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

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

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

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

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

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

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

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

GENERAL GRANT INFORMATION

Country:	Kyrgyz Republic
Disease:	HIVAIDS
Grant Numbers	KGZ-H-UNDP
Principal Recipient:	UNDP Kyrgyzsian
Program Start Date:	1-Jul-2011
Currency:	USD

PROGRESS UPDATE

Progress Update - Reporting Period:	Cycle: Semeste	Number	8
Progress Update - Period Covered:	Beginning Date: 1-Jan-20	IS End Dale:	30-Jun-2015
Progress Update - Number:		8	

DISBURSEMENT REQUEST

Disbursement Request - Disbursement Perlod: Cycle:	Annua!	Numbers	
Disbursement Request - Period Covered: Beginning Date:	1-Jan-2015	End Date:	31-Dec-2015
Dishursament Remost - Number		_	

Section 1: Programmatic Progress

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

A. Impact / C	utcome indicators	di 168 (46) de	. 660 MG 1594	santing de				ja ar janga an an an	
impact <i>i</i> Outcome	Indicator Description		(cabis)	Year of Target	Intended Target	Report Due Date	Actual Result	Data Source of Results	Comments on results on impact/Outcome indicators and data sources, and any other comments
Impact	HIV I-11: Percentage of people who inject drugs who are living with HIV	14,60%	2010				N/a	RBS (Integrated Blo- behavioural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National M&E Plan that covers the period 2012 - 2010. In accordance of PF, the data will be available from next ISBS. The next ISBS is planned for 2016.
knpact	HIV I-10: Percentage of sex workers who are living with HIV	3,50%	2010				N/a	IBBS (Integrated Blo- behavioural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2018.
Impact .	HIV I-8a: Percentage of men who have sex with men who are living with HIV	1,10%	2010				N/a	®BS (Integrated Blo- behavioural Surveillance)	The indicator is aligned with the National HiV AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2018.
Impact	HIV I-12: Percentage of other vulnerable populations (prisoners) who are living with HIV	7,00%	2009				N/a	IBBS (Integrated Blo- behavioural Surveillance)	The indicator is eligned with the National HIV AIDS program and the National M&E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be svallable from next IBBS. The next IBBS is planned for 2016.
htpact	HIV I-8: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	29,90%	2009	Year 3 2014-2015	4,00%	15-Aug-2015	2,0%	National HIV Health Statistics	Spectrum has estimated 2.0% (4/138) of child HIV infections from HIV positive women delivezing in the last 12 months. The cohort of children born in Jan-Dec 2013 is reported. This data is inline with the National M&E reporting system and Global A/DS Response Progress Reporting. For more details pls. refer to: https://aidsreportingtool.unalids.org/indicator/edi/9520/180/
htpact	HIV I - olber 1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antietroviral therapy	76,00%	2010	Year3 2014-2015	65,00%	15-Aug-2015	84.8%	National HIV Health Statistics	The data is obtained through the National report to UNAIDS for 2014. This data is fnline with the National MSE reporting system and Global AIDS Response Progress Reporting. The denominator is 412 (m-2007-222) and numerator is 434 (m-234f /200). For more details pls. refer to: https://eidsreportingtool.unaids.org/indicator/ed/VS20/100/.

Section 1: Programmatic Progress

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

A. Impact J O	ufcorria Indicators	V86199139933V		Sales Average of	Astronomical		zanast (Asia nazara (panasay)) (1901)		
Impact <i>i</i> Outcome	Indicator Description	Base (if appl Value	eline licable) Year	Year of Target	Intended Target	Report Due Date	Actual Result	Data Source of Results	Comments on results on impact/Dulcome indicators and data sources, and any other comments
Outcome	Hiv O-8: Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	67,00%	2010				F-Wa	IBBS (Integrated Bio- behavioural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National MME Plan that covers the period 2012 - 2016, in accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Outcome	HIV Q-7: Percentage of other valuerable populations (PWID) who report the use of a condom at last sexual intercourse	54,00%	2010				N/a	IBBS (Integrated Blo- behavioural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National M&E Plan that covers the period 2012 - 2010. In accordance of PF, the data wiff be available from next IBBS. The next IBBS is planned for 2018.
Outcome	HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client .	51,00%	2009				N/a	IBBS (integrated Bio- behavloural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National M&E Plan that covers the period 2012 - 2016, in accordance of PF, the dats will be available from next IBBS. The next IBBS is planned for 2016.
Outcome	HIV O-4a: Percentage of men reporting the use of a condorn the last time they had anal sex with a male partner	50,00%	2010				Nia	IBBS (inlegrated Bio- behavioural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National M&E Plan that covers the period 2012 - 2010. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2010.
Gutcome	HIV O-other1: Percentage of PWIDs who were tested during the past 12 months and know their results	30,00%	2009	- Linearing Laboratory Lab			Nia	IBBS (integrated Blo- behavioural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National M&E Plan that covers the period 2012 - 2010. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2010.

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

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

Global Fund Management Actions as per Management Letter EECA/UM/182-4/6/2015	PR Comments on Progress of Implementation
Recommendation 1: The PR together with NAC and community of PLHIV (community based NGO) should pay more attention to motivation of PLHIV by provision of incentives and strengthening of self-support.	During the reporting period PR jointly with the partners implemented the following actions: 'To meet needs of the general population (non-key groups) in HIV services (counseling, informational support, self-support, practical trainings on ART procedures etc.) we have introduced a separate staff position of a peer to peer consultant for work with the general population in Bishkek AIDS Centre from the beginning of 2015. 'During M&E visits (May 2015) our programme specialists have conducted on-job trainings on capacity building (documentation records management, adherence to ART, nutrition and dietary during ART etc.), provided informational educational materials etc. 'The molivation strategy system for PLHIV adherent to ART has been reconsidered and revised in lite beginning of the 2015. Since April 2015 the monetary remuneration are paid via Bishkek AIDS Centre based on information available through the HIV Electronic Case Management System (UICs, percentage of PLHIV adherence to ART) that improve the collaboration between AIDS Centres and NGOs. 'In order to improve the services on treatment, care and support of PLHIV in prisons, during the reporting period there were conducted several meetings with the Republic and Bishkek AIDS Centers, SSES and NGO resulting in achievement the arrangements on regular technical support of SSES by AIDS Centers through visits, consultations, working with complicated cases, cooperation in examination the clients on CD4 and VS, joint working with PLHIV and coordination (reporting system, scheduled visits, trainings, etc.). 'In order to improve the cooperation between services (Narcology, AIDS services and NGO) PR held coordinating meeting in Osh. 'The new additional staff position of a peer to peer consultant for work with PWID/PLHIV is planned for Osh AIDS Centre from August 2015. This person will be specifically responsible for pre- and post-lesting counseling and case management of PWID. All measures implemented during the reporting period should influence on the analysis
Recommendation 2: The PR together with NAC should improve access to laboratory monitoring of ART for all eligible PLHIV. Support for transportation of blood sample to laboratories for viral load or CD-4 tests provision may be useful for the doctors and clients. As the PR already provides support to NCP for material transportation to TB laboratory, it can consider arrangement of outsourcing in case of HIV as well.	In order to improve the access of PLHIV to laboratory monitoring of the effectiveness of ART (the analysis of viral load, CD4 cell count liters) were considered different approaches: 1) transportation of biological samples from the regions to the only existing PCR laboratory in the country, HIV PCR laboratory at the RAC. Using this external resources - outsourcing transport services to private laboratories (e.g., private courier service of Bonetsky Laboratory - Intelmed LLC); 2) applying resources for the service of the existing SES MoH laboratories in Osh (PCR laboratory SES in Kara-Suu); 3) creation of a separate PCR laboratory based in Osh AIDS Center. After a thorough expertise and analysis of all options, PR came to the conclusion that the most effective, tong-term solution is the option #3 - Opening of a new PCR laboratory based in Osh AIDS Center. The targest number of patients in need of these services is concentrated in the souther region of the country which was also considered during decision making. This solution is line with the recommendations given by Ms. Maiken Mansfeld, an expert from Copenhagen WHO Collaborating Centre, visited us with the mission on optimization of HIV services in April this year. She was in opinion that it is crucial to provide an easy access to VL testing for PLHIV in the South of the country. The opening of the separate PCR laboratory in Osh could do that as a permanent long term solution and noticeably contribute to the strengthening of the national HIV services capacily. Moreover, in parallel as a short-term solution of this Issue PR is considering and collaborating on the ability to scale the pilot project of ICAP to optimize transportation of biological samples from the regions of the country to the PCR laboratory at RAC (Bishkek), using a new type of vacuum tubes (substantially prolong the transportation time of samples) and third-party outsourcing transport courier service. PR currently together with ICAP are conducting negotiations with the Bonetsky Laboratory

