

Ongoing Progress Update and Disbursement Request

Cover Sheet: Instructions

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

GENERAL GRANT INFORMATION

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

PROGRESS UPDATE

Progress Update - Reporting Period:	Cycle:	Semester	Number:	9
Progress Update - Period Covered:	Beginning Date:	1-Jul-15	End Date:	31-Dec-15

DISBURSEMENT REQUEST

Disbursement Request - Disbursement Period:	Cycle:	Semester	Number:	10
Disbursement Request - Period Covered:	Beginning Date:	1-Jan-16	End Date:	30-06-16

Are you submitting:

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

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

**On-going Progress
Update and Disbursement
Request**

Section 1: Programmatic Progress

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

A. Impact / Outcome Indicators										For LFA Use Only						For the Global Fund Use Only			
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	Baseline (if applicable)		Year of Target	Intended Target	Report Due Date	Verification Method	Verified Result	LFA comments on (a) verified result, (b) source of information used by the PR to report results, including the status of completion of surveys and other methods to measure Impact/Outcome, as applicable,	Validated Result	Country Team comments on validated results
		Value	Year							Value	Year								
Impact	HIV 1 - other 1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	76%	2010	Year 3 2014-2015	85%	15-Mar-16	76%	National HIV Health Statistics	The data is obtained through the reporting system of the Republican AIDS Center and based on electronic PLHIV tracking system. For the cohort enrolled in the period 1 January 2014 - 31 December 2014, 827 PLHIV started receiving ART (476 men and 351 women). During the next 12 months 72 people died due to different reasons, 126 discontinued/refused receiving treatment. 629 were recorded as PLHIV on treatment by the end of 12 months (363 men and 266 women). The data is preliminary and will be adjusted in the next PU/DR after annual reports are received by RMIC and RAC.	-	-	-	-	-	Select		o		
Select		-	-	-	-	-	-	Select		-	-	-	-	-	Select		o		
Select		-	-	-	-	-	-	Select		-	-	-	-	-	Select		o		
Select		-	-	-	-	-	-	Select		-	-	-	-	-	Select		o		
Select		-	-	-	-	-	-	Select		-	-	-	-	-	Select		o		

On-going Progress Update and Disbursement Request

Section 1: Programmatic Progress

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

B. Coverage Indicators														For LFA Use Only												For the Global Fund Use Only																								
Objective No.	Indicator No.	Indicator Description	Tied To	Targets cumulative?	Top 10 indicator?	Baseline				Target			Result			Reasons for programmatic deviation from intended target and deviations from the detailed workplan activities	Targets cumulative?	Top 10 indicator?	Baseline				Target				Verified Result			LFA analysis on progress to date and any variance between targets and results, and any other comments (this should include 'Copy and Paste' of the reasons provided by the PR)			Validated Result			Country Team comments on validated results														
						Year	№	De	%	№	De	%	№	De	%				Year	№	De	%	№	De	%	№	De	%	№	De	%	№	De	%																
1	1	TP5-1 Percentage of adults and children receiving antiretroviral therapy among all adults and children living with HIV	Current grant	Not cumulative	Yes-Top 10	2014	1,244	8,021	17%	1,800	8,021	25%	2,105	9,300	32%	In accordance to the official data submitted by the Republic AIDS Center, as of 1 January 2015, 2015 PLHIV were receiving ART. The number includes 1717 adults (female -768, male -949) and 388 children (female -146, male -242). Dreamator: Estimated number of all adults and children living with HIV. The latest available data on dreamator is 42500 according to the UNAIDS country fact sheets for 2014. Numbers please refer to the link for more information: http://aidsinfo.unaids.org/ . As a result % of achievement is 30.1%. The data is preliminary and will be adjusted after annual reports are received by RAC.	Select	Select													0	0																		
2	2	TP5-others: Number of PLHIV reached with community care and support programmes	Current grant	Not cumulative	Yes-Top 10	2014	993			1,079			1,473		As a result % of achievement is 140%. The PR continued conducting manual recheck of all VHA records that received the services in more than one organization were excluded only once. After excluding duplicating records 1,473 PLHIV in total received various services as a minimum once during the reporting period (one during each quarter): 1,242 PLHIV (including 220 pregnant) of them were reached by one PLHIV network, one PLHIV network and 103 NGOs and 13MHC under four AIDS Centers, 230 (including 10 women) PLHIV received services at prisons. During the 3rd quarter of 2015 101 PLHIV at NGOs, clients and prisoners received the motivation support (in each cluster - 77 clients got food packages (103) 282 clients got the monetary payment in SDCS- 2015 clients got 200 packages. During the 4th quarter of 2015 1007 PLHIV at NGOs, clients and prisoners received the motivation support (in each cluster - 75 clients got food packages (103) 769 clients got the monetary payment in SDCS- 217 clients got 217 packages.	Select	Select																						0	0										
2	3	KP-14: Percentage of PWID reached with HIV prevention programs - defined package of services	Current grant	Not cumulative	Yes-Top 10	2014	10,938	25,000	14%	10,700	25,000	12%	11,847	25,000	17%	As a result % of achievement is 100%. The activities under this indicator covered 12 717 clients with duplication of the governmental SDCS - 1,129 clients, 6,200 NGO clients and 1,477 SDCS clients. After excluding duplicating records, the total number of persons programs a client is 11,847 including 1,214 women. The number represents PWIDs who have received a minimal package - at least once during 12 months including SDCS clients, 1015 clients, 1593 persons, 1178 clients, 2,707 417 40 packages and 234 192 condoms. On average every PWID has been receiving 2.3 packages and 28 condoms in the reporting period.	Select	Select																								0	0							
2	4	KP-5: Percentage of individuals receiving Opened Substitution Therapy who received treatment for at least 6 months	Current grant	Not cumulative	Top 10 equivalent	2014	203	383	26%		634		40%		As a result % of achievement is 74%. During the previous period January - June 2015 1228 PWID entered OST program and 463 of them were still on therapy 6 months after the entering date which counts 40%. As a result % of achievement is 74%. During the previous period January - June 2015 1228 PWID entered OST program and 463 of them were still on therapy 6 months after the entering date which counts 40%. Such low rate of retention is caused by the same reasons as in previous reporting periods: 1) uncertainty of clients in the future of the OST program due to the fact that Kyrgyzstan has joined the Eurasian Economic Union, 2) mandatory registration of the OST clients on the state registry database, 3) discrimination of the OST clients rights by law enforcement agencies and 4) inability for clients to obtain a dosage of methadone for more than one day due to current regulations of the program. In the current reporting period, the PR has taken the following actions to address the above mentioned reasons: 1) an arrangement for collaboration between RAC and Public Foundation (PF) 'Voice of freedom' was achieved which allowed lawyers of this PF to work directly on each case of violation of OST clients rights by the law enforcement. In addition, a video surveillance camera was installed at one OST site in Bishkek where many clients were facing problems with the police; 2) Two lawyers from the PF 'Voice of freedom' and Law firm 'Adilet' has been contracted to conduct trainings for social workers and peer educators of OST points on legal issues and protection of human rights of OST clients. These trainings took in Bishkek and one in Osh are planned for the beginning of the next reporting period; 3) Joint instruction for employees of four Ministries (Ministry of Health, Ministry of Interior, State Drug Control Agency, State Service for Execution of Sentences) on working with key population groups in terms of HIV program, has been provided for posting and will be distributed among outreach social and peer workers working with target groups (PWID, MSM, PLHIV).	Select	Select																											0	0					
2	5	KP-6- others: Number of PWIDs reached by Methadone Substitution Therapy	Current grant	Not cumulative	Yes-Top 10	2014	1,478			1,600			1,314		As a result % of achievement is 76%. In the previous period reporting period, 31 OST sites were providing methadone maintenance services to PWID clients (121 sites within the public health system, 10 sites in penitentiary system and 4 sites funded by the TIC grant). During the reporting period, PR finished construction works at new OST site in Yulov, 410. The expected number of clients at 1000 and 200 (total 1,200) PWID received OST services during the reporting period (1,162 at sites funded by the TIC and 138 at sites funded by TIC).	Select	Select																								0	0								
2	6	KP-6- others: Number of PWID in groups covered with HIV prevention programs - defined package of services	Current grant	Not cumulative	Yes-Top 10	2014	1,329			1,320			1,423		As a result % of achievement is 107%. 1,423 PWID (including 15 women) in groups received minimum package of services (MPS) at 15 OST sites of the State Service for Execution of Sentences. 91, 275 91 packages and 31,5 30 condoms were distributed among PWID in groups during the reporting period. 275 PWID (129 out of number covered with MPS or OST) were tested on HIV and know their results and 234 clients of MPS were informed and entered OST program during the reporting period.	Select	Select																								0	0								
2	7	KP-14: Percentage of PWID that have received an HIV test during the reporting period and know their results	Current grant	Not cumulative	Yes-Top 10	2014	2,050	25,000	13%	2,720	25,000	17%	4,048	25,000	30%	As a result % of achievement is 122%. The indicator measured the number of PWIDs tested by ELISA test at AIDS centers, laboratories and/or saliva based rapid testing and/or based on capillary blood rapid testing. It means that clients could be tested more than once using different method of testing during the reporting period. In calculation process all duplicates were removed. The number of clients tested by rapid testing (based on saliva or blood) is 2,710 (79% out of 4,048). The increased accessibility for 1500+ clients is reflected by the increased numbers accessing testing.	Select	Select																										0	0					
3	8	KP-10: Percentage of sex workers reached with HIV prevention programs - defined package of services	Current grant	Not cumulative	Yes-Top 10	2014	3,665	7,103	25%	3,700	7,103	30%	3,462	7,103	40%	As a result % of achievement is 61.2%. During the reporting period 2,462 sex workers have been reached with the minimum package of services which includes condoms, information component (MCI) and/or information session and referral to STI and/or HIV testing and/or HIV rapid testing. Eight NGOs implemented outreach projects in Bishkek: Osh, Jalal-Abad, Naryn, Talas, Issyk-Kul, Tyumenk and Karakol. In the reporting period 1206 SWs were tested for STI.	Select	Select																											0	0				
3	9	KP-10: Percentage of sex workers that have received an HIV test during the reporting period and know their results	Current grant	Not cumulative	Yes-Top 10	2014	1,033	7,103	15%	1,085	7,103	16%	1,314	7,103	16%	As a result % of achievement is 100%. The indicator measured the number of SWs tested by ELISA test at AIDS centers, laboratories and/or saliva based rapid testing and/or based on capillary blood rapid testing. It means that clients could be tested more than once using different method of testing during the reporting period. In calculation process all duplicates were deleted. The reasons for the following high level of internal and external migration of SWs, stigma and discrimination in the community, insufficient maintenance of the reporting documents by some state partners. During the reporting period the recommendations were provided by UNDP and the measures on improvement were implemented by state partners. The number of clients tested by rapid testing (based on saliva or blood) is 1,017 (79% out of 1,314). This reflects that provision of rapid HIV testing at NGOs increases key population willingness to access HIV testing.	Select	Select																													0	0		
3	10	KP-14: Percentage of MSM reached with HIV prevention programs - defined package of services	Current grant	Not cumulative	Yes-Top 10	2014	1,479	11,602	13%	1,200	11,602	14%	1,722	11,602	15%	As a result % of achievement is 129.4%. During the reporting period 1,722 MSMs have been reached with the minimum package of services which includes condoms, information component (MCI) and/or information session and referral to STI and/or HIV testing and/or HIV rapid testing. Four NGOs implemented outreach projects in Bishkek: Osh, Jalal-Abad, Talas and Chirchik. In the reporting period 121 MSMs were tested for STI. In the PR the indicator was decreased due to the possibility of adoption of new "MCI" Law. During the reporting period the Law was adopted as a result the access to the target group was not limited and NGOs could cover the indicated number of MSM, use the contacts with the clients previously covered and also reached new ones.	Select	Select																													0	0		
3	11	KP-14: Percentage of MSM that have received an HIV test during the reporting period and know their results	Current grant	Not cumulative	Yes-Top 10	2014	323	11,602	3%	299	11,602	3%	409	11,602	3%	As a result % of achievement is 100%. The indicator measured the number of MSMs tested by ELISA test at AIDS centers, laboratories and/or saliva based rapid testing and/or based on capillary blood rapid testing. It means that clients could be tested more than once using different method of testing during the reporting period. In calculation process all duplicates were deleted. The number of clients tested by rapid testing (based on saliva or blood) is 425 (97% out of 439) reflecting that provision of rapid HIV testing at NGOs increases the willingness of clients to undertake testing.	Select	Select																													0	0		
3	12	TPB/HIV-1: Percentage of HIV positive patients who were screened for TB in HIV care or treatment settings	Current grant	Not cumulative	Top 10 equivalent	2014	1,520	2,229	70%	1,700	2,200	74%	2,214	2,200	98%	The data comes from the National HIV/AIDS Health Statistics (RAC) data which includes data from the State Penitentiary System. Thus, 2,214 (1,819 adults and 395 children) have been screened for TB during the reporting period in accordance with the National TB/HIV screening protocol (out of total 2,259 screened HIV +2195 adults and 2994 children). The target indicator was 2,200 (1,700/2200). The final result is 2,214 (2,214/2200). As a result % of achievement is 100%. The reason of that is the new amendments in the national classification for HIV/TB diagnosis, treatment and care made in line with latest WHO guidelines. Those amendments have changed existing algorithms of HIV/TB screening, make the screening for TB a mandatory procedure for HIV positive people during their every single visit to a doctor. The data is preliminary and will be adjusted after annual reports are received by RAC.	Select	Select																													0	0		
3	13	Number and percentage of pregnant women who know their HIV status results	Current grant	Not cumulative annually	Top 10 equivalent	2013	108,478	211,641	60%		28,770	29,320	94%		According to the official data submitted by Republican AIDS Center, in 2014, out of 29,320 tested pregnant women, 28,470 were screened and know their results. As a result % of achievement is 97%. Indicator is aligned with the National HIE system and obtained through RMI performance data. The current National Health Statistics data management system is not recording the source of the test kits used and numbers reported include all test data. The data is preliminary and will be adjusted after annual reports are received by RAC and RAC.	Select	Select																													0	0			

