

On-going Progress Update and Disbursement Request and LFA On-going Progress Review and Disbursement Recommendation

In completing this report, please refer to the detailed "Guidelines for completing the PR "ongoing progress update and disbursement request", and LFA "ongoing progress review and disbursement recommendation"

During the lifetime of a grant, the Global Fund periodically disburses funds to the Principal Recipient (PR) based on demonstrated program performance and financial needs for the following period of implementation.

The PR's ongoing progress update and disbursement request (PU/DR) is both a progress report on the latest completed period of program implementation and a request for funds for the following period of implementation. Its purpose is to provide an update of the programmatic and financial progress of a Global Fund-financed grant, as well as an update on fulfillment of conditions precedent, management actions and other requirements. The PU/DR, alongside the Local Fund Agent (LFA) ongoing progress review and disbursement recommendation (short-form: LFA-verified PU/DR), forms the basis for the Global Fund's disbursement decision by linking historical and expected program performance with the level of financing to be provided to the PR.

One Excel file contains both the PR's PU/DR and the LFA-verified PU/DR. The PR should only complete the worksheets of the file pertaining to the PU/DR (the worksheet tabs color-coded in green), whereas the LFA should complete the worksheets of the file pertaining to the LFA-verified PU/DR (the worksheet tabs color-coded in blue). The Excel file also includes a reference checklist of supporting documents for the PU/DR review (the worksheet tab color-coded in yellow). This checklist is included for information and not for completion. The PU/DR should be completed by the PR of a Global Fund grant for every period in which a progress update is required, usually either on a quarterly, semiannual or annual basis, regardless of whether or not a disbursement is being requested. Once a year, the PR is expected to submit the Enhanced Financial Report (EFR) as part of the PU/DR (there is a dedicated tab for EFR in the Excel file).

The PR is required to submit the PU/DR to the LFA within 45 calendar days from the closing date of the relevant progress update period when the report does not contain the EFR (as indicated in the performance framework of Annex A of the grant agreement) and within 60 calendar days when the report contains the EFR (once a year).

The LFA should complete and submit a signed copy of the LFA-verified PU/DR to the Global Fund within ten working days after receiving the final signed version of the PU/DR from the PR and within 13 working days when the PU/DR report contains the EFR (once a year), unless agreed otherwise with the FPM (The LFA does not need to submit original/hard copies of each PU/DR reports. However, these documents should be available at the LFA's offices for any audit/reviews. Also, the LFA should be ready at all times to submit these originals to the Secretariat upon request). In this report the LFA should provide an analysis and comments based on verification of the PR-reported information, document grant risks and recommendations for improving program implementation, and finally, provide a performance rating to the grant and disbursement recommendation for the Global Fund's consideration. In defining the performance rating and recommending a disbursement amount, the LFA should use the Grant Rating Methodology of the Global Fund (as described in Annex 2 and communicated at various regional meetings and LFA training events) along with the Excel version of the Grant Rating Tool (to be provided to LFAs) to support the calculation of Indicator Rating.

Upon completion, this form should be submitted (with supporting documentation) to the Local Fund Agent and copied to the Global Fund.

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	Kyrgyz Republic
Disease:	HIV/AIDS
Grant Number:	KGZ-H-UNDP
Principal Recipient:	UNDP Kyrgyzstan
Program Start Date:	1-Jul-2011
Currency:	USD

PROGRESS UPDATE

Progress Update - Reporting Period:	Cycle:	Semester:	Number:	8
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	30-Jun-2015
Progress Update - Number:	5			

DISBURSEMENT REQUEST

Disbursement Request - Disbursement Period:	Cycle:	Annual	Number:	
Disbursement Request - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	31-Dec-2015
Disbursement Request - Number:				

Section 1: Programmatic Progress

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

A: Impact / Outcome Indicators									
Impact / Outcome	Indicator Description	Baseline (if applicable)		Year of Target	Intended Target	Report Due Date	Actual Result	Data Source of Results	Comments on results on Impact/Outcome Indicators and data sources, and any other comments
		Value	Year						
Impact	HIV I-11: Percentage of people who inject drugs who are living with HIV	14,60%	2010				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Impact	HIV I-10: Percentage of sex workers who are living with HIV	3,50%	2010				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Impact	HIV I-0a: Percentage of men who have sex with men who are living with HIV	1,10%	2010				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Impact	HIV I-12: Percentage of other vulnerable populations (prisoners) who are living with HIV	7,00%	2009				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Impact	HIV I-6: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	29,90%	2009	Year 3 2014-2015	4,00%	15-Aug-2015	2,9%	National HIV Health Statistics	Spectrum has estimated 2.9% (4/136) of child HIV infections from HIV positive women delivering in the last 12 months. The cohort of children born in Jan-Dec2013 is reported. This data is inline with the National M&E reporting system and Global AIDS Response Progress Reporting. For more details pls. refer to: https://aidsreportingtool.unaids.org/indicator/ed/R520/180/
Impact	HIV I - other 1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	76,00%	2010	Year3 2014-2015	85,00%	15-Aug-2015	84,8%	National HIV Health Statistics	The data is obtained through the National report to UNAIDS for 2014. This data is inline with the National M&E reporting system and Global AIDS Response Progress Reporting. The denominator is 512 (m-290/f-222) and numerator is 434 (m-234/f-100). For more details pls. refer to: https://aidsreportingtool.unaids.org/indicator/ed/R520/180/ .

Section 1: Programmatic Progress

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A. Impact / Outcome Indicators									
Impact / Outcome	Indicator Description	Baseline (if applicable)		Year of Target	Intended Target	Report Due Date	Actual Result	Data Source of Results	Comments on results on Impact/Outcome Indicators and data sources, and any other comments
		Value	Year						
Outcome	HIV O-6: Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	67,00%	2010				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2010. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2010.
Outcome	HIV O-7: Percentage of other vulnerable populations (PWID) who report the use of a condom at last sexual intercourse	54,00%	2010				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2010. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2010.
Outcome	HIV O-8: Percentage of sex workers reporting the use of a condom with their most recent client	51,00%	2009				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2010. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2010.
Outcome	HIV O-4a: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	50,00%	2010				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2010. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2010.
Outcome	HIV O-other 1: Percentage of PWIDs who were tested during the past 12 months and know their results	30,00%	2009				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2010. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2010.

Conditions Precedent and/or other special conditions	Status	PR Comments on Progress of Implementation
1. Condition(s) Precedent to the Use of Grant Funds to Finance Incentive Payments (Terminal Date: 31 March 2015)		
The use of Grant funds by the Principal Recipient to finance incentive payments for governmental Sub-recipients after 31 March 2015 is subject to the satisfaction of each of the following conditions:		
a. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a detailed plan to finance incentive payments for additional services to be delivered by the governmental Sub-recipients under this Agreement (the Incentives Payment Plan)	Met	In accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 UNDP has developed a detailed plan to finance incentive payments for additional services to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The first version of plan was delivered to the GF 25 February 2015. Discussion of the documents took place during March-April 2015.
b. the written approval of the Global Fund of the Incentives Payment Plan.	Met	The plan was approved by GF on e-mail on 29 April 2015 and became effective for working with governmental SRs from 1 April 2015.
2. Condition(s) Precedent to the Use of Grant Funds to Finance the Ministry of Health Capacity Building Activities (Terminal Date: 31 March 2015)		
The use of Grant funds by the principal Recipient to finance the Ministry of Health capacity building activities is subject to the satisfaction of each of the following conditions:		
a. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a detailed plan and budget covering all activities that are proposed to be conducted under the Program (the "Detailed Capacity Building Plan"); and	Met	During the reporting period, UNDP involved its senior capacity development advisor to provide the technical assistance and support for capacity development activities within MoH. This included 3 missions to Kyrgyzstan without any costs to the grant. After several consultations with MoH and other partners the capacity development activities were developed and discussed within workshop with MoH and other stakeholders on 12 June 2015. The outputs from the workshop were incorporated into a CD plan and the plan shared with MoH for comments. The plan was discussed at a round table on 29 July and circulated to all CCM members. The plan was submitted to CCM members and endorsed by them on 5 August. As soon as 5 technical experts are in place in the MoH the activities within CD plan and the Agreement between UNDP and MoH signed 30/04/2015 (by UNDP) and 12/05/2015 (by MoH) will be started to implement.
b. the written approval by the Global Fund of the Detailed Capacity Building Plan.	Unmet - In Progress	The Capacity Development plan endorsed by CCM on 5 August and was submitted to GF for approval on 12 August 2015, and GF acknowledged receipt on 13 August 2015. Approval of the document is awaited.
SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT		