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Recommendation 3: ASTB diagnoses and TB prevention among PLHIV are crucial for decreasing of mortality and retention at the ART PLHIV, the PR together with NAC, as a SR should pay more attention to early TB diagnoses and prevention, as well as providing treatment, care and support to patients with HIV/TB.	Regarding the statistics: in total 130 PLHIV died in 2014, 64 patients of them (49.2%) died from TB. From January 2015 a new algorithm of the diagnosis of TB for PLHIV was introduced, which includes on the first stage screening on TB (4 questions) and further steps. This algorithm also stipulates that Isoniazid preventive maintenance should be performed every 2 years for PLHIV (without confirmation of Manitoux test) and is necessary to make every effort to implement these recommendations for Isoniazid prophylaxis. (I soniazid prophylaxis has been shown to be effective in preventing the progression of TB infection to clinical TB disease. When isoniazid is taken for 12 months, it reduces the occurrence of TB disease by 54% to 88%. The efficacy of isoniazid is directly related to the length of prophylaxis, (the extent of patient compliance with the prophylactic regimen, and the susceptibility of the infecting organism to isoniazid). HSS specialist through M & E visits carefully tracks if PLHIV are screened for TB during their each visit and if one of the positive symptoms are revealed what are the actions by the doctor supervising the patient (whether PLHIV referred to continue the algorithm for instrumental methods of TB diagnostics). PR programme staff member jointly with M & E specialists of Osh, Bishkek, Jalalabad and Republic AIDS centers analysis reports whether the activities of NGOs working with PLHIV there is the indicator on TB diagnostics of PLHIV are involved in the PPT and ART. Within the activities of NGOs working with PLHIV there is the indicator on TB diagnostics of PLHIV and the target is 60 % of the covered clients number. NGOs are working with PLHIV there is the indicator on TB diagnostics of PLHIV and the target is 60 % of the covered clients number. NGOs are working with the doctors of the AIDS Centers and FMC very closely on this issue. In order to improve the cooperation between departments (Narcology, TB and AIDS services) recently RAC held a working meeting. During this meeting TAC hel
of motivation sessions and for arrangement of special more comfortable venue for such activity. Unified	1) Since activities for OST staff and clients within Training plan for 2015 was approved in July 2015, PR has planned motivational sessions for OST clients in the next reporting period. 2) PR began the process of revision of the regulatory and legal framework for the implementation of OST programs (including the regulation of the issuance of methadone). 3) 3 OST points were closed since the last reporting period, however the numbers of people receiving OST has continued to increase. The PR is looking at rationalising OST points so that services can continue to be provided to those who want to receive them.
that are in line with GF Quality assurance policy. If in future any product of unassured quality is procured with	The PR acknowledges that the ELISA HIV lests were not in line with GF QA requirements. Procurement Specialists discussed the specific case during a mission from our Procurement Support Office, and all procurement specialists are now fully aware of GF's QA policy. The PR understands the importance of ensuring that all medicines and health products are properly quality assured. The PR requests both the third party procurement agents and the manufacturers to provide a full package of quality assurance documents for the tests that were procured in 2014 but not listed in WHO PQ. According to the GF QA requirements, the diagnostic products must meet the following: Criterion 1- recommended by WHO for use in HIV/AIDS programs, based on a technical review of quality and performance indicators, OR Criterion 2- approved by authorities of the founding members (US, EU, Canada, Japan, Australia) of the Global Harmonization Task Force (GHTF). When the product is not WHO prequalified, the PR tries to procure the diagnostic tests that meet the Criterion 2, i.e. the GHTF (now IMDRF) members approved.
Recommendation: The PR in collaboration with UN agencies and development partners should arrange special assessment for verification of indicator's achievement, such as Number of pregnant women who know their HIV status; Number of people tested for HIV, including the provision of results; coverage by viral load tests, etc. Such activity may be implemented together with UN agencies and development partners, as well as implemented within State Programme midterm evaluation which will be organized at the year 2015.	1) These indicators are verified by employees of AIDS centers jointly with UNDP program staff during monitoring visits on a routine basis. 2) PR started negotiations with UNICEF, UNAIDS on joint action within the framework of midterm assessment of the State Programme.
C. PR COMMENTS ON ANNUAL GRANT REPORTING REQUIREMENTS	

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

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

Enhanced Financial Reporting (EFR)	1-Mar-16	Preparation on track The EFR will be submitted in the PUDR for the period 1 July -31 December 2015.	

PROGRESS UPDATE PERIOD

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Section 3A: Total PR Cash Outflow

Section 3A: Total PR Cash Outflow [For RCC crimis the cumulative section of the table by	ntow should com	akı çumukabva amer	est from live stor	t of the RCC and not from the start of Phase 1 of the program.				
	Sudget for Superling Period	Actual Cash Outilion for Reporting Period	Varlança	(Passas Jar Variance	Committee Rusgol Heaugh period of Progress Update	Europited Arisot Carli Datitive Strangh period of Fragrana Updala	Ywiance	Parties for Verlages
Transfer Carlo Scillock Sp. 3 page 1	2 445 474	2 PPA MEL.	notes	The profession where CN 19 70 12 (20) The service centre of the mean extension 15 (1) the service of 15 (1) t	16 376 691	35 074 699	Serie vol.	Considerations of the Consideration of the Consider
No Chilury gamenth has such recipionish	1 263 439	3 604 414	23-bes	14 S 2011 - September of the significant content for severage that he hash plants. A propose a vertical SEAS SEAS SEAS SEAS SEAS SEAS SEAS SEA	VOORS AAT	18 832 473	Na pri	123 131 - Can produce projection be assessed and assignmental assignment
	Befget fee Superting Parind*	Actual Court Outlier for Paperling Paties	Yelmm	Shazeda har Verbanda	Cumulate fudget licaugh period of Programs Update	Campletive Actual Cash Outlies through period of Progress Update	Vielence	Pares on for Visi Innova
2, fotolphia morestleri li doniti product orpotelimas et. budgei	i and Par	1 (\$1 tes	\$ \$		1 903 41	RESPUT	inali	
to National and planned and a production	417 9 17	D78 174	24-794	(EXE) price is amoved (FALTO (ALTO). The property of price of the pri	1434301	1 102 009	mas	EXERCISE IN SECURITION OF THE PROPERTY OF THE
To freely products and health experiment	847 8 17	172945	Plasf	Light this service \$4.193 FOOD. When be aponed partial by approved to be amounted at \$20.192 \$4.100 off another hypothesis in a handle and if common will four be a proved at \$20.201 to an \$70.00 for it in the common of the co	\$-224 ASB	4 521 434	1998 10°	It's plants as execut 2729-93 to EUDOparticis of 1512019 1. 1512

PROGRESS UPDATE PERIOD

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

Section 4: Procurement and Supply Management

		Comments
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. I For further guidance on PQR data entry, please refer to the guidelines.	Yes	The PR updated the PQR with procurement of ARV drugs and test systems
2. Based on the most up-to-date stock situation, are there any risks of stockouts of key pharmaceuticals & health products at the central level in the next period of implementation? If yes, please comment.	No	The ARV drugs have been supplied in time. No stock out situation is expected. The final shipment of ARV drugs is planned for November that will cover the needs till mid 2016.