Ongoing Progress Update and Disbursement Request

Section 2: Financial Information

A. Principal Recipient Cash Reconciliation Statement in Grant Currency											
Item No.	Description	Principal Recipient			For LFA Use Only				For the Global Fund Use Only		
		Cumulative for Previous Periods	Current Period	Comments	Cumulative for Previous Periods as validated by Global Fund	LFA Adjustments on current Period	As verified by LFA	Comments	CT Adjustments (incl. External Audit adjustments)	The Global Fund Validated Figures	Comments
1.1	Cash Balance: Beginning of the Period		82 935 182			\$0	82 935 182			82 935 182	
2. Grant Income											
Add:											
2.1	Disbursement made to the Principal Recipient	\$28 449 744	\$2 091 109		\$0	\$0	\$2 091 109		\$0	\$2 091 109	
2.2	Disbursement to third parties by the Global Fund on behalf of the Principal Recipient	\$0	\$0		\$0	\$0	\$0		\$0	\$0	
2.3	Interest received on bank accounts	\$167 582	\$15 441		\$0	\$0	\$15 441		\$0	\$15 441	
2.4	Revenue from income-generating activities (if applicable)	\$0	\$0		\$0	\$0	\$0		\$0	\$0	
2.5	Other income, if applicable (e.g. VAT/Other Tax returns, income from disposal of assets etc.)	\$11 465	\$77 576		\$0	\$0	\$77 576		\$0	\$77 576	
2.6	Total Grant Income	828 628 791	82 184 126		\$0	\$0	82 184 126		\$0	82 184 126	
3. Grant Cash Outflows											
Less:											
3.1	Principal Recipient Expenditure (including payments and other advance payments)	\$15 074 686	\$1 863 537		\$0	\$0	\$1 863 537		\$0	\$1 863 537	
3.2	Disbursement to third parties by the Global Fund on behalf of the Principal Recipient	\$0	\$0		\$0	\$0	\$0		\$0	\$0	
3.3	Principal Recipient disbursement to sub-recipients	\$10 517 473	\$1 071 086		\$0	\$0	\$1 071 086		\$0	\$1 071 086	
3.4	Bank charges on disbursements and payments		\$94		\$0	\$0	\$94		\$0	\$94	
3.5	Total Grant Cash Outflows	\$25 592 159	82 934 717		\$0	\$0	82 934 717		\$0	82 934 717	
4. Reconciling Adjustments											
4.1	Other reconciliation adjustments (including for prior periods)	\$0	\$0		\$0	\$0	\$0		\$0	\$0	
4.2	Net exchange gains/losses on translation of balances	\$101 450	\$23 458		\$0	\$0	\$23 458		\$0	\$23 458	
4.3	Ineligible transactions from previous periods for which justification was approved by the Global Fund	\$0	\$0		\$0	\$0	\$0		\$0	\$0	
4.4	Reimbursement of ineligible transaction from previous periods	\$0	\$0		\$0	\$0	\$0		\$0	\$0	
5. Total Cash Balances: End of the reporting period											
5.1	Principal Recipient Cash Balance		82 208 048			\$0	82 208 048		\$0	82 208 048	
5.2	Sub-Recipient Cash Balance		\$45 203			\$0	\$45 203		\$0	\$45 203	
5.3	Total Cash Balance		82 253 251			\$0	82 253 251		\$0	82 253 251	
6. Commitments & Other Obligations											
6.1	Unpaid invoices, accrued expenditure for severance pay, leave and other liabilities		\$19 486			\$0	\$19 486		\$0	\$19 486	
6.2	Open legal obligations (including signed contracts not yet invoiced)		\$613 006			\$0	\$613 006		\$0	\$613 006	
6.3	Tenders and/or procurement contracts initiated but not yet signed as contracts		\$391 286			\$0	\$391 286		\$0	\$391 286	
6.4	Total Commitments & Other Obligations		\$1 023 779			\$0	\$1 023 779		\$0	\$1 023 779	
B. Principal Recipient Bank Statement Balance & Cash In Transit in Grant Currency											
	Description	Principal Recipient			For LFA Use Only				For the Global Fund Use Only		
			End of Period	Comments		LFA Adjustments on current Period	As verified by LFA	Comments	CT Adjustments	The Global Fund Validated Figures	Comments
7.1	Principal Recipient Cash Balance as per bank statements (For Information Only):		\$2 384 780			\$0	\$2 384 780		\$0	\$2 384 780	
7.2	Cash in Transit for the reporting period		\$0			\$0	\$0		\$0	\$0	
7.3	Cash in Transit after the current reporting period		\$0			\$0	\$0		\$0	\$0	
C. Principal Recipient Ineligible Transactions in Grant Currency											
	Description	Principal Recipient			For LFA Use Only				For the Global Fund Use Only		
		Cumulative for Previous Periods	End of Period	Comments	Cumulative for Previous Periods as validated by Global Fund	LFA Adjustments on current Period	As verified by LFA	Comments	CT Adjustments	The Global Fund Validated Figures	Comments
8.1	Ineligible transactions validated for the reporting period	\$0	\$0		\$0	\$0	\$0		\$0	\$0	
8.2	Ineligible transactions from previous periods for which justification was approved by the Global Fund	\$0	\$0		\$0	\$0	\$0		\$0	\$0	
8.3	Reimbursement of ineligible transactions from previous periods	\$0	\$0		\$0	\$0	\$0		\$0	\$0	
8.4	Cumulative ineligible transactions for the implementation period	\$0	\$0		\$0	\$0	\$0		\$0	\$0	
8.5	Open ineligible transactions to be justified and/or reimbursed	\$0	\$0		\$0	\$0	\$0		\$0	\$0	

