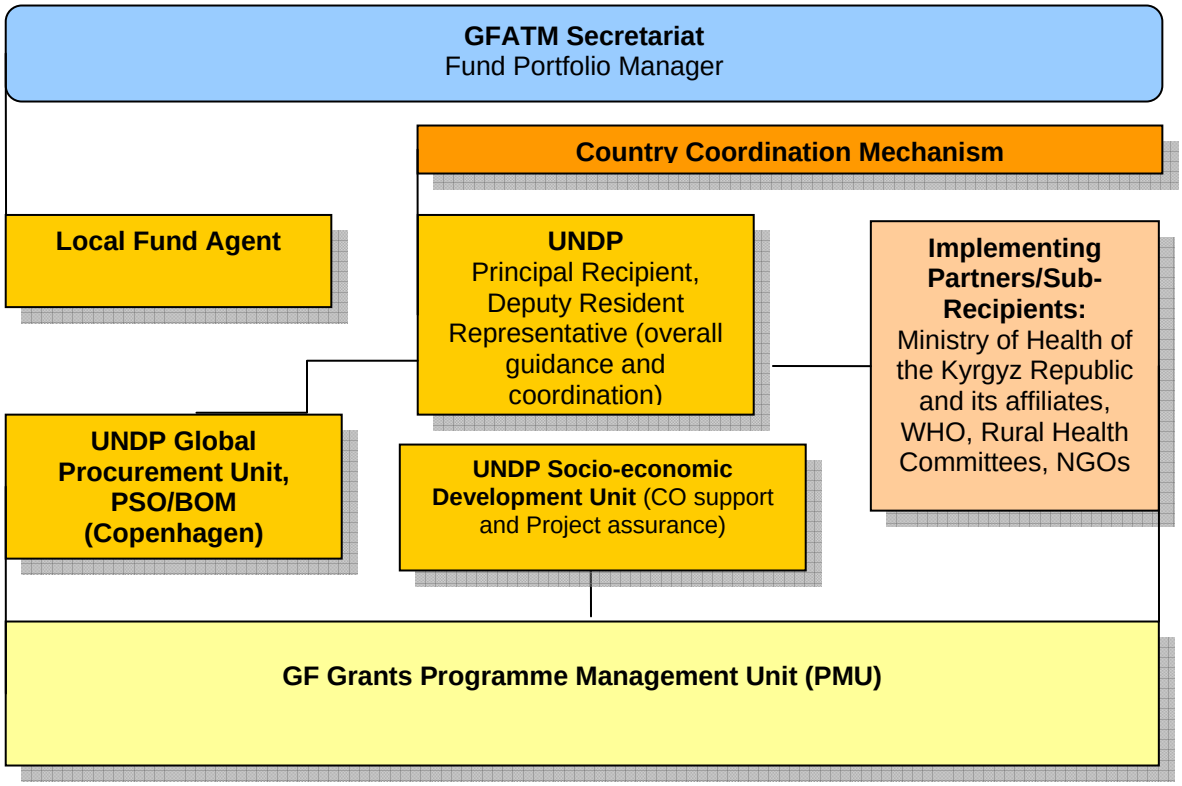
UNDP has been active in Kyrgyzstan since early 1993 on the basis of the agreement with the government of Kyrgyz Republic. The Programme has extensive experience of cooperation with government agencies and non-governmental organizations.

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

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

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

Operational chart for GFATM Grants Programme:



The Global Fund to Fight Aids, TB and Malaria (GFATM) is a public-private foundation based in Geneva, Switzerland, created as a financing and not an implementing entity. Projects financed by the GFATM are

implemented through a partnership in which the key structures are the Country Coordination Mechanism (CCM), the Principal Recipient (PR), and the Local Fund Agent (LFA).

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

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

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

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

UNDP will also engage **National TB Institute of the Ministry of Health and its 8 branches (in Bishkek and 7 provinces)** and **Health Department of State Penitentiary System under the Government of the Kyrgyz Republic** as sub-recipients in planning, implementation, monitoring and evaluation of activities, achieving Programme outputs, and for the effective use of UNDP resources.