2	Comment on additional issues related to the procuremen	it and	Inamenenem vinnua h	of r	nharmaceutica	ile an	d healt!	h prod	fucts

n/a

DISBURSEMENT REQUEST PERIOD

Grant number:	KGZ-H-UNDP			10.00
Progress Update - Reporting Period:	Cycle:		Number:	
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	30-Jun-2015
Progress Update - Number:	8			
Currency:		Ţ	ISD	

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

Section 5: Cash Reconciliation and Disbursement Request

1. Cash Bala	nce: Beginning of period covered by Progress Update (line 10 from Cash Reconciliation section of the period covered by the previous Progress Update):		2 414 65
Add:	2. Cash received by the PR from the Global Fund during the period covered by this progress update:3. Cash disbursed to third parties by the Global Fund on behalf of the PR during the period covered by this progress update:	3 591 345,00	
	4. Interest received on bank account 5. Revenue from income-generating activities (if applicable)	22 870	C
Less:	 Other income, if applicable (e.g. income from disposal of fixed assets, tax refunds) Total cash outflow during period covered by Progress Update (value entered in Section 3A "Total cash outflow"): 	3 090 091	3 614 472
	 Net exchange rate gains/losses (gains should be shown with a minus sign; losses should be shown with a plus sign) Reconciliation adjustments (gains should be shown with a minus sign; losses should be shown with a plus sign) 	3 853	3 093 94
Explanation	of reconciliation adjustments (line 9) on must be provided if there have been any adjustments.		2 935 182

DISBURSEMENT REQUEST PERIOD

Grant number:	KGZ-H-UNDP
Progress Update - Reporting Period:	Cycle: Semester Number: 8
Progress Update - Period Covered:	Beginning Date: SSINJan-2015 End Date: S0-10n-2015
Progress Update - Number:	min 8 Month and State of the Control
Currency:	USD

Section 5: Cash Reconciliation and Disbursement Request

	···							
B: DISBURSEMENT REQUEST							16/5/16/00 (19/00/00/00/00/00/00/00/00/00/00/00/00/00	
Total forecasted net cash expenditures by the Princip by the Progress Update:	pal Recipient for the period immediately follow	ving the period cover	ed					
Period beginning date:	1-Jan-2015	end date:	31-Dec-2015	approved budget amount:		forecasted amount:		
2a. Cash buffer period (by default)	1020020-00200000000		karata hashasa satasan nasa na	3				
(cash "buffer") beginning date:	1-Jan-2016	end date:	31-Mar-2016	approved budget amount:		forecasted amount:	****	PR Total Forecast
2b. Additional "buffer" (discretionary, select only if the	here is a prior agreement with the FPM) (1)							D
cash "bulfer" agreed with FPM (2) St	elect		\$556 AMERICAN (2010) V (400) AE	4				
(cash "buffer") beginning date	1-Apr-2016	end date:		approved budget amount:		forecasted amount:		
principal from the FPM should be obtained prior to	o requesting an additional cash buffer.	·		inanclais, requested by the Secretariat, or if there a prorated values for the period following the regular		cific requirements that (cannot be delivered w	ithin 45 days. An agreement l
				The forecast is encisoed to current PU/DR				
Please explain any significant variance (based on yo Please specify the main factors and related amounts NB. Consider the following items when providing the Expected timing of payments for any significant brown Impact of existing cash balance at SR levels Current confirmed commitments to be paid during Current/expected unit prices compared to those in Change in quantities compared to budget Exchange rates and initiation Linkage between budget absorption and programs I The forecast should include any existing commitme paid during the disbursement period	that are the major drivers of the variance, analysis, udgetary items, disbursement request period the budget		· · · · · ·	THE TOTAL STATE OF THE TOTAL STA				
					·		\$500001100001840000001\$	
 Cash Balance: End of period cov Less: 	ered by Progress Updale (number 10 from Pi	R Cash Reconciliatio	n sheel):				2 935 182	
Cash "In transit" disbursed to the	• PR·							
	d parties by the Global Fund on behalf of the F	PR						2 935 182
								political and a second a second and a second a second and
6. PR's Disbursement Request to the Global Fund for	or the period immediately following the period	covered by the Prog	ress Update, plus additio	nal period (cash buffer):				0
7. Does the PR's Disbursement Request include fun	nds for health product procurement?			Select				
8. Exchange Rate (used to translate local currency in	nto grant currency)			Name of local currency, date and source of the ex	change rate, and other o	comments (if appropriate	e)	
- used to convert Opening Cash Bal	lance	58,850	0					
- used to convert Closing Cash Bala	ance	58,160	6					
- used to convert Total Cash Outfloo Period	w for the Progress Update	60,444	1					

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

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

As highlighted in the previous PU/DRs the main challenges still remain - 1) weak capacity of the SSES and high staff turnover. 2) stigma among doctors and in the society towards all larget groups of the grant, but more specifically towards PLHiV. The sligma results in high treatment default rate and high mortality among PLHiV. Actions are almed to overcome this barrier: SR regulatly organizes meetings between NGOs and the state organizations where the existing problems are discussed in the ADS centers there are employed HIV positive people for canducting the consultations based on the principle "peer to peer". Some SRs will conduct several trainings and actions to reduce stigma and discrimination in the next reporting period 3) charges in the regulatory environment. There is currently a legal bit being discussed in Periodical Periodica

On-going Progress Update and Disbursement Request

NB: This page should be completed if (1) this is a split disbursement (i.e. disbursement going to more than one recipient) or (2) if there have been changes to the bank details since the previous disbursement.

7C: Bank Account Details

The state of the s	Routing Instructions:		
	Bank Code (Other):		Equivalent la grant currency (Calcusted based on the indicated exchange rate)
	Bank SWIFT Code:		Exchange is an investment about a Country in the hospitchery should receive the funds is different from the great currency)
	Dest Address	THE STREET THE STREET S	MIDUIT II FUIGA.
	Bank Address	And the state of t	The World
The state of the s	Bank Account Number:		Amount in currency in which beneficiary should receive the funds:
1 1000	Owner of Bank Account:		Currency In which benoficiary should receive the funds
ANTAINE ANTAIN A	Owner of Bank Account:		Beneficiary Name:
			Payne 4:
	Routing Instructions:		
	Bank Code (Other):		Equivalent in grant currency (Calculated based on the indicated exchange raie)
	Bank SWIFT Code:		Exchange rate, date and source (Complete only if currency in which translating should receive the funds is different from the grant currency).
	Bank Address	con-manufacture.	Amount in Words:
	Bank Account Number:	and the second s	Amount in currency in which beneficiary should receive the funds:
	Owner of Bank Account:	***************************************	Currency n.which baratisiany should resche that lunds
The state of the s	Owner of Bank Account:		Beneficiary Name:
			Payao 3:
	Routing Instructions:		
	Bank Code (Other):		Equivalent in grant currency (Calculated based on the indicated exchange rate)
The state of the s	Bank SWIFT Code:		Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the great currency).
	Bank Address		Amount in Words:
	Bank Account Number:		Amount in currency in which beneficiary should receive the funds:
	Owner of Bank Account:		Currency in which benulic lary should receive the fuels.
	Owner of Bank Account:	THE REAL PROPERTY IN THE PROPERTY OF THE PROPE	Bonoficiary Harnet
			Payae 2.
	Routing Instructions:		
111000012	Bank Code (Other):		Equivalent in grant currency (Cakunted hased on the Indicated exchange rate)
BOFAUS3N	Bank SWIFT Code:		Exchange rate, date and source (Complete only if carency in which benefities; should receive the funds is different from the grant carency)
730 15th Street, N.W. 7th floor, Washington, DC 20005-1012, USA	Bank Address	P	amount in Words:
3752174485	Bank Account Number:	0,00	Amount in currency in which beneficiary should receive the funds:
UNDP Representative in Kyrgyzstan	Owner of Bank Account:		Currency In which baneficiary should receive the funds
UNDP Ropresentative in Kyrgyzslan	Owner of Bank Account:	stan	Beneficiary Name: UNDP Representative in Kyrpyzstun
			Total Payee 1:
	· · · · ·		Payee 4:
			Payee 3:
			T T T T T T T T T T T T T T T T T T T
			Payee 1 - Principat Recipient: UNDP Representative in Kyrgyzstan
		Amount in grant	
			Uispursoment request renog