B. PR REVIEW 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 as per Management Letter EECA/UM/162-4/0/2015	PR Comments on Progress of Implementation
<p>Recommendation 1: The PR together with NAC and community of PLHIV (community based NGO) should pay more attention to motivation of PLHIV by provision of incentives and strengthening of self-support.</p>	<p>During the reporting period PR jointly with the partners implemented the following actions:</p> <ul style="list-style-type: none"> * To meet needs of the general population (non-key groups) in HIV services (counseling, informational support, self-support, practical trainings on ART procedures etc.) we have introduced a separate staff position of a peer to peer consultant for work with the general population in Bishkek AIDS Centre from the beginning of 2015. * During M&E visits (May 2015) our programme specialists have conducted on-job trainings on capacity building (documentation records management, adherence to ART, nutrition and dietary during ART etc.), provided informational educational materials etc. * The motivation strategy system for PLHIV adherent to ART has been reconsidered and revised in the beginning of the 2015. Since April 2015 the monetary remuneration are paid via Bishkek AIDS Centre based on information available through the HIV Electronic Case Management System (UICs, percentage of PLHIV adherence to ART) that improve the collaboration between AIDS Centres and NGOs. * In order to improve the services on treatment, care and support of PLHIV in prisons, during the reporting period there were conducted several meetings with the Republic and Bishkek AIDS Centers, SSES and NGO resulting in achievement the arrangements on regular technical support of SSES by AIDS Centers through visits, consultations, working with complicated cases, cooperation in examination the clients on CD4 and VS, joint working with PLHIV and coordination (reporting system, scheduled visits, trainings, etc.). * In order to improve the cooperation between services (Narcology, AIDS services and NGO) PR held coordinating meeting in Osh. * The new additional staff position of a peer to peer consultant for work with PWID/PLHIV is planned for Osh AIDS Centre from August 2015. This person will be specifically responsible for pre- and post-testing counseling and case management of PWID. <p>All measures implemented during the reporting period should influence on the analysis of the 12 months cohort (1 Jun 2014 - 31 Jul 2015) .</p>
<p>Recommendation 2: The PR together with NAC should improve access to laboratory monitoring of ART for all eligible PLHIV. Support for transportation of blood sample to laboratories for viral load or CD-4 tests provision may be useful for the doctors and clients. As the PR already provides support to NCP for material transportation to TB laboratory, it can consider arrangement of outsourcing in case of HIV as well.</p>	<p>In order to improve the access of PLHIV to laboratory monitoring of the effectiveness of ART (the analysis of viral load, CD4 cell count liters) were considered different approaches:</p> <ol style="list-style-type: none"> 1) transportation of biological samples from the regions to the only existing PCR laboratory in the country, HIV PCR laboratory at the RAC. Using this external resources - outsourcing transport services to private laboratories (e.g. private courier service of Bonetsky Laboratory - Intelmed LLC); 2) applying resources for the service of the existing SES MoH laboratories in Osh (PCR laboratory SES in Kara-Sui); 3) creation of a separate PCR laboratory based in Osh AIDS Center. <p>After a thorough expertise and analysis of all options, PR came to the conclusion that the most effective, long-term solution is the option # 3 - Opening of a new PCR laboratory based in Osh AIDS Center. The largest number of patients in need of these services is concentrated in the southern region of the country which was also considered during decision making.</p> <p>This solution is line with the recommendations given by Ms. Maiken Mansfeld, an expert from Copenhagen WHO Collaborating Centre, visited us with the mission on optimization of HIV services in April this year. She was in opinion that it is crucial to provide an easy access to VL testing for PLHIV in the South of the country. The opening of the separate PCR laboratory in Osh could do that as a permanent long term solution and noticeably contribute to the strengthening of the national HIV services capacity.</p> <p>Moreover, in parallel as a short-term solution of this issue PR is considering and collaborating on the ability to scale the pilot project of ICAP to optimize transportation of biological samples from the regions of the country to the PCR laboratory at RAC (Bishkek), using a new type of vacuum tubes (substantially prolong the transportation time of samples) and third-party outsourcing transport courier service. PR currently together with ICAP are conducting negotiations with the Bonetsky Laboratory on this issue.</p> <p>In order to improve an access of the PLHIV to CD4 cell counting services we continued to increase technical capacity of the HIV diagnostic labs - we have procured additional number of CD4 cell counting equipment - 1 stationary CD4 cell counter and 2 portable mobile CD4 cell counters. The latter devices are truly portable/mobile, based on use of testing cartridges - lab-on-a-chip (LOC) technological concept which does not require a highly qualified specially trained lab staff and complicated maintenance. Those cell counters being mobile can be used in field conditions by the MDT groups visiting remote difficult to access areas of the country. These pieces of equipment were distributed to the regions which previously did not have their own CD4 cell counting services and had to send biosamples from PLHIV for CD4 analysis to other equipped AIDS centres.</p>

<p>Recommendation 3: ASTB diagnoses and TB prevention among PLHIV are crucial for decreasing of mortality and retention at the ART PLHIV, the PR together with NAC, as a SR should pay more attention to early TB diagnoses and prevention, as well as providing treatment, care and support to patients with HIV/TB.</p>	<p>Regarding the statistics: in total 130 PLHIV died in 2014, 64 patients of them (49.2%) died from TB. From January 2015 a new algorithm of the diagnosis of TB for PLHIV was introduced, which includes on the first stage screening on TB (4 questions) and further steps. This algorithm also stipulates that Isoniazid preventive maintenance should be performed every 2 years for PLHIV (without confirmation of Mantoux test) and is necessary to make every effort to implement these recommendations for Isoniazid prophylaxis. (Isoniazid prophylaxis has been shown to be effective in preventing the progression of TB infection to clinical TB disease. When Isoniazid is taken for 12 months, it reduces the occurrence of TB disease by 54% to 88%. The efficacy of Isoniazid is directly related to the length of prophylaxis, the extent of patient compliance with the prophylactic regimen, and the susceptibility of the infecting organism to Isoniazid). HSS specialist through M & E visits carefully tracks if PLHIV are screened for TB during their each visit and if one of the positive symptoms are revealed what are the actions by the doctor supervising the patient (whether PLHIV referred to continue the algorithm for instrumental methods of TB diagnostics).</p> <p>PR programme staff member jointly with M & E specialists of Osh, Bishkek, Jalalabad and Republic AIDS centers analysis reports whether the detection rate is improved after the introduction of screening for TB and as a result more PLHIV are involved in the PPT and ART. Within the activities of NGOs working with PLHIV there is the indicator on TB diagnostics of PLHIV and the target is 60 % of the covered clients number. NGOs are working with the doctors of the AIDS Centers and FMC very closely on this issue.</p> <p>In order to improve the cooperation between departments (Narcology, TB and AIDS services) recently RAC held a working meeting. During this meeting RAC provided for review and consideration a draft report and registration forms for the collection of information between these three structures. Some State Organisations will update the normative documents regulating the collaboration between services and inform MoH.</p> <p>Another reason for PLHIV are dying from TB is very late enrolment into treatment. Some people are presenting for treatment when they are already suffering from TB, and are encouraged and supported to get tested for HIV. WHO are reviewing the HIV testing protocols so that these PLHIV can access treatment much faster than currently.</p> <p>In addition, a large number of PLHIV are not enrolled in care. The PR has had extensive discussions with GF to look at steps that could be taken to improve the HIV treatment cascade at each point. This is expected to ensure that PLHIV are better able to access the services they need. Under the coordination of the PR work is planned to continue in this direction.</p>
<p>Recommendation 4: Activities realized by PR together with Republican Narcology Center demonstrate high level of interest for retention OST clients at the programme. More attention should be paid for organization of motivation sessions and for arrangement of special more comfortable venue for such activity. Unified training materials should be prepared and distributed among OST sites. Such sessions can be organized for several sites at the same time. Merging OST sites and establishing more flexible work (more flexible opening hours for OST points, provision of dosage for several days, working with close environment of the clients) could approve retention of the clients within the programme.</p>	<p>1) Since activities for OST staff and clients within Training plan for 2015 was approved in July 2015, PR has planned motivational sessions for OST clients in the next reporting period.</p> <p>2) PR began the process of revision of the regulatory and legal framework for the implementation of OST programs (including the regulation of the issuance of methadone).</p> <p>3) 3 OST points were closed since the last reporting period, however the numbers of people receiving OST has continued to increase. The PR is looking at rationalising OST points so that services can continue to be provided to those who want to receive them.</p>
<p>Recommendation: Principle Recipient using GF resources should make sure to procure only health products that are in line with GF Quality assurance policy. If in future any product of unassured quality is procured with GF resources the amount will be reimbursed to the Global Fund. The issue has already been discussed with the PR.</p>	<p>The PR acknowledges that the ELISA HIV tests were not in line with GF QA requirements. Procurement Specialists discussed the specific case during a mission from our Procurement Support Office, and all procurement specialists are now fully aware of GF's QA policy. The PR understands the importance of ensuring that all medicines and health products are properly quality assured.</p> <p>The PR requests both the third party procurement agents and the manufacturers to provide a full package of quality assurance documents for the tests that were procured in 2014 but not listed in WHO PQ.</p> <p>According to the GF QA requirements, the diagnostic products must meet the following:</p> <p>Criterion 1- recommended by WHO for use in HIV/AIDS programs, based on a technical review of quality and performance indicators, OR Criterion 2- approved by authorities of the founding members (US, EU, Canada, Japan, Australia) of the Global Harmonization Task Force (GHTF). When the product is not WHO prequalified, the PR tries to procure the diagnostic tests that meet the Criterion 2, i.e. the GHTF (now IMDRF) members approved.</p>
<p>Recommendation: The PR in collaboration with UN agencies and development partners should arrange special assessment for verification of indicator's achievement, such as Number of pregnant women who know their HIV status; Number of people tested for HIV, including the provision of results; coverage by viral load tests, etc. Such activity may be implemented together with UN agencies and development partners, as well as implemented within State Programme midterm evaluation which will be organized at the year 2015.</p>	<p>1) These indicators are verified by employees of AIDS centers jointly with UNDP program staff during monitoring visits on a routine basis.</p> <p>2) PR started negotiations with UNICEF, UNAIDS on joint action within the framework of midterm assessment of the State Programme.</p>
<p>C. PR COMMENTS ON ANNUAL GRANT REPORTING REQUIREMENTS</p>	

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 (dd-mm-yy)	Status	Comments
Certified Financial Statement	30-Jun-15	Submitted to GF	The Certified Financial Statements were submitted by UNDP HQ directly to the Global Fund on 10 July 2015.