Ongoing Progress Update
and Disbursement Request

Section 2: Financial Information

D. Principal Recipient Reconciliation of funds provided to Sub-Recipients for the Current Implementation Period															
(1) Sub-Recipient Name	Principal Recipient									For Local Fund Agent Use Only			For the Global Fund Use Only		
	(2) Cumulative Sub-Recipient expenses for prior periods at Principal Recipient level	(3) Sub-Recipient Open Advances at Principal Recipient Level	(4) Disbursements made by Principal Recipient during the Reporting Period	(5) Other Income* during the Reporting Period	(6) Expenditure validated by Principal Recipient during the Reporting Period	(7) Sub-Recipient Closing Balance at Principal Recipient Level	(8) Actual Sub-Recipient Cash Balance (if applicable)	(9) Variances on Sub-Recipient Balances	Comments	LFA Adjustments	As verified by LFA	Comments	Country Team Adjustments (incl. External Audit adjustments)	The Global Fund Validated Figures	Comments
REPUBLICAN CENTER OF NARCOLOGY	3 037 818	30 691	347 403	-	366 157	11 937	10 493	(1 444)	Expenditures at 1 444.23\$ are pending for approval upon submission of additional supporting documents and clarification.		\$10 493			\$10 493	
"Anti-AIDS" Association	116 623	181	31 963	-	32 019	125	67	(58)	Expenditures at \$8.02\$ are pending for approval upon submission of additional supporting documents and clarification.		\$67			\$67	
"SOCIUM" NGO	103 568	1 856	19 845	-	21 086	615	616	1	1) Expenditures at 13.75\$ are pending for approval upon submission of additional supporting documents and clarification. 2) SR's own funds at the bank account: 14.66\$ <<14.66-13.75=0.91>>		\$616			\$616	
AFEW	2 014 370		-	-	-	-	-	-			\$0			\$0	
Republican AIDS Center under of MoH	255 143	(461)	42 915	-	41 009	1 445	-	(1 445)	1) Refund of unapproved expenditures at 1 359.76\$ on 11 Aug'15 2) Expenditures at 96.71\$ are pending for approval upon submission of additional supporting documents and clarification. 3) SR's own funds: 11.60\$ <<11.60-1359.76-96.71=-1444.87>>		\$0			\$0	
Scientific organization "Preventive Medicine" under of MoH	406 280	0	-	-	-	0		(0)			\$0			\$0	
UNICEF NEW YORK	507 074	17 880	-	-	-	17 880	17 880	0			\$17 880			\$17 880	
WHO REGIONAL OFFICE FOR EUROPE	453 708	-	-	-	-	-	-	-			\$0			\$0	
Other Minor SR (10 NGOs)	978 070	20 600	127 883	-	146 070	2 413	2 344	(69)	1) Timing difference: Expenditures at 66.02\$ were incurred during period 15-31 Dec'15 and were reported in January 2016 2) SR's own funds at the bank accounts: 3.35\$ <<-3.35-66.02=-69.37\$>>		\$2 344			\$2 344	
Main Department of punishment execution	285 122	(553)	-	-	(770)	217		(217)	variance at - 216.71 is SR's refund of unused balance on 21 Jul'15		\$0			\$0	
Other Minor SRs contracted starting 01.04.2013 (14 NGO)	584 505	13 375	98 946	-	108 936	3 385	881	(2 503)	1) Timing difference: Expenditures at 2 131.93\$ were incurred during period 15-31 Dec'15 and were reported in January 2016 2) Expenditures at 156.61\$ are pending for approval upon submission of additional supporting documents and clarification. 3) Refund of unused balance at 223.70 in Jul and Dec 2015 4) SR's own funds at the bank accounts: 8.79\$ <<-8.79-2131.93-156.61-223.70=-2503.45\$>>		\$881			\$881	
Other Minor SRs contracted starting 01.07.2013 (14 NGO)	1 498 016	18 799	352 827	-	353 978	17 648	10 193	(7 455)	1) Timing difference: Expenditures at 3035.83\$ were incurred during period 15-31 Dec'15 and were reported in January 2016 2) Expenditures at 1188.05\$ are pending for approval upon submission of additional supporting documents and clarification. 3) Refund of unused balance at 3232.20\$ in Dec 2015 4) SR's own funds at the bank accounts: 0.91\$ <<-0.91-3035.83-1188.05-3232.20=-7455.17\$>>		\$10 193			\$10 193	
Other Minor SRs contracted starting 01.06.2014 (2 GOV)	74 067	1 598	40 801	-	39 211	3 189	2 729	(459)	1) Timing difference: Expenditures at 425.57\$ were incurred during period 15-31 Dec'15 and were reported in January 2016 2) Refund of unused balance at 23.66\$ in Dec 2015 <<-425.57-33.66=-459.23\$>>		\$2 729			\$2 729	
Ministry of Health of the KR		-	8 503	-	8 503			-	on direct payments		\$0			\$0	
Total for the Reporting Period	10 314 363	103 966	1 071 086	-	1 116 199	58 853	45 203	(13 650)			\$45 203			\$45 203	

* Includes interest income, income generating activities etc.

Ongoing Progress Update and Disbursement Request

Section 2: Financial Information

E. Total Principal Recipient Budget Variance and Fundlog Absorption Analysis

Principal Recipient					Principal Recipient				
Budget for Reporting Period	Actual Grant Cash Out Flow Cash Basis for Reporting Period	Budget Yr Actual Variance	Absorption Capacity	Reasons for Variance	Cumulative Budget through period of Progress Update	Cumulative Actual Grant Cash Outflow Cash Basis through period of Progress Update	Cumulative Budget Yr Actual Variance	Absorption Capacity	Reasons for Variance
1. Total Principal Recipient cash outflow - budget	83,000.00	83,000.00	100.0%		83,000.00	83,000.00	0.0%	100.0%	
1a. Principal Recipient total expenditures including any direct disbursements to sub-recipients	83,000.00	83,000.00	100.0%	<p>1a.1. Administrative costs:</p> <ul style="list-style-type: none"> 1a.1.1. Administrative costs for the end quarter of 2015 (USD 7,500) at 100% that have been paid in full upon completion of PCR for Jan-Mar 2015. 1a.1.2. Administrative costs (USD 7,500) for December 2015 that were budgeted for 2014. The Department of Health (DOH) budget was approved for 2014 and for 2015. The Department of Health (DOH) budget was approved for 2014 and for 2015. The Department of Health (DOH) budget was approved for 2014 and for 2015. 1a.1.3. Administrative costs for the end quarter of 2015 (USD 7,500) at 100% that have been paid in full upon completion of PCR for Jan-Mar 2015. <p>1a.2. Personnel costs:</p> <ul style="list-style-type: none"> 1a.2.1. Personnel costs for the end quarter of 2015 (USD 7,500) at 100% that have been paid in full upon completion of PCR for Jan-Mar 2015. 1a.2.2. Personnel costs for the end quarter of 2015 (USD 7,500) at 100% that have been paid in full upon completion of PCR for Jan-Mar 2015. 1a.2.3. Personnel costs for the end quarter of 2015 (USD 7,500) at 100% that have been paid in full upon completion of PCR for Jan-Mar 2015. <p>1a.3. Other costs:</p> <ul style="list-style-type: none"> 1a.3.1. Other costs for the end quarter of 2015 (USD 7,500) at 100% that have been paid in full upon completion of PCR for Jan-Mar 2015. 1a.3.2. Other costs for the end quarter of 2015 (USD 7,500) at 100% that have been paid in full upon completion of PCR for Jan-Mar 2015. 1a.3.3. Other costs for the end quarter of 2015 (USD 7,500) at 100% that have been paid in full upon completion of PCR for Jan-Mar 2015. 	83,000.00	83,000.00	0.0%	100.0%	
1b. Disbursements to sub-recipients	0.00	0.00	0.0%		0.00	0.00	0.0%	0.0%	
1c. Health Products - Pharmaceutical Products	0.00	0.00	0.0%		0.00	0.00	0.0%	0.0%	
1d. Health Products - Non-Pharmaceutical Equipment	0.00	0.00	0.0%		0.00	0.00	0.0%	0.0%	

For LFA Use Only

E. Total Principal Recipient Budget Variance and Absorption Analysis

LFA comments on the Principal Recipient's explanation of variance					LFA comments on the Principal Recipient's explanation of variance				
Budget for Reporting Period	Actual Grant Expenditure Cash Basis for Reporting Period	Budget Yr Actual Variance	Absorption Capacity	LFA comments on the Principal Recipient's explanation of variance	Cumulative Budget through period of Progress Update	Cumulative Actual Grant Expenditure Cash Basis through period of Progress Update	Cumulative Budget Yr Actual Variance	Absorption Capacity	LFA comments on the Principal Recipient's explanation of variance
1. Total Principal Recipient cash outflow	83,000.00	83,000.00	100.0%		83,000.00	83,000.00	0.0%	100.0%	
1a. Principal Recipient total expenditures including any direct disbursements to sub-recipients	83,000.00	83,000.00	100.0%		83,000.00	83,000.00	0.0%	100.0%	
1b. Disbursements to sub-recipients	0.00	0.00	0.0%		0.00	0.00	0.0%	0.0%	
1c. Health Products - Pharmaceutical Products	0.00	0.00	0.0%		0.00	0.00	0.0%	0.0%	
1d. Health Products - Non-Pharmaceutical Equipment	0.00	0.00	0.0%		0.00	0.00	0.0%	0.0%	

Ongoing Progress Review and Disbursement Request

Section 3A: PR - Procurement and Supply Management

		Comments
<p>1. Have you updated the Price Quality Reporting (PQR) with the required information on the pharmaceuticals and health products received during the period covered by this PU/DR? (if applicable)? If health products procurement information has not been entered into the PQR, please explain why.</p> <p>1 For further guidance on PQR data entry, please refer to the guidelines.</p>	Yes	The PR updated the PQR with procurement of ARV drugs, condoms and test systems

2. Based on the most up-to-date stock situation, are there any risks of stock-outs or expiries for the key pharmaceuticals & health products, listed below, at the central level in the next period of implementation? If yes, please comment.

Key Pharmaceuticals & Health Products	Risk of Stock-Out	Risk of Expiry	Comment (if yes, please provide information on the specific items that are at risk of stock-out or expiry)
1. Anti-malaria medicines	N/A	N/A	
2. Bed nets	N/A	N/A	
3. In-Vitro Diagnostic Products	No	No	
4. Condoms	No	No	
5. Anti-retrovirals	No	No	
6. Anti-TB medicines	N/A	N/A	
7. Lab supplies (e.g. CD4, Viral Load, Cartridges...)	No	No	
8. Other (Please specify in the "Comment" column)	N/A	N/A	

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

The pharmaceuticals and health products have been supplied in timely manner. As of 31/12/2015 neither stock out situation nor overstock situation is expected.
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For LFA Use Only

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

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

1b. Value of Pharmaceuticals and Health Products in the PQR (6 categories only)

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

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

2. Based on best information available to the LFA, are there any risks of drug stock-out or expiries at the central level in the next period of implementation? (If yes, please explain in comments box)

! This section should be completed by the LFA based on best information on stock at the central level available to the LFA and should not require dedicated visits for on-site checks of stocks.