GENERAL GRANT INFORMATION

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

PROGRESS UPDATE PERIOD

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

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Annual	Number:	0
Disbursement Request - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	31-Dec-2015
Disbursement Request - Number:	0.0000000000000000000000000000000000000	the water to the second		

Section 7: Cash Request and Authorization

A: CASH REQUEST

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

1. Cash amount requested from the Global Fund (from line 14 – "PR's Disbursement Request" in the tab "PR Disbursement Request 4B"), in grant currency



2. Amount requested in words (in: USD):

B: AUTHORIZATION

The undersigned acknowledges that: (i) all the information (programmatic, financial, or otherwise) provided in this Progress Update and Disbursement Request is complete and accurate; (ii) funds disbursed in accordance with this request shall be deposited in the bank account specified in block 9 of the face sheet of the Grant Agreement unless otherwise specified herein; and (iii) funds disbursed under the Grant Agreement shall be used in accordance with the Grant Agreement.

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

Pradeep Sharma

010

13/08/15

Name:

Title:

Date and Place:

Deputy Resident Representative

Bishkek, Kyrgyzstan

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

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

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

Grant number:	KGZ-H-UNDP	
Progress Update - Reporting Period:	Cyclo: Seme	
Progress Update - Period Covered:	Beginning Date: 1-Jan-	2015 End Date: 30-Jun;2016
Progress Update - Number:	8	
Currency: USD		

Name of Entity	Date of Most Recent Disbursement to SR	Budget for Reporting Period*	Disbursed during Reporting Period*	Cumulative Budget through paried of this Progress Update*	Cumulative Distursed through period of this Progress Update*	Cumulative Actual Expenditure through period covered by this Progress Update	Cumulative BS REVALUATION FOR NEX ACCT 2011-2014	Cash balance at the end of the period covered by this Progress Update	Variance between Latest Comulative Expenditure Reported and Cumulative Budget	PR's explanation of variance (1) between cumulative budget and cumulative expenditure and (2) between cumulative disbursement and cumulative expenditure (nandatory for amounts above \$50,000 or equivalent and with more than 10% variance)
REPUBLICAN CENTER OF HARRON OCKY	04.06.2015	370 563,84	348 832,04	3 091 401,91	3 103 543,12	3 037 817,65	{34 124,93}	30 691,19	53 554,06	SR has savings due to: - late actual signing the Agreement for 2015 resulted in reducing or postponding some activities, as the Budget for 2015 was approved 18th of February 2015 - the new performance based salary incentives strategy continued to be implemented in 2015. - the implementation of the plan of incentive payments in accordance with the conditions in the implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015. Commitments in amount of \$4,776, These expenses will be reflected on the pext.
"Anti-AIDS" Association	28.05.2015	26 000,23	25 228,97	116 292,81	118 199,93	116 622,52	(1 396,58)	180,83	(329,71)	SR do no have commitments.
"SOCIUM" NGO	28.04.2015	18 576,67	17 398,62	106 729,18	107 940,81	103 567,58	(2 517,31)	1 855,92	3 161,60	SR has commitments by category Over and savings on HR. Expenses will be reflected on the next reporting period.
AFEW		***************************************	-	2 014 370	2 014 369,79	2 014 369,79	******			
Regulation AIDS Center under of Hell	21.04.2015	42 376,51	20 369,79	277 040,13	257 297,22	255 143,07	(2 614,76)	(460,61)	21 897,06	SR late utilise the funds received for January-April 2015 which was affected on late provision of financial report. Therefore advance for May-June 2015 in amount of \$15 783 were transferred in the beginning of July 2015. Expenses for the period of May-June 2015 will be reflected in the next reporting period. SR has savings due to the implementation of the plan of incentive payments in accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the CP budgeting guidelines. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015.
Republican Blood Center under MoH	*	-						-	8 44 60 60 B	
Scientific organization Therentive Medicine" under of Moti		26 278,03	(8 356,25)	441 113,46	410 435,83	400 280,39	(4 155,45)	(0,01)	34 633,07	SR returned the unused funds in amount of \$4750 on TR category , \$2297 on M&E category since the contract with SR was not extended for 2015. Planned activities of 2015 with a implemented by UNOP jointly with experts of Preventive Medicine. The experts selection is started and expenditures will be reflected next reporting period.
FIRECEL NEW AOUR	-	38 405,00	-	583 358,50	524 053,50	507 073,88		17 879,62		There is no any distursement in current period; part of the expenses of previous period were reflected in current reporting period. Other part of the expenses will be reflected in the next period. SR Agreement for 2015 was not signed. The activities of SR were reviewed and partially were included into the SR Agreement between PR and MoH for implementation. Commitments in amount of \$17.879. These expenses will be reflected on the next period.
WHO REGIONAL OFFICE FOR EUROPE	•			453 708,10	453 708,10	453 708,10			0,00	

Name of Entay	Date of Most Recent Disbursement to SR	Budget for Reporting Period*	Disbursed during Reporting Period*	Cumulative Budget through period of this Progress Update*	Cumulative Disbursed through period of this Progress Update*	Cumulative Actual Expanditure through period covered by this Progress Update	Cumulative BS REVALUATION FOR NEX ACCT 2011-2014	Cash balance at the end of the period covered by this Progress Update	Variance between Latest Cumulative Expenditure Reported and Cumulative Budget	PR's explanation of variance (1) between cumulative budget and cumulative expenditure and (2) between cumulative disbursement and cumulative expenditure (mandatory for amounts above \$50,000 or equivalent and with more than 10% variance)
Other Mirror SR (10 SRa)	29,06,2015	148 313,87	141 922,84	1 006 517,13	1 011 935,64	978 069,90	(13 090,62)	20 600,2\$	28 272,52	The expenses of some organizations (PF Krik Juravlya) will be reflected in the next reporting period. There are some savings on categories HR, TR and LS of Association Tedinstvo LJV* due to approval of the Training plan by GF in April 2015 and cancellation or postponding some training activities; there was no the request by SR for payment for some services within LS category during the reporting period. This SR was transferred to the direct payment due to the direct payment due to the weak finance management.
Maio Department of psechaged o octalen	24.04.2015	18 640,06	8 704,11	293 159,11	280 231,52	285 122,04	(4 662,68)	(553,20)		SR has savings due to: - the new performance based salary top-ups strategy continued to be implemented in 2015 the implementation of the plan of incentive payments in accordance will the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 20 April 2015 and become effective from 1 April 2015. - due to the transition of SSES activities under the RNC some planned activities on TA were cancelled.
Other Minor SRs contracted starting 01.04.2013 (14 SRs)	19.06,2015	114 495,71	118 216,59	594 943,42	607 818,64	584 505,40	(9 799,02)	13 374,72	10 309,93	There are some savings on categories PA, OVER. SRs do not have commitments.
Other Minor SRs contracted starting 01.07.2013 (14 SRs)	29.06.2015	351 339,68	314 504,10	1 555 863,37	1 541 777,08	1 498 015,91	(24 854,02)	18 790,83	67 736,54	In 2015 PR started to implement the modified motivation strategy for PLHV adherenced to ART within the monetory remuneration instead of motivation packages via Blatkek City AIDS center. The process of payment is on going and the part of the expenses on LS category with be reflected in the next period. Also Blatkek AIDS Center has late approval of budget from Ministry of Finance which was affected on late providing linancial report. Therefore payment of advances for May-June 2015 will be made upon receiving of request for funds from SR. Total amount of unpaid advance for May-June is 3.2.891. Savings on category LS are due to the coverage of the real needs that were less than forecasted. Savings on category PA (transport expenses) are due to the confination of implementation the standarts within new approach of financing the SRs. There are some savings on category TR due to approval of the Training plan by GF in April 2015 and postpording some training activities, expenses will be reflected in the next reporting period. Savings on HR of some SRs are due to the significant staff flow, deflect or vacancy (outreachworkers)beer consultant).
Other Minor SRs contracted starting 01.06.2014 (2 GOV)	15/04/2014	30 494,38	21 636,84	89 009,48	76 261,47	74 066,62	(596,43)	1 598,42	14 942,84	These SRs has fate approval of their budget from Ministry of finance which was affected in late provision of the financial reports by SR. Therefore payment of advances for May-June 2015 was shifted into early July 2015. Total amount of advances \$11 127. There are some savings due to the implementation of the plan of incentive payments in accordance with the confliction in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015 and become affective form.1 April 2015.
SR		79 935,90	-	79 935,90	-	-	(195,93)	3,00	79 935,00	
		<u>:</u>	-	-	-	-	.,.,		\$4,000.000000000000000000000000000000000	
		1	-		-		l	<u> </u>	asurioneosinise do	

