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:	Kyrgyzstan
(Disease) Component	Tuberculosis
Grant Name/Number:	KGZ-S10-G08-T
Principal Recipient:	UNDP
LFA Name:	United Nations Office for Project Services
Program Start Date:	1-Jan-11
Currency:	USD

PROGRESS UPDATE				
Progress Update - Reporting Period:	**Cycle:**	Semester	**Number:**	10
Progress Update - Period Covered:	**Beginning Date:**	1-Jul-15	**End Date:**	31-Dec-15

DISBURSEMENT REQUEST				
Disbursement Request - Disbursement Period:	**Cycle:**	Semester	**Number:**	11
Disbursement Request - Period Covered:	**Beginning Date:**	1-Jan-16	**End Date:**	30-Jun-16

Are you submitting:
- **A Progress Update (PU); or**
- **A Progress Update/Disbursement Request (PU/DR).**

○ PU

◉ PU/DR

On-going Progress Update and Disbursement Request

Section 1: Programmatic Progress

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

B. Coverage Indicators

Objective No.	Indicator No.	Indicator Description	Tied To	Targets cumulative?	Top 10 Indicator?	Baseline				Target			Result			Reasons for programmatic deviation from intended target and deviations from the related workplan activities	For LFA Use Only												LFA analysis on progress to date and any variance between targets and results, and any other comments (this should not be a "Copy and Paste" of the reasons provided by the PR)	For the Global Fund Use Only			
						Year	N=	D=	%	N=	D=	%	N=	D=	%		Targets cumulative?	Top 10 Indicator?	Baseline				Target			Verified Result				Validated Result			Country Team comments on validated results
																			Year	N=	D=	%	N=	D=	%	N=	D=	%				
1	1	Number of new bacteriologically confirmed TB cases notified to national health authority	National Program	Y-cumulative annually	Yes - Top 10	2007	1 720			1 856			2 321			(1) The new reporting framework, recently introduced by NTP defines the due date of the quarterly report on the TB case registration on the Q-1 modality. In this regard the actual result data aggregates the notifications, related to Q-4 2014 and Q1 2,3 2015. (2)the National TB data reports 2321 new bacteriologically confirmed TB cases, notified to the health authorities in 4 Q 2014 and 1-3 Q 2015. Of them female represent 1037 and male-1522 new bacteriologically confirmed TB cases. The civilian health sector contributes 2108 of them and the rest 123 cases relate to prisons. (3) The target of this indicator was reached at 126% which is due to such effect of the GF funded interventions as TA and training of the medical staff procurement of lab. reagents and consumables and introducing of the motivation payments to the medical staff based on the performance based approach (4) the high actual result stem directly from introduction of the new WHO definitions as well now this indicator captures the additional cases, diagnosed by culture and rapid tests which was not the case before the new WHO definitions were taken into effect	Select	Select															0	0	
1	2	Number of TB cases (all forms, new and relapse) notified to national health authority	National Program	Y-cumulative annually	Yes - Top 10	2005	9 529			5 716			6 844			(1) the new reporting framework, recently introduced by NTP defines the due date of the quarterly report on the TB case registration on the Q-1 modality. In this regard the actual result data aggregates the notifications, related to Q-4 2014 and Q1 2,3 2015. (2) total number of all TB cases reported by NTP during the reporting period was equal to 6844 against 5716 targeted (120%). The overall number of all cases notified consists of 5913 new and 931 relapse cases. Of them the male gender represented by 3933 and female by 2908 cases. The civilian health sector contributed 6303 cases, and the rest 541 relate to prisons. (3) the high actual result of this indicator was achieved through the effect of such GF funded interventions as TA and training of the medical staff procurement of lab. reagents, consumables, X-Ray films and introducing of the motivation payments to the medical staff based on the performance based approach (4) the high actual result of this indicator stem directly from introduction of the new WHO definitions as well now this indicator captures the additional relapse cases, confirmed clinically, which was not the case before the new definitions were taken into effect	Select	Select															0	0	
1	3	Number and percentage of new smear positive sensitive TB cases that are successfully treated	National Program	Y-cumulative annually	Yes - Top 10	Apr. 08-Mar 09 cohort	1 521	1 871	82%	1 515	1782	85%	1 206	1 467	82%	(1) of 1811 new smear positive TB cases, reported by NTP for Q-4 2013 and Q1 2,3 2014 , 1467 were assessed for outcomes by NTP. The rest 344 cases were either reconsidered for their TB diagnosis, or transferred to the DR-TB register on the base of their drug resistance profile (according to the new WHO definitions) Thus, the treatment success rate among the new smear positive cases, registered in Q-4 2013 and Q1, 2, 3 2014 was reported 81.82% (1206 out of 1467). Prison health sector achieved 72.7% (148 out of 253) and civilian 82.4% (1058 out 1442) (2) comare with the previous reporting period, the prison health sector has achieved the increased results of the treatment outcomes among new bacteriologically confirmed cases (72.7% vs 57.1%)	Select	Select															0	0	
2	4	Number of laboratory confirmed MDR/ XDR/ RR-TB patients enrolled on second line anti-TB treatment (in both civil and penitentiary sectors)	Current grant	Y-cumulative annually	Yes - Top 10	2008	360			1 068			1 121			(1) during the reporting period the National TB program commenced on treatment 1121 MDR/XDR/RR patients against 1106 originally scheduled (54%). (2) disaggregation of the number of patients enrolled on ther SLD treatment by semi-native profile consists of 1086 MDR/RR-TB and 45 XDR cases. Additional 10 PDR-TB cases were commenced on the SLD treatment with the drugs, procured with the GF budget as well these patients were dropped out from the set reflection of the performance of this indicator due to its definition envisages the exclusive coverage among MDR/XDR/RR patients). The disaggregation of the indicator of coverage with treatment by health sectors includes 1024 civilian and 89 prison patients. The breakdown by gender is of 506 female and 785 male cases.	Select	Select															0	0	
2	5	Interim result: culture conversion of MDR-TB/XDR/RR cases at six months: MDR/XDR/RR-TB cases initiated on a second line treatment who have a negative culture at the end of six months of treatment during the specified period of assessment	Current grant	N-not cumulative	No	Q3-4 2011	86	117	74%	78%			386	548	70%	(1) the culture conversion rate at six months of MDR/XDR treatment was at 70 % among the patients, registered in 3-4 Q 2014 and 1-2 Q 2015 (386/548). The result among the MDR patients was at 72 % (378/526) and at 39 4 % (8/203) among the XDRs. The indicator have achieved the target at 100%. (2) the low results among the XDR patients are due to the low effectiveness of treatment scheme. For the time being the new drugs for treatment of XDR TB are not available. (3) improvement of the outcomes among XDR cases is contingent upon availability of the new drugs	Select	Select															0	0	
2	6	Number of MDR/XDR/RR TB patients on treatment receiving patient support (food baskets, transport packages, money allowance) for better adherence to treatment - includes inpatient and outpatient treatment	Current grant	N-not cumulative	No	2008	360			1 473			1 121			During the reporting period the motivation support has been provided to 1125 MDR/XDR/RR TB patients against 1473 targeted (76%). Of them 1105 received the monthly money allowances, 22- food parcels. The distribution of the motivation support to patients is based on the performance based approach and only those who has taken every single dose during the month or missed not more than 2 of them eligible for motivation support from the TB grant. The gender disaggregation of number of MDR/XDR/RR-TB patients who received the motivation support includes 456 female and 669 male cases. Besides, the motivation support was provided to 120 sensitive patients of the psychiatric TB hospital (Avchala-Korgan and pediatric TB hospitals Archaly and Chelpon- Ata (it is not reflected in the indicator). Besides, the motivation support was provided to 82 PDR patients on the SLD treatment (also not reflected in the indicator).	Select	Select															0	0	
2	7	Number TB service staff trained in DR-TB management locally and number of nurses trained for provision of DR-TB treatment adherence counselling	Current grant	Y-cumulative annually	No	2004-2008	75									Not applicable for the current reporting period	Select	Select															0	0	
2	8	Number of MDR/XDR/RR-TB patients counselled and trained on DR-TB treatment during the inpatient treatment phase	Current grant	Y-cumulative annually	No	2008	0			677			810			During the reporting period 810 MDR/XDR/RR-TB patients were counselled and trained on the different aspects of the DR TB during their in patient phase of treatment. The gender disaggregation of this number includes 209 female and 601 male. Performance of this indicator 120% overachieved the targeted value due to it was directly connected with the enrollment of the additional patients on the non-GF drugs (118 patients were enrolled on the SLD treatment end of 2014 and continued in 2015). All these patients were the subject for counseling and training, and then seen in the indicator of the coverage with the counselling and training	Select	Select															0	0	
2	9	TB cases with result for drug susceptibility testing, TB cases with results for diagnostic DST for MDR-TB among those eligible for drug susceptible testing according to national policy	National Program	N-not cumulative	No	2011	0			95%			1 267	1 360	93%	(1) although the data source for this indicator in the PF is stated as the "electronic database" the data for this indicator continue to be collected manually, and using the paper reporting forms. The electronic data base, which is essential to monitor and report this indicator is still not in place. Inaccuracy of reporting of this indicator may exist. (2) the data source for this indicator are the district TB 02 registers. The presented data reflects 1-3Q 2015 cohorts (1267/1360). The performance of the indicator has been significantly overreached and made up 143% compare with targets. (3) the DST results were collected from the solid media method. (4) numerator is the number of new and re-treatment bacteriologically positive TB cases with recorded DST results, denominator is the number of eligible new and re-treatment bacteriologically confirmed cases, registered during the reporting period.	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: Cumulative for Previous Periods	Principal Recipient: Current Period	Principal Recipient: Comments	For LFA Use Only: Cumulative for Previous Periods as validated by Global Fund	For LFA Use Only: LFA Adjustments on current Period	For LFA Use Only: As verified by LFA	For LFA Use Only: Comments	For the Global Fund Use Only: CT Adjustments (incl. External Audit adjustments)	For the Global Fund Use Only: The Global Fund Validated Figures	For the Global Fund Use Only: Comments
1.1	**Cash Balance: Beginning of the Period**		$9,968,548			$0	$9,968,548			$9,968,548	
	2. Grant Income										
	Add:										
2.1	Disbursement made to the Principal Recipient	$24,450,068	$0		$0	$0	$0		$0	$0	
2.2	Disbursement to third parties by the Global Fund on behalf of the Principal Recipient	$250,000	$0		$0	$0	$0		$0	$0	
2.3	Interest received on bank accounts	$171,769	$59,846		$0	$0	$59,846		$0	$59,846	
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.)	$4,030	$107		$0	$0	$107		$0	$107	
2.6	**Total Grant Income**	$24,875,867	$59,953		$0	$0	$59,953		$0	$59,953	
	3. Grant Cash Outflows										
	Less:										
3.1	Principal Recipient Expenditure (including payments and other advance payments)	$13,551,935	$1,812,863	USD1 737 757 expenditures relates to Phase 2 USD 74 124 adjustments relates to previous period Phase 2 USD 982 expenditures relates to Phase 1	$0	$0	$1,812,863		$0	$1,812,863	
3.2	Disbursement to third parties by the Global Fund on behalf of the Principal Recipient	$250,000	$0		$0	$0	$0		$0	$0	
3.3	Principal Recipient disbursement to sub-recipients	$1,106,230	$283,921		$0	$0	$283,921		$0	$283,921	
3.4	Bank charges on disbursements and payments	$0	$0		$0	$0	$0		$0	$0	
3.5	**Total Grant Cash Outflows**	$14,908,165	$2,096,784		$0	$0	$2,096,784		$0	$2,096,784	
	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	$11,679	-$1,267		$0	$0	-$1,267		$0	-$1,267	
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**		$7,930,449			$0	$7,930,449		$0	$7,930,449	
5.2	***Sub-Recipient Cash Balance***		$28,949			$0	$28,949		$0	$28,949	
5.3	***Total Cash Balance***		$7,959,398			$0	$7,959,398		$0	$7,959,398	
	6. Commitments & Other Obligations										
6.1	**Unpaid invoices, accrued expenditure for severance pay, leave and other liabilities**		$6,257			$0	$6,257		$0	$6,257	
6.2	**Open legal obligations (including signed contracts not yet invoiced)**		$3,004,152			$0	$3,004,152		$0	$3,004,152	
6.3	**Tenders and/or procurement contracts initiated but not yet signed as contracts**		$487,479			$0	$487,479		$0	$487,479	
6.4	**Total Commitments & Other Obligations**		$3,497,888			$0	$3,497,888		$0	$3,497,888	