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

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

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On-going Progress Update and Disbursement Request

Section 4: Grant Management

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

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

Conditions Precedent and/or other special conditions	Status	PR Comments on Progress of Implementation	For LFA Use Only		For the Global Fund Use Only	
			Status	LFA Analysis (This should not be a "Copy and Paste" of the comments provided by the PR)	Validate Status	Country Team Comments
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 written approval by the Global Fund of the Detailed Capacity Building Plan.	Met	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 by GF was received on 11th of November 2015.	Select		Select	
	Select		Select		Select	

B. PR & LFA Review of Progress on Implementation of Outstanding Management Actions from Previous Disbursements

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

Global Fund Management Actions	Status	PR Comments on Progress of Implementation	For LFA Use Only		For the Global Fund Use Only	
			Status	Review of PR Progress on Global Fund Management	Validate Status	Country Team Comments of PR Progress on Global Fund Management
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.	Unmet - In Progress	During the reporting period PR jointly with the partners implemented the following actions: <ul style="list-style-type: none"> • During M&E visits (September 2015) the programme specialists have conducted on-job trainings on capacity building (documentation records management, adherence to ART, nutrition and dietary during ART, treatment management of HIV patients), provided informational educational materials, etc. • The motivation strategy system for PLHIV adherence to ART continued to be implemented in monetary remuneration that were paid via Bishkek AIDS Centre based on information available through the HIV Electronic Case Management System (UICs, percentage of PLHIV adherence to ART) that improve the collaboration between AIDS Centers and NGOs. For clients without documents in civil sector (up to 10 % out of all clients) and for all clients in prisons the motivation packages remuneration was provided. • In order to improve the cooperation between services (AIDS Centre and NGO) PR held one of the regular coordinating meeting in Osh. • In order to improve the services on treatment, care and support of PLHIV in prisons, during the reporting period there were conducted two meetings with the Republic and Bishkek AIDS Centers, SSES and NGO resulting in discussion the 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 collaboration between state and non-governmental partners working and to improve the quality of services in prisons there were held several joint M&E visits by Harm Reduction Network and Republican Narcology Centre. • During the planning of the community-based NGO's activities for 2016 PR mandatory requested the following activities: including of the "peer to peer" consultant to each NGO's staff, the conducting of the self help groups and mini-sessions for clients and their family members on the quarterly basis, case management for each HIV positive client. • PR included new indicators into SR agreements of NGOs working with PLHIV for 2016 on the level of adherence to ART. • During the planning of the AIDS Centers' activities for 2016 PR mandatory requested the effective and proper quality level of HIV patients management from medical staff over the country (in FMC, AIDS Centers, SSES) by implementing the performance-based payment. • Within the Work Plan and Budget for 2nd Semester 2016 - 2017 PR planned trainings for increasing the capacity of the partners on case management, peer counseling, human rights, etc. 	Select		Select	
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.	Unmet - In Progress	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) during the reporting period PR implemented the following activities: <ol style="list-style-type: none"> 1) Conducting of the preparing works for ensuring the renovation works in Osh AIDS Centre for creation of a separate PCR laboratory based in Osh AIDS Center. During the reporting period the engineer was selected, the tender process for the constructive works was launched. 2) Conducting meetings and discussions with ICAP and RAC on the external resources - outsourcing transport services to private laboratories (e.g. private courier service of Bonetsky Laboratory - Intelmed LLC) for the transportation of biological samples from the regions to the only existing PCR laboratory in the country - in RAC at present time and then to the Osh PCR laboratory as well. As a result the draft of the Agreement between RAC, ICAP and Intelmed LLC was developed. ICAP is planning to finance the transportation services till June 2016. PR included the costs for the mentioned services in the modified Work Plan and Budget for 2nd Semester 2016 - 2017 (18 months). 3) During the reporting period PR bought and transferred - 1 stationary CD4 cell counter to the RAC and two portable mobile CD4 cell counters to the Naryn and Issyk-Kul AIDS Centers. 	Select		Select	
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.	Unmet - In Progress	In accordance with the NAC report for the 2015, 95% of all eligible PLHIV (2,694) were screened for TB. Despite the taken efforts, majority of newly registered HIV/TB patients are enrolled in care on the latest stages of HIV infection (with advanced forms of TB). Therefore, the death rate among these patients is still high. The PR has received the preliminary data from the NAC on percentage of newly registered HIV/TB patients who died from TB during the 2015 and it is 23,5% as of 31 December 2015. A new clinical protocols including HIV/TB were approved in January 2015. In accordance with the protocol new algorithm of the diagnosis of TB for PLHIV was introduced, which includes screening on TB (4 questions) on the first stage 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). Actually, the approved clinical protocol started to work since the end of 2015. PR has included the necessary funds for procurement of the drugs according to the clinical protocols on TB prevention for PLHIV into the Budgets for 2016-2017. Also PR has included indicators on case management in the Agreements with all sub-recipients in order to address the issue of late enrollment of PLHIV in treatment and care programs and will monitor performance under these indicators (HIV cascade). Additional comments to the IL of Ref: EEC/UM/019-19/01/2016. We assume that the percentage of HIV/TB deaths among newly registered HIV/TB patients (23%) provided by the GF in the mentioned letter was calculated with the correct denominator but incorrect numerator. Thus, the denominator was the number of all newly registered HIV/TB patients (52), but the numerator that was used for calculation (number of newly registered HIV/TB patients who died from TB) - 12 might contain not just newly registered HIV/TB patients because this information is available only by the end of each year (annual reporting form 4Zdrav).	Select		Select	

Global Fund Management Actions	Status	PR Comments on Progress of Implementation	For LFA Use Only			For the Global Fund Use Only	
			Status	View of PR Progress on Global Fund Management	Validate Status	Country Team Comments of PR Progress on Global Fund Management	
<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>	Unmet - In Progress	<p>Despite the joint efforts of the PR, RNC and NGOs working with OST clients there is a trend on reduction of OST programs coverage during the most recent three reporting periods (1,605 – 1,576 – 1,353). The main reason for such reduction of coverage is remaining low retention in the program of the OST clients. Low retention in its turn, caused by the various reasons but mostly by the following: 1) uncertainty of clients in the future of the OST program due to the fact that Kyrgyzstan has joined the Eurasian Economic Union; 2) mandatory registration of the OST clients in the state narcology database; 3) discrimination of the OST clients rights by law enforcement employees and 4) inability for clients to obtain a dosage of methadone for more than one day due to current regulations of the program</p> <p>During the reporting period, the PR jointly with the RNC have taken the following actions to address the above mentioned reasons:</p> <p>1) An arrangement for collaboration between RNC and Public Foundation (PF) "Voice of freedom" was achieved which allowed lawyers of this PF to work directly on each case of violation of OST clients rights by the law enforcement. In addition, a video surveillance camera was installed at one OST site in Bishkek, where many clients were facing problems with the police. This action has led to the reduction of cases with violation OST clients' rights by the police (as per information from OST staff). Due to efficiency of this measure PR included the costs for video surveillance equipment for all OST sites in civil sector in the modified Work Plan and Budget for 2nd Semester 2016 – 2017 (18 months).</p> <p>2) Two lawyers from the PF "Voice of freedom" and Law firm "Adilet" has been contracted by the PR to conduct trainings for social workers and peer consultants of OST points on legal issues and protection of human rights of OST clients. These trainings (one in Bishkek and one in Osh) are planned for the beginning of the next reporting period.</p> <p>3) Joint instruction for employees of four Ministries (Ministry of Health, Ministry of Interior, State Drug Control Agency, State Service for Execution of Sentences) on working with key population groups in terms of HIV programs, has been provided for printing and will be distributed among outreach, social and peer workers working with target groups (PWID, SW, MSM, PLHIV).</p> <p>4) During the reporting period the PR conducted several meetings and discussion with representatives of Republican Narcology Center, State Drug Control Agency, UNODC on necessity of revision of legal framework of OST program in order to address the above mentioned issues (mandatory registration, increasing the number of days that OST doctors could distribute methadone to stable clients and etc.).</p> <p>5) The PR has committed a workshop in the first quarter of 2016 for all interested partners (UNODC, UNAIDS, WHO, CDC, state and non-governmental organizations) on current state of the HIV prevention and Harm Reduction programs in the KR, their barriers and on ways to address the issues.</p>	Select		Select		
<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>	Unmet - In Progress	<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) During the 2nd Semester 2015 UNAIDS through the specific agency conducted State Programme midterm evaluation and presented the results. Within the evaluation the experts tried to assess the HIV cascade for PWID, using the available data sources. All interested partners discussed the results of the evaluation and planned to develop Plan of actions to address the identified issues in the beginning of 2016.</p> <p>3) During the reporting period PR discussed with the partners the issue on synchronization of the AIDS Centres and NGO's reporting systems to have a possibility to work with the harmonized data to develop the HIV cascade for each covered key population group (PWID, SWs, MSM); implementation of UIC system to the AIDS Centre's electronic base on HIV cases, strengthening of the cooperation between NGOs and AIDS Centres, discussions with the RAC on the using MIS Data Base by RAC, promotion of the MIS Data Base by MoH among all donors working on HIV prevention in the country. The updated approach will be implemented from 1 January 2016.</p> <p>4) Upgrading of the MIS Data Base during the reporting period according to the identified needs within the program.</p> <p>5) Within the Work Plan and Budgets for 1st Semester 2016 and for 2nd Semester 2016 - 2017 PR planned several activities for synchronization of the National M&E system and GF project M&E system (working group, meetings, etc.).</p> <p>6) PR included new indicators within the HIV cascade into SR agreements with the partners working on HIV prevention for 2016 and conducted several trainings for SRs staff on case management and peer counseling.</p>	Select		Select		
	Select		Select		Select		

C. Comments on Annual Grant Reporting Requirements

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

Required Documentation	Due date (dd-mmm-yy)	Status	Comments	For LFA Use Only			For the Global Fund Use Only	
				Due date (dd-mmm-yy)	Status	Comments	Due date (dd-mmm-yy)	Validate Status
PR Audit Report		Select						
Annual Financial Report (AFR) / Enhanced Financial Report (EFR)		Select						

Ongoing Progress Update and Disbursement Request

Section 5: PR and LFA Evaluation of Overall Performance

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

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

Summary:

During the reporting period, the grant has continued to achieve a strong programmatic performance, while at the same time achieving significant savings during the period. Using savings from 2014 and an incremental amount of \$1,618,328 GF approved a budget of \$6,196,002 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.

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

- The mechanism of public monitoring of HIV prevention and treatment programs by Harm Reduction Network continued to be implemented in SSES, due to the collaboration between SSES and RAC was significantly improved;
- Within the training plans for each year the events like the Summer school for HIV positive children, National Forum for PLHIV, SWs and MSM Communities or NGOs were successfully conducted;
- Within the cooperation with ICAP and RAC IBBS was conducted in 2013 and the planning of IBBS in 2016 started during the 2nd Semester 2015;
- During 2016 according to the request from GF PR developed the detailed design of the program for 2016-2017, Work Plan & Budget and Performance Framework for the period January – June 2016 and the Work Plan & Budget and Performance Framework for the period July 2016 – December 2017, which were submitted to the GF, met with the identified deadlines.
- In order to prevent the interruption of the services provision to the clients and ensured the implementation of all prevention, treatment, care and support activities at the same level during the "transition" period 2015-2016 PR started the tender process of SRs for 2016 in the middle of November 2015. The tender process was identified as a mandatory action within the submitted Concept Note for 2016-2017.