1 283 420 1 1 008 458 1 10 683 442 1 10 517 473 1 10 314 363 -98 004 103 069 36667

TOTAL

[&]quot;TOTAL amount for these columns should reconcile with relevant amounts under "1b Disbursed to Sub Recipients" in Section 3A"
"* Where the number of SRs is significant (over 10), SRs with small budgets (less than 550,000 cumulative each) do not need to be reported separately and the figures can be aggregated in a group called "Other Minor SRs"

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

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

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

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

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

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

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

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

GENERAL GRANT INFORMATION	Kyrgyz Republic	
Colintry:		
Disease:	HIVAIDS	
Grant Number:	KGZ-H-UNDP	
Principal Recipient:	UNDP Kyrgyzstan	
Program Start Date:	1-Jul-2011	
Currency:	USD	

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

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

Section 1: Programmatic Progress

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

A Impact / 0	utcome Indicators								
Impact f Outcome	Indicator Description	Ease (if appi		Year of Target	Intended Target	Report Due Date	Actual Result	Data Source of Results	Comments on results on Impact/Outcome Indicators and data sources, and ony other comments
Impact	HIV I-11: Percentage of people who inject drugs who are living with HIV	14,60%	2010				N/a	IBBS (Integrated Bio- behavioural Surveillance)	The indicator is aligned with the National HfV AIDS program and the National MSE Plan that covers the period 2012 - 2018, in accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
impáct	HIV I-10: Percentage of sex workers who are living with HIV	3,50%	2010				N/a	恩BS (Integrated Blo- behavioural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National M3E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next ISBS. The next ISBS is planned for 2016.
impact	HIV I-9a: Percentage of men who have sex with men who are living with HIV	1,10%	2010				NIa	IBBS (integrated Blo- behavioural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National MSE Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
impact	HIV I-12: Percentage of other vulnerable populations (prisoners) who are living with HIV	7,00%	2009				N/a	IBBS (Integrated Bio- behavioural Surveillance)	The Indicator is aligned with the National HIV AIDS program and the National MXE Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next ISBS. The next ISBS is planned for 2016.
Impact	HIV I-8: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	29,90%	2009	Year 3 2014-2015	4.00%	15-Aug-2015	2,9%	National HIV Health Statistics	Spectrum has estimated 2.0% (4/138) of child HIV infections from HIV positive women delivering in the last 12 months. The cohort of children born in Jan-Dec 2013 is reported. This data is inline with the National MSE reporting system and Global AIDS Response Progress Reporting. For more details placeter to: https://aidsreportingtool.unaids.org/indicator/edit/520/180/
Impact	HSV I - oilber 1: Percentage of adults and children with HSV known to be on treatment 12 months after initiation of antiketroviral therapy	76,00%	2010	Year3 2014-2015	85,00%	15-Aug-2015	84.6%	National HIV Health Statistics	The data is obtained through the National report to UNAIDS for 2014. This data is inline with the National M&E reporting system and Global AIDS Response Progress Reporting. The denominator is 512 (m-200/I-222) and numerator is 434 (m-234/I-209). For more details pis, refer to: https://aidsreportingtool.unaids.org/indicator/ed/iS20/100/.

Section 1: Programmatic Progress

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

A. Impact / O	utcome indicators		XC+ 2/352/18160	randa aya ka		0.000 0.000 0.000 0.000 0.000	decesion ab	020 600 000 000 000 000 000 000 000 000	
Impact / Outcome	Indicator Description		Baseline (if applicable) Value Year		intended Target	Report Due Date	Actual Result	Data Source of Results	Comments on results on impact/Outcome indicators and data sources, and any other comments
Outcome	HIV Q-d: Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	67,90%	2010				N/a	IBBS (Integrated Blo- behavioural Surveillance)	The indicator is aligned with the National HiV AIDS program and the National M&E Plan that covers the period 2012 - 2016 in accordance of PF, the data will be available from next RBS. The next RBS is planned for 2018
Outcome	HIV Q-7: Percentage of other vulnerable populations (PWID) who report the use of a condom at last sexual intercourse	54,90%	2010				N/a	IBBS (Integrated Blo- behavioural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National MSE Plan that covers the period 2012 - 2010. In accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.
Outcome	HIV O-S: Percentage of sex workers reporting the use of a condom with their most recent client	51,00%	2009				N/a	IBBS (Integrated Blo- behavioural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National MSE Plan that covers the period 2012 - 2010. In accordance of PF, the data will be available from next (BBS. The next (BBS is planned for 2016.
Outcome	HIV Q-4s: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	50,00%	2010				NIa	IBBS (Integrated Blo- behavioural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National M3E Plan that covers the period 2012 - 2016. In accordance of PF, the data will be available from next ISBS. The next ISBS is planned for 2016.
Quitcome	HIV O-other f: Percentage of PWIDs who were tested during the past 12 months and know their results	39,90%	2009					iBBS (integrated Blo- behavioural Surveillance)	The indicator is aligned with the National HIV AIDS program and the National M&E Plan that covers the period 2012 - 2010 in accordance of PF, the data will be available from next IBBS. The next IBBS is planned for 2016.