B. Principal Recipient Bank Statement Balance & Cash In Transit in Grant Currency

		Principal Recipient: End of Period	Principal Recipient: Comments	For LFA Use Only: LFA Adjustments on current Period	For LFA Use Only: As verified by LFA	For LFA Use Only: Comments	For the Global Fund Use Only: CT Adjustments	For the Global Fund Use Only: The Global Fund Validated Figures	For the Global Fund Use Only: Comments
7.1	**Principal Recipient Cash Balance as per bank statements (For Information Only):**	$8,125,796		$0	$8,125,796		$0	$8,125,796	
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

		Principal Recipient: Cumulative for Previous Periods	Principal Recipient: End of Period	Principal Recipient: Comments	For LFA Use Only: Cumulative for Previous Periods as validated by Global Fund	For LFA Use Only: LFA Adjustments on current Period	For LFA Use Only: As verified by LFA	For LFA Use Only: Comments	For the Global Fund Use Only: CT Adjustments	For the Global Fund Use Only: The Global Fund Validated Figures	For the Global Fund Use Only: 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

Principal Recipient										For Local Fund Agent Use Only			For the Global Fund Use Only		
(1) Sub-Recipient Name	(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
BATKEN OBLAST TB CENTER IA5771	28,206	0	6,066	-	6,066	-	-	-	on direct payments		$0			$0	
BISHKEK CITY TB CENTER IA5756	153,621	2,720	43,254	-	36,781	9,193	9,193	(0)			$9,193			$9,193	
CHUI OBLAST CENTER TI FIGHT TB IA5753	115,816	61	37,082	-	37,143	(0)	0	0			$0			$0	
ISSYK-KUL OBLAST TB CENTER IA5774	83,194	9,831	20,954	-	30,629	155	156	0			$156			$156	
JALALABAD OBLAST TB CENTER IA5772	143,982	(8)	39,990	-	35,899	4,083	4,083	0			$4,083			$4,083	
MAIN DEPARTMENT OF PUNISHMENT EXECUTION IA5775	44,767	5,120	8,723	-	13,209	634	634	0	Actual amount disbursed to SR account during reporting period is USD 8574,17; USD 148 direct payment for airtickets during monitoring visit to South		$634			$634	
NARYN OBLAST TB CENTER IA5773	55,849	690	12,714	-	13,096	308	309	0			$309			$309	
NCP IA5747	195,618	9,023	51,755	-	52,720	8,059	8,058	(0)			$8,058			$8,058	
OSH OBLAST TB CENTER TO FIGHT TB IA5754	183,672	11	48,903	-	43,608	5,306	5,306	(0)			$5,306			$5,306	
TALAS OBLAST TB CENTER IA 5755	51,174	334	14,479	-	13,603	1,211	1,210	(0)			$1,210			$1,210	
Other	-	0	-	-	-	0	-	(0)			$0			$0	
Total for the Reporting Period	**1,055,899**	**27,782**	**283,921**	**-**	**282,753**	**28,950**	**28,949**	**(0)**			$28,949			$28,949	

* Includes interest income, income generating activites etc.

Ongoing Progress Update and Disbursement Request

Section 2: Financial Information

E. Total Principal Recipient Budget Variance and Funding Absorption Analysis

	Principal Recipient									
	Budget for Reporting Period	Actual Grant Cash Out-Flow - Cash Basis for Reporting Period	Budget Vs Actual Variances	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 Vs Actuals Variances	Absorption Capacity	Reasons for Variance
1. Total Principal Recipient cash outflow vs. budget	$758,539	$2,096,784	-$1,338,245	276.4%		$25,628,293	$17,004,949	$8,623,344	66.4%	
1a. Principal Recipient's total expenditures (including any direct-disbursements to third-parties)	$230,128	$1,812,863	-$1,582,736	787.8%	Negative variance in the total amount of $ 1 582 736 relates to: **Negative variance on categories HP and MED in the amount of $ 1 223 205 (please refer to below section),** **Positive variance on Category HR in the amount of $11 225 consist of:** A) Unspent amount $7 429 for the activity 3.1.1 is committed for partial payment of annual performance bonus. B) Unspent funds in the amount of $3 796 relates to the activity 2.4.4. TC contracts to support to 4 NTP staff on M&E" was due to the number of IC contracts signed with NTP staff was reduced to 3 against 4 which were initially planned. **Negative variance on Category LS in the amount of $2 895 consists of:** Commitments paid for products delivered in June 2015 **Negative variance on Category Over is $ 190 396 relates to:** A) Overspent amount of $ 122 856 for Act 3.2.3 UNDP administrative charges GMS 7% charged by UNDP CO upon CDR finalization and delivery of goods in 2015 B) Unspent amount of $ 5 584 for Act 3.1.4 which are committed to cover rent and operational office expenditure. C) Adjustments in the amount of $74 124 for GMS 7% charged by UNDP CO upon submission of FU/DR for the previous semester 4. **Negative variance on Category PSM is $191 612 consists of:** 1) Negative variance for Act 1.2.4 $12,068 is payment for delivery of reagents distribution of local PSM costs for 3006 procured in previous semester 2) Negative variance for Act 1.2.4 $15,375 is due to payment of commitments of previous period 3) Negative variance for Act 2.3.8 $33,592 is payment for (warehousing, transportation, security services) and commitments of FY 2015 4) Negative variance for Act 2.3.8.1 $28,605 is payment for PSM for additional courses for cHIP and MEDI for 2015 5) Negative variance for Act 2.3.8.2. in amount of $65,584 is payment for commitments of previous semester 6) Negative variance for Act 2.3.8.3in $787 is payment for commitments of the previous semester 7) Negative variance for Act 2.3.9 $6,737 is payment for commitments TB drugs sent for 1) A testing in August 2015. 8) Positive variance for Act 2.4.11 $1,456 is savings. Delivery costs are included into price of goods. **The negative variance on category TR in the amount of $ 8 282 relates to:** A) Unspent amount at $ 1 353 for act 1.2.1 are savings. B) Negative amount at $ 9 635 for activity 1.2.5.1 "Training for employees on Drug Management". The activity was conducted using the	$23,657,129	$15,614,793	$8,042,336	66.0%	**Positive variance on category HR in the amount of $ 27 529 consists of:** A) Unspent amount $ 20 707 for the activity 3.1.1 for Programme management cost relates to the savings due to changes in prorate rate within HIV and TB grant and commitments for payment of annual performance bonus. B) Unspent funds in the amount of $6 822 which is relates to the activity 2.4.4. TC contracts to support 4 NTP staff on M&E" Commitments in the amount of $ 889 will be paid to2 IC contractors in the next implementation period. Expected savings in the amount of $ 5 933. **The positive variance on Category Over is $ 694 206 relates to:** A) Unspent amount of $ 675 553 for Act. 3.2.3 UNDP administrative charges GMS 7% will be charged by UNDP CO upon CDR finalization and delivery of goods. B) Unspent amount of $ 18 653 for Act 3.1.4 (Program management costs). There are Commitments in the amount of $934 for the office rent and for utilities to be paid in Semester 11 Unspent amount $ 17 619 will be used in the next implementation period after prorate between TB and HIV grants will be revised. **The unspent amount on Category PSM is $ 878 366 consists of:** 1) Negative variance for Act 1.2.4 in amount of $7,333 is due to hazardous packing. 2) Positive variance for Act 1.2.11 $36,610 will be committed after order placement under Act 1 2.2.1 in March 2016. The order placement delay caused due to clarifications of 2nd line HAIN tests procurement approval via GF 3) Positive variance for Act 2.3.8 $143,981 is given without commitments in amount of $ 137,863. Expected negative variance $15,882 is caused due to commitments in FY 2014 4) Positive variance for Act 2.3.8.1 $68,529. Commitments $32,229, plus on going procurement $2,113. Remaining amount $32,888 is savings. 5) Positive variance for Act 2.3.8.2. in amount of $247,976. The estimated commitment for procurement of 2nd line TB drugs for 733 pts will be $ 2,800, plus procurement of cartridges for auchomixers $250. Remaining amount $245,676 is savings. 6) Positive variance for Act 2.3.8.3 in $500,115. Commitments $53 262 PSM costs for 530 pts enrolled in 2016. $2,000 will be used for on going procurement of safe effect drugs. Remaining amount $251,853 is savings. 7) Positive variance for Act 2.3.9 $77,166. Commitments $11,814 additional amount $15,000 is ongoing procurement. Expenditures will be reflected in next PU/ DR 8) Positive variance for Act 2.4.11 $2,871 is savings. Delivery costs are included into price of goods. **The unspent amount on Category IP is $3 496 which consists of:** 1) Cumulative positive variance for Act 2.2.4 $3 496 will be committed for renovation works and engineering services for building of plastic partitions in the TB laboratory **The unspent amount on Category COM is $2 114 which consists of:**
1b. Disbursements to sub-recipients	$528,412	$283,921	$244,491	53.7%	**Positive Variance in the total amount of $244 491 relates to:** **Unspent on category HR $12 5861** relate to implementation of performance based scheme to top up salaries as per agreements with sub-recepients. The medical staff which did not achieve the established targets as per agreements with UNDP either are not paid or paid at reduced rate. **Unspent amount on category LS $231 2411** The distribution of the motivation support to patients is based on the performance based approach and only those, who has taken every single dose during the month or missed not more than 2 of them, eligible for motivation support from the TB grant. During the reporting period all the eligible patients were provided with incentives. Unspent amount were transferred to the NFM 18 month budget. **Unspent amount on category Over $511 and M&E $153** The funds allocated for OVER and M&E is disbursed to SR as per actual needs minus cash balace on SR accounts.	$1,071,165	$1,190,151	$781,014	70.5%	**Cumulative Variance in the total amount of $781 014 relates to:** **Unspent on category HR $ 54 399** Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. **Unspent amount on category LS $ 512 129** Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore. **Unspent amount on category M&E $ 6 812 and Over $7 674** The cummulative variance is due to some of the activities were fulfield by SRs using the resources of other donors.