The budget for the reporting period was \$ 2,091,108.43; cash outflow was \$2,934,716.68 and commitments together with other obligations at the end of the reporting period are \$1,023,778.53.

The financial delivery versus budget in the reporting period excluding commitments is 140.3 % whereas including commitments it is 189 %. The current period burn rate is 189% calculated as following: SR and PR cash outflow plus commitments versus current budget. The high burn rate is due to payment in the reporting period of the commitments from the previous periods that are explained in details in the cash outflow variances.

The cumulative financial rate excluding commitments is 91.9%; whereas including commitments its 95.2%

The cash balance at the end of reporting period is \$2,253,251.34 which covers below activities:

- \$613,006.08 PR commitments as of 31/12/2015;
- \$ 410,772.45 - other PR's obligations i.e. ongoing programmatic activities;
- remaining balance would be used to cover activities and procurement of the period January -June 2016 till release of the next disbursement from GF in order to ensure continued implementation of the program.

Programmatic performance:

In the beginning of the grant (the 2nd Semester 2011) the performance of the grant was assessed by 4 performance indicators, related to PLHIV, ART, OST and PMTCT. Out of them one indicator was surpassed, one indicator was achieved for 100 % and two indicators exceeded 80% achievement.

In 2012 there were identified 17 indicators related to the prevention programs for each key population group, PLHIV and ART, HIV testing, PMTCT, STI, community development, trainings, etc. were identified in PF. Out of 17 indicators 9 were determined as Top Ten. In 1st Semester 4 Top Ten indicators (on the coverage of PWID, SWs and MSM by the minimal package of services and the coverage by ART) were significantly overachieved. In 2nd Semester 7 Top Ten indicators (on the coverage of PWID, prisoners, SWs and MSM by the minimal package of services, the coverage by ART, PMTCT and HIV testing of the pregnant women) were overachieved as well. The indicator on the number of patients receiving methadone substitution treatment was achieved for 80% and 77% per Semester accordingly.

In 2013 the evaluation of the grant was conducted through the same 17 indicators. In 1st Semester 11 out of 14 suitable performance indicators were overachieved. The number of IDUs reached by methadone substitution programme was achieved at 64% level due to the heavy pressure on the programme clients by the police, low adherence rate among patients due to availability of cheap heroin, poor referral programmes from NEP and other harm reduction programs and other reasons. In 2nd Semester all vulnerable groups continued receiving minimal package of prevention services and the performance indicators for sex workers and MSM were overachieved. The indicator on PLHIV who are in community care and support programmes was overachieved twice, and ARV treatment indicator for adults and children was also exceeded 100%. The number of IDUs reached by methadone substitution programme was pity increased comparing to the previous period, which reflected the efforts invested by the PR into the improvement of the programme.

In 2014 despite the delay in the signed Grant Agreement for 2014, all programme activities were continued. The PF was revised, the total number of indicators was 14, non Top Ten indicators were excluded and some new indicators were included. The new indicators on OST adherence and HIV testing of the clients from PWID, SWs and MSM group were identified to measure the quality of the appropriate services. The total coverage by the OST program increased and exceeded the targets, but the indicator on the "Percentage of individuals receiving OST who received treatment for at least six months" was not achieved due to some reasons.

In 2015 The PF was revised again and 13 program indicators were identified. During last year all key population groups continued receiving minimum package of prevention services, the performance indicators for PWID, sex workers and MSM were reached at a very good level or exceeded, the number of PLHIV reached with the care and support programs within the Grant were overachieved. New target indicators on the clients from key population groups receiving an HIV test and know their results during the year was achieved. The total coverage by the OST program increased and achieved the targets, but the indicator on the "Percentage of individuals receiving OST who received treatment for at least six months" was not achieved. The number of people receiving ART at 30 June 2015 was 1900 and at 31 December 2015 it was 2,107, however, the indicator in the PF measures ARV treatment coverage indicator for adults and children during the current period 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 were overachieved in each Semester. It is hoped that this indicates that even with the dramatic scale up of ART the quality of the programme is not being compromised.

In the last Semester 2015 the grant performance is being assessed by one impact indicator. In accordance with the PF other impact indicators will be available from next IBBS, which is planned for 2016. The impact indicator shows that 76 % of adults and children with HIV known to be on treatment 12 months after the initiation of treatment (preliminary data). This achievement is especially important as the Country has scaled up its ART programme.

Sub-recipients management: From the beginning of the 2012 PR had 14 SRs and 29 SSRs (through one SR - AFEW) in the programme, the Agreements were signed and funds were transferred. The programme activities started to be implemented through 108 service delivery points located across Kyrgyzstan. Nearly 40% of the grant's funding were channelled through the sub-recipients, including through AFEW, a major NGO sub-recipient managing all IDU, MSM and SW related activities. The Republican Narcology Centre manages government run methadone substitution programme and needle exchange points. AFEW and the Narcology Centre were the biggest SRs implementing more than 80% of the entire SRs budget of 2012. Regular trainings on financial management, reporting and M&E were organized. The PR organized several trainings on the Kyrgyz legislation rules and regulations by the Chamber of Tax Advisers. Regular coaching and on the job training of accountants have also been organized to strengthen SRs capacities. In 2012-2013 AFEW had 36 NGO as sub-sub recipients and despite the PR invested substantial effort to clarify the reporting requirements during the reporting period they failed to submit good quality financial and programmatic reports on time.

From the 2nd Semester 2013 the SR agreement with AFEW was reconsidered and PR decided to switch to direct engagement of all NGOs instead of continuing contracting AFEW as umbrella sub-recipient. This decision allowed: 1) improving the timeliness and quality of reporting and payment of advances to SRs, 2) investing into direct capacity building of NGOs, 3) reducing transaction and management costs. PR started to contract all partners directly as SRs to improve timeliness and quality of reporting and to be able to directly strengthen capacity of the SRs. The PR conducted capacity assessment of all sub-recipients which are being engaged directly and developed risks mitigation plans for each SR. The majority of sub-recipients whose capacity was assessed received "moderate risk" a few NGOs received "significant risk" rating. The PR will observe closely the risk mitigation by such SRs and will invest additional resources and time into their capacity building. Major risks include sub-optimal financial management, low staff capacity, poor infrastructure, family ties in one SR, lack of internal control. At the end of 2013 UNDP directly engaged with 31 sub-recipients within the grant, at the end of the 1st semester 2014 UNDP directly engaged with 42 sub-recipients within the grant. Of them 35 NGOs, five governmental organizations including penitentiary service and two UN agencies (WHO, UNICEF).

During the period of grant implementation PR expanded the program activities to some new regions and signed several additional agreements with the partners. PR conducted a series of training activities to improve capacities of sub-recipients (finance specialists, M&E specialists, outreach/social work, etc.).

The Grant agreement between UNDP and GF for the period January - December 2014 was signed on 10 April 2014. Following finalization of this agreement, UNDP was able to enter into agreements with its SRs. This resulted in many SR implemented activities being postponed. By the end of the 1st Semester 2014 UNDP directly engaged with 47 sub-recipients within the grant, including MoH after the finalization SR assessment of MoH. In 2014 UNDP signed separate SR agreements with Osh and Jalalab AIDS centres to ensure greater geographic coverage. UNDP continued to roll out the installation of accounting system 1C roll to SRs, and where necessary also procured computers and printers for the SRs. UNDP practiced the series of open door meetings which helped to improve communication with SRs and avoid misunderstandings of GF and UNDP policies.

In 2015, despite on the approval of Work plan/Budget for year by GF in February, the PR was able to manage the SRs and their activities in the beginning of the year 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 2015 in order to optimize the program activities the number of SRs was reduced by several organizations, which activities were included into the Agreements with other current SRs or were implemented in another way without loss of the clients and services quality. 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 PR jointly with governmental SRs developed and implemented the plan of incentive payments. The plan was approved by GF on 29 April 2015 and become effective for Republic Narcology Centre and in three AIDS Centers from 1 April 2015.

The Agreement with MoH was signed 30/04/2015 by PR and 12/05/2015 by MoH, all planned five experts were hired by MoH and started to work within the Agreement by the end of 2015. The Capacity development plan, including the transition plan, was developed by UNDPs Senior Capacity Development Advisor, discussed with the all stakeholders, agreed by MoH and within the reporting period was approved by GF. The MoH jointly with PR revised the CD Plan, and main activities within the plan will be implemented during the next reporting period.

From the beginning of 2015 the Secondment approach of PR programme staff was implemented. These secondments assisted with developing the quality of reports and routine accounting and reporting by SRs by providing technical and practical assistance in the field by consultations and within on-job trainings. In 2015 PR jointly with SRs, working with PLHIV (NGOs and AIDS Centers) 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).

In 2015 UNDP finalized the installation of accounting software 1C to SRs in order to facilitate their financial reporting and ensure timely and regular monitoring of expenditures and their compliance within approved SR agreements and budgets, as most of SRs have been preparing reports manually that caused sometimes discrepancies and other mistakes in their financial reports. Besides, installed software would help SRs to monitor stock level of HP and IEM received from PR for implementation of project activities. PR conducted the trainings for SRs, Finance, Procurement and Logistic PR's teams. Now the system is in testing and updating process by PR and SRs. The installation of one standard accounting software for SR also allowed PR to save funds on maintenance of 1C as PR made one corporate contract with suppliers for provision of services for all SRs.

Monitoring and Evaluation:

In the beginning of the grant, the Monitoring and evaluation system needed to be strengthened at the national and programme levels. The DFID funded CARHAP programme provided installation keys to the PR for software, which maintains records of clients of harm reduction programs for IDUs and HIV prevention programs among SWs and MSM. To improve the overall quality and timeliness of reporting as well as the quality, accuracy and integrity of data, the PR has institutionalized the MIS database developed by CARHAP in over 100 service providers points. UNDP also developed guidelines to work with the database and organized several trainings on the M&E systems and on the use of database, all SRs received IT equipment to operate the database. The PR also conducted trainings on how to use the guidelines as well as the GF reporting forms. Jointly with CDC, UNDP worked on improvement of the national M&E system with regards to HIV, National M&E guidelines were also revised. In 2013 PR jointly with ICAP Project (Columbia University) and the AIDS Centre worked on the survey protocols and solved all issues to conduct good quality sentinel survey - IBBS. The results of IBSS were presented at the Round Table for national and international partners at June 17, 2014.