Objective "Indicates ٠ . • N ., ** •• ä ۵ 100 men 35 100 Ĩ Terpia cum sistemi Top 10 belowers 7 í í š ĭ ž í ž i í ř í í 1 ğ 3 8 8 1 i 100 e e Š ž ő (* applements
Voltes Year WAN. 3 1000175 77 11 (COOLES Specialization of the Control 98787 1464 NA NA 20 20 3 3 3 3 ž 12 22 9 ž ä ä http-ded Terpel to date sch exectives 17 (1800) 3 3 177 no. 277 3 Ŕ ä Ŕ 7 34 (mines) MATA CERTIFICATION Kark denazhoù 41 41 11 1427,2000 Action Should to delta ÷ 13 ž ž Transferment Time twinter 15, 100 cm 2 cm ŝ 3 ĝ 3 12.23 į 4 ÷ 3 ã 3 The control of the co Free het for programm tit ti dermitten frem betanded in get und dermitmen from the ratified work plan activities The second secon The company of the co

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C. Analysis of delicentify and reporting makes. [1] The section checké contain (1) a commercial section (point to dela

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

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

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

number.	
Global Fund Management Actions as per Management Letter EECA/UM/182-4/6/2015	PR Comments on Progress of Implementation
Recommendation 1: The PR together with NAC and community of PLHIV (community based NGO) should pay more attention to motivation of PLHIV by provision of incentives and strengthening of self-support.	During the reporting period PR jointly with the partners implemented the following actions: *To meet needs of the general population (non-key groups) in HIV services (counseling, informational support, self-support, practical trainings on ART procedures etc.) we have introduced a separate staff position of a peer to peer consultant for work with the general population in Bishkek AIDS Centre from the beginning of 2015. *During M&E visits (May 2015) our programme specialists have conducted on-job trainings on capacity building (documentation records management, adherence to ART, nutrition and dietary during ART etc.), provided informational educational materials etc. *The motivation strategy system for PLHIV adherent to ART has been reconsidered and revised in the beginning of the 2015. Since April 2015 the monetary remuneration are paid via Bishkek AIDS Centre based on information available through the HIV Electronic Case Management System (UICs, percentage of PLHIV adherence to ART) that improve the collaboration between AIDS Centres and NGOs. *In order to improve the services on treatment, care and support of PLHIV in prisons, during the reporting period there were conducted several meetings with the Republic and Bishkek AIDS Centers, SSES and NGO resulting in achievement the arrangements on regular technical support of SSES by AIDS Centers through visits, consultations, working with complicated cases, cooperation in examination the clients on CD4 and VS, joint working with PLHIV and coordination (reporting system, scheduled visits, trainings, etc.). *In order to improve the cooperation between services (Narcology, AIDS services and NGO) PR held coordinating meeting in Osh. *The new additional staff position of a peer to peer consultant for work with PWIDPLHIV is planned for Osh AIDS Centre from August 2015. This person will be specifically responsible for pre- and post-lesting counseling and case management of PWID. Alt measures implemented during the reporting period should influence on the analysis o
Recommendation 2: The PR together with NAC should improve access to laboratory monitoring of ART for all eligible PI.HIV. Support for transportation of blood sample to laboratories for viral load or CD-4 tests provision may be useful for the doctors and clients. As the PR already provides support to NCP for material transportation to TB laboratory, it can consider arrangement of outsourcing in case of HIV as well.	In order to improve the access of PLHIV to laboratory monitoring of the effectiveness of ART (Ilie analysis of viral load, CD4 cell count titers) were considered different approaches: 1) transportation of biological samples from the regions to the only existing PCR laboratory in the country, HIV PCR laboratory at the RAC. Using this external resources - outsourcing transport services to private laboratories (e.g. private courier service of Bonetsky Laboratory - Intelmed LLC); 2) applying resources for the service of the existing SES MoH laboratories in Osh (PCR laboratory SES in Kara-Suu); 3) creation of a separate PCR laboratory based in Osh AIDS Center. After a thorough expertise and analysis of all options, PR came to the conclusion that the most effective, long-term solution is the option # 3 - Opening of a new PCR laboratory based in Osh AIDS Center. The largest number of patients in need of these services is concentrated in the souther region of the country which was also considered during decision making. This solution is line with the recommendations given by Ms. Maiken Mansfeld, an expert from Copenhagen WHO Collaborating Centre, visited us with the mission on optimization of HIV services in April this year. She was in opinion that it is crucial to provide an easy access to VL testing for PLHIV in the South of the country. The opening of the separate PCR laboratory in Osh could do that as a permanent long term solution and noticeably contribute to the strengthening of the national HIV services capacity. Moreover, in parallel as a short-term solution of this issue PR is considering and collaborating on the ability to scale the pilot project of iCAP to optimize transportation of biological samples from the regions of the country to the PCR laboratory at RAC (Bishkek), using a new type of vacuum tubes (substantially protong the transportation time of samples) and third-party outsourcing transport courier service. PR currently together with ICAP are conducting negotiations with the Bonetsky Laboratory

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

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

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

Enhanced Financial Reporting (EFR)	1-Mar-16	Preparation on track	The EFR will be submitted in the PUDR for the period 1 July -31 December 2015.
		BUSH	

PROGRESS LIPOATE PERIOD	
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Contracts	

Section 3A: Total PR Cash Outflow

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PROGRESS UPDATE PERIOD

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

Section 4: Procurement and Supply Management

	Comments
1a. Have you updated the Price Quality Reporting (PQR) with the required information on the pharmaceuticals and health products received during the period covered by this PU/DR' (if applicable)? If health products procurement information has not been entered into the PQR, please explain why. 1 For further guidance on PQR data entry, please refer to the guidelines.	The PR updated the PQR with procurement of ARV drugs and test systems
2. Based on the most up-to-date stock situation, are there any risks of stockouts of key pharmaceuticals & health products <u>at the central level</u> in the next period of implementation? If yes, please comment.	The ARV drugs have been supplied in time. No stock out situation is expected. The final shipment of ARV drugs is planned for November that will cover the needs till mid 2016.

n/a

DISBURSEMENT REQUEST PERIOD

Grant number:	KGZ-H-UNDP	ALIGNOPES ESTABLISHED GOLDENS GERM	77 (b) (c) (b) (d) (b) (b)
Progress Update - Reporting Period: Progress Update - Period Covered:	Cycle:	Semester Number:	8
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015 End Date:	30-Jun-2015
Progress Update - Number:	8		
Currency:		USD	

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

Section 5: Cash Reconciliation and Disbursement Request

A: CASH	RECONCILIATION FOR PERIOD COVERED BY PROGRESS UPDATE		
1. Cash Bala	ance: Beginning of period covered by Progress Update (line 10 from Cash Reconciliation section of the period covered by the previous Progress Update):		2 414 655
Add:	2. Cash received by the PR from the Global Fund during the period covered by this progress update:3. Cash disbursed to third parties by the Global Fund on behalf of the PR during the period covered by this progress update:	3 591 345,00	
	4. Interest received on bank account 5. Revenue from income-generating activities (if applicable)	22 870	
	6. Other income, if applicable (e.g. income from disposal of fixed assets, tax refunds)	256	3 614 472
Less:	 7. Total cash outflow during period covered by Progress Update (value entered in Section 3A "Total cash outflow"); 8. Net exchange rate gains/losses (gains should be shown with a minus sign; losses should be shown with a plus sign) 9. Reconciliation adjustments (gains should be shown with a minus sign; losses should be shown with a plus sign) 	3 090 091	3 093 945
10. Cash Ba	lance: End of period covered by Progress Update:		2 935 182
•	n of reconciliation adjustments (line 9) tion must be provided if there have been any adjustments.		

DISBURSEMENT REQUEST PERIOD

Grant number:	KGZH-UNDP
Progress Update - Reporting Period:	Cycle: Semester Number: B
Progress Update - Period Covered: Progress Update - Number:	8 1-38/2015 (Fact Dates 2015)
Currency:	USD