Procurement data for analytical purposes	Budget for Reporting Period	Actual Grant Cash Out-Flow - Cash Basis for Reporting Period	Budget Vs Actual Variances	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 Vs Actuals Variances	Absorption Capacity	Reasons for Variance
2. Total pharmaceutical & non-pharmaceutical incl. equipment expenditures vs. budget	$0	$1,223,295	-$1,223,295	#ДЕЛ/0!		$16,480,655	$10,385,997	$6,094,658	63.0%	
2a. Health Products- Pharmaceutical Products	$0	$1,005,849	-$1,005,849	#ДЕЛ/0!	The main reason for the large variance in the current period because the budget included the full (24 month) treatment course for each patient and quantification of drugs was done per cohort. The procurement of pharmaceutical products was shifted so that UNDP could benefit from falling prices by ordering at a later stage, also there is concerns about the number of TB patients that are currently enrolled, more detailed quantification was agreed to be conducted at time of order placement. a) Negative variance in the amount of $1 005,849 is payment for commitments from previous reporting period. $297,409 (savings from 2013-2014 - 150 MDR/178 FDR/16NDR); $869,755 (NFM 2015 - 494MDR, 225TDR/14NDR); $11,310 (savings from 2013-2014 biochemical analysis and side effect drugs). The variance by activity is broken down as follows: 1) Negative variance for Act 2.3.1 in amount of $210,326 (paid for commitments of previous period) 2) Negative variance for Act. 2.3.1.3. in amount of $18,923 (paid for commitments of previous period). 3) Negative variance for Act 2.3.1.4 in amount of $310,258 (from borrowing NFM 2015, paid for commitments of previous period). 4) Negative variance for Act. 2.3.1.5 in the total amount of $177,689 (from borrowing NFM2015, paid for commitments of previous period) 5) Negative variance for Act. 2.3.2.1 in amount of $32,153 (paid for commitments of previous period) 6) Negative variance for Act 2.3.2.2 in amount of $39,784 (from borrowing NFM2015, paid for commitments of previous period). 7) Negative variance for Act.2.3.3 in the amount of $ 1,336 are commitments of FY 2013/2014. 8) Negative variance for Act. 2.3.4 in the total amount of $ 9,974 relates to amount paid for commitments of previous period.	$14,953,054	$9,106,433	$5,846,621	60.9%	**The variance on category MED related to:** 1) Act. 2.3.1 Positive variance for $ 1,278,241 was committed for the procurement of 2nd line drugs, but due to the fact of re-calculation of pts the actual need was lower. The total commitments is $1,418,048. The deliveries were shifted in order to ensure timely consumption and enrollement of patients. The expected negative variance is $139,725 2) Act. 2.3.1.2 Positive variance in amount of $349,183 is given without commitments $216,532. Expected savings $132,651 3) Positive variance for Act. 2.3.1.1 in amount of $357,390 Commitments FY 2015 is $200,385. Expected savings in amount of $47,394 4) Positive variance for Act 2.3.1.2. in amount of $51,683 is due to cheaper price of Kanamycine. All planned quantity is committed. Expected savings $51,683. 5) Positive variance for Act 2.3.1.3 in amount of $81,403 is given without commitments in FY 2015. Commitments is $14,105. All planned quantities are commuted. Expected savings $67,209 6) Positive variance for Act. 2.3.1.4 in the total amount of $ 3 363,493 (from borrowing, NFM 2015) is savings. 7) Positive variance for Act. 2.3.1.5 in the total amount of $ 134 301 (from borrowing, NFM2015) is ongoing procurement $15,273 will be committed in March 2016. Expected savings $119,028 8) Positive variance for Act. 2.3.1 6 in the total amount of $ 1,772,810 (from borrowing 2016) is given without commitments in amount of $362,569. Remaining amount $1,410,241 is savings. 9) Positive variance for Act 2.3.2.1. in amount of $23,821. Remaining commitments $23,105. Remaining amount $2,658 is savings 10) Positive variance for Act 2.3.2.2 in amount of $38345 (from borrowing ,NFM2015) is savings. 11) Positive variance for Act 2.3.2.3 in amount of $275,222 (from borrowing 2016) is given without commitments $80 391. Remaining amount $105,421 is savings. The order placement was revised due to re-calculation of available stocks in country and real consumption. 12) Positive variance for Act. 2.3.3.1 in amount of $5,251(from borrowing / NFM 2015) is on going procurements. 13) Positive variance for Act 2.3.3.2. in amount of $4,241 (from borrowing 2016) is on going procurement. 14) Positive variance for Act. 2.3.4 in the total amount of $ 169,745 relates amount reprogrammed for 2015 with increase of patients number for lab testing, excluding commitments in amount of $15,787. On going procurement is of $35,026. Remaining amount $119,932 is savings. 15) Positive variance for Act 2.3.4.1 in the total amount of $ 21,000.00 is savings. 16) The amount of $ 6,254 00 relates to the savings of Phase I.
2b. Health Products - Non-Pharmaceuticals & Equipment	$0	$217,446	-$217,446	#ДЕЛ/0!	The variance on category HP related to: 1) Negative variance for Act 1 2.2.2 in amount of $13,324 is payment for commitments of previous period. 2) Negative variance for Act 1 2.2.1 in amount of $ 146,700 (borrowing 2016) is payment for commitments of previous period. 3) Negative variance for Act 1 2.3.10 amount of $387 is payment for commitments of previous period. 4) Negative variance for Act 2.2.3 in amount of $7,590 is payment for commitments of previous period. 5) Negative variance for Act 2.2.6.1 in amount of $18,559 is payment for the commitments of previous period 6) Negative variance for Act 2.3.1 10 in amount of $ 3,290 is payment for commitments of previous period. 7) Negative variance for Act 2.3.1 11 in amount of $11 002 is payment for commitments of previous period. 8) Negative variance for Act 2.3.5.1 $2,868. 9) Negative variance for Act 2.3.7.2 $7,273 is payment for commitment of previous period. 10) Negative variance for Act 2.3.5.3 $6,290 payment for previous commitments	$1,527,601	$1,279,564	$248,037	83.8%	The variance on category HP related to: 1) Positive variance for Act 1 2.2.10 amount of $8,599 is ongoing procurement. 2) Positive variance for Act 1 2.2.1 in amount of $ 201,194 (borrowing 2016) consists of commitments $176,205 (PO and non PO payments) remaining amount $24,989 is on going procurement of HAIN tests. 3) Positive variance for Act 1 2.3 in amount of $87 is savings 4) Positive variance for Act 2.2.3.6 amount of $3,477 will be used for on going procurement of filters for NRL 5) Positive variance for Act 2.2.6.1 in amount of $20,441 is used for on going procurement of PV fixtures. 6) Positive variance for Act 2.3.1 9 in amount of $9,531 (borrowing 2016) is given without commitments $11 092. Expected negative variance is $1,562 due to higher prices of syringes 7) Negative variance for Act 2.3.1 10 in amount of $ 3,002 is due to higher prices of syringes 8) Negative variance for Act 2.3.1 11 in amount of $384 related to higher prices of syringes 9) Positive variance for Act 2.3.5 in amount of $5,463 is savings 10) Positive variance for Act 2.3.5.1 $1,013 will be used for procurement of HAIN tests 11) Positive variance for Act 2.3.5.2 $3,299 is on going procurement. 12) Negative variance for Act 2.3.7.1 $2,186 is related to higher prices of goods

For LFA Use Only

E. Total Principal Recipient Budget Variance and Absorption Analysis

	Local Fund Agent (LFA)									
	Budget for Reporting Period	Actual Grant Expenditure - Cash Basis for Reporting Period	Budget Vs Actual Variances	Absorption Capacity	LFA comments on thePrincipal Recipient's explanation of variances	Cumulative Budget through period of Progress Update	Cumulative Actual Grant Expenditure - Cash Basis through period	Cumulative Budget Vs Actuals Variances	Absorption Capacity	LFA comments on the Principal Recipient's explanation of variances
1. Total Principal Recipient cash outflow	$0	$2,096,784	-$2,096,784	#ДЕЛ/0!		$0	$2,096,784	-$2,096,784	#ДЕЛ/0!	
1a. Principal Recipient's total expenditures (including any direct-disbursements to third-parties)	$0	$2,096,784	-$2,096,784	#ДЕЛ/0!		$0	$2,096,784	-$2,096,784	#ДЕЛ/0!	
1b. Disbursements to sub-recipients	$0	$0	$0	#ДЕЛ/0!		$0	$0	$0	#ДЕЛ/0!	

Procurement data for analytical purposes	Budget for Reporting Period	Actual Grant Expenditure - Cash Basis for Reporting Period	Budget Vs Actual Variances	Absorption Capacity	LFA comments on the Principal Recipient's explanation of variances	Cumulative Budget through period of Progress Update	Cumulative Actual Grant Expenditure - Cash Basis through period of Progress	Cumulative Budget Vs Actuals Variances	Absorption Capacity	LFA comments on the Principal Recipient's explanation of variances
2. Total pharmaceutical & non-pharmaceutical incl. equipment expenditures vs. budget	$0	$0	$0	#ДЕЛ/0!		$0	$0	$0	#ДЕЛ/0!	
2a. Health Products- Pharmaceutical Products	$0	$0	$0	#ДЕЛ/0!		$0	$0	$0	#ДЕЛ/0!	
2b. Health Products - Non-Pharmaceuticals & Equipment	$0	$0	$0	#ДЕЛ/0!		$0	$0	$0	#ДЕЛ/0!	

Ongoing Progress Review and Disbursement Request

Section 3A: PR - Procurement and Supply Management

		Comments
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. ! For further guidance on PQR data entry, please refer to the guidelines.	**Select**	All shipments of 2nd line TB drugs arrived in the reporting period were recorded in the PQR

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	N/A	N/A	
4. Condoms	N/A	N/A	
5. Anti-retrovirals	N/A	N/A	
6. Anti-TB medicines	No	Yes	There is the risk of expiration of the medecin Cycloserine as well as the overstock of Vitamine B6 (pyridoxin hydrochlorid): (a) the risk of expiration of Cyclocerine and overstock of Vitamine B6 (pyridoxin hydrochlorid) is due to the systemic SCM issues including the coordination of procurement of drugs from different sources.
7. Lab supplies (e.g. CD4, Viral Load, Cartridges...)	N/A	N/A	
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 Global Fund approved the WP&B for 6 month period 2016, and number of patient enrollment for 2016 includign pediatry. The quantification and number of patients was done as per CN. As expiry of 2nd line TB drugs in country (Cyclocerine), UNDP took following actions in order to minimeze risks of expiry for future orders. Together with NTP and UNDP staff full quantification was conducted is aware of the need to ensure adequate stocks of 2nd line TB drugs, UNDP took the following actions:
1) Borrowed funds within UNDP (totaling $893,659), so that necessary orders for drugs could be placed;
(2) Liaised with GDF and GLC so that quotations in line with the WP&B, were ready for placing as soon as the WP&B was approved.
We highlight that following recommendations from GF and GDF, and in order to obtain better prices and shelf lives, 2nd and 3rd shipments under NFM borrowing 2015 and borrowing 2016 were re-scheduled to September - November 2015. These orders will be placed following the GDF /GLC mission on 24 August.
All other goods planned in frames of WP and Budget 2015 are procured and orders placed. No stockouts are expected.