Population size surveys for IDUs, MSM and sex workers were conducted during 2013-2014, the results were presented to the national partners and the reports were printed. During that period of time PR continued strengthening the M&E systems at the level of sub-recipients and at the level of the national M&E systems through regular M&E visits, updating/publication and dissemination of M&E guidelines and conducting the trainings, the governmental NSEPs and OST points in civil and penitentiary sectors started working with MIS Data Base.

From 2014 a new indicator on adherence to OST for more than 6 months was introduced into the PF. PR jointly with Republican Centre of Narcology and penitentiary system were able to collect reliable data under this indicator. The work with SRs to improve data quality has ensured that more reliable information can be received through the removal of duplicated UIC's for people who receive services from more than one service provider.

According to the Data Quality assessment recommendations from 2015 PR finances two M&E positions under RAC to provide high quality data and to support and increase the capacity of RACs' staff as they are physically working in RAC. As a result the better quality of reporting data was achieved. During the last 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.

Procurement

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

In 2015, despite the fact that the grant was approved in February 2015 only and the disbursement release has been made in June 2015, UNDP ensured all essential medicines (ARVs and methadone) and health products (mainly diagnostic products) have been procured and delivered to end-users in timely manner.

Lessons learned in 2015: UNDP faced QA issues related to diagnostic products. The HIV tests, procured mainly from Russian manufacturers were not GF QA compliant and the GF communicated this to UNDP. These products were requested by the end-users due to the fact there was a specific equipment requiring a specific manufacturer or there was a need to supply the same tests from three different manufacturers and one of them should be from a Russian manufacturer in order to complete laboratory quality control activities. UNDP in Kyrgyzstan together with the UNDP offices in Geneva and New York reviewed and discussed these problematic issues and set up more strict rules to follow the GF QA requirements for diagnostic products. In this regard, UNDP before issuing any contract for health products (subject to the GF QA policy) ensures they meet quality standards (are WHO or GHTF founder member approved) i.e. no specific manufacturers from the end-users will be processed unless they meet the GF QA requirements.

Best practice: a) UNDP procured ARV drugs in 2015 with savings to the amount of \$217,000. The savings are due to lower price per unit based on the UNICEF LTA discounts; b) UNDP established and successfully operates "1C" programme (software) to manage procurement and supply chain. The programme allows checking stock level any time, monitoring monthly/annual consumption level and monitoring shelf life of HP being stored at the central warehouse. This experience was shared with other UNDP offices serving as the PR for GF grants. Additionally, UNDP is intended to improve the 1C system with perspective to include peripheral warehouses to the system.

B. Planned Changes in the Program, if any

The grant started from 2011 according to the Work Plan & Budget approved by GF.
 In July 2014 UNDP signed separate agreements with new SRs - Osh and Jalal-Abad AIDS centers to improve the implementation of the prevention, diagnostics and treatment of PLHIV activities. Given that in the ARV treatment involves a larger number of people living with HIV from the previously planned. PR made a recalculation of the needs of ARV procurement, revised the need for the combined forms, the proportion of latest has been increased. The activities planned for the procurement of equipment for Blood Center in 2014 were cancelled as the support of the Program on the Blood Service of the Kyrgyz Republic was provided by the partners - KfW and CDC. Although the approved budget for 2014 was \$11.9 million, UNDP was asked to make savings from non-critical activities. As it was explained in the previous reporting period a large proportion of the HIV budget for 2015 consisted of savings requested by GF from the 2014 budget. 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 1st Semester of 2015 some urgent needs on the procurement of the Health products were identified. PR recalculated, forecasted and in 2nd Semester 2015 started the procurement process in accordance with the real needs in syringes, needles, condoms till the end of 2015 and 1st Semester 2016 (buffer). In order to improve the HIV treatment cascade, it was discussed and approved the activity on opening the VCT room in Osh 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 Osh AIDS Centre basis was approved, and the engineer was hired and the renovation works have been started.

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

The Grant Agreement was not signed until 14 October 2011 due to delays in grant negotiations, so the first disbursement was not made until 6 December 2011 (funds received by PR on 14 December 2011). This had an impact on the programming and procurement. The staff of some SRs worked without payment for several months for 5 months until the agreement was signed and the funds disbursed (UNDP then reimbursed the staff). Additionally, UNDP advanced its own funds to procure ARV drugs to ensure uninterrupted supply of ARV drugs, methadone and distribution materials (syringes, condoms, IEM) to prevent the interruption of the treatment and HIV preventive services.
 In the beginning of the grant implementation (2011-2012) PR faced with the number of the challenges like: frequent change of leadership at the Ministry of Health and CCM, staff turnover in the AIDS Centre, insufficient capacity to manage National HIV programme, lack of transparent procedures and systems in the national institutions. Due to the issues mentioned above, additional efforts were invested by the PR to communicate to the key stakeholders and to establish the mechanisms for the programme implementation. UNDP worked to address the identified gaps and weaknesses, including by purchasing equipment; paying for internet, developing specifications, forecasting, providing storage facilities, etc.
 In 2012 PR jointly with other donors were supporting the sentinel survey, the training of staff and the quantification and forecasting of ARV drugs and test systems. PR worked together with relevant national partners and technical agencies to develop standards for services and later will align grant services to them.
 During 2013-2014 the following main challenges were identified: weak capacity of the AIDS Centres and SSES, high staff turnover; sub-optimal laboratory network for HIV screening - to address this risk the PR launched a project on rapid testing for HIV in NGOs from 2012; 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; poor interaction between HIV and TB services which results in high TB mortality among PLHIV; sub-optimal M&E systems for the HIV data collection; geographical remoteness of services for some PLHIV.
 From the end of 2014 more challenges were determined: the changes in the regulatory environment - there is a legal bill being discussed in Parliament which prohibits 'non-traditional' sexual relations, and a specific department, called "Morality police" was created under the Ministry of Internal Affairs.
 By the end of 2015 PR should mention the following still existing challenges and barriers:
 1) Not high capacity of the SSES and high staff turnover.
 2) Continued 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". During the reporting period PR jointly with the SRs and other partners successfully conducted Summer school for HIV positive children, three National Forums for PLHIV, SWs and MSM Communities.
 3) Changes in the regulatory environment. There is continued 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. Activities of "Morality police" 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 due to the join of Kyrgyzstan to the Eurasian Customs Union, and the risk of the pressure to close the OST programme in the country is still being. Some activities of MoIA staff (persecution of the clients, illegal arrests) also continue to effect negatively on the implementation of the OST programme in the country, and PR is implementing and planning to take an active participation in activities aimed on the improvement the situation (meetings, working groups, trainings, etc.).
 4) sub-optimal M&E systems for the HIV data collection - to address this risk the PR continues to work closely with the National AIDS Centre, TB and Narcology Services 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.

For LFA Use Only

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

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

Indicator rating	Select	Any major management issues resulting in downgrade?	Select	Overall Grant Rating	Select
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B. LFA comments on PR planned changes in the program, if any