Section 5: Cash Reconciliation and Disbursement Request

	•						
B: DISBURSEMENT REQUEST				en en jarren en samme en			
Total forecasted net cash expenditures by the Princ by the Progress Update:	ipal Recipient for the period immediately fo	flowing the period cover	ed				
Period beginning date:	1-Jan-2015	end date:	31-Dec-2015	approved budget amount:	forecasted amount:		
2a. Cash buffer period (by default) (cash "buffer") beginning date:	1-Jan-2016	end date:	31-Mar-2016	approved budget amount:	forecasted amount:		
2b. Addilional "buffer" (discretionary, select only if	there is a prior agreement with the FPM) (1)	1					PR Total Forecast
cash "buffer" agreed with FPM (2) S (cash "buffer") beginning date	1-Apr-2016	end date:		approved budget amount:	forecasted amount:		
(1) Additional Cash buffer can be requested if the principal from the FPM should be obtained prior to		eled EFR report or a co	ompleted Annex on SR f	inancials, requested by the Secretariat, or if there are	any additional GF-specific requirements that	cannot be delivered wit	thin 45 days. An agreement in
(2) When the additional (cash "buffer") period is	1 or 2 months, the approved budget and	forecasted amounts s	hould be calculated as p	prorated values for the period following the regular bu	ffer period.		
Please explain any significant variance (based on y Please specify the main factors and related amount NB. Consider the following Items when providing the - Expected timing of payments for any significant	is that are the major drivers of the variance. e analysis.	ants and the amounts as	per approved budgets.	The forecast is encisoed to current PU/DR			
 Impact of existing cash balance at SR levels Current confirmed commitments to be paid during Current/expected unit prices compared to those I Change in quantities compared to budget 	g disbursement request period						
 Exchange rates and inflation Linkage between budget absorption and program 	matic performance to-date:						
The forecast should include any existing commitmental during the disbursement period	ents (eligible under this grant) as of the end	of the reporting period a	and which are likely to be				
 Cash Balance: End of period co Less: 	vered by Progress Update (number 10 from	n PR Cash Reconciliation	n sheet):			2 935 182	
4. Cash "in transit" disbursed to the	e PR:						
5. Cash "in transit" disbursed to this	rd parties by the Global Fund on behalf of th	ne PR					2.935 182
PR's Disbursement Request to the Global Fund	for the period immediately following the per	iod covered by the Prog	ress Update, plus additio	nal period (cash buffer):			0
7. Does the PR's Disbursement Request include fu	nds for health product procurement?			Select			
8. Exchange Rate (used to translate local currency i	nlo grant currency)			Name of local currency, date and source of the exch	ange rate, and other comments (if appropria	ite)	
- used to convert Opening Cash Ba	alance	58,85	00				
- used to convert Closing Cash Bal	lance	58.16	06				
- used to convert Total Cash Outflo Period	w for the Progress Update	60,44	41				

HIV PUDR Sem 8 Jan-Jun 2015 for approval

PR_Disbursement Request_5B

PROGRESS LIPBATE REPIOT

Grant number: KGZH-UNDP	annistrativistika
Progress Update - Reporting Period: Cycle: Sand-lock Number:	
Progress Update - Period Covered: Beginning Date: 28 Statisticis End Date:	30-Jun-2015
Progress Update - Number: USS 0	SESSION CONTROL OF THE CONTROL OF TH

Section 6: Overall Performance

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

The self-evaluation should be undertaken by taking into account programmatic achievements, financial performance and program issues in various functional areas

(M&E, Finance, Procurement, and Program Management, Including management of sub-recipients). See Guidelines for more detailed guidance

During his reporting period, the grant has continued to achieve a strong programmatic performance, while at the same time achieving significant savings which would directly affect achievement of the targets and included them in the WP&B. By adopting this approach UNDP was able to achieve significant savings on the previous year's budgets. UNDP has ensured continuous provision of prevention services for all key populations as well as diagnostic and treatment.

In the reporting period the grant performance in a part performance in the initiation of treatment. This achievement is especially important indicators will be available from next IBBS, which is planned for 2018. The impact indicators shows that 84 85% of adults and children with HIV known to be on treatment 12 months after the initiation of treatment. This achievement is especially important. as the Country has acaled up its ART programme and at 30 June 2015 1,000 people are receiving ART. The target for the estimated percentage of child HIV Infections from HIV-positive women delivering in the past 12 months infected was overachieved and was 2.9% (the target was 4.00%) due to the approval and implementation from 2014 the updated clinical protocol on PMTCT according that HIV-positive women are receiving ART, as a treatment, not only PMTCT course. Twelve Programme indicators were achieved more than 80 % and two indicators were achieved more than 80 % and 80 in the reporting period UNDP signed SR agreements for 2015 with 35 SRs - four AIDS Centers, RNC (incl. activities in SSES), RCDV, MoH and 28 NGOs, working with the key populations.

Despite on initial difficulties in the beginning of the year due to transition period 2014-2015 PR jointly with SRs were able to prevent interruption of the services provision to the clients and ensured the implementation of all prevention, treatment, care and support activities at the same level.
Jointly with governmental SRs PR developed and got the approval by GF of the plan of incentive payments to ensure all incentive payments to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines that became effective from 1 April 2015. Also the tested performance based salary incentives strategy continued to be implemented in 2015 in RNG and was

unlamented on three AIDS Centers busis

Implications to state 2005 Centers busse.

In addition based on initiative of the AHRN the mechanism of public monitoring of HIV prevention and treatment programme was introduced in SSES, due to the collaboration between SSES and RAC was discussed and significantly improved.

During the reporting period to ensure and improve the quality M&E system an M&E and reporting advisor was contracted. To review the iBBS findings, the quality of reporting by SRs, M&E plan for 2015 and update, the quality of reporting under PUDR and identify opportunities for improving quality of reports and recommendations for programme implementation. From the beginning of 2015 secondment of PR programme staff was implemented. These secondments assistance in the field and within on-job training.

Agreement with MoH was signed 30/04/2015 by PR and 12/05/2016 by MoH, and the recruibment of experts for five expected positions is in process. The Capacity development plan, including the transition pian, was developed by UNDPS Senior Capacity Development Advisor, discussed with the all stakeholders and agreed by MoH. Activities within the plan will be molemented during the next reporting period

The grant implementation unit also conducted a series of open door, working meetings, which helped to improve communication and collaboration with SRs and between national partners.

The cooperation with CDC on rapid testing and OST was demonstrated during the reporting period. Several meetings with the other international partners, as ICAP, UNAIDS, WHO, UNODC, etc. resulted in the arrangements on conducting the NEP assessment, the "pilot" project on VS diagnostics, on measures on the support OST programme, etc. During the process of the development the Concept Note for 2016-2017 PR provided all requested support. In order to analyze and identify the gaps in the programme. PR had discussions with GF and developed the work plan with recommendations for improvements in the HIV treatment cascade during this period.

The takining plan for 2015 was discussed and approved by GF in April 2015 and some additional activities were approved in June 2015. Due to bits some of budgetted training activities were reduced and some of the approved activities were postponed to the next reporting period

The budget for the reporting period was \$ 4,104,894; expenditures were \$3,090,091 and commitments at the end of the reporting period are \$1,183,181,48

The financial delivery versus budget in the reporting period excluding commitments is 75.27 % whereas including commitments it its 103.61 %. The current period burn rate is 103.61% calculated as following: SR and PR cash outflow plus commitments versus current budget

The cumulative financial rate excluding commitments is 88.4%, whereas including commitments its 92.4% The cash balance at the end of reporting period is \$2,035,182 which covers below activities:

\$150,000 GMS to be charged for 2Q 2015

\$1,163,181.48 PR commitment

\$ 281,920.50 - ongoing programmatic activities
\$ 1,068,003.74 Procurement of methadone, needles, test systems, repair works and lab equipment including PSM associated

\$ 59.601 for SR activities of May-June 2015

Programmatic performance. During the reporting period all key population groups continued receiving minimum package of prevention services and the performance indicators for PWID, sex workers and MSM were reached at 108 8%, 105.0% and 143.1% respectively. The number of PLHIV reached with the care and support programmes within the Grant achieved

New target indicators on the clients from key population groups receiving an HIV test and know their results during the reporting period was exceeded among PWID and MSM by 125% and 110 85% respectively. Methadone Substitution Therapy coverage indicator for PWID was also exceeded by 101.75%. The number of people receiving ART at 30 June 2015 was 1900, exceeding the target number of 1708 by 7.5%. However, the indicator in the PF measures ARV leashment coverage indicator for adults and children during the current period, and 91.6% of the target was achieved. It should be taken into account that the denominator was significantly increased according to the dramatic increase in the estimated data for the number of people away with 160 (2014, (9.410 latest a valiable data in 2015 compared with 8.021 previously). The % of HIV-postilive patients who were screened for TB in HIV care or treatment settings also achieved target (120.9%). It is hoped that this indicates that even with the dramatic scale up of ART the quality of the programme is not being compromised.