For LFA Use Only

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

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

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

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

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

On-going Progress Update and Disbursement Request

Section 4: Grant Management

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

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

			For LFA Use Only		For the Global Fund Use Only	
Conditions Precedent and/or other special conditions	Status	PR Comments on Progress of Implementation	Status	LFA Analysis (this should not be a "Copy and Paste" of the comments provided by the PR)	Validate Status	Country Team Comments
The most recent communication from NTP undermines the reliability of the reported number of laboratory confirmed MDR TB cases enrolled on second-line anti-TB treatment and the quality of Monitoring and evaluation. The letter suggests there is a substantial gap between the number of patients thought to receive some second-line anti-TB drugs (e.g. Cycloserine) and actually receiving them recommendation The PR should improve M&E process to ensure accurate up-to-date numbers of MDR-TB patients enrolled on second-line TB treatment are available The planned activities are to be communicated to the GF by 28 February 2016.	Unmet - In Progress	numbers of MDR-TB patients enrolled on second-line TB treatment " is an accurate reflection of the problem and its solution The reasons are that: (1) UNDP experience is, that despite the appropriate, standardized soft ware package is not in place, the existing paper methods do equip the NTP to effectively register, collect, aggregate, report and share with the PR the data on enrollment of patients on the SLD treatment (2) Being the PR of the GF TB grant, UNDP is very committed to the M&E and therefore has already put in place all the necessary M&E processes In particular, UNDP established the two level framework for this functional area: from one side M&E is carried out directly by UNDP, from the other side, the on-going monitoring is implemented by the Regional TB centers on the basis of the SR Agreements with UNDP At the same time, the UNDP -established M&E plays the complementary role to the national M&E processes and is harmonized with the similar activities of other stakeholders. • the annual UNDP M&E schedule has been developed taking into account the timetables of the Project HOPE and NTP and is co-signed by the NTP director and the manager of the UNDP project for implementation of the GF grant. It also complements the M&E activities, conducted by the Defeat TB project, funded by USAID Totally, in 2015 UNDP conducted 11 M&E rounds and visited 94 medical facilities all over the country • UNDP monitoring visits always carried out in the collective manner and involve the representatives of the governmental TB service. Although MoH always unlikely to positively respond to UNDP invitation to take part in the visits to the treatment sites, the governmental representation in the M&E visits of UNDP is in place and is usually provided by the staff of the National and Regional TB centers. The M&E findings are documented, officially reported to NTP, MoH, regional health authorities, feedbacks are being received and the status of implementation of M&E recommendations are followed up • the M&E activities, conducted by the Regional TB centers per the SR Agreements with UNDP are carried out on the regular basis and are supervised by UNDP through the system of quarter collection and analysing of SR M&E reports as well as through the following up of the utilization of SR M&E budget In 2015 the SRs carried out 51 monitoring visits and covered 156 health care institutions Unfortunately, the quality of the SR M&E is still insufficient and UNDP continues to work on its improvement In 2016 UNDP transfers the responsibility for improving the quality of SR M&E to the M&E Coordinator of NTP, who according to the performance based model of motivation payment, takes over the function of reviewing and approving the SR M&E reports prior to submission to UNDP • By the initiative of the GF, since 2014 UNDP has been contracted 3 NTP technical staff on the IC contracts Their responsibility was to provide the service of Coordinators on the Drug management, M&E and DR-TB and to supervise and guide the respective functional areas of the National TB program. In particular, the NTP Drug Management Coordinator was responsible for quarter collection of the information on the stock of drugs from all the sources and on consumption/distribution of TB and ancillary medicines, for quantification, analyzing of stock of medicines, created by the patients, who died and defaulted and so on. Unfortunately, the mechanism of contracting Coordinators to the NTP and the efforts, applied by them to collect the huge volume of the data, did not protect the medicines, procured within the TB grant, from expiry. It is very likely, that the collectection of data does not provide any additional value without the proper analytical skills available at both program and health facility levels. (b)UNDP carefully studied the most recent communication from NTP, used by the GF as the basis for this management action, and did not find, that this document was undermining the reliability of reporting of the number of patients, enrolled on the SLD. Our vision is that it raises the health system functional issues and highlights such situation out of the direct influence of UNDP, as the current national RHR system, developed with the help of the technical agencies does not produce the whole package of the operational parameters, necessary for the real time program management and decision making. The rapid expansion of the DR TB treatment is one of the most remarkable achievements in the public health history of the country In 2015 the National system enrolled on DR TB treatment 1853 patients, which is a 25-fold increase since the country began to receive the GF grants. Besides, the DR-TB treatment has been decentralized and by now it is being provided in the in-patient and out-patient modalities in all the PHC and TB facilities all over the country. DR TB treatment is a long-term intervention, that requires a robust framework to adequately monitor and evaluate processes, not only at individual patient level but also at peripheral health facility and program levels. The currently available tools for measuring the indicators on the program implementation, have several limitations for adequate program monitoring. The main limitations of these tools are that: the tools need advanced statistical software and analytical skills, which are rarely available at both program and health facility levels, the tools do not provide the current retention values, which are the important measures for program monitoring and improvement, these tools need practical and comprehensive paper based forms. These limitations are contingent upon the electronic data base, being developed under the GF grant, implemented by Project HOPE. For the time being this instrument continues to be not functional. Absence of simple and standardized real-time electronic system to track the peripheral treatment sites all over the country, including those patients, who are alive and on therapy, those who are dead, those who are known to have stopped treatment, those who have transferred out to another facility, and those who have been lost to follow-up or 'defaulted' led to the situation, when the health system encounters serious difficulties in collecting some of the very important operational data, such as the value of current retention of patients in care, associated with the current consumption of drugs. With regard to the mentioned above, UNDP interprets the most recent communication from NTP, which compares not comparable (the overall number of patients on the SLD treatment at 1617, provided by DR Coordinator vs number of patients, taking the specific medicine of Cycloserine at 1032, calculated indirectly by the drug coordinator) and making the conclusions on the basis of such exercise, in the way that all the necessary capacity, skills and tools to properly manage the TB program, still not in place and that the technical assistance, which represented in the country, does not fully address the critical areas. Considering, that the situation with the limited tools and insufficient technical assistance results in the gaps in the national supply chain management, UNDP has drafted the action plan for strengthening of the national supply chain management, counted at 657 200 $. This plan does not replace the necessity in the heightened intensity of the contribution of the technical agencies and is subject of the approval of the GF	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

			For LFA Use Only		For the Global Fund Use Only	
Global Fund Management Actions	Status	PR Comments on Progress of Implementation	Status	LFA Review of PR Progress on Global Fund Management Actions	Validate Status	Country Team Comments of PR Progress on Global Fund Management Actions
Financial Management The PR should revise its forecasting and budgeting procedures to ensure that forecasting is done more accurately and significant deviations between budget and expenditures are avoided, and the goods procurement follows the initial PSM plan more closely. Moreover, in the context of limited funds allocation for the TB component in Kyrgyzstan and recalled shortage of second line TB drugs in 2015, the PR is requested to apply stringent mechanism for the use of funds to accumulate savings which can be used for treatment	Met	The forecast and budgeting was made based on PSM plan and budget approved by GF However due to the overstock of TB drugs in the country, the procurement was shifted for 2016-2017 which led to the deviations between budget and expenditures.	Select		Select	
Pharmaceutical and Health Product Management (a)The PR together with NTP shall develop an annual procurement plan for key health products procured under each grant. There should be a clear understanding of the lead times associated with the procurement of each type of health product and the time by which the product is required either in country or at end user level. On a quarterly basis, the procurement plan shall be updated to reflect on-the-ground reality, and adjustments made. as appropriate (b)The PR shall take proactive measures to ensure the continuous and timely availability of health products required (c) PR should closely monitor the resistance profile of sensitive TB pts treated with 1st line medicines and make sure that, in case of development of MDR resistance among those pts, forecast and quantification is updated accordingly. Stocks at regional level should be monitored on monthly bases to adjust forecasting and quantification and ensure timely reallocation of products, if needed.	Met	(a)The annual procurement plan is the standard operational tool of the PR from the very beginning of the project. The format of this plan reflects the list of the items to be procured, costs, related budget activity, EDD, actual status. Routine is to update this palin in the real time manner and adjust it as appropriate (b) The process of ensuring uninterrupted and timely availability of the HPs and medicines is the routine practice of UNDP There were no cases of interruption of any kind of supplies (c) The drug order for 2016 was re-quantified, the real needs identified, the revised drug order prepared and sent to the GDF. The access to the treatment is universal, all the patients on the 1-st line treatment, who amplify the resistance, are covered with treatment as well. (d) The following is planned to be done: the PR will hire the pharmacologists, who in close collaboration with the NTP will develop the format of the monthly reporting of the status of the stock of drugs from all the sources, conduct monthly drug management meetings with NTP in order to timely adjust forecasting, quantification, and reallocation of medicines and HPs. Besides, the PR developed the supply chain management plan, which was costed and submitted to the GF. It targets improvement of all the processes, related to the following up of consumption, storage, stock management, RHR of drugs and health products. This plan addresses the capacity building of the National staff, infrastructure and transportation of medicines and HPs as well. For the time being this plan is subject of approval of the GF	Select		Select	
	Select		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.

				For LFA Use Only			For the Global Fund Use Only		
Required Documentation	Due date (dd-mmm-yy)	Status	Comments	Due date (dd-mmm-yy)	Status	Comments	Due date (dd-mmm-yy)	Validate Status	Country Team Comments
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.