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

B-BREAKDOWN BY PROGRAM ACTIVITY				Current Reporting Period			Cumulative Reporting Period				
#	Macro-category	Objectives	Service Delivery Area	Budget	Expenditures	Variance	Reason for Variance	Cumulative Budget	Cumulative Expenditure	Variance	Reason for Variance
1	Supportive Environment	Objective 1: Strengthening of vulnerable communities systems for increase of vulnerable groups' access to HIV prevention and treatment services	Supportive environment: Program management and administration	\$84,687	\$101,485	-\$16,798	The variance is due to administration costs for the 4th quarter of 2014 (GMS 7%) that have been posted in Feb/16 upon finalization of CIR for 2014	\$386,882	\$332,842	\$54,040	The variance relates to unspent cumulative amount of administration costs (GMS 7%) due to cancelled activities and savings as GMS was budgeted as per 7% from total budgeted amount of all other activities
1	Supportive Environment	Objective 1: Strengthening of vulnerable communities systems for increase of vulnerable groups' access to HIV prevention and treatment services	Supportive environment: Program management and administration	\$0	\$851	-\$851	The variance is due to correction entries in the reporting period of SR expenditures incurred in 2014	\$160,324	\$153,473	\$6,851	The positive variance is due to the fact that at the end of 2014 some committed training activities were cancelled by SR and the funds were returned by PR in 2015
1	Health System Strengthening (HSS)	Objective 1: Strengthening of vulnerable communities systems for increase of vulnerable groups' access to HIV prevention and treatment services	HSS: Service delivery	\$11,259	\$13,901	-\$2,642	The negative variance is mainly due to the fact that there were payments in the reporting period for commitments from previous year that relate to printing materials. In addition, since the activities related to MIE services on HIV diagnostic laboratories have been implemented by PR instead of SR there were expenditures related to payments of consultants fee which haven't been budgeted under SR	\$67,412	\$68,401	-\$990	100% of utilization
1	Supportive Environment	Objective 1: Strengthening of vulnerable communities systems for increase of vulnerable groups' access to HIV prevention and treatment services	Supportive environment: Sigma reduction in all settings	\$10,250	\$3,022	\$7,228	The planned training activities actions during 2015 were conducted jointly with SRs and other development partners, the savings were achieved and are planned for printing the CIM in 2016. PR has commitments at 11,728\$ as of 31/12/2015 that will be paid in 2016	\$53,407	\$46,179	\$7,228	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis
1	Health System Strengthening (HSS)	Objective 1: Strengthening of vulnerable communities systems for increase of vulnerable groups' access to HIV prevention and treatment services	HSS: Information system & Operational research	\$13,038	\$19,228	-\$6,190	The negative variance is due to payment in 2015 of the commitments from previous year at 6,122\$ that relate to printing of informational materials	\$32,788	\$24,636	\$8,152	There was ongoing procurement at 7,974\$ at the end of 2014 that has been modified in 2015 and implemented partially. In addition, PR has commitments at 2,190\$ as of 31/12/2015 that will be paid in 2016.
1	Supportive Environment	Objective 1: Strengthening of vulnerable communities systems for increase of vulnerable groups' access to HIV prevention and treatment services	Supportive environment: Sigma reduction in all settings	\$7,100	\$7,401	-\$301	100% of utilization	\$46,518	\$42,819	\$3,699	PR has commitments of 31/12/2015 that will be paid in 2016.
2	Prevention	Objective 2: Increase of efficiency in HIV prevention among vulnerable population groups and in health care facilities	Prevention: Behavioral Change Communication - community outreach	\$1,127,160	\$1,429,962	-\$302,802	The negative variance is mainly due to payment at 209,440\$ in the reporting period of the commitments from 2014 that relate to procurement of needles, syringes, antiseptic alcohol swabs, etc. In addition, the expenditures of HIV risk reduction for all quarter of 2014 have been liquidated in 2015 upon submission of their final report. The expenditures were budgeted in 2014 but reported in 2015 that caused negative variance	\$6,861,602	\$6,869,208	-\$7,606	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis
2	Prevention	Objective 2: Increase of efficiency in HIV prevention among vulnerable population groups and in health care facilities	Prevention: Condom distribution	\$0	\$121,341	-\$121,341	The negative variance in the current period is due to the ongoing procurement from 2014 year of the condoms (different brands) and lubricants for issuing the clients - SMS and MSM with the manual package of services according to the standards for 2015 and 1st Semester 2016 (as a buffer)	\$633,512	\$681,403	-\$47,891	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis
2	Supportive Environment	Objective 2: Increase of efficiency in HIV prevention among vulnerable population groups and in health care facilities	Supportive environment: Sigma reduction in all settings	\$0	\$0	\$0		\$52,218	\$52,218	\$0	
2	Health System Strengthening (HSS)	Objective 2: Increase of efficiency in HIV prevention among vulnerable population groups and in health care facilities	HSS: Service delivery	\$884,887	\$696,793	\$188,094	In accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 UNICEF has developed a plan to ensure all incentive payments for government SRs are in compliance with the SR budgeting guidelines. The plan was approved by GIP on 29 April 2015 and became effective from 1 April 2015. As a result there were savings in amount 95,475 \$ within the HSS budget lines of the state organizations. In addition, 27,166\$ is unspent amount allocated for SR outreach workers under RCN due to their strong reluctance to further supporting documents for reimbursement of transportation costs in compliance with established RCN Strategy that was developed in line with PR budgeting guideline and that requires payment of transport costs of SR outreach workers as per actual basis, instead of the fixed costs that were budgeted in the grant. PR and SR have commitments at 166,088\$ as of 31/12/2015 that will be paid in 2016. These commitments include procurement of methadone, renovation works at MIEV points and SRs.	\$4,408,514	\$4,024,856	\$383,657	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis. In addition, there were SR commitments at the end of 2014 that had been liquidated partially as some of the activities were modified and/or cancelled
2	Supportive Environment	Objective 2: Increase of efficiency in HIV prevention among vulnerable population groups and in health care facilities	Supportive environment: Program management and administration	\$200,079	\$398,153	-\$198,075	The variance is mainly due to administration costs for the 4th quarter of 2014 (GMS 7%) that have been posted in Feb/16 upon finalization of CIR for 2014. In addition, there were FSM costs paid in the reporting period for the procurements committed in 2014	\$1,821,354	\$1,744,037	\$77,317	PR has commitments at 21,178\$ as of 31/12/2015 that will be paid in 2016 that mainly relate to FSM costs of the committed procurements and administration costs (GMS 7%) on all commitments and postponed activities. The remaining balance relates to unspent cumulative amount of administration costs (GMS 7%) due to cancelled activities and savings as GMS was budgeted as per 7% from total budgeted amount of all other activities
3	Treatment	Objective 3: Assure improvement of universal access to prophylaxis, diagnostics, care and support people living with HIV	Treatment: Antiretroviral treatment (ART) and monitoring	\$673,369	\$11,397	\$684,766	The negative amount of expenditures stands for UNICEF's refund for procurement from previous period. The refund was deposited in 2015 upon provision of final statement of account from UNICEF. The actual cash outflow during 2015 was zero for 502,225\$ that stands for prepaid amount for first and second line drugs treatment. The variance between actual cash outflow and expenditure amount reported in APR is due to the fact that the "Total Cash Outflow" includes a prepayments whereas the APR only reports expenditures for goods/services that have been delivered. The tab with the section for the "Total Cash Outflow" is completed on a cash basis whereas the APR/BSR is completed on a modified cash basis. The remaining balance is due to savings from procurement of ARV drugs due to lower price per unit and cancellation of procurement of some of drugs (Tranzolam 500 mg, Acaloxar 200 mg, Amoxicillin 500 mg)	\$1,322,840	\$638,074	\$684,766	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis
3	Prevention	Objective 3: Assure improvement of universal access to prophylaxis, diagnostics, care and support people living with HIV	Prevention: Behavioral Change Communication - community outreach	\$179,350	\$59,769	\$119,581	The positive variance is due to unspent amount at 12,685\$ as PR didn't sign SR agreement with Preventive Medicine in 2016, and relates to PR's commitments at 95,771\$ as of 31/12/2015 that will be paid in 2016. The committed amount is for procurement of EEC tests, positive plasma and lab supplies	\$838,066	\$587,630	\$250,436	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis. In addition, there were SR commitments as of 31/12/2014 related to Preventive Medicine's activities. Due to absence of SR agreement in 2015, Preventive Medicine had returned the funds to PR in 2015. There is a shifted procurement to 2016 of plasma and deep freezer in line with unspent amount of 6,600\$ of SRs committed to the activities as per indicated in the current period variance analysis
3	Care and Support	Objective 3: Assure improvement of universal access to prophylaxis, diagnostics, care and support people living with HIV	Care and support: Care and support for the chronically ill	\$0	\$0	\$0		\$33,781	\$33,781	\$0	
3	Supportive Environment	Objective 3: Assure improvement of universal access to prophylaxis, diagnostics, care and support people living with HIV	Supportive environment: Strengthening of civil society and institutional capacity building	\$0	\$0	\$0		\$33,533	\$33,533	\$0	
3	Health System Strengthening (HSS)	Objective 3: Assure improvement of universal access to prophylaxis, diagnostics, care and support people living with HIV	HSS: Service delivery	\$57,023	\$368,610	-\$311,587	The negative variance is mainly due to payment at 223,417,285\$ in the reporting period of the commitments from 2014 that relate to procurement of EIA cytometer cytotoxic T lymphocyte (CTL) tests, western blot tests, PCR tests and IV Generation HIV tests	\$1,010,793	\$767,751	\$243,042	The variance stands for PR's commitments at 21,215\$ as of 31/12/2015 for procurement of diagnostic test kits (IV generation HIV tests, western blot, viral load, PCR, flow cytometry and other tests). The payment will be done in 2016 upon shipment of the products
3	TB/HIV Collaborative Activities	Objective 3: Assure improvement of universal access to prophylaxis, diagnostics, care and support people living with HIV	TB/HIV collaborative activities: HIV care and support for HIV-positive TB patients	\$24,275	\$23,781	\$494	90% of utilization	\$222,305	\$218,131	\$4,174	90% of utilization
3	Prevention	Objective 3: Assure improvement of universal access to prophylaxis, diagnostics, care and support people living with HIV	Prevention: PMCT	\$32,450	\$60,582	-\$28,132	The expenditures of UNICEF as SR related to 2014 have been liquidated in 2015 upon submission of their financial report. The expenditures were budgeted in 2014 but reported in 2015 that caused negative variance	\$621,966	\$566,634	\$55,332	The variance stands for SR's (UNICEF) commitments at 53,382\$ as of 31/12/2015 that will be liquidated in 2016 upon submission of their final report
3	Prevention	Objective 3: Assure improvement of universal access to prophylaxis, diagnostics, care and support people living with HIV	Prevention: Behavioral Change Communication - community outreach	\$1,027	\$128	\$899	The variance is due to savings on bank charges of RW as SR has account at the state treasury.	\$18,413	\$17,432	\$981	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis
3	Supportive Environment	Objective 3: Assure improvement of universal access to prophylaxis, diagnostics, care and support people living with HIV	Supportive environment: Program management and administration	\$428,879	\$304,533	\$124,346	The variance relates to commitments at 110,628\$ on FSM costs that will be paid in 2016 upon shipment of goods	\$1,893,216	\$1,224,642	\$668,574	PR has commitments at 15,126\$ as of 31/12/2015 that relate to FSM and administration costs. They will be paid in 2016 upon shipment of the goods. There are savings on FSM costs that relate to savings on procurement of ARV drugs due to lower price unit and cancellation of procurement of some of drugs, savings on central warehouse plus cold chain WI costs during 2015, savings on transportation services in country (distribution cost including cold chain and basic transportation kits), and other cumulative savings. In addition, the variance relates to unspent amount of administration costs (GMS 7%) due to cancelled activities and savings as it was budgeted as per 7% from total budgeted amount
3	Supportive Environment	Objective 3: Assure improvement of universal access to prophylaxis, diagnostics, care and support people living with HIV	Supportive environment: Sigma reduction in all settings	\$0	\$0	\$0		\$31,418	\$31,418	\$0	
3	Prevention	Objective 3: Assure improvement of universal access to prophylaxis, diagnostics, care and support people living with HIV	Prevention: Counseling and Testing	\$500,907	\$406,950	\$93,956	The actual cash outflow during 2015 was zero for 39,828\$ that stands for prepaid amount for HIV diagnostic tests. The variance between actual cash outflow and expenditure amount reported in APR is due to the fact that the "Total Cash Outflow" includes a prepayments whereas the APR only reports expenditures for goods/services that have been delivered. In addition there are PR and SR commitments as of 31/12/2015 that will be paid in 2016.	\$2,084,623	\$1,727,864	\$356,759	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis. In addition there are PR and SR commitments at 161,152\$ as of 31/12/2015 that will be paid in 2016. The PR commitments relate to procurement of ELISA, HIV viral load device diagnostics tests
4	Supportive Environment	Objective 4: Administration costs and grant program management	Supportive environment: Sigma reduction in all settings	\$8,498	\$2,496	\$6,002	The variance is due to unspent amount for printing of UNICEF monthly bulletins and some other printing materials	\$15,814	\$9,245	\$6,569	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis
4	Supportive Environment	Objective 4: Administration costs and grant program management	Supportive environment: Policy development including workplace policies	\$24,696	\$24,519	\$177	90% of utilization	\$120,604	\$120,427	\$177	90% of utilization
4	Supportive Environment	Objective 4: Administration costs and grant program management	Supportive environment: Program management and administration	\$758,908	\$699,832	\$59,076	The variance relates to PR commitments at 53,228\$ as of 31/12/2015 that will be paid in 2016. These commitments include pending final settlement to Programme Manager and administration costs (GMS 7%) related to commitments	\$3,654,433	\$3,485,539	\$168,894	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis. In addition, the remaining balance of variance relates to unspent amount of administration costs (GMS 7%) due to cancelled activities and savings as it was budgeted as per 7% from total budgeted amount
TOTAL				\$6,196,002	\$5,605,936	\$590,066		\$31,034,404	\$27,626,631	\$3,407,773	