SR management;

Despite on the approval of Work plan/Budget for 2015 by GF in February 2015 the PR was able to manage the SRs and their activities during the whole reporting period on; signing the Agreements, according to the all procedures, procuring of the continuation and prevented the interruption of the provided services to the programme clients, keeping the most of trained staff and effective collaboration and communication with SRs.

From the beginning of the reporting period the number of SRs was reduced by 6 following organizations: 3 NGOs (Shag navstrector, Araket plus and Rainbow), which activities were included into the Agreements with other current SRs without loss of the clients and services quality, UNICEF, which planned activities were partially included within the Agreement with MoH; Profinedictina, which activities will be implemented by IC Contractors during the next reporting period; WHO due to the absence of any activities in the WP/Budget for 2015.

in accordance with the GF condition for 2015 and to ensure all incentive payments for government SF3 are in compliance with the GF budgeting guidelines during the reporting period PR jointly with governmental SF3 developed and implemented the plan of incentive payments. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015. The performance based salary incentives strategy started in Republic Narcology Centre (RNC) in 2014 continued to be implemented in 2015 and was implemented within Agreements with three AIDS Centres during the reporting period.

From the beginning of 2015 secondment of PR programme staff was implemented. These secondments assist with developing the quality of reports and routine accounting and reporting by SRs by providing technical and practical assistance in the field by consultations and within on-job trainings. We have received positive feedback from both SRs and GF on these

in order to sign the Agreement with the SSES for 2015, improve the management and reporting issues of the SSES from the beginning of the reporting period its activities were transferred under the RNC.
In 2015 PR jointly with SRs, working with PLHIV (NGOs and AIDS Centers) started to improve the collaboration between all partners and to improve the quality of the national registration system.

(electronic data base on HIV cases)

Due to the possibility of limited stocks of express tests at some SRs during May-June 2015 PR requested the support on this issue from COC that was provided to SRs.

During the reporting period PR continued to implement the standards within new approach of financing the SRs on transportation costs resulted in some savings by SRs.

Due to the findings on financial issues or weak financial management. In order to avoid the difficulties and to provide the support two SRs were transferred to the direct payment during the reporting period. (Capacity has been improved at one of these organisations, and it has moved back to imprest accounting)

Monitoring and Evaluation:

During the reporting period the PR continued to ensure the qualitative and effective operation of the existing M&E System on routine basis by working on programme reports, M&E visits, and consultations.
To ensure and improve the quality M&E system an M&E and reporting advisor was contracted. The scope of his work included to review the BBS findings, the quality of reporting by SRs, M&E plan for 2016 and update, the quality of reporting under PUDR and identify opportunities for improving quality of reports and recommendations for programme implementation.

n addition the PR finances two MSE positions under RAC to provide high quality data and to support and increase the capacity of RACs staff as they are physically working in RAC. As a result the better quality of reporting data was achieved

Procurement

As stated above, grant negotiations for the year 2015 were only concluded in February 2015. Despite this delay the PR ensured that minimum stocks of all medicines and health products were maintained. We highlight that through close and careful monitoring of stock levels we proactively managed the situation with rapid HiV test kits and through good collaboration and support of CDC, key populations were able to continue to access rapid HIV tests, in the reporting period the PR provided uninterrupted supply of ARV drugs and methadone as well as main health commodifies UNDP continuing to have regular meetings with SRs to analyses their procurement needs and real timelines for procurement taking account lead times of supply.

We highlight that no HIV test kits for pregnant women were planned to be procured in 2015. The plan was to use the existing and epipeline stocks from 2014 procurements to meet the targets in 2015. RAC made a formal request to GF and UNDP to procure test kits for pregnant women, and we have responded that the existing agreed targets can be archieved through alional/agreed use of test kits. Based on this plan, there are not expected to be any HIV lest kits for pregnant women in stock at the end of 2015. This is in line with the 2015 WP&B.

B. Planned Changes in the Program, if any

A large proportion of the HIV budget for 2015 consisted of savings requested by GF from the 2014 budget. UNDP worked closely with SRs to support changes in future WP&B reflecting the discussions during the GF September 2014 mission as well as the impact of the GF new budgeting guidelines. The workplan and budget was agreed with GF on 26 January 2015, roved via implementation letter in February and first dispursement for 2015 was made by GF on 2 June 2015. Despite the delays in the approval process, UNDP ensured that critical activities continued

Ouring the reporting period some urgent needs on the procurement of the Health products were identified. (Increasted and planned/started the procurement process in accordance with the real needs in syringes, needles, condoms for 2015 and 1st Semester 2016. In order to improve the HIV treatment cascade, it was discussed and approved the activity on

NB: This page should be completed if (1) this is a split disbursement (i.e. disbursement going to more than one recipient) or (2) if there have been changes to the bank details since the previous disbursement.

7C: Bank Account Details				
Disbursement Request Period			Washington Colonia (Colonia Colonia Co	an Verlada A koolee (Chresen Miller (Der Anna New York and Secret) (Chrese (Secret) (Chrese (Chrese) (Chrese (
Summary		Amount in grant	1	
Para A District Desiring	Beneficiary Name	currency		
Payee 1 - Principal Recipient: Payee 2:	UNDP Representative in Kyrgyzstan			
Payee 3:				
Payoe 4:	-			
Tota!		-		
Payee 1:			1	
Beneficiary Name:	UNDP Representative in Kyrgyzstan		Owner of Bank Account:	UNDP Representative in Kyrgyzstan
Currency in which beneficiary should receive the funds	USD		Owner of Bank Account:	UNDP Representative in Kyrgyzstan
Amount in currency in which beneficiary should receive the funds:	0,00		Bank Account Number:	3752174485
Amount in Words:	•		Bank Address	730 15th Street, N.W. 7th floor, Washington, DC 20005-1012, USA
Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the grant currency)			Bank SWIFT Code:	BOFAUS3N
Equivalent in grant currency (Calculated based on the indicated exchange rate)			Bank Code (Other):	111000012
			Routing Instructions:	
Payee 2:				
Beneficiary Name:			Owner of Bank Account:	
Currency in which beneficiary should receive the furnis			Owner of Bank Account:	
Amount in currency in which beneficiary should receive the funds:			Bank Account Number:	
Amount in Words:			Bank Address	
Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the grant currency)			Bank SWIFT Code:	
Equivalent in grant currency (Calculated based on the indicated exchange rete)			Bank Code (Other):	
			Routing Instructions:	
Payee 3;		1	r	
Beneficiary Name: Currency		1	Owner of Bank Account:	
in which becall clary should receive the Jurids]	Owner of Bank Account:	
Amount in currency in which beneficiary should receive the funds:			Bank Account Number:	
Amount in Words:			Bank Address	
Exchange rate, date and source (Complete only if currency in which beneficiary should receive the funds is different from the grant currency)			Bank SWIFT Code:	
Equivalent in grant currency (Calculated based on the indicated exchange rate)			Bank Code (Other):	
		i republica i ana profesioni se della incomo	Routing Instructions:	
Payod 4: Beneficiary Name;			Owner of Bank Account:	
Сителсу]	Owner of Bank Account:	<u></u>
in which beneficiary should receive the funds Amount in currency in which beneficiary		j]		
should receive the funds;] 1	Bank Account Number:	
Amount in Words: Exchange rate, date and source] 1	Bank Address	<u> </u>
(Complete only if currency in which beneficiary should receive the funds is different from the grant currency)			Bank SWIFT Code.	
Equivalent in grant currency (Calculated based on the indicated exchange rate)			Bank Code (Other):	
			Routing Instructions:	

GENERAL GRANT INFORMATION