Programmatic Performance
The current TB grant consolidates the remaining one and a half years of the Phase 2 of the GF funding of the KGZ-607-G04-T grant (previously implemented by The National Center of Phthisiology under the Ministry of Health of the Kyrgyz Republic), and part of the Round 9 TB proposal, implemented by UNDP and Project HOPE in dual-track financing mode . The implementation period of the TB grant, initially intended from 01.01.2011- to 31.12.2015 was later extended till 30June 2016 according to the Grant Agreement between UNDP and GF.
During the whole implementation period, UNDP continued providing major support related to diagnostics and treatment of MDR TB. All the planned activities were implemented in a timely and comprehensive manner and the recent overall performance achieved the quantitative indicator rating A2 level.
The key programmatic achievements from the grant start date through to the end of the current Progress update period are as following:
(1) Expanded coverage with the treatment of the DR-TB was achieved as well as the universal access to the SLD. Since UNDP incepted the role of the PR and began to procure the drugs, the enrolment on the SLD, procured by the TB grant, increased from 125 patients in 2010 to 1298 in 2015 (including PDR).
(2) Implemented the innovative model of provision of the motivation support to the DR-TB patients through transferring the fixed sum into their bank accounts. The universal coverage with motivation support, was reached among all patients on the SLD treatment regardless to the source of drugs,
(3) Implemented the new model of provision of the SLD side effect management, including universal access to the quality biochemical tests for diagnosis of the side effects and to the ancillary drugs for their treatment
(4) Achieved increment of the treatment success rate among the MDR patients from 42% to 62.7%
(5) Built the national capacity through involvement of 10 governmental regional TB centres into the process of implementation of the TB grant activities. The SR agreements are being signed with this organizations on the annual basis. One thousand one hundred fifty seven National TB program staff have been trained on the different aspects of TB as well
(6) The adequate supplies with laboratory reagents, consumables and X-Ray films resulted in the cumulative number of TB new and relapse cases, detected through the whole grant period ,reached 31669, including 9168 bacteriologically confirmed among them.
(7) The storage conditions of the regional TB centres have been improved by fulfilling the renovation work and equipping them with humidity, temperature and fire control devices
(8) Improved the infection control in the TB and PHC facilities through provision of the respiratory protection measures to the medical staff , masks for patients, UV lamps, establishing partitions in the medical facilities for separation of flows of patients
(9) Implemented the performance based mechanisms for the motivation payments to the medical staff and patients. The payments to the patients provided on the basis of their adherence to treatment. Medical staff is paid for achieving the results, directly associated with the grant indicators
(10) Being the PR of the GF TB grant, UNDP is committed to the monitoring and evaluation and therefore already put in place all the M&E processes. In particular, UNDP established the two level framework of this functional area: from one side M&E is carried out directly by UNDP , from the other side, the on-going monitoring is ensured by the Regional TB centers on the basis of the SR Agreements with UNDP.
At the same time, the UNDP -established M&E plays the complementary role to the national M&E processes, and is harmonized with the similar activities of other stakeholders: (a)the annual UNDP M&E schedule has been developed taking into account the timetables of the Project HOPE and NTP and is co-signed by the NTP director and the manager of the UNDP project for implementation of the GF grant.
(b) UNDP monitoring visits always carried out in the collective manner and involve the representatives of the governmental TB service. Although MoH always unlikely to positively respond to UNDP invitation to take part in the visits to the treatment sites, the governmental representation in the M&E visits of UNDP is usually provided by the staff of the National and Regional TB centers. The M&E findings are documented, officially reported to NTP, MoH, regional health authorities, feedbacks are being received and the status of implementation of M&E recommendations are followed up. Totally, in 2015 UNDP conducted 11 M&E rounds and visited 94 medical facilities all over the country.
(c)The M&E activities, conducted by the Regional TB centers per the SR Agreements with UNDP are supervised through the system of quarterly collection and analyzing of SR M&E reports . Unfortunately, the quality of the SR M&E reporting is still insufficient and UNDP continues to work on its improvement. UNDP regularly follows up the utilization of SR M&E budget as well. In 2016 UNDP transfers the responsibility for improving the quality of SR M&E to the M&E Coordinator of NTP, who according to the performance based model of motivation payment , takes over the function of reviewing and approving the SR M&E reports prior to submission them to UNDP . In 2015 the SRs carried out 51 monitoring visits and visited 156 institutions.

Financial Performance:
The budget for the reporting period was $ 758,539; cash outflow was $2,096,784 and commitments together with other obligations at the end of the reporting period are $3 497 888. The financial delivery versus budget in the reporting period excluding commitments is 276.4 %. The high burn rate is due to payment in the reporting period of the commitments from the previous periods for $1 531 220.The cumulative financial rate excluding commitments is 66.4%; whereas including commitments its 80%.
The cash balance at the end of reporting period is $7 959 398 which covers below activities:
$3 004 152 PR commitmentas of 31/12/2015;
$ 493 736 - other PR's obligatins i.e. ongoing programmatic activities
The rest unspent amount was transferred into the NFM budget and reprogrammed for the activities agreed for the Global Fund

Procurement Performance:
All the procurement cases, planned to be completed during the reporting period, were successfully closed. The procurement of drugs,which was initially planned for the reporting period, was suspended due to phenomena of accumulation of medecins, procured from the various sources. For the time being the NTP jointly with the PR are in the process of revision of the drug order and defining the real needs.
Lessons learned:
In 2015, the National program faced with the phenomena of accumulation of drugs and expiration of the medicine Cyclocerine. The main reasons for this situation were lack of coordination of procurement of drugs from the different sources, the imbalance between importation of drugs and their consumption, and lack of tools to monitor the current rate of the retention of patients on care (electronic software and paper based R&R forms).

To avoid repetition of the similar situations, the following actions were taken:
1) A comprehensive Supply and Chain Management, including immediate (- Mission from Copenhagen, - Monthly coordination meeting, - Reporting form of srock of drugs from various stocks, medium and lond-term plan was developed, coasted and submitted to the GF. It targets improvement of all the processes, related to the following up of consumption, storage, stock management, R&R of drugs and health products. This plan addresses the capacity building of the National staff, infrastructure and transportation of medicines and HPs as well. For the time being this plan is subject of approval of the GF.
2) The drug order for 2016 was re-quantified, the real needs identified, the revised drug order prepared and sent to the GDF

B. Planned Changes in the Program, if any

Planned Changes
(1) Changes, planned in the program: In the following grant period UNDP becomes in charge for implementation of the new activities, previously used to be the responsibility of the Project HOPE. In particular, in addition to provision of motivation support to the DR TB patients on the SLD treatment, UNDP will provide it to the sensitive TB patients as well. The motivation support for the sensitive TB patients will be provided in the same modality as to the DR-TB patients, i.e by transferring the money to their bank accounts. The WP&B for the extension period also includes the new activity on the small grant NGO program, providing the innovative patient-centered approach to improving case detection, treatment adherence, contact tracing and prevention in poor and disadvantaged communities. So far , NTP does not have clear understanding on what are the target groups and geographic location for this intervention. UNDP hold the meeting with NTP on this matter, but clarifications from the National side still pending

(2) Changes, planned in procurement: According to the WP&B for the extension period, the TB grant will have to carry out the new for the project procurement activities. In particular, UNDP will procure 50 microscopes , 3 genxpert machines and provide the maintenance service for the high-tech NRL, donated to NTP by Kfw.

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

1) Despite the system of monitoring of the grant activities, established by UNDP ensures the measurement of the program indicators and the vision of the processes, which take place in the level of the health institutions and patients, it is yet to become an instrument for development and progress. NTP rarely use the monitoring findings for taking the long- term solutions and continues managing the program on the principle of reaction and reflection. This approach often results in the situations, when the reality is accepted by NTP in the delayed manner, when it is late to act and in repetition of same types of the critical situations. Despite the fact, that the modus operandi of the health authorities is outside of the scope of the grant and refer to the MoH and technical agencies, UNDP continues undertaking the efforts toward to timely and transparently share the M&E findings with health authorities and to lobby them to address the gaps in the program implementation . However, taking into account, that the National TB program has the primary responsibility for Kyrgyzstan's National TB response and respecting the Country ownership as an important feature of the Global Fund grants Core principles, the ability of the PR to influence some of the decisions, taken by the National side, is very limited. For instance, UNDP can not act against the decisions of the health authorities on the timelines of procurement of the drugs from the sourses, other than the GF grant . The NTP decisions to suspend consuming the GF drugs and switch treating patients with the UNITAID medicines on the basis of their shorter expiration date is also beyond the UNDP control as well as the habit to accept the SLD with approaching expiration dates from the other international organizations. In this regard, the effect of these decisions and actions, taken by the NTP is also beyond control of UNDP.
(2) It appears, that the technical assistance, which is widely represented in the country is obviously not comprehensive enough and does not provide the national counterpart with all necessary capacity, skills and tools to properly manage the TB program . (a) In particular, the R&R framwork, developed with the help of the technical agencies, does not produce the whole package of the parameters, necessary for the real time program operation and making the evidence based decisions (the existing R&R framework is mainly focused on collection of the data, related to the epidemiology and enrollment on treatment). (b) The two GDF missions in 2014 and 2015 have not foreseen accumulation of drugs in the country and have not envisaged upcoming crisis with Cycloserine. (c)Besides, the technical agencies and MoH do not take the GF conditions, related to the TB policy as priority for their action. Over long period of time the PR fails to mobilizethe technical agencies and MOH to take the action toward to update the MDR plan and by this to fulfill this GF demand. After submission of the NFM application, development of the plan on new drugs introduction, update of the NCP and harmonization it with the NFM request, the stakeholders became skeptic about operational and strategic value of the MDR plan. They believe, that in the new circumstances the role of the MDR plan is played by the updated NCP and that there is no need to have more, than one document on the same matter .

(3) DR TB treatment is a long- term intervention, that requires a robust framework to adequately monitor and evaluate processes, not only at individual patient level but also at peripheral health facility and program levels. The currently available tools for measuring the indicators on the program implementation, have several limitations for adequate program monitoring. The main limitations of these tools are that: (a)the tools need advanced statistical software and (b)analytical skills, which are rarely available at both program and health facility levels, and (c)the available tools do not provide current retention values, which are the important measures for program monitoring and improvement. These limitations are contingent upon the electronic data base, being developed under the GF grant, implemented by Project HOPE. For the time being this instrument continues to be not functional.
Absence of simple and standardized real-time electronic system to track the peripheral treatment sites all over the country, including those patients, who are alive and on therapy, those who are dead, those who are known to have stopped treatment, those who have transferred out to another facility, and those who have been lost to follow-up or 'defaulted' led to the situation, when the health system encounters serious difficulties in collecting some of the very important operational data, such as the value of current retention of patients in care, associated with the current consumption of drugs.
(4)It is important to note, that the TB grant experiences the influence of the factor of being suboptimally staffed: number of the staff, contracted by UNDP according to organogram, remained the same as when the enrolment rate on the DR TB treatment was 10 times lower and the DR TB treatment was centralized in couple of hospitals. Besides, the current staffing of the TB grant does not take into account the additional workload, created by the fact that in 2016 UNDP will be fulfilling all the activities, previously carried out by the former co-PR (5) The practical role of CCM and MoH in the grant implementation shall continue to be inhanced. Within the framework of capacity development, more involvment of the Ministry of Health and CCM to coordinated work is required. (6) There are still issues with delays, timely submission of the data from NTP where actions are required.

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

B. LFA comments on PR planned changes in the program, if any

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

Ongoing Progress Update and Disbursement Request

Section 7A: PR - Enhanced Financial Reporting

Country	Kyrgyzstan
Grant No.	KGZ-S10-G08-T
PR	UNDP
Currency	USD
Disease(Component)	Tuberculosis

PLEASE REFER TO THE "GUIDANCE FOR COMPLETION OF THE ENHANCED FINANCIAL REPORTING TEMPLATE" DOCUMENT TO ASSIST YOU IN COMPLETING THE TEMPLATE

TO BE COMPLETED ONLY ONCE A YEAR EXCEPT AT MONTH 18 FOR PURPOSES OF PHASE 2 REVIEW

		dd-mm-yyyy
Current Reporting Period	Start Date:	1-Jan-2015
	End Date:	31-Dec-2015

The end date for the current reporting period and cumulative reporting period must be the same

		dd-mm-yyyy
Cumulative Reporting Period	Start Date:	1-Jan-2011
	End Date:	31-Dec-2015

The "TOTAL" rows in Table A, B and C will have a RED background if the amounts in each table do not agree. If the Totals for each Table agrees, these rows will have a YELLOW background.