Enhanced Financial Reporting (EFR)	1-Mar-16	Preparation on track	The EFR will be submitted in the PUDR for the period 1 July-31 December 2016.
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On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	KGZ-H-UNDP		
Progress Update - Reporting Period:	Cycle:	Semester:	Number: 8
Progress Update - Period Covered:	Beginning Date:	End Date:	30-Jun-2015
Progress Update - Number:	8		

Section 4: Procurement and Supply Management

		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 PU/DR' (if applicable)? If health products procurement information has not been entered into the PQR, please explain why.</p> <p>I For further guidance on PQR data entry, please refer to the guidelines.</p>	Yes	The PR updated the PQR with procurement of ARV drugs and test systems
<p>2. Based on the most up-to-date stock situation, are there any risks of stockouts of key pharmaceuticals & health products <u>at the central level</u> in the next period of implementation? If yes, please comment.</p>	No	The ARV drugs have been supplied in time. No stock out situation is expected. The final shipment of ARV drugs is planned for November that will cover the needs till mid 2016.
<p>3. Comment on additional issues related to the procurement and supply management of pharmaceuticals and health products</p>		
n/a		

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	KGZ-H-UNDP			
Progress Update - Reporting Period:	Cycle:	Semester:	Number:	8
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	30-Jun-2015
Progress Update - Number:	8			
Currency:	USD			

A Statement of Sources and Uses of Funds (SSUF) is to be provided by PR along with the PUDR 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):

2 414 655

Add: 2. Cash received by the PR from the Global Fund during the period covered by this progress update:

3 591 345,00

3. Cash disbursed to third parties by the Global Fund on behalf of the PR during the period covered by this progress update:

22 870

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)

256

3 614 472

Less: 7. Total cash outflow during period covered by Progress Update (value entered in Section 3A "Total cash outflow"):

3 090 091

8. Net exchange rate gains/losses (gains should be shown with a minus sign; losses should be shown with a plus sign)

3 853

9. Reconciliation adjustments (gains should be shown with a minus sign; losses should be shown with a plus sign)

3 093 945

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

2 935 182

Explanation of reconciliation adjustments (line 9)

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

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	KGZ-H-UNDP			
Progress Update - Reporting Period:	Cycle:	Semester:	Number:	8
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	30-Jun-2015
Progress Update - Number:	8			
Currency:	USD			

Section 5: Cash Reconciliation and Disbursement Request

B. DISBURSEMENT REQUEST

Total forecasted net cash expenditures by the Principal Recipient for the period immediately following the period covered by the Progress Update:

1. Period beginning date:	1-Jan-2015	end date:	31-Dec-2015	approved budget amount:	_____	forecasted amount:	_____	
2a. Cash buffer period (by default)								
(cash "buffer") beginning date:	1-Jan-2016	end date:	31-Mar-2016	approved budget amount:	_____	forecasted amount:	_____	
2b. Additional "buffer" (discretionary, select only if there is a prior agreement with the FPM) (1)								PR Total Forecast
cash "buffer" agreed with FPM (2)	Select							0
(cash "buffer") beginning date	1-Apr-2016	end date:	_____	approved budget amount:	_____	forecasted amount:	_____	

(1) Additional Cash buffer can be requested if the next PU/DR report will contain a completed EFR report or a completed Annex on SR financials, requested by the Secretariat, or if there are any additional GF-specific requirements that cannot be delivered within 45 days. An agreement in principal from the FPM should be obtained prior to requesting an additional cash buffer.

(2) When the additional (cash "buffer") period is 1 or 2 months, the approved budget and forecasted amounts should be calculated as prorated values for the period following the regular buffer period.

Please explain any significant variance (based on your judgment) between the forecasted amounts and the amounts as per approved budgets.

Please specify the main factors and related amounts that are the major drivers of the variance.

NB. Consider the following items when providing the analysis.

- Expected timing of payments for any significant budgetary items,
- Impact of existing cash balance at SR levels
- Current confirmed commitments to be paid during disbursement request period
- Current/expected unit prices compared to those in the budget
- Change in quantities compared to budget
- Exchange rates and inflation
- Linkage between budget absorption and programmatic performance to-date:

The forecast should include any existing commitments (eligible under this grant) as of the end of the reporting period and which are likely to be paid during the disbursement period

The forecast is enclosed to current PU/DR

3. Cash Balance: End of period covered by Progress Update (number 10 from PR Cash Reconciliation sheet):

2 935 182

Less:

4. Cash "In transit" disbursed to the PR:

5. Cash "In transit" disbursed to third parties by the Global Fund on behalf of the PR

2 935 182

6. PR's Disbursement Request to the Global Fund for the period immediately following the period covered by the Progress Update, plus additional period (cash buffer):

0

7. Does the PR's Disbursement Request include funds for health product procurement?

Select

8. Exchange Rate (used to translate local currency into grant currency)

- used to convert Opening Cash Balance

58,8500

- used to convert Closing Cash Balance

58,1608

- used to convert Total Cash Outflow for the Progress Update Period

60,4441

Name of local currency, date and source of the exchange rate, and other comments (if appropriate)

opening the VC1 room in Gsh AIDS Centre, that was not planned and budgeted. As a result of the consultation with National partners, GF, WHO the creation of the PCR-lab on Gsh AIDS Centre basis was approved, and the engineer hiring process has been started.

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

As highlighted in the previous PU/DRs the main challenges still remain - 1) weak capacity of the SSES and high staff turnover. 2) stigma among doctors and in the society towards all target groups of the grant, but more specifically towards PLHIV. The stigma results in high treatment default rate and high mortality among PLHIV. Actions are aimed to overcome this barrier: SR regularly organizes meetings between NGOs and the state organizations where the existing problems are discussed. In the AIDS centers there are employed HIV positive people for conducting the consultations based on the principle "peer to peer". Some SRs will conduct several trainings and actions to reduce stigma and discrimination in the next reporting period. 3) Changes in the regulatory environment. There is currently a legal bill being discussed in Parliament which prohibits 'non-traditional' sexual relations. This is likely to affect our ability to reach MSM and even sex workers with planned services, but during the reporting period SRs were able to keep the coverage of the clients and provide the services. Also at the end of 2014 a specific department, called "Morality police" was created under the Ministry of Internal Affairs. Activities of this department and some public organizations complicated the SRs work among SWs, but despite on the difficulties SRs were able to keep the coverage of the clients and provide the services as well. In addition at present time Kyrgyzstan has joined the Eurasian Customs Union, and the risk of the pressure to close the OST programme in the country is still being. Also some activities of MoIA staff (persecution of the clients, illegal arrests) also negatively effect on the implementation of the OST programme in the country, and PR is planning to take an active participation in activities aimed on the improvement the situation (meetings, working groups, etc.). 4) sub-optimal M&E systems for the HIV data collection - to address this risk the PR continued to work closely with the National AIDS Centre and other development partners (UNAIDS and CDC). 5) As Global Fund funding reduces, and there is increased reliance on National Funding, it may be difficult to attract financing for activities and NGOs working with key populations at the same level.

On-going Progress Update and Disbursement Request

NB: This page should be 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.

7C: Bank Account Details

Disbursement Request Period		
Summary		
	Beneficiary Name	Amount in grant currency
Payee 1 - Principal Recipient:	UNDP Representative in Kyrgyzstan	-
Payee 2:		-
Payee 3:		-
Payee 4:		-
Total		-

Payee 1:

Beneficiary Name:		UNDP Representative in Kyrgyzstan
Currency in which beneficiary should receive the funds	USD	
Amount in currency in which beneficiary should receive the funds:		0.00
Amount in Words:		-
Exchange rate, date and source (complete only if currency in which beneficiary should receive the funds is different from the grant currency)		
Equivalent in grant currency (calculated based on the indicated exchange rate)		

Owner of Bank Account:	UNDP Representative in Kyrgyzstan
Owner of Bank Account:	UNDP Representative in Kyrgyzstan
Bank Account Number:	3752174485
Bank Address	730 15th Street, N.W. 7th floor, Washington, DC 20005-1012, USA
Bank SWIFT Code:	BOFAUS3N
Bank Code (Other):	
Routing Instructions:	11-000012

Payee 2:

Beneficiary Name:		
Currency in which beneficiary should receive the funds		
Amount in currency in which beneficiary should receive the funds:		
Amount in Words:		
Exchange rate, date and source (complete only if currency in which beneficiary should receive the funds is different from the grant currency)		
Equivalent in grant currency (calculated based on the indicated exchange rate)		

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	
Bank Code (Other):	
Routing Instructions:	

Payee 3:

Beneficiary Name:		
Currency in which beneficiary should receive the funds		
Amount in currency in which beneficiary should receive the funds:		
Amount in Words:		
Exchange rate, date and source (complete only if currency in which beneficiary should receive the funds is different from the grant currency)		
Equivalent in grant currency (calculated based on the indicated exchange rate)		

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	
Bank Code (Other):	
Routing Instructions:	

Payee 4:

Beneficiary Name:		
Currency in which beneficiary should receive the funds		
Amount in currency in which beneficiary should receive the funds:		
Amount in Words:		
Exchange rate, date and source (complete only if currency in which beneficiary should receive the funds is different from the grant currency)		
Equivalent in grant currency (calculated based on the indicated exchange rate)		

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	
Bank Code (Other):	
Routing Instructions:	

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	Kyrgyz Republic
Disease:	HIV/AIDS
Grant number:	KGZ-H-UNDP
Principal Recipient:	UNDP Kyrgyzstan
Program Start Date:	1-Jul-2011
Currency:	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Semester	Number:	8
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	30-Jun-2015
Progress Update - Number:	8			

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Annual	Number:	0
Disbursement Request - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	31-Dec-2015
Disbursement Request - Number:	0			

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:

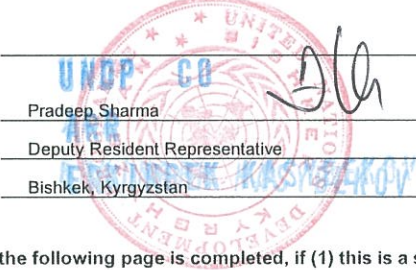
Pradeep Sharma

Title:

Deputy Resident Representative

Date and Place:

Bishkek, Kyrgyzstan

 *DLH oie 13/08/15*

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-H-UNDP		
Progress Update - Reporting Period:	Cycle:	Semester:	Number:
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:
Progress Update - Number:	8		
Currency:	USD		