C- BREAKDOWN* BY IMPLEMENTING ENTITY				Current Reporting Period			Cumulative Reporting Period				
#	PR/SR	Name	Type of Implementing Entity	Budget	Expenditures	Variance	Reason for Variance	Cumulative Budget	Cumulative Expenditure	Variance	Reason for Variance
	PR	UNDP	UNDP	\$3,713,997	\$3,233,227	\$480,770	The actual PRS cash outflow during 2015 was over for 712 03258 that stands for prepaid amount for medical and health products. The variance between actual cash outflow and expenditure amount reported in AFR is due to the fact that the "Total Cash Outflow" includes a prepayment whereas the AFR only reports expenditures for goods/services that have been delivered. As a result, taking into account prepaid amount, the variance would be negative due to payment at 1 287 5658 in the reporting period of the commitments from the previous year. The commitments related to procurement of gloves, Flow cytometer Cytoflex P3700 with test kits, western blot tests, PCR tests and H. Generation HIV tests, condoms, lubricants and other medical and health products that have been shipped in 2015 but budgeted in 2014.	\$19,152,374	\$16,226,280	\$2,926,094	The positive variance is due to below indicated main reasons: 1. The variance is actually less for 712 03258 due to different reporting principles as explained in details in the current period variance. 2. PR has commitments and other obligations at 1 021 7795 as of 31/12/2015 that will be paid in 2016 upon shipment of the products. These commitments include relate to procurement of antiepileptic drugs, diagnostic test kits (HIV generation HIV tests, western blot, viral load, PCR, flow cytometer and other tests, medicines, Eisa tests, positive plasma and lab supplies and other ongoing procurements and postponed activities. 3. There were savings at 2019148 from procurement of ARV drugs due to lower price per unit and cancellation of procurement of some HIV drugs. 4. The remaining balance relates to other savings and unspent amount covered by other reasons as modifications and cancellations of some training in 2015 as the training plan was approved by GF in April 2015, reducing of standards for social support of the clients, savings on FSM costs, unspent amount of administration costs (33M\$ 79) due to cancelled activities and savings as it was budgeted as per 7% from total budgeted amount. The detailed explanation for above indicated reasons could be found in variances under table A.
	SR	UNICEF	Other Multilateral Organization	\$51,810	\$45,806	\$6,004	The variance is due to the fact that the SR Agreement with UNICEF for 2015 was not signed in the reporting period. The activities of SR were reviewed and partially were included into the SR Agreement between PR and MoH for implementation.	\$565,963	\$507,074	\$58,889	The main reason is the same as indicated in the current period variance. In addition, SR has commitments at 17 895 that will be liquidated in 2016 upon submission of the final report. The remaining balance relates to cumulative savings.
	SR	Republican AIDS Center under of MoH	Ministry Health (MoH)	\$84,753	\$69,029	\$15,724	The variance is mainly due to the fact that activities budgeted under RAC have been distributed between three regional MIE (Hoshak, Jaha and, and) centers besides RAC. The expenditures of these regional MIE centers are reflected under expenditures of other MoH entities in this table. In addition, there were savings on budget amount on RAC's MIE visits quarterly visits for administrative staff, regular visits for MIE check, and site visits by electronic surveillance due to the reviewed and updated MIE visits Plan by RAC according to the real needs and possibilities.	\$319,374	\$294,362	\$25,012	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis. In addition, there were SR commitments as of 31/12/2014 at 9 2875 on postponed activities, however, they have been modified and covered from the 2015 budget.
	SR	Republican Center of Narcology under of MoH	Ministry Health (MoH)	\$741,128	\$704,495	\$36,633	In accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015, PNHP has developed a plan 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 became effective from 1 April 2015. As a result there were savings within the HR budget line of the RAC at the amount of 11 3688. In addition, 27 4658 unspent amount allocated for SR outreach workers under RAC due to their strong reluctance to gather supporting documents for reimbursement of transportation costs in compliance with established RAC Strategy that was developed in line with GF budgeting guideline and that requires payment of transport costs of SR outreach workers as per actual basis, instead of the fixed costs that were budgeted in the grant.	\$3,464,966	\$3,394,466	\$67,500	96% of utilization
	SR	Scientific organization "Preventive Medicine" under of MoH	Ministry Health (MoH)	\$40,122	\$115	\$40,007	The unspent amount is due to the fact that PR hadn't signed SR agreement with Preventive Medicine in the reporting period and most of the activities were implemented by PR out of SR budget jointly with experts from Preventive Medicine.	\$454,957	\$406,280	\$48,677	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis. In addition, there were SR commitments as of 31/12/2014 at 8 6268 on postponed training and MIE activities, however, they have been cancelled as per absence of SR agreement in 2015 and the funds have been returned to PR.
	SR	SR	NGO/CBO/Academic	\$1,564,192	\$1,407,632	\$156,560	The variance is due to: 1) Activities at 11 0398 have been implemented by PR out of SR budget and thus, reported under Pr expenditures and relate to maintenance of IC and vehicle insurance. 2) Amount at 49 6258 (1 223 189 677 + 1 11 39 9818) is unspent under HR due to several reasons (explained in details under above tables) such as absence of SR agreements with UNICEF and Preventive Medicine, introduction of new incentive plan in compliance with GF budgeting guidelines, and the coverage of the clients by the lower support within other donors projects. 3) 18 3705 (calculated as budget 1 311 1406; expenditures) is amount of savings on MIE visits of RAC and regional MIE centers due to the reviewed and updated MIE visits Plan by RAC and the centers according to the real needs and possibilities. 4) 13 0305 (1 11 041 211 balance) is unspent amount under TR due to unapproval of some training activities by GF. 5) 25 4458 (calculated as 30 360 + 32 200 budgeted under 1 311 for IC - 3370 spent) is amount of savings on maintenance of IC for all SRs due to some PR's corporate contract with supplier. 6) The remaining balance relates to savings and unspent amount due to the real needs and possibilities of the SRs.	\$4,631,689	\$4,339,091	\$301,598	The cumulative positive variance is due to the same reasons as indicated in the current period variance analysis. In addition there were SR commitments as of 31/12/2014 that have been liquidated partially and the balances have been returned to PR, and other more cumulative savings on SR expenditures as per real needs.
	SR	APEW	NGO/CBO/Academic	\$0	\$0	\$0		\$2,014,370	\$2,014,370	\$0	
	SR	WHO	Other Multilateral Organization	\$0	\$145,631	-\$145,631	The negative variance is due to liquidation of WHO's expenditures in the reporting period upon submission of the final report. These expenditures relate to activities budgeted in 2014.	\$453,708	\$453,708	\$0	
	Please Select...		Please Select...	\$0	\$0	\$0		\$0	\$0	\$0	
TOTAL				\$6,196,002	\$5,605,936	\$590,066		\$31,054,401	\$27,626,631	\$3,427,771	

* The sum of all three breakdowns should be equal (A- Budget Line-item, B- Program Activity, C- Implementing Entity).
** For the purposes of this report, the SDA Program management and administration should be included in the Supportive Environment Macro Category.

D- ADDITIONAL INFORMATION	
Please disclose any relevant information concerning the information in the above tables. Refer to the Guidelines for Completing the Template if required.	

E- DISBURSEMENTS BREAKDOWN BY IMPLEMENTING ENTITY				Cumulative Reporting Period	
#	Name	Type of Implementing Entity	Cumulative Disbursements	Comments	
	APEW	NGO/CBO/Academic	\$2,014,370	In 2014 UNHP planned to work with APEW and build their capacity for PMHP. Following feedback from the GF on the Concept Note where GF recommended one national PR, UNHP looked at the planned activities in the light of the "value for money" principle of its procurement processes. Since APEW did not pass in 2013 this value for money assessment, an SR agreement with them was not signed from August 2013 and no disbursements were made in 2014-2015.	
	Republican AIDS Center under of MoH	Ministry Health (MoH)	\$300,212	The cumulative budget for SR is \$ 319 374. SR has savings in 2015 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, implemented from 1 April 2015, reviewing and updating the MIE Plan for 2015 according to the real needs and possibilities.	
	Republican Center of Narcology under of MoH	Ministry Health (MoH)	\$3,450,946	The cumulative budget for SR is \$ 3 471 956. SR has savings in 2015 due to following reasons: In accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015, PNHP has developed a plan 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 became effective from 1 April 2015. In addition, some unspent amount allocated for SR outreach workers under RAC due to their strong reluctance to gather supporting documents for reimbursement of transportation costs in compliance with established RAC Strategy that was developed in line with GF budgeting guideline and that requires payment of transport costs of SR outreach workers as per actual basis, instead of the fixed costs that were budgeted in the grant.	
	organization "Preventive Medicine" under	Ministry Health (MoH)	\$410,439	The cumulative budget for SR is \$ 454 957. The savings in 2015 are due to the fact that PR hadn't signed SR agreement with Preventive Medicine in the reporting period and most of the activities were implemented by PR out of SR budget jointly with experts from Preventive Medicine.	
	SR	NGO/CBO/Academic	\$4,433,884	The cumulative budget for SR is \$ 4 431 689. The utilization is 96% cumulatively. The savings in 2015 are due to the same reasons indicated in details in the table C above.	
	UNICEF	Other Multilateral Organization	\$524,954	The cumulative budget for SR is \$ 565 963. The savings are due to the fact that the SR Agreement with UNICEF for 2015 was not signed in the reporting period. The activities of SR were reviewed and partially were included into the SR Agreement between PR and MoH for implementation.	
	WHO	Other Multilateral Organization	\$453,758	The cumulative budget for SR is \$ 453 708 that is equal with amount of disbursements made to WHO within 2012-2014 under SR Agreement. In 2015, PR didn't sign SR Agreement with WHO and there were no other disbursements.	
	Please Select...	Please Select...	\$0		
TOTAL			\$11,588,559		

Ongoing Progress Review and Disbursement Request

Section 9A. PR Authorization

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

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



Aliona Niculita

Name:

Title:

Deputy Resident Representative

Date and Place:

Bishkek, Kyrgyzstan

25 MAR 2016

OKSANA KATKALOVA
HIV COORDINATOR
GFATM GRANTS/UNDP

Katka
25/03/2016