A- *BREAKDOWN* BY EXPENDITURE CATEGORY		Current Reporting Period				Cumulative Reporting Period			
#	Category	Budget	Expenditures	Variance	Reason for Variance	Cumulative Budget	Cumulative Expenditure	Variance	Reason for Variance
1	Human Resources	$354,626	$310,715	$43,910	The Unspent amount on HR category in the amount of $43,910 consist of A) Savings in the amount of $22 118 relate to implementation of performance based scheme to top up salaries as per agreements with sub-recipients. The medical staff which did not achieve the established targets as per agreements with UNDP either are not paid or paid at reduced rate B) Unspent amount of $21,792 relate to PR activities 1) Amount of $7,566 on Act 2.4.4 for Support to 4 STP staff on MAE, Drug Management and MDR TB and 1 Director of NRL. 2) Unspent amount of on Act 3.1.1 in the amount of $14,186 for Project Management costs of the PR	$1,551,142	$1,469,117	$82,025	Variance above 95% and below 105%
2	Technical Assistance	$100,881	$63,492	$37,389	The Unspent amount on TA category in the amount of $37,389 consist of A) Unspent in the amount of $18000 on Act 1.2.6 "Technical assistance in inspection of Pharmacies" was not used as the training related to this activity was conducted by WHO at the end of 2015. The activity is shifted to 2016 B) Overspent amount of $10,611 on Act 2.1.2 due to the payments of 2014 commitments	$245,259	$182,644	$62,614	The Unspent amount on TA category in the amount of $62 614 consist of 1) Unspent in the amount of $18000 on Act 1.2.6 "Technical assistance in inspection of Pharmacies" was not used as the training related to this activity was conducted by WHO at the end of 2015. The activity is shifted to 2016 2) Unspent amount at $44 614 per activity 2.1.2 "Technical assistance by external experts in DR-TB management" was not spent spent as National TB programme did not request the Technical Assistant while PR sent official letter requesting to provide the information on the needs
3	Training	$40,645	$19,590	$21,055	Total positive variance of $21 055 relates to A) Unspent amount at $ 4 710 per activity 2.1.3 is saving as actual number of participants was one person less than planned. B) Unspent amount at $ 7 600 per activity 2.4.23 will be spent in the next implementation period for the meeting of MDR-TB coordinators and TB Center directors and accountants. C) Unspent amount at $ 6 220 per activities act 1.2.1, act 2.1.1 and act 2.4.1 are not utilized as the trainings will be conducted on a cost sharing basis. Planned expenditures in the amount of 80n will be reflected in Semester II. The savings are expected in the amount of $5 420 D) Unspent amount at $ 1 996 per activity 1.2.7, are savings. The activity was conducted using the budget of WHO in September 2015. The expenditures reflected in this budget line relates to the participation of the MoH staff in the World TB conference in Cape Town ($4 per request from GF) E) Unspent amount at $ 620 per activity 3.1.6 is saving.	$395,886	$374,831	$21,055	Variance above 95% and below 105%
4	Health Products and Health Equipment	$494,328	$252,720	$241,608	Positive variance in the total amount of $ 241 608 on category MED relates to. 1) Positive variance for Act. 1.2.2 in the amount of $ 8,500.00 relates to on going procurement from Semester 10 2) Positive variance for Act. 1.2.2.1 in the amount of $201,191.00 is given without commitments for Semester 10 in amount of $ 176,047.00 3) Positive variance for Act 1.2.3 in the amount of $ 87.00 relates to savings 4) Positive variance for Act 2.2.3 in the amount of $3,977.00 is on going procurement from Semester 10 5) Unspent amount for Act. 2.2.6.1 in the amount of $ 20,441.00 is on going procurement of UV fixtures from Semestr 10. 6) Unspent amount for Act 2.3.1.9 in the amount of $ 9,531.00 relates to the commitments of Semestr 9 will be paid in Semester 11 7) Negative variance for Act. 2.3.1.10 in the amount of $1,002 is related to payment for commitments of Semestr 9. 8) Negative variance for Act 2.3.1.11 in the amount of $984.00 is related to payment of commitments for Semester 9 9) Positive variance for Act 2.3.5 in the amount of $1,161 is savings 10) Positive variance for Act 2.3.5.1. in the amount of $1,091 is given without commitments of previous Semester 11) Positive variance for Act 2.3.5.2 in the amount of $3,279 is planned to be used for on going procurement from Semester 10 12) Negative variance for Act 2.3.5.3 in the amount of $2,586 is related to payment of commitment Semester 9 13) Negative variance for Act 2.3.6 in the amount of $8,011 on relates to the needs fo 2013-2014 (including payment for commitments of Semester 7)	$1,527,601	$1,279,564	$248,038	FSD 241068 unspent Phase II, 64257 unspent phase I 1) Positive variance for Act 1.2.2 in the amount of $ 8,500.00 relates to on going procurement from Semester 10. Calibration kits for GeneXpert platforms 2) Positive variance for Act 1.2.2.1 in the amount of $201,191.00 is given without commitments for Semester 10 in amount of $ 176,047.00 3) Positive variance for Act 1.2.3. in the amount of $ 87.00 relates to savings from previous Semester 4) Positive variance for Act 2.2.3. in the amount of $3,977.00 is on going procurement from Semester 10. Filters for NRL 5) Unspent amount for Act 2.2.6.1 in the amount of $ 20,441.00 is on going procurement of UV fixtures from Semestr 10 6) Unspent amount for Act 2.3.1.9 in the amount of $ 9,531.00 relates to the commitments of Semestr 9 in amount of $11,092 will be paid in Semester 11 7) Negative variance for Act. 2.3.1.10 in the amount of $1,002 is related to payment for commitments of Semestr 9. 8) Negative variance for Act 2.3.1.11 in the amount of $984.00 is related to payment of commitments for Semester 9 9) Positive variance for Act 2.3.5 in the amount of $1,161 is savings 10) Positive variance for Act 2.3.5.1. in the amount of $1,091 is given without commitments of Semester 9 in amount of $5,830. 11) Positive variance for Act 2.3.5.2 in the amount of $3,279 is planned to be used for on going procurement of catridges for audiometers. 12) Negative variance for Act 2.3.5.3 in the amount of $2,586 is related to payment of commitment Semester 9 13) Negative variance for Act 2.3.6 in the amount of $8,011 on relates to the needs fo 2013-2014 (including payment for commitments of Semester 7) 14) Positive variance in amount of $6,429 is unspent from Phase I
5	Medicines and Pharmaceutical Products	$5,270,002	$2,329,993	$2,940,008	Positive variance in the total amount of $ 2 940 008 on category HP relates to: 1) Act 2.3.1. negative variance in the amount of $ 1,217,870.00 (payments of commitments from previous Semesters 6&7) 2) Unspent amount for Act. 2.3.1.1 in the total amount of $ 737,782.00 has been committed for supply of 2nd Line TB drugs (actual PO#GF15093 and GF15070 amount $290,385 to be shipped in Feb-Oct 2016). Savings in the total amount of $17,395 3) Unspent amount for Act 2.3.1.2 in the total amount of $51,683 is savings 4) Positive variance for Act 2.3.1.3 in the amount of $81,403 is given without commitments of the previous semestr $14,495. Projected savings $67,209. 5) Positive variance for Act 2.3.1.4 in the amount of $1,363,493 is savings 6) Positive variance for Act 2.3.1.5 in the amount $431,208 is given without on going procurement from Semester 10. Projected savings $110,028 7) Positive variance for Act 2.3.1.6 in the amount $1,772,810 is given without commitment of Semester 9 $362,569. Projected savings 1,410,241 8) Negative amount for Act 2.3.2 in the amount of $22,122.00 relates to payments for commitments Semester 8 9) Positive variance for Act 2.3.2.1 in the amount of $25,822 is given without commitment of previous semestr $23,165. 10) Positive variance for Act 2.3.2.2. in the amount of $38,415 is savings 11) Positive variance for Act 2.3.2.3 in the amount of $275,722 is given without commitments of previous semestr $80,301 12) Negative variance for Act 2.3.3 in the amount of $ 6,315.00 relates to payment for sale effect drugs from Semester 7 13) Positive variance for Act 2.3.3.1 in the amount of $1,315 is on going procurement from Semester 10 14) Positive variance for Act 2.3.3.2 in the amount of $1,241 is on going procurement from Semester 10 15) Positive variance for Act. 2.3.4 in the total amount of $ 92,605.00 is reprogrammed amount. Given without commitments $15,787 and on going procurement. 16) Positive variance for Act 2.3.4.1. in the amount 21,000 is savings 6) Negative variance in the total amount of $ 18,936.00 relates to payment from Phase I	$14,953,054	$9,106,433	$5,846,621	FSD 581067 unspent Phase II: 6251 unspent phase I 1) Act 2.3.1 Positive variance for $ 1,278,323 was committed for the procurement of 2nd line drugs, but due to the fact of re-calculation of pts the actual need was lower. The total commitments is $1,418,018. The deliveries were shifted in order to ensure timely consumption and enrollment of patients. The expected negative variance is $139,725 2) Act 2.3.1.a Positive variance in amount of $319,385 is given without commitments $236,332 Expected savings $112,851 3) Positive variance for Act 2.3.1.1 in amount of $337,780. Commitments FY 2015 is $290,385. Expected savings in amount of $17,391 4) Positive variance for Act 2.3.1.2 in amount of $51,683 is due to cheaper price of Kanamycine. All planned quantity is committed. Expected savings $51,683 5) Positive variance for Act 2.3.1.3 in amount of $81,403 is given without commitments in FY 2015 Commitments is $14,495. All planned quantities are committed. Expected savings $67,209 6) Positive variance for Act 2.3.1.4 in the total amount of $ 1,363,493 (from borrowing/NFM 2015) is savings 7) Positive variance for Act 2.3.1.5 in the total amount of $ 431,301 (from borrowing/NFM2015) is ongoing procurement $14,272 will be committed in March 2016. Expected savings $110,028 8) Positive variance for Act. 2.3.1.6 in the total amount of $ 1,772,810 (from borrowing 2016) is given without commitments in amount of $362,569. Remaining amount $1,410,241 is savings. 9) Positive variance for Act 2.3.2.1 in amount of $25,822. Remaining commitments $23,165. Remaining amount $2,658 is savings. 10) Positive variance for Act 2.3.2.2 in amount of $38,415 (from borrowing /GFM2015) is savings. 11) Positive variance for Act 2.3.2.3 in amount of $275,722 (from borrowing 2016) is given without commitments $80,301. Remaining amount $195,421 is savings. The order placement was cancelled due to re-calculation of available stocks in country and real consumption 12) Positive variance for Act. 2.3.3.1 in amount of $5,315(from borrowing / NFM 2015) is on going procurement 13) Positive variance for Act 2.3.3.2 in amount of $1,241 (from borrowing 2016) is on going procurement. 14) Positive variance for Act 2.3.4 in the total amount of $ 100,735 relates amount reprogrammed for 2015 with increase of patients number for lobe-sizing excluding commitments in amount of $15,787. On going procurement is for $15,026. Remaining amount $19,932 is savings. 15) Positive variance for Act 2.3.4.1 in the total amount of $ 21,000.00 is savings. 16) The amount of $ 6,274.00 relates to the unspent amount from Phase I.
6	Procurement and Supply Management Costs	$929,130	$396,824	$532,306	Positive variance in the total amount of $ 532 306 on category PSM relates to. 1) Act. 1.2.4 negative variance in the amount of $7,533.00 relates to payment from commitments Semester 9 (hazardous packing) 2) Act 1.2.4.1 positive variance in the amount of $36,600 is given without commitments from previous Semster $12,229 and on going procurement $3,113 3) Act. 2.3.8 negative variance in the amount of $105,881.00 relates to payment of commitments from Semester 8 and 9 4) Act 2.3.8.1 positive variance in the amount of $168,230 is given without commitments of previous semester $12,229 and on going procurement $3,113 5) Act 2.3.8.2 positive variance in the amount of $247,926 is given without on going procurement from previous semester. 6) Act 2.3.8.3 positive variance in the amount of $300,115 is given without on going procurement from previous semester. 7) Act. 2.3.9 positive variance in the amount of $72,724 is given without commitments $11,814 additional amount $15,000 is ongoing procurement 8) Act 2.4.11 unspent amount of $2,871 est in savings 9) Negative variance in the amount of $ 1,553,000 related to payment of PSM costs from the supply of 2nd line drugs from Phase I	$2,600,450	$1,523,488	$1,076,962	FSD 838366 unspent Phase II: 11876 unspent phase I 1) Negative variance for Act 1.2.4 in amount of $7,533 is due to hazardous packing. 2) Positive variance for Act 1.2.4.1 $36,600 will be committed after order placement under Act 1.2.4.1 in March 2016. The order placement delay caused due to clarifications of 2nd line HAIN test procurement approval via GF 3) Positive variance for Act 2.3.8 $143,981 is given without commitments in amount of $ 150,863. Expected negative variance $15,882 (caused due to commitments in FY 2014 4) Positive variance for Act 2.3.8.1 $168,230. Commitments $12,229, plus on going procurement $3,113. Remaining amount $12,888 is savings. 5) Positive variance for Act 2.3.8.2 in amount of $247,926. The estimated commitment for procurement of 2nd line TB drugs for 733 pts will be $ 2,800, plus procurement of catriges for audiometers $270 Remaining amount $247,676 is savings. 6) Positive variance for Act 2.3.8.3 in $300,115. Commitments $55 262 PSM costs for 530 pts enrolled in 2016. $2,000 will be used for on going procurement of side effect drugs. Remaining amount $251,853 is savings. 7) Positive variance for Act 2.3.9 $77,166. Commitments $11,814 additional amount $15,000 is ongoing procurement. Expenditures will be reflected in next FY HR 8) Positive variance for Act 2.4.11 $2,871 is savings. Deliverer costs are included into price of goods 9) $198,596 is unspent from Phase I
7	Infrastructure and Other Equipment	$800	$22,902	-$22,102	Negative Variance in the total amount of $ 22 102 on category IE relates to: Act 2.2.4 negative variance in the amount $22,102 is related to commitments paid for the previous period (PO GF17008) for engineer's service.	$208,153	$204,658	$3,495	Variance above 95% and below 105%
8	Communication Materials	$2,500	$3,564	-$1,064	The Overspent amount on COM category in the amount of $1,064 consist of: A) Overspent amount of $56 for Support of "hotline" on TB free incoming calls (green number). B) Overspent amount of $1,008 for Printing MDR TB related brochures as per request from NTP	$27,057	$24,586	$2,471	The Cumulative unspent amount on COM category in the amount of $2471 consist of: 1) Printing MDR TB related brochures $2130 unspent Phase II; 2) $341 unspent amount relates to the phase I
9	Monitoring & Evaluation	$11,264	$7,236	$4,028	The Unspent amount on M&E category in the amount of $4,028 consist of A) Unspent in the amount of $4 004 relate to SR activities as per agreements with UNDP. During the reporting period some of the activities were fulfilled using the resources of other donors. B) Unspent amount of $24 relate to PR activities are savings.Activities are completed.	$70,210	$63,375	$6,835	Unspent amount on M&E category in $6 835 consists of: 1) Savings in the amount of $6 812 relate to SR activities as per agreements with UNDP. During the reporting period some of the activities were fulfilled using the resources of other donors. 2) Amount of $24 related to the PR activity are savings.
10	Living Support to Clients/Target Populations	$895,622	$338,898	$556,724	The Unspent amount on LS category in the amount of $556 724 consist of: A) Unspent in the amount of $536 602 relate to SR activities as per agreements with UNDP. During the reporting period the following deviations were observed: Unspent amount of $322 292 for mobilization support and $214 660 for transport expenses. Both deviations are due to non adhered patients, who do not come to collect drugs, consequently not using transportation fee and loosing the motivation payment. B) Unspent amount of $19 763 relate to PR activities "Support to treatment adherence: incentives (food/hygiene parcels) for DR-TB patients because the contract for dairy product was concluded for lower price. Unspent amount will be used for procurement of dairy product for 2016. There is commitments for amount of $19 577 for dairy products. Expected saving is $186	$1,754,308	$1,138,234	$616,074	The Unspent amount on LS category in the amount of $616 074 consist of A) Unspent in the amount of $577 177 relates to SR activities due to non adhered patients, who do not come to collect drugs, consequently not using transportation fee and loosing the motivation payment. B) Unspent amount of $12 740 related to PR activities will be used for procurement of dairy product for 2016. There is commitments for amount of $19 577 for dairy products. Expected saving is $13 163 C) FSD 6157 unspent funds from phase 1 budget
11	Planning and Administration	$59,069	$55,217	$3,852	The Unspent amount on PA category in the amount of $3,852 consist of. Unspent amount of $280 will be paid for goods and services provided to PIU office in December 2014. Amount of $3,572 savings.	$301,887	$296,768	$5,119	Variance above 95% and below 105%
12	Overheads	$633,221	$389,865	$243,356	Positive variance in the amount of $243,356 consists of. 1) Positive variance in the amount of $221 692 relates to the 7% GMS for 2015 to be charged by UNDP in the next reporting period for goods and services delivered in 2016; 2) Positive variance in the amount of $6 417 unspent by SR as some of the activities were fulfilled using the resources of other donors; 3) Positive variance in the amount of $14 089 relates to the office management cost. Unspent amount of $2 050 will be paid for goods and services provided to PIU office in December 2015. Amount of $12 039 savings. 4) Amount of $1812 relates to the 7% GMS charged within TB grant Phase I	$1,993,288	$1,343,357	$649,931	Positive variance in the amount of $649 931 consists of: 1) Positive variance in the amount of $225 731 relates to the 7% GMS for 2015 to be charged by UNDP in the next reporting period for goods and services delivered in 2016; 2) Positive variance in the amount of $7 674 unspent by SR as some of the activities were fulfilled using the resources of other donors; 3) Positive variance in the amount of $16,576 relates to the office management cost.