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 Actual Expenditure through period covered by this Progress Update	Cumulative BS REVALUATION FOR NEX ACCT 2011-2014	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)
REPUBLICAN CENTER OF PARADOLOGY	04.06.2015	370 583,84	348 832,04	3 081 401,91	3 103 543,12	3 037 817,65	(34 121,03)	30 691,19	53 584,06	SR has savings due to: - late actual signing the Agreement for 2015 resulted in reducing or postponing some activities, as the Budget for 2015 was approved 19th of February 2015 - the new performance based salary incentives strategy continued to be implemented in 2015. - the implementation of the plan of incentive payments in accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015. Commitments in amount of \$4 778. These expenses will be reflected on the next reporting period.
"Anti-AIDS" Association	28.05.2015	26 000,23	25 228,97	116 282,81	118 189,93	116 622,52	(1 396,58)	180,83	(329,71)	SR do not have commitments.
"SOCIMUM" NGO	28.04.2015	18 576,87	17 398,82	106 720,18	107 940,81	103 567,58	(2 517,31)	1 855,92	3 161,60	SR has commitments by category Over and savings on HR. Expenses will be reflected on the next reporting period.
AFEW	-	-	-	2 014 370	2 014 369,79	2 014 369,79		-	-	
Republican AIDS Center under of MoH	21.04.2015	42 376,51	20 368,70	277 040,13	257 297,22	255 143,07	(2 614,76)	(460,61)	21 897,06	SR late utilize the funds received for January-April 2015 which was affected on late provision of financial report. Therefore advance for May-June 2015 in amount of \$15 783 were transferred in the beginning of July 2015. Expenses for the period of May-June 2015 will be reflected in the next reporting period. SR has savings due to the implementation of the plan of incentive payments in accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015.
Republican Blood Center under MoH	-	-	-					-	-	
Scientific organization "Preventive Medicine" order of MoH	-	26 278,03	(8 358,25)	441 113,46	410 435,83	406 280,39	(4 155,45)	(0,01)	34 833,07	SR returned the unused funds in amount of \$4750 on TR category, \$2297 on M&E category since the contract with SR was not extended for 2015. Planned activities of 2015 will be implemented by UNDP jointly with experts of Preventive Medicine. The experts selection is started and expenditures will be reflected next reporting period.
UNICEF NEW YORK	-	38 405,00	-	583 358,50	524 853,50	507 073,88		17 879,62	56 284,82	There is no any disbursement in current period; part of the expenses of previous period were reflected in current reporting period. Other part of the expenses will be reflected in the next period. SR Agreement for 2015 was not signed. The activities of SR were reviewed and partially were included into the SR Agreement between PR and MoH for implementation. Commitments in amount of \$17 879. These expenses will be reflected on the next period.
WHO REGIONAL OFFICE FOR EUROPE	-	-	-	453 708,10	453 708,10	453 708,10		-	0,00	

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 Actual Expenditure through period covered by this Progress Update	Cumulative BS REVALUATION FOR NEX ACCT 2011-2014	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)
Other Minor SR (10 SRs)	29.06.2015	148 313,87	141 922,94	1 006 517,13	1 011 935,64	978 069,90	(13 090,82)	20 600,21	28 272,62	The expenses of some organizations (PF Krik Juravlya) will be reflected in the next reporting period. There are some savings on categories FR, TR and LS of Association "Edinstvo LJV" due to approval of the Training plan by GF in April 2015 and cancellation or postponing some training activities; there was no the request by SR for payment for some services within LS category during the reporting period. This SR was transferred to the direct payment due to the weak finance management.
Main Department of municipal execution	24.04.2015	16 640,06	8 704,11	293 159,11	289 231,52	285 122,04	(4 662,68)	(553,20)	8 037,07	SR has savings due to: - the new performance based salary top-ups strategy continued to be implemented in 2015. - the implementation of the plan of incentive payments in accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015. - due to the transition of SSES activities under the RNC some planned activities on TA were cancelled.
Other Minor SRs contracted starting 01.04.2013 (14 SRs)	19.08.2015	114 485,71	118 216,59	594 943,42	607 818,64	584 505,40	(9 798,02)	13 374,72	10 308,93	There are some savings on categories PA, OVER. SRs do not have commitments.
Other Minor SRs contracted starting 01.07.2013 (14 SRs)	29.06.2015	351 339,88	314 504,10	1 555 863,37	1 541 777,68	1 498 015,91	(24 854,02)	18 798,83	67 736,64	In 2015 PR started to implement the modified motivation strategy for PLHIV adherenced to ART within the monetary remuneration instead of motivation packages via Bishkek City AIDS center. The process of payment is on going and the part of the expenses on LS category will be reflected in the next period. Also Bishkek AIDS Center has late approval of budget from Ministry of Finance which was affected on late providing financial report. Therefore payment of advances for May-June 2015 will be made upon receiving of request for funds from SR. Total amount of unpaid advance for May-June is \$ 32 891. Savings on category LS are due to the coverage of the real needs that were less than forecasted. Savings on category PA (transport expenses) are due to the continuation of implementation the standards within new approach of financing the SRs. There are some savings on category TR due to approval of the Training plan by GF in April 2015 and postponing some training activities, expenses will be reflected in the next reporting period. Savings on HR of some SRs are due to the significant staff flow, deficit or vacancy (outreach workers/peer consultant).
Other Minor SRs contracted starting 01.06.2014 (2 GOV)	15/04/2014	30 494,38	21 636,84	89 009,46	78 261,47	74 066,62	(596,43)	1 590,42	14 942,84	These SRs has late approval of their budget from Ministry of finance which was affected in late provision of the financial reports by SR. Therefore payment of advances for May-June 2015 was shifted into early July 2015. Total amount of advances \$11 127. There are some savings due to the implementation of the plan of incentive payments in accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015.
SR		79 835,90	-	79 835,90	-	-	(195,93)	3,00	79 835,90	
		-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	
TOTAL		1 283 420	1 008 458	10 683 442	10 517 473	10 314 363	-89 004	103 060	368 667	

*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"

On-going Progress Update and Disbursement Request and LFA On-going Progress Review and Disbursement Recommendation

In completing this report, please refer to the detailed "Guidelines for completing the PR "ongoing progress update and disbursement request", and LFA "ongoing progress review and disbursement recommendation"

During the lifetime of a grant, the Global Fund periodically disburses funds to the Principal Recipient (PR) based on demonstrated program performance and financial needs for the following period of implementation.

The PR's ongoing progress update and disbursement request (PU/DR) is both a progress report on the latest completed period of program implementation and a request for funds for the following period of implementation. Its purpose is to provide an update of the programmatic and financial progress of a Global Fund-financed grant, as well as an update on fulfillment of conditions precedent, management actions and other requirements. The PU/DR, alongside the Local Fund Agent (LFA) ongoing progress review and disbursement recommendation (short-form: LFA-verified PU/DR), forms the basis for the Global Fund's disbursement decision by linking historical and expected program performance with the level of financing to be provided to the PR.

One Excel file contains both the PR's PU/DR and the LFA-verified PU/DR. The PR should only complete the worksheets of the file pertaining to the PU/DR (the worksheet tabs color-coded in green), whereas the LFA should complete the worksheets of the file pertaining to the LFA-verified PU/DR (the worksheet tabs color-coded in blue). The Excel file also includes a reference checklist of supporting documents for the PU/DR review (the worksheet tab color-coded in yellow). This checklist is included for information and not for completion. The PU/DR should be completed by the PR of a Global Fund grant for every period in which a progress update is required, usually either on a quarterly, semiannual or annual basis, regardless of whether or not a disbursement is being requested. Once a year, the PR is expected to submit the Enhanced Financial Report (EFR) as part of the PU/DR (there is a dedicated tab for EFR in the Excel file).

The PR is required to submit the PU/DR to the LFA within 45 calendar days from the closing date of the relevant progress update period when the report does not contain the EFR (as indicated in the performance framework of Annex A of the grant agreement) and within 60 calendar days when the report contains the EFR (once a year).

The LFA should complete and submit a signed copy of the LFA-verified PU/DR to the Global Fund within ten working days after receiving the final signed version of the PU/DR from the PR and within 13 working days when the PU/DR report contains the EFR (once a year), unless agreed otherwise with the FPM (The LFA does not need to submit original/hard copies of each PU/DR reports. However, these documents should be available at the LFA's offices for any audit/reviews. Also, the LFA should be ready at all times to submit these originals to the Secretariat upon request). In this report the LFA should provide an analysis and comments based on verification of the PR-reported information, document grant risks and recommendations for improving program implementation, and finally, provide a performance rating to the grant and disbursement recommendation for the Global Fund's consideration. In defining the performance rating and recommending a disbursement amount, the LFA should use the Grant Rating Methodology of the Global Fund (as described in Annex 2 and communicated at various regional meetings and LFA training events) along with the Excel version of the Grant Rating Tool (to be provided to LFAs) to support the calculation of Indicator Rating.

Upon completion, this form should be submitted (with supporting documentation) to the Local Fund Agent and copied to the Global Fund.