Project Management Level

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

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

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

- **International Programme Manager** responsible for the overall coordination of GMU activities and such of other organizations involved in grant implementation (grant funds' sub-recipients', etc.) in part which covered by grants' funds and directly related to or connected with the grant objectives. Works in close contact with the Head of Socio-economic Development Unit, Operations Manager and other UNDP Country Office staff, Country Coordinating Mechanism, and MOH. International Programme Manager will be directly reporting to UNDP Deputy Resident Representative (primarily supervisory role) and to the Head of the Socio-economic Development Unit (secondary supervisory role).
- **Finance Manager, Finance Specialists and Finance Clerk** responsible for keeping records of the grants' money transactions, planning and monitoring and reporting for grants expenditures, funds disbursements and proceeds.
- **Procurement Manager, Procurement Specialists and Logistics Specialists** responsible for ensuring timely delivery of the products to the end-user's organization, monitoring the available stocks at all levels within the country, scheduling procurement requests, conducting procurement procedures, managing purchase orders, goods' distribution, consumption rates, and arranging systematic quality control of the procured products.
- **Programme Coordinators, Specialists** responsible for activities directly targeted at the Grant's objectives and ensuring delivering results against the grant's work plan, budget and Performance Indicator's framework.
- **Monitoring & Evaluation Specialist(s)** responsible for overall monitoring of the grant progress, the work of sub-recipients and evaluating the effectiveness of the programme activities at all levels.
- **Administrative support staff** responsible for administrative issues and smooth operation of the PMU.

Implementation arrangements for Sub-Recipients

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

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

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

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

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

Partnership with other stakeholders and technical agencies

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

VI. MONITORING AND EVALUATION FRAMEWORK

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

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

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

Upon agreement with the Global Fund, UNDP and the Ministry of Health, may agree on the reinvestment of the programme savings for the needs of the national TB programme based on objectively verifiable gaps.

VII. LEGAL CONTEXT

If the country has signed the *Standard Basic Assistance Agreement (SBAA)*, the following standard text must be quoted:

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

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

The implementing partner shall:

a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;

b) assume all risks and liabilities related to the implementing partner's security, and the full implementation of the security plan.

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

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

Annex 2: Risk Analysis

Project Title: Consolidation and Expansion of the DOTS Programme in Kyrgyzstan by Providing Access to Diagnostics and Treatment of Drug-Resistant Tuberculosis.	Atlas ID 00077368	Date: January 1, 2011- December 2012

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	Insufficient budget for procurement of planned health and non-health goods as a result of increase of prices and/or inflation of US Dollar due to the global and in-country economic conditions	October 2010	Financial	Lack of budget resources can result in decreased number of goods and services procured and insufficient coverage of project needs. P = 2 I = 2	The UNDP management intends to plan all procurement cases in advance and estimate the prices and priorities TB project needs within the budget	PO	PO	Q 4 2010	
2	Insufficient leadership role of the Government and Country Coordination Mechanism could result in weakened country coordination processes, duplication of donor funds, and lack of national	October 2010	Organizational	The funds need to be re-programmes in case the activities are duplicated P = 3 I = 2	UNDP intends to strengthen collaboration and communication lines with Ministry of Health, and other stakeholders involved in TB programme.	PO	PO	Q 4 2010	

	ownership of the TB programme								
3	Lack of qualified human resources in TB service may result in under-achievement of outcome for case detection and successful treatment	October 2010	Organizational	Lack of qualified medical workers may result in poor performance of TB service and result in low case funding of TB and coverage of TB-MDR patients P = 3 I = 3	UNDP continues supporting training of lab specialists, PHC and TB service providers at the national and regional level. Comprehensive learning strategies will be developed and adopted jointly with the Ministry of Health to have qualified human resources for TB control both at national and regional level.	PO	PO	Q 4 2010	
4	The penitentiary sector management as a closed system barriers to timely implementation of activities planned for patients in prison	October 2010	Strategic	It will be complicated to organize TB programme management, including case finding, treatment monitoring, etc. P = 3 I = 4	UNDP will facilitate development and adoption of joint inter-sectoral strategy for diagnosis, treatment, follow up of TB patients in and outside of prison settings.	PO	PO	Q 4 2010	

.