13	Other		$0	$0	$0		$0		$0	
		TOTAL	$8,792,088	$4,191,017	$4,601,071		$25,628,293	$17,007,054	$8,621,240	

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	Health System Strengthening	framework through strengthening programme	HSS (beyond TB)	$0	$0	$0	n/a	$555,818	$555,817	$0	n/a
2	Health System Strengthening	framework through strengthening programme	based operational	$0	$0	$0	n/a	$101,064	$101,063	$0	n/a
3	Health System Strengthening	To consolidate DOTS framework through strengthening programme management, improving TB case detection and diagnosis and quality treatment of TB cases	Improving diagnosis	$497,022	$205,457	$291,565	1) Unspent amount of $291,565 relates to the procurement of reagents (act 1.2.2.1) for the amount of $291,191 and associated PSM cost in $374.00 2) Unspent in the amount of $18,000 on Act 1.2.6 "Technical assistance in inspection of Pharmacies" was not used as the training related to this activity was conducted by WHO at the end of 2015. The activity is shifted to 2016 3) Unspent in the amount of $4,785 relates to the training activities. 4) The rest amount will be shifted to 2016 for procurement of gloves and cartridges as per request from NTP	$580,154	$288,589	$291,565	1) Unspent amount of $291,565 relates to the procurement of reagents (act 1.2.2.1) for the amount of $291,191 and associated PSM cost in $374.00 2) Unspent in the amount of $18,000 on Act 1.2.6 was not used as the training related to this activity was conducted by WHO at the end of 2015. The activity is shifted to 2016 3) Unspent in the amount of $4,785 relates to the training activities.
4	TB Treatment	To expand access to diagnosis and treatment of drug-resistant tuberculosis	MDR-TB Programme-based	$2,467,526	$3,421,241	$4,046,286	The unspent in the amount of $4,046,286 relates to the following categories: 1)Unspent on category MED in the amount of $2,959,004 . Please refer for detailed breakdow to section A of the current sheet (Note: Please do not consider Phase I description) 2) Unspent on category PSM in he amount of $504,982. Payment for previous commitments $195,884, on Commitments $382,401 on going procurement $31,077. Savings $278,598 3) Overspent on category COM in the amount of $1064. Please refer for detailed breakdow to section A of the current sheet 4) Unspent on category DP in the amount of $31,808.31 On going procurement $27,717 Commitments $ 16,522.00 Payment for previous commitments $1,983. Savings $3,464 5) Unspent on category LS in the amount of $556,721. Please refer for detailed breakdow to section A of the current sheet 6) Unspent on category OVER in the amount of $6,417. Positive variance in the amount of $6,417 unspent be SR as some of the activities were fulfilled using the resources of other donors 7) Unspent on category HR in the amount of $29,721. Savings in the amount of $22,418 relate to implementation of SR activities and amount of $ 7,603 for Support to 4 NTP staff on MNE, Drug Management and MDR TB and 1 Director of SRL.	$21,270,652	$13,617,404	$7,653,248	The unspent amount consists of commitments of 31.12.2015 for HP, IF, PSM and MED in amount of USD 2 705 710. The amount of $154 251 will be shifted to 2016 for procurements initiated but not yet signed. Total amount of unpaid invoices is $ 2501. The rest amount $4 750 688 was transferred into the IF M budget and reprogrammed for the activities agreed for the Global Fund
5	TB Treatment	To expand access to diagnosis and treatment of drug-	Programme-based	$0	$0	$0	n/a	$20,759	$20,759	$0	n/a
6	Supportive Environment	Program management	Supportive environment: Program management and administration	$827,540	$564,319	$263,220	Positive variance relates to the 1)Unspent in the amount of $14,186 for HR costs; 2) Positive variance in the amount of $224,692 is 7% GMS for 2015 to be charged by UNDP in 2016 upon finalization of CDR 3)Positive variance in the amount of $11,089 relates to the Overhead costs; 4) Unspent in the amount of $7,881 for TR cost; 5) Positive variance in the amount of $3,852 relates to the Office supplies 6)overspent in the amount of $1,482 charged by UNDP as 7% GMS for goods committed in 2013 and delivered in 2015 within Phase I.	$3,099,847	$2,423,421	$676,426	Unspent amount for GMS 7% to be charged by UNDP upon CDR finalization
		TOTAL		$8,792,088	$4,191,017	$4,601,071		$25,628,293	$17,007,054	$8,621,240	