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	Kyrgyz Republic
Disease:	HIV/AIDS
Grant Number:	KGZ-H-UNDP
Principal Recipient:	UNDP Kyrgyzstan
Program Start Date:	1-Jul-2011
Currency:	USD

PROGRESS UPDATE

Progress Update - Reporting Period:	Cycle:	Semester	Number:	8
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	30-Jun-2015
Progress Update - Number:				8

DISBURSEMENT REQUEST

Disbursement Request - Disbursement Period:	Cycle:	Annual	Number:	
Disbursement Request - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	31-Dec-2015
Disbursement Request - Number:				

Section 1: Programmatic Progress

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

A. Impact / Outcome Indicators									
Impact / Outcome	Indicator Description	Baseline (if applicable)		Year of Target	Intended Target	Report Due Date	Actual Result	Data Source of Results	Comments on results on Impact/Outcome Indicators and data sources, and any other comments
		Value	Year						
Impact	HIV I-11: Percentage of people who inject drugs who are living with HIV	14,60%	2010				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Impact	HIV I-10: Percentage of sex workers who are living with HIV	3,50%	2010				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Impact	HIV I-9a: Percentage of men who have sex with men who are living with HIV	1,10%	2010				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Impact	HIV I-12: Percentage of other vulnerable populations (prisoners) who are living with HIV	7,00%	2009				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Impact	HIV I-8: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	29,90%	2009	Year 3 2014-2015	4,00%	15-Aug-2015	2,9%	National HIV Health Statistics	Spectrum has estimated 2.9% (4/138) of child HIV infections from HIV positive women delivering in the last 12 months. The cohort of children born in Jan-Dec2013 is reported. This data is inline with the National M&E reporting system and Global AIDS Response Progress Reporting. For more details pls refer to: https://aidsreportingtool.unaids.org/indicator/edit/520/160/
Impact	HIV I - other 1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	76,00%	2010	Year3 2014-2015	85,00%	15-Aug-2015	84,8%	National HIV Health Statistics	The data is obtained through the National report to UNAIDS for 2014. This data is inline with the National M&E reporting system and Global AIDS Response Progress Reporting. The denominator is 512 (m-200/f-222) and numerator is 434 (m-234/f-200). For more details pls refer to: https://aidsreportingtool.unaids.org/indicator/edit/520/160/

Section 1: Programmatic Progress

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

A. Impact / Outcome Indicators									
Impact / Outcome	Indicator Description	Baseline (if applicable)		Year of Target	Intended Target	Report Due Date	Actual Result	Data Source of Results	Comments on results on Impact/Outcome Indicators and data sources, and any other comments
		Value	Year						
Outcome	HIV O-6: Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	67,00%	2010				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Outcome	HIV O-7: Percentage of other vulnerable populations (PWID) who report the use of a condom at last sexual intercourse	54,00%	2010				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Outcome	HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client	51,00%	2009				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Outcome	HIV O-4a: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	50,00%	2010				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Outcome	HIV O-other 1: Percentage of PWIDs who were tested during the past 12 months and know their results	38,90%	2009				N/a	IBBS (Integrated Bio-behavioural Surveillance)	The indicator is aligned with the National HIV/AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.

Conditions Precedent and/or other special conditions	Status	PR Comments on Progress of Implementation
1. Condition(s) Precedent to the Use of Grant Funds to Finance Incentive Payments (Terminal Date: 31 March 2015)		
The use of Grant funds by the Principal Recipient to finance incentive payments for governmental Sub-recipients after 31 March 2015 is subject to the satisfaction of each of the following conditions:		
a. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a detailed plan to finance incentive payments for additional services to be delivered by the governmental Sub-recipients under this Agreement (the Incentives Payment Plan)	Met	In accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 UNDP has developed a detailed plan to finance incentive payments for additional services to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The first version of plan was delivered to the GF 25 February 2015. Discussion of the documents took place during March-April 2015.
b. the written approval of the Global Fund of the Incentives Payment Plan.	Met	The plan was approved by GF on e-mail on 29 April 2015 and became effective for working with governmental SRs from 1 April 2015.
2. Condition(s) Precedent to the Use of Grant Funds to Finance the Ministry of Health Capacity Building Activities (Terminal Date: 31 March 2015)		
The use of Grant funds by the principal Recipient to finance the Ministry of Health capacity building activities is subject to the satisfaction of each of the following conditions:		
a. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a detailed plan and budget covering all activities that are proposed to be conducted under the Program (the "Detailed Capacity Building Plan"); and	Met	During the reporting period, UNDP involved its senior capacity development advisor to provide the technical assistance and support for capacity development activities within MoH. This included 3 missions to Kyrgyzstan without any costs to the grant. After several consultations with MoH and other partners the capacity development activities were developed and discussed within workshop with MoH and other stakeholders on 12 June 2015. The outputs from the workshop were incorporated into a CD plan and the plan shared with MoH for comments. The plan was discussed at a round table on 29 July and circulated to all CCM members. The plan was submitted to CCM members and endorsed by them on 5 August. As soon as 5 technical experts are in place in the MoH the activities within CD plan and the Agreement between UNDP and MoH signed 30/04/2015 (by UNDP) and 12/05/2015 (by MoH) will be started to implement.
b. the written approval by the Global Fund of the Detailed Capacity Building Plan.	Unmet - In Progress	The Capacity Development plan endorsed by CCM on 5 August and was submitted to GF for approval on 12 August 2015, and GF acknowledged receipt on 13 August 2015. Approval of the document is awaited.
SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT		

B. PR REVIEW 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 as per Management Letter EECA/UM/182-4/6/2015	PR Comments on Progress of Implementation
<p>Recommendation 1: The PR together with NAC and community of PLHIV (community based NGO) should pay more attention to motivation of PLHIV by provision of incentives and strengthening of self-support.</p>	<p><i>During the reporting period PR jointly with the partners implemented the following actions:</i></p> <ul style="list-style-type: none"> * To meet needs of the general population (non-key groups) in HIV services (counseling, informational support, self-support, practical trainings on ART procedures etc.) we have introduced a separate staff position of a peer to peer consultant for work with the general population in Bishkek AIDS Centre from the beginning of 2015. * During M&E visits (May 2015) our programme specialists have conducted on-job trainings on capacity building (documentation records management, adherence to ART, nutrition and dietary during ART etc.), provided informational educational materials etc. * The motivation strategy system for PLHIV adherent to ART has been reconsidered and revised in the beginning of the 2015. Since April 2015 the monetary remuneration are paid via Bishkek AIDS Centre based on information available through the HIV Electronic Case Management System (UICs, percentage of PLHIV adherence to ART) that improve the collaboration between AIDS Centres and NGOs. * In order to improve the services on treatment, care and support of PLHIV in prisons, during the reporting period there were conducted several meetings with the Republic and Bishkek AIDS Centers, SSES and NGO resulting in achievement the arrangements on regular technical support of SSES by AIDS Centers through visits, consultations, working with complicated cases, cooperation in examination the clients on CD4 and VS, joint working with PLHIV and coordination (reporting system, scheduled visits, trainings, etc.). * In order to improve the cooperation between services (Narcology, AIDS services and NGO) PR held coordinating meeting in Osh. * The new additional staff position of a peer to peer consultant for work with PWID/PLHIV is planned for Osh AIDS Centre from August 2015. This person will be specifically responsible for pre- and post-testing counseling and case management of PWID. <p>All measures implemented during the reporting period should influence on the analysis of the 12 months cohort (1 Jun 2014 - 31 Jul 2015) .</p>
<p>Recommendation 2: The PR together with NAC should improve access to laboratory monitoring of ART for all eligible PLHIV. Support for transportation of blood sample to laboratories for viral load or CD-4 tests provision may be useful for the doctors and clients. As the PR already provides support to NCP for material transportation to TB laboratory, it can consider arrangement of outsourcing in case of HIV as well.</p>	<p><i>In order to improve the access of PLHIV to laboratory monitoring of the effectiveness of ART (the analysis of viral load, CD4 cell count titers) were considered different approaches:</i></p> <ol style="list-style-type: none"> 1) transportation of biological samples from the regions to the only existing PCR laboratory in the country, HIV PCR laboratory at the RAC. Using this external resources - outsourcing transport services to private laboratories (e.g. private courier service of Bonetsky Laboratory - Intelmed LLC); 2) applying resources for the service of the existing SES MoH laboratories in Osh (PCR laboratory SES in Kara-Suu); 3) creation of a separate PCR laboratory based in Osh AIDS Center. <p><i>After a thorough expertise and analysis of all options, PR came to the conclusion that the most effective, long-term solution is the option # 3 - Opening of a new PCR laboratory based in Osh AIDS Center. The largest number of patients in need of these services is concentrated in the southern region of the country which was also considered during decision making.</i></p> <p><i>This solution is line with the recommendations given by Ms. Maiken Mansfeld, an expert from Copenhagen WHO Collaborating Centre, visited us with the mission on optimization of HIV services in April this year. She was in opinion that it is crucial to provide an easy access to VL testing for PLHIV in the South of the country. The opening of the separate PCR laboratory in Osh could do that as a permanent long term solution and noticeably contribute to the strengthening of the national HIV services capacity.</i></p> <p><i>Moreover, in parallel as a short-term solution of this issue PR is considering and collaborating on the ability to scale the pilot project of ICAP to optimize transportation of biological samples from the regions of the country to the PCR laboratory at RAC (Bishkek), using a new type of vacuum tubes (substantially prolong the transportation time of samples) and third-party outsourcing transport courier service. PR currently together with ICAP are conducting negotiations with the Bonetsky Laboratory on this issue.</i></p> <p><i>In order to improve an access of the PLHIV to CD4 cell counting services we continued to increase technical capacity of the HIV diagnostic labs - we have procured additional number of CD4 cell counting equipment - 1 stationary CD4 cell counter and 2 portable mobile CD4 cell counters. The latter devices are truly portable/mobile, based on use of testing cartridges - lab-on-a-chip (LOC) technological concept which does not require a highly qualified specially trained lab staff and complicated maintenance. Those cell counters being mobile can be used in field conditions by the MDT groups visiting remote difficult to access areas of the country. These pieces of equipment were distributed to the regions which previously did not have their own CD4 cell counting services and had to send biosamples from PLHIV for CD4 analysis to other equipped AIDS centres.</i></p>