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
1	PR	UNDP	UNDP	$7,735,265	$3,703,696	$4,031,569		$23,657,128	$15,687,915	$7,969,214	
2	SR	NATIONAL CENTER OF PHTHISIOLOGY	Ministry Health (MoH)	$128,016	$89,785	$38,231	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore.	$326,940	$244,874	$82,066	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore.
3	SR	CHUI OBLAST CENTER TI FIGHT TB	Ministry Health (MoH)	$66,342	$63,959	$2,384	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore.	$162,461	$151,293	$11,168	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore
4	SR	OSH OBLAST TB CENTER TO FIGHT TB	Ministry Health (MoH)	$96,784	$84,441	$12,344	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore	$245,827	$221,801	$24,026	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore
5	SR	TALAS OBLAST TB CENTER	Ministry Health (MoH)	$27,390	$24,591	$2,799	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore	$70,462	$63,931	$6,531	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore.
6	SR	BISHKEK CITY TB CENTER	Ministry Health (MoH)	$85,800	$67,915	$17,886	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore.	$229,212	$187,185	$42,027	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore.
7	SR	BATKEN OBLAST TB CENTER	Ministry Health (MoH)	$11,803	$8,562	$3,241	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore.	$44,719	$34,397	$10,323	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore
8	SR	JALALABAD OBLAST TB CENTER	Ministry Health (MoH)	$72,210	$66,771	$5,439	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore	$189,397	$177,612	$11,785	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore
9	SR	NARYN OBLAST TB CENTER	Ministry Health (MoH)	$26,958	$24,261	$2,697	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore	$74,019	$68,156	$5,863	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore
10	SR	ISSYK-KUL OBLAST TB CENTER	Ministry Health (MoH)	$41,368	$37,687	$3,680	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore	$128,577	$112,939	$15,638	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore

C- BREAKDOWN BY IMPLEMENTING ENTITY*

#	PR/SR	Name	Type of Implementing Entity	Current Reporting Period: Budget	Expenditures	Variance	Reason for Variance	Cumulative Reporting Period: Cumulative Budget	Cumulative Expenditure	Variance	Reason for Variance
11	SR	MAIN DEPARTMENT OF PUNISHMENT EXECUTION	Ministry Health (MoH)	$21,380	$19,349	$2,031	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore	$69,290	$57,253	$12,037	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid. 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore
12	SR	SRs	Please Select...	$478,772	$0	$478,772	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore	$430,262	$0	$430,262	1) Savings in HR category (top-up salaries) were due to in the current reporting period UNDP continued to pay top-up salaries on the performance based approach. Those medical staff who did not meet the established targets were suspended from being paid. The programme budget was calculated assuming 100% performance and full amount to be paid 2) Due to the fact that in the current reporting period UNDP continued to pay motivation support payments to the patients on the performance based approach. Non adhered patients, who do not come to collect drugs, consequently do not receive the transportation fee are not paid. In addition there are savings under the activity dedicated to reimbursement of the transportation cost due to some of the health care institutions have organized the specimens transportation from remote areas to the oblast levels laboratories. In this connection, there is no need to some of the patients to travel anymore
		TOTAL		$8,792,088	$4,191,017	$4,601,071		$25,628,293	$17,007,054	$8,621,240	

* 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

#	Name	Type of Implementing Entity	Cumulative Reporting Period: Cumulative Disbursements	Comments
1	BATKEN OBLAST TB CENTER	Ministry Health (MoH)	$34,527	
2	BISHKEK CITY TB CENTER	Ministry Health (MoH)	$203,586	
3	CHUI OBLAST CENTER TJ FIGHT TB	Ministry Health (MoH)	$155,855	
4	ISSYK-KUL OBLAST TB CENTER	Ministry Health (MoH)	$115,596	
5	JALALABAD OBLAST TB CENTER	Ministry Health (MoH)	$186,972	
6	MAIN DEPARTMENT OF PUNISHMENT	Ministry Health (MoH)	$59,400	
7	NARYN OBLAST TB CENTER	Ministry Health (MoH)	$70,311	
8	NCP	Ministry Health (MoH)	$261,475	
9	OSH OBLAST TB CENTER TO FIGHT TB	Ministry Health (MoH)	$235,287	
10	TALAS OBLAST TB CENTER	Ministry Health (MoH)	$66,994	
		TOTAL	$1,390,002	

Ongoing Progress Update and Disbursement Request

Section 8A: The Global Fund Annual Forecast Template

Summary Breakdown by Cost Grouping

Costing Dimension (Cost Grouping)	Budget for Forecast Period	Unspent from previous periods	Budget for the Buffer Period	Total Budget available (including the buffer)	Adjustment for the Forecast Period (based on implementable activities)	Adjustment for the Buffer Period	Total Principal Recipient Forecast (including Buffer)	Comments	Local Fund Agent Adjustment on PR Budget	Local Fund Agent Adjustment on Budget for the Buffer Period	Local Fund Agent Adjustment on the Forecast	Local Fund Agent Adjustment on the Buffer Forecast	Local Fund Agent - Adjusted Forecast (including the buffer)	Comments
Human Resources (HR)	$217,450	$82,025		$299,475	-$1,073		$298,402						$298,402	
Technical Assistance	$65,000	$62,614		$127,614	$18,070		$145,684						$145,684	
Training	$15,280	$21,055		$36,335	-$78,130		-$41,795						-$41,795	
Health Products and Health Equipment	$190,551	$248,038		$438,588	$0		$438,588						$438,588	
Medicines and Pharmaceutical Products	$1,731,886	$5,846,621		$7,578,507	-$542,084		$7,036,423						$7,036,423	
Procurement and Supply Management Costs	$424,705	$1,076,962		$1,501,667	-$6,836		$1,494,831						$1,494,831	
Infrastructure and Other Equipment	$404,600	$3,495		$408,096	-$4,855,419		-$4,447,323						-$4,447,323	
Communication Materials	$1,800	$2,471		$4,271	-$421,940		-$417,669						-$417,669	
Monitoring & Evaluation	$16,506	$6,835		$23,341	-$4,435		$18,907						$18,907	
Living Support to Clients/Target Populations	$359,110	$616,074		$975,184	-$957,526		$17,657						$17,657	
Planning and Administration	$276,335	$5,119		$281,454	-$2,871		$278,583						$278,583	
Overheads	$31,423	$649,931		$681,354	$0		$681,354						$681,354	
Other		$0		$0	-$18,254		-$18,254						-$18,254	
Grand Total	**$3,734,646**	**$8,621,240**	**$0**	**$12,355,886**	**-$6,870,498**	**$0**	**$5,485,388**		**$0**	**$0**	**$0**	**$0**	**$5,485,388**	

Ongoing Progress Review and Disbursement Request

Section 8B. Disbursement Request and Recommendation

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

1. Period beginning date:	1-Jan-2016	end date:	30-Jun-2016	Approved budget amount (PR):	$3,734,646	Forecasted amount (PR)	$5,485,388
				LFA-verified approved budget amount:	$3,734,646	LFA-adjusted forecasted amount:	$5,485,388
2a. Cash buffer period (by default) (cash "buffer") beginning date:	1-Jul-2016	end date:	30-Sep-2016	Approved budget amount (PR):	$0	Forecasted amount (PR):	$0
				LFA-verified approved budget amount:	$0	LFA-adjusted forecasted amount:	$0
2b. Additional "buffer" (discretionary, select only if there is a prior agreement with the FPM) (1) Cash "buffer" agreed with FPM (2)	Select						
(cash "buffer") beginning date	1-Oct-2016	end date:		Approved budget amount:		Forecasted amount:	
				LFA-verified approved budget amount:		LFA-adjusted forecasted amount:	

PR Total Forecast
$5,485,388
LFA Total Forecast
$5,485,388

(1) Upon agreement with the FPM, additional Cash buffer can be requested if the PU/DR report contains a completed AFR or EFR report or if there is a request from the Secretariat for the PR to complete the report on SR Cash Reconciliation contained in the "SR Cash Reconciliation 2D", or if there are any additional Global Fund-specific requirements that cannot be delivered within 60 days. However such requests may or may not be satisfied based on the review of the current PU/DR.

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

PR's explanation of any significant variance between forecasted amounts and amounts as originally budgeted. Please explain any significant variance (based on your judgment) between the forecasted amounts and the amounts as per approved budgets. Please specify the main factors and related amounts that are the major drivers of the variance. NB. Consider the following items when providing the analysis. - Expected timing of payments for any significant budgetary items, - Impact of existing cash balance at SR levels - Current confirmed commitments to be paid during disbursement request period - Current/expected unit prices compared to those in the budget - Change in quantities compared to budget - Exchange rates and inflation - Linkage between budget absorption and programmatic performance to-date. ? The forecast should include any existing commitments (eligible under this grant) as of the end of the reporting period and which are likely to be paid during the disbursement period	
LFA comments on PR's explanation of any significant variance between forecasted amounts and amounts as originally budgeted.	

		PR-reported amounts	PR Comments	LFA-verified amounts	LFA Comments
Less:	3. Cash Balance: End of period covered by Progress Update (Item 7.1 in PR/LFA Cash Reconciliation):	$7,959,398		$7,959,398	
	4. Cash in Transit for the reporting period (Disbursements to PR & third party disbursements):	$0		$0	
	5 Cash in Transit after the current reporting period (Disbursements to PR & third party disbursements) :	$0		$0	
		PR-requested amount	**PR Comments**	**LFA-verified amounts**	**LFA Comments**
6. Disbursement Request to the Global Fund for the period immediately following the period covered by the Progress Update, plus additional period (cash buffer):		$0		$0	

7. Does the PR's Disbursement Request include funds for health product procurement?	Select
8. Exchange Rate (used to translate local currency into grant currency)	Select

	Rates used by the PR	LFA-verified rates
- used to convert Opening Cash Balance	61.277410	0.0000
- used to convert Closing Cash Balance	73.43670	0.0000
- used to convert Total PR Cash Outflow for the Progress Update Period	66.597661	0.0000

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

LFA comments on the exchange rates used by the PR

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)

Name: Aliona Niculita

Title: Deputy Resident Representative

Date and Place: 25 MAR 2016 Bishkek, Kyrgyzstan

IRINA SCHELKOVA
GRANT COORDINATOR
GF UNDP

Shelkova : 25.03.2016