<p>Recommendation 3: ASTB diagnoses and TB prevention among PLHIV are crucial for decreasing of mortality and retention at the ART PLHIV, the PR together with NAC, as a SR should pay more attention to early TB diagnoses and prevention, as well as providing treatment, care and support to patients with HIV/TB.</p>	<p>Regarding the statistics: in total 130 PLHIV died in 2014, 64 patients of them (49.2%) died from TB. From January 2015 a new algorithm of the diagnosis of TB for PLHIV was introduced, which includes on the first stage screening on TB (4 questions) and further steps. This algorithm also stipulates that Isoniazid preventive maintenance should be performed every 2 years for PLHIV (without confirmation of Mantoux test) and is necessary to make every effort to implement these recommendations for Isoniazid prophylaxis. (Isoniazid prophylaxis has been shown to be effective in preventing the progression of TB infection to clinical TB disease. When isoniazid is taken for 12 months, it reduces the occurrence of TB disease by 54% to 86%. The efficacy of isoniazid is directly related to the length of prophylaxis, the extent of patient compliance with the prophylactic regimen, and the susceptibility of the infecting organism to isoniazid). HSS specialist through M & E visits carefully tracks if PLHIV are screened for TB during their each visit and if one of the positive symptoms are revealed what are the actions by the doctor supervising the patient (whether PLHIV referred to continue the algorithm for instrumental methods of TB diagnostics).</p> <p>PR programme staff member jointly with M & E specialists of Osh, Bishkek, Jalalabad and Republic AIDS centers analysis reports whether the deflection rate is improved after the introduction of screening for TB and as a result more PLHIV are involved in the PPT and ART. Within the activities of NGOs working with PLHIV there is the indicator on TB diagnostics of PLHIV and the target is 60 % of the covered clients number. NGOs are working with the doctors of the AIDS Centers and FMC very closely on this issue.</p> <p>In order to improve the cooperation between departments (Narcology, TB and AIDS services) recently RAC held a working meeting. During this meeting RAC provided for review and consideration a draft report and registration forms for the collection of information between these three structures. Some State Organisations will update the normative documents regulating the collaboration between services and inform MoH. Another reason for PLHIV are dying from TB is very late enrolment into treatment. Some people are presenting for treatment when then are already suffering from TB, and are encouraged and supported to get tested for HIV. WHO are reviewing the HIV testing protocols so that these PLHIV can access treatment much faster than currently.</p> <p>In addition, a large number of PLHIV are not enrolled in care. The PR has had extensive discussions with GF to look at steps that could be taken to improve the HIV treatment cascade at each point. This is expected to ensure that PLHIV are better able to access the services they need. Under the coordination of the PR work is planned to continue in this direction.</p>
<p>Recommendation 4: Activities realized by PR together with Republican Narcology Center demonstrate high level of interest for retention OST clients at the programme. More attention should be paid for organization of motivation sessions and for arrangement of special more comfortable venue for such activity. Unified training materials should be prepared and distributed among OST sites. Such sessions can be organized for several sites at the same time. Merging OST sites and establishing more flexible work (more flexible opening hours for OST points, provision of dosage for several days, working with close environment of the clients) could approve retention of the clients within the programme.</p>	<ol style="list-style-type: none"> 1) Since activities for OST staff and clients within Training plan for 2015 was approved in July 2015, PR has planned motivational sessions for OST clients in the next reporting period. 2) PR began the process of revision of the regulatory and legal framework for the implementation of OST programs (including the regulation of the issuance of methadone). 3) 3 OST points were closed since the last reporting period, however the numbers of people receiving OST has continued to increase. The PR is looking at rationalising OST points so that services can continue to be provided to those who want to receive them.
<p>Recommendation: Principle Recipient using GF resources should make sure to procure only health products that are in line with GF Quality assurance policy. If in future any product of unassured quality is procured with GF resources the amount will be reimbursed to the Global Fund. The issue has already been discussed with the PR.</p>	<p>The PR acknowledges that the ELISA HIV tests were not in line with GF QA requirements. Procurement Specialists discussed the specific case during a mission from our Procurement Support Office, and all procurement specialists are now fully aware of GF's QA policy. The PR understands the importance of ensuring that all medicines and health products are properly quality assured.</p> <p>The PR requests both the third party procurement agents and the manufacturers to provide a full package of quality assurance documents for the tests that were procured in 2014 but not listed in WHO PQ.</p> <p>According to the GF QA requirements, the diagnostic products must meet the following:</p> <p>Criterion 1- recommended by WHO for use in HIV/AIDS programs, based on a technical review of quality and performance indicators, OR Criterion 2- approved by authorities of the founding members (US, EU, Canada, Japan, Australia) of the Global Harmonization Task Force (GHTF). When the product is not WHO prequalified, the PR tries to procure the diagnostic tests that meet the Criterion 2, i.e. the GHTF (now IMDRF) members approved.</p>
<p>Recommendation: The PR in collaboration with UN agencies and development partners should arrange special assessment for verification of indicator's achievement, such as Number of pregnant women who know their HIV status; Number of people tested for HIV, including the provision of results; coverage by viral load tests, etc. Such activity may be implemented together with UN agencies and development partners, as well as implemented within State Programme midterm evaluation which will be organized at the year 2015.</p>	<ol style="list-style-type: none"> 1) These indicators are verified by employees of AIDS centers jointly with UNDP program staff during monitoring visits on a routine basis. 2) PR started negotiations with UNICEF, UNAIDS on joint action within the framework of midterm assessment of the State Programme.
<p>C. PR COMMENTS ON ANNUAL GRANT REPORTING REQUIREMENTS</p>	

! 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 (dd-mm-yy)	Status	Comments
Certified Financial Statement	30-Jun-15	Submitted to GF	The Certified Financial Statements were submitted by UNDP HQ directly to the Global Fund on 10 July 2015.

Enhanced Financial Reporting (EFR)	1-Mar-16	Preparation on track	The EFR will be submitted in the PUDR for the period 1 July-31 December 2015.
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On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	KGZ-H-UNDP		
Progress Update - Reporting Period:	Cycle:	Semester	Number: 8
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date: 30-Jun-2015
Progress Update - Number:	8		

Section 4: Procurement and Supply Management

		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 PU/DR' (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	The PR updated the PQR with procurement of ARV drugs and test systems
<p>2. Based on the most up-to-date stock situation, are there any risks of stockouts of key pharmaceuticals & health products <u>at the central level</u> in the next period of implementation? If yes, please comment.</p>	No	The ARV drugs have been supplied in time. No stock out situation is expected. The final shipment of ARV drugs is planned for November that will cover the needs till mid 2016.

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

n/a

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	KGZ-H-UNDP			
Progress Update - Reporting Period:	Cycle:	Semester:	Number:	8
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	30-Jun-2015
Progress Update - Number:	8			
Currency:	USD			

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

2 414 655

Add: 2. Cash received by the PR from the Global Fund during the period covered by this progress update:

3 591 345,00

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

22 870

5. Revenue from income-generating activities (if applicable)

6. Other income, if applicable (e.g. income from disposal of fixed assets, tax refunds)

256

3 814 472

Less: 7. Total cash outflow during period covered by Progress Update (value entered in Section 3A "Total cash outflow"):

3 090 091

8. Net exchange rate gains/losses (*gains should be shown with a minus sign; losses should be shown with a plus sign*)

3 853

9. Reconciliation adjustments (*gains should be shown with a minus sign; losses should be shown with a plus sign*)

3 093 945

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

2 935 182

Explanation of reconciliation adjustments (line 9)

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

On-going Progress Update and Disbursement Request

DISBURSEMENT REQUEST PERIOD

Grant number:	KGZH-UNDP			
Progress Update - Reporting Period:	Cycle:	Semester:	Number:	8
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	30-Jun-2015
Progress Update - Number:	8			
Currency:	USD			

Section 5: Cash Reconciliation and Disbursement Request

B: DISBURSEMENT REQUEST

Total forecasted net cash expenditures by the Principal Recipient for the period immediately following the period covered by the Progress Update:

1. Period beginning date:	<u>1-Jan-2015</u>	end date:	<u>31-Dec-2015</u>	approved budget amount:	_____	forecasted amount:	_____
2a. Cash buffer period (by default) (cash "buffer") beginning date:	<u>1-Jan-2016</u>	end date:	<u>31-Mar-2016</u>	approved budget amount:	_____	forecasted amount:	_____
2b. Additional "buffer" (discretionary, select only if there is a prior agreement with the FPM) (1) cash "buffer" agreed with FPM (2) (cash "buffer") beginning date	<u>Select</u> <u>1-Apr-2016</u>	end date:	_____	approved budget amount:	_____	forecasted amount:	_____
							PR Total Forecast
							0

(1) Additional Cash buffer can be requested if the next PU/DR report will contain a completed EFR report or a completed Annex on SR financials, requested by the Secretariat, or if there are any additional GF-specific requirements that cannot be delivered within 45 days. An agreement in principal from the FPM should be obtained prior to requesting an additional cash buffer.

(2) When the additional (cash "buffer") period is 1 or 2 months, the approved budget and forecasted amounts should be calculated as prorated values for the period following the regular buffer period.

Please explain any significant variance (based on your judgment) between the forecasted amounts and the amounts as per approved budgets. Please specify the main factors and related amounts that are the major drivers of the variance.

NB. Consider the following items when providing the analysis:

- Expected timing of payments for any significant budgetary items,
- Impact of existing cash balance at SR levels
- Current confirmed commitments to be paid during disbursement request period
- Current/expected unit prices compared to those in the budget
- Change in quantities compared to budget
- Exchange rates and inflation
- Linkage between budget absorption and programmatic performance to-date:

The forecast should include any existing commitments (eligible under this grant) as of the end of the reporting period and which are likely to be paid during the disbursement period

The forecast is enclosed to current PU/DR

3. Cash Balance: End of period covered by Progress Update (number 10 from PR Cash Reconciliation sheet):	<u>2 935 182</u>
Less:	
4. Cash "in transit" disbursed to the PR:	_____
5. Cash "in transit" disbursed to third parties by the Global Fund on behalf of the PR	<u>2 935 182</u>

6. PR's Disbursement Request to the Global Fund for the period immediately following the period covered by the Progress Update, plus additional period (cash buffer): 0

7. Does the PR's Disbursement Request include funds for health product procurement?

8. Exchange Rate (used to translate local currency into grant currency)

- used to convert Opening Cash Balance

58,8500

Name of local currency, date and source of the exchange rate, and other comments (if appropriate)

- used to convert Closing Cash Balance

58,1606

- used to convert Total Cash Outflow for the Progress Update Period

60,4441

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	KGZH-UNDP		
Progress Update - Reporting Period:	Cycle:	Semester:	Number:
Progress Update - Period Covered:	Beginning Date:	14-Jan-2015	End Date:
Progress Update - Number:	0		

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.

During this reporting period, the grant has continued to achieve a strong programmatic performance, while at the same time achieving significant savings during the period. Using savings from 2014 and an incremental amount of \$1,018,328 GF approved a budget of \$6,100,002 for the year. UNDP identified critical activities as well as activities which would directly affect achievement of the targets and included them in the WP&B. By adopting this approach UNDP was able to achieve significant savings on the previous year's budgets. UNDP has ensured continuous provision of prevention services for all key populations as well as diagnostic and treatment. In the reporting period the grant performance is being assessed by 2 Impact Indicators. In accordance of PF the other impact indicators will be available from next IBBS, which is planned for 2016. The impact indicator shows that 84.8% of adults and children with HIV known to be on treatment 12 months after the initiation of treatment. This achievement is especially important as the Country has scaled up its ART programme and at 30 June 2015 1,000 people are receiving ART. The target for the estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months infected was overachieved and was 2.9% (the target was 4.00%) due to the approval and implementation from 2014 the updated clinical protocol on PMTCT according that HIV-positive women are receiving ART, as a treatment, not only PMTCT course. Twelve Programme indicators, including three new indicators were achieved at a good level as well: eight indicators were overachieved (more than 100 %), two indicators were achieved more than 90 % and two indicators were achieved more than 80 %.

In the reporting period UNDP signed SR agreements for 2015 with 35 SRs - four AIDS Centers, RNC (incl. activities in SSES), RCDV, MoH and 28 NGOs, working with the key populations. Despite on initial difficulties in the beginning of the year due to transition period 2014-2015 PR jointly with SRs were able to prevent interruption of the services provision to the clients and ensured the implementation of all prevention, treatment, care and support activities at the same level. Jointly with governmental SRs PR developed and got the approval by GF of the plan of incentive payments to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines that became effective from 1 April 2015. Also the tested performance based salary incentives strategy continued to be implemented in 2015 in RNC and was implemented on three AIDS Centers basis.

In addition based on initiative of the AHRM the mechanism of public monitoring of HIV prevention and treatment programme was introduced in SSES, due to the collaboration between SSES and RAC was discussed and significantly improved. During the reporting period to ensure and improve the quality M&E system an M&E and reporting advisor was contacted to review the IBBS findings, the quality of reporting by SRs, M&E plan for 2015 and update, the quality of reporting under PUDR and identify opportunities for improving quality of reports and recommendations for programme implementation. From the beginning of 2015 secondment of PR programme staff was implemented. These secondments assist with developing the quality of reports and routine accounting and reporting by SRs by providing technical and practical assistance in the field and within on-job training. Agreement with MoH was signed 30/04/2015 by PR and 12/05/2015 by MoH, and the recruitment of experts for five expected positions is in process. The Capacity development plan, including the transition plan, was developed by UNDP's Senior Capacity Development Advisor, discussed with the all stakeholders and agreed by MoH. Activities within the plan will be implemented during the next reporting period.

The grant implementation until also conducted a series of open door, working meetings, which helped to improve communication and collaboration with SRs and between national partners. The cooperation with CDC on rapid testing and CST was demonstrated during the reporting period. Several meetings with the other international partners, as ICAP, UNAIDS, WHO, UNODG, etc. resulted in the arrangements on conducting the NEP assessment, the "pilot" project on VS diagnostics, on measures on the support OST programme, etc. During the process of the development the Concept Note for 2016-2017 PR provided all requested support. In order to analyze and identify the gaps in the programme, PR had discussions with GF and developed the work plan with recommendations for improvements in the HIV treatment cascade during this period. The training plan for 2015 was discussed and approved by GF in April 2015 and some additional activities were approved in June 2015. Due to this some of budgeted training activities were reduced and some of the approved activities were postponed to the next reporting period.

The budget for the reporting period was \$ 4,104,684; expenditures were \$3,090,091 and commitments at the end of the reporting period are \$1,103,181.48. The financial delivery versus budget in the reporting period excluding commitments is 75.27 % whereas including commitments it is 103.61 %. The current period burn rate is 103.61% calculated as following: SR and PR cash outflow plus commitments versus current budget. The cumulative financial rate excluding commitments is 89.4%, whereas including commitments it is 92.4%. The cash balance at the end of reporting period is \$2,035,182 which covers below activities:
 \$150,000 GMS to be charged for 2Q 2015
 \$1,103,181.48 PR commitment
 \$ 281,620.50 - ongoing programmatic activities
 \$ 1,008,003.74 Procurement of methadone, needles, test systems, repair works and lab equipment including PSM associated
 \$ 50,801 for SR activities of May-June 2015

Programmatic performance: During the reporting period all key population groups continued receiving minimum package of prevention services and the performance indicators for PWID, sex workers and MSM were reached at 108.0%, 105.0% and 143.1% respectively. The number of PLHIV reached with the care and support programmes within the Grant achieved 138.3% of target. New target indicators on the clients from key population groups receiving an HIV test and know their results during the reporting period was exceeded among PWID and MSM by 125% and 110.8% respectively. Methadone Substitution Therapy coverage indicator for PWID was also exceeded by 101.7%. The number of people receiving ART at 30 June 2015 was 1900, exceeding the target number of 1708 by 7.5%. However, the indicator in the PF measures ARV treatment coverage indicator for adults and children during the current period, and 91.6% of the target was achieved. It should be taken into account that the denominator was significantly increased according to the dramatic increase in the estimated data for the number of people living with HIV for 2014. (9,410 latest available data in 2015 compared with 8,021 previously). The % of HIV-positive patients who were screened for TB in HIV care or treatment settings also achieved target (120.9%). It is hoped that this indicates that even with the dramatic scale up of ART the quality of the programme is not being compromised.

SR management:

Despite on the approval of Work plan/Budget for 2015 by GF in February 2015 the PR was able to manage the SRs and their activities during the whole reporting period on: signing the Agreements, according to the all procedures, procuring of the continuation and prevented the interruption of the provided services to the programme clients, keeping the most of trained staff and effective collaboration and communication with SRs. From the beginning of the reporting period the number of SRs was reduced by 9 following organizations: 3 NGOs (Shag navatricha, Araket plus and Rainbow), which activities were included into the Agreements with other current SRs without loss of the clients and services quality; UNICEF, which planned activities were partially included within the Agreement with MoH; Profmedicina, which activities will be implemented by IC Contractors during the next reporting period; WHO due to the absence of any activities in the WP/Budget for 2015. In accordance with the GF condition for 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines during the reporting period PR jointly with governmental SRs developed and implemented the plan of incentive payments. The plan was approved by GF on 20 April 2015 and become effective from 1 April 2015. The performance based salary incentives strategy started in Republic Narcology Centre (RNC) in 2014 continued to be implemented in 2015 and was implemented within Agreements with three AIDS Centres during the reporting period. From the beginning of 2015 secondment of PR programme staff was implemented. These secondments assist with developing the quality of reports and routine accounting and reporting by SRs by providing technical and practical assistance in the field by consultations and within on-job trainings. We have received positive feedback from both SRs and GF on these secondments. In order to sign the Agreement with the SSES for 2015, improve the management and reporting issues of the SSES from the beginning of the reporting period its activities were transferred under the RNC. In 2015 PR jointly with SRs, working with PLHIV (NGOs and AIDS Centres) started to implement the modified motivation strategy for PLHIV adherent to ART within the monetary remuneration instead of motivation packages via Bishkek City AIDS center that allowed to improve the collaboration between all partners and to improve the quality of the national registration system (electronic data base on HIV cases). Due to the possibility of limited stocks of express tests at some SRs during May-June 2015 PR requested the support on this issue from CDC that was provided to SRs. During the reporting period PR continued to implement the standards within new approach of financing the SRs on transportation costs resulted in some savings by SRs. Due to the findings on financial issues or weak financial management, in order to avoid the difficulties and to provide the support two SRs were transferred to the direct payment during the reporting period. (Capacity has been improved at one of these organizations, and it has moved back to imprest accounting). PR conducted some working meetings with SRs to discuss urgent issues and problems and to improve the collaboration. UNDP finalized the installation of accounting system 1C roll to SRs, conducted the trainings for Finance, Procurement and Logistic PR's teams and SRs. Now the system is in testing and updating process by PR and SRs. As stated above the series of open door meetings have helped improve communication with SRs and avoid misunderstandings of GF and UNDP policies.

Monitoring and Evaluation:

During the reporting period the PR continued to ensure the qualitative and effective operation of the existing M&E System on routine basis by working on programme reports, M&E visits, and consultations. To ensure and improve the quality M&E system an M&E and reporting advisor was contacted. The scope of his work included to review the IBBS findings, the quality of reporting by SRs, M&E plan for 2015 and update, the quality of reporting under PUDR and identify opportunities for improving quality of reports and recommendations for programme implementation. In addition the PR finances two M&E positions under RAC to provide high quality data and to support and increase the capacity of RAC's staff as they are physically working in RAC. As a result the better quality of reporting data was achieved.

Procurement

As stated above, grant negotiations for the year 2015 were only concluded in February 2015. Despite this delay the PR ensured that minimum stocks of all medicines and health products were maintained. We highlight that through close and careful monitoring of stock levels we proactively managed the situation with rapid HIV test kits and through good collaboration and support of CDC, key populations were able to continue to access rapid HIV tests. In the reporting period the PR provided uninterrupted supply of ARV drugs and methadone as well as main health commodities. UNDP continuing to have regular meetings with SRs to analyses their procurement needs and real timelines for procurement taking account lead times of supply. We highlight that no HIV test kits for pregnant women were planned to be procured in 2015. The plan was to use the existing and pipeline stocks from 2014 procurements to meet the targets in 2015. RAC made a formal request to GF and UNDP to procure test kits for pregnant women, and we have responded that the existing agreed targets can be achieved through rational/agreed use of test kits. Based on this plan, there are not expected to be any HIV test kits for pregnant women in stock at the end of 2015. This is in line with the 2015 WP&B.

B. Planned Changes in the Program, if any

A large proportion of the HIV budget for 2015 consisted of savings requested by GF from the 2014 budget. UNDP worked closely with SRs to support changes in future WP&B reflecting the discussions during the GF September 2014 mission as well as the impact of the GF new budgeting guidelines. The workplan and budget was agreed with GF on 26 January 2015, approved via implementation letter in February and first disbursement for 2015 was made by GF on 2 June 2015. Despite the delays in the approval process, UNDP ensured that critical activities continued. During the reporting period some urgent needs on the procurement of the Health products were identified. PR recalculated, forecasted and planned started the procurement process in accordance with the real needs in syringes, needles, condoms for 2015 and 1st Semester 2016. In order to improve the HIV treatment cascade, it was discussed and approved the activity on

On-going Progress Update and Disbursement Request

NB: This page should be 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.

7C: Bank Account Details

Disbursement Request Period	
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Summary

	Beneficiary Name	Amount in grant currency
Payee 1 - Principal Recipient:	UNDP Representative in Kyrgyzstan	-
Payee 2:		-
Payee 3:		-
Payee 4:		-
Total		-

Payee 1:

Beneficiary Name:	UNDP Representative in Kyrgyzstan
Currency in which beneficiary should receive the funds:	USD
Amount in currency in which beneficiary should receive the funds:	0.00
Amount in Words:	-
Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the grant currency)	
Equivalent in grant currency (Calculated based on the indicated exchange rate)	

Owner of Bank Account:	UNDP Representative in Kyrgyzstan
Owner of Bank Account:	UNDP Representative in Kyrgyzstan
Bank Account Number:	3752174485
Bank Address	730 15th Street, N.W. 7th floor, Washington, DC 20005-1012, USA
Bank SWIFT Code:	BOFAUS3N
Bank Code (Other):	111000012
Routing Instructions:	

Payee 2:

Beneficiary Name:	
Currency in which beneficiary should receive the funds:	
Amount in currency in which beneficiary should receive the funds:	
Amount in Words:	
Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the grant currency)	
Equivalent in grant currency (Calculated based on the indicated exchange rate)	

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	
Bank Code (Other):	
Routing Instructions:	

Payee 3:

Beneficiary Name:	
Currency in which beneficiary should receive the funds:	
Amount in currency in which beneficiary should receive the funds:	
Amount in Words:	
Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the grant currency)	
Equivalent in grant currency (Calculated based on the indicated exchange rate)	

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	
Bank Code (Other):	
Routing Instructions:	

Payee 4:

Beneficiary Name:	
Currency in which beneficiary should receive the funds:	
Amount in currency in which beneficiary should receive the funds:	
Amount in Words:	
Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the grant currency)	
Equivalent in grant currency (Calculated based on the indicated exchange rate)	

Owner of Bank Account:	
Owner of Bank Account:	
Bank Account Number:	
Bank Address	
Bank SWIFT Code:	
Bank Code (Other):	
Routing Instructions:	

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	Kyrgyz Republic
Disease:	HIV/AIDS
Grant number:	KGZ-H-UNDP
Principal Recipient:	UNDP Kyrgyzstan
Program Start Date:	1-Jul-2011
Currency:	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Semester	Number:	8
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	30-Jun-2015
Progress Update - Number:	8			

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Annual	Number:	0
Disbursement Request - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	31-Dec-2015
Disbursement Request - Number:	0			

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:

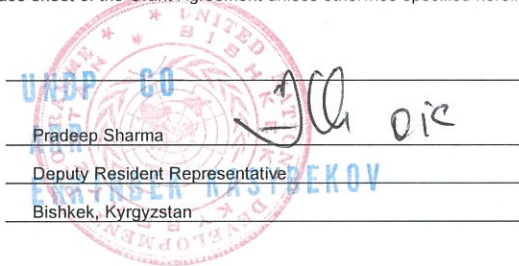
Pradeep Sharma

Title:

Deputy Resident Representative

Date and Place:

Bishkek, Kyrgyzstan



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-H-UNDP			
Progress Update - Reporting Period:	Cycle:	Semester:	Number:	8
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	30-Jun-2015
Progress Update - Number:	8			
Currency:	USD			

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 Actual Expenditure through period covered by this Progress Update	Cumulative BS REVALUATION FOR NEX ACCT 2011-2014	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)
REPUBLICAN CENTER OF HEMATOLOGY	04.06.2015	370 563,04	348 832,04	3 091 401,91	3 103 543,12	3 037 817,85	(34 121,03)	30 691,10	63 584,06	SR has savings due to: - late actual signing the Agreement for 2015 resulted in reducing or postponing some activities, as the Budget for 2015 was approved 19th of February 2015 - the new performance based salary incentives strategy continued to be implemented in 2015. - the implementation of the plan of incentive payments in accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015. Commitments in amount of \$4 776. These expenses will be reflected on the next reporting period.
"Anti-AIDS" Association	26.05.2015	26 000,23	25 228,97	116 202,81	118 199,93	116 622,52	(1 306,58)	180,83	(328,71)	SR do not have commitments.
"SOCRIUM" NGO	28.04.2015	18 576,67	17 398,82	106 729,18	107 940,81	103 567,58	(2 517,31)	1 855,92	3 161,60	SR has commitments by category Over and savings on HR. Expenses will be reflected on the next reporting period.
AFEW	-	-	-	2 014 370	2 014 369,70	2 014 369,70	-	-	-	
Republican AIDS Center under of MoH	21.04.2015	42 376,51	20 369,79	277 040,13	257 297,22	255 143,07	(2 614,76)	(460,61)	21 897,06	SR late utilize the funds received for January-April 2015 which was affected on late provision of financial report. Therefore advance for May-June 2015 in amount of \$15 783 were transferred in the beginning of July 2015. Expenses for the period of May-June 2015 will be reflected in the next reporting period. SR has savings due to the implementation of the plan of incentive payments in accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015.
Republican Blood Center under MoH	-	-	-	-	-	-	-	-	-	
Scientific organization "Preventive Medicine" under of MoH	-	26 278,03	(8 356,25)	441 113,46	410 435,83	406 280,30	(4 155,45)	(0,01)	34 833,07	SR returned the unused funds in amount of \$4750 on TR category, \$2297 on M&E category since the contract with SR was not extended for 2015. Planned activities of 2015 will be implemented by UNDP jointly with experts of Preventive Medicine. The experts selection is started and expenditures will be reflected next reporting period.
UNICEF NEW YORK	-	38 405,00	-	563 358,50	524 953,50	507 073,88	-	17 879,02	56 284,62	There is no any disbursement in current period, part of the expenses of previous period were reflected in current reporting period. Other part of the expenses will be reflected in the next period. SR Agreement for 2015 was not signed. The activities of SR were reviewed and partially were included into the SR Agreement between PR and MoH for implementation. Commitments in amount of \$17 879. These expenses will be reflected on the next period.
WHO REGIONAL OFFICE FOR EUROPE	-	-	-	453 708,10	453 708,10	453 708,10	-	-	0,00	

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 Actual Expenditure through period covered by this Progress Update	Cumulative BS REVALUATION FOR NEX ACCT 2011-2014	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)
Other Major SR (10 SRs)	29.08.2015	148 313,87	141 822,94	1 006 517,13	1 011 935,64	978 069,90	(13 000,82)	20 600,21	28 272,62	The expenses of some organizations (PF Krik Juravlya) will be reflected in the next reporting period. There are some savings on categories HR, TR and LS of Association "Edinstvo LJV" due to approval of the Training plan by GF in April 2015 and cancellation or postponing some training activities; there was no the request by SR for payment for some services within LS category during the reporting period. This SR was transferred to the direct payment due to the weak finance management.
Major Department of purchased services	24.04.2015	16 640,06	8 704,11	293 150,11	289 231,52	285 122,04	(4 682,68)	(553,20)	8 037,07	SR has savings due to: - the new performance based salary top-ups strategy continued to be implemented in 2015. - the implementation of the plan of incentive payments in accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015 - due to the transition of SSES activities under the RNC some planned activities on TA were cancelled.
Other Minor SRs contracted starting 01.04.2013 (14 SRs)	19.06.2015	114 485,71	118 216,59	594 943,42	607 818,64	584 505,40	(9 798,02)	13 374,72	10 309,93	There are some savings on categories PA, OVER. SRs do not have commitments.
Other Minor SRs contracted starting 01.07.2013 (14 SRs)	29.06.2015	351 339,68	314 504,10	1 555 863,37	1 541 777,68	1 498 015,91	(24 854,02)	18 798,83	67 739,54	In 2015 PR started to implement the modified motivation strategy for PLHV adherence to ART within the monetary remuneration instead of motivation packages via Bishkek City AIDS center. The process of payment is on going and the part of the expenses on LS category will be reflected in the next period. Also Bishkek AIDS Center has late approval of budget from Ministry of Finance which was affected on late providing financial report. Therefore payment of advances for May-June 2015 will be made upon receiving of request for funds from SR. Total amount of unpaid advance for May-June is \$ 32 861. Savings on category LS are due to the coverage of the real needs that were less than forecasted. Savings on category PA (transport expenses) are due to the continuation of implementation the standards within new approach of financing the SRs. There are some savings on category TR due to approval of the Training plan by GF in April 2015 and postponing some training activities, expenses will be reflected in the next reporting period. Savings on HR of some SRs are due to the significant staff flow, deficit or vacancy (outreachworkers/speer consultant).
Other Minor SRs contracted starting 01.06.2014 (2 GOV)	15/04/2014	30 494,38	21 636,84	89 009,46	76 261,47	74 066,62	(596,43)	1 598,42	14 842,84	These SRs has late approval of their budget from Ministry of finance which was affected in late provision of the financial reports by SR. Therefore payment of advances for May-June 2015 was shifted into early July 2015. Total amount of advances \$11 127. There are some savings due to the implementation of the plan of incentive payments in accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015.
SR		79 935,90	-	79 935,90	-	-	(195,93)	3,00	79 935,90	
		-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	
		-	-	-	-	-	-	-	-	

TOTAL 1 263 420 1 008 458 10 683 442 10 617 473 10 314 363 98 004 103 068 368 667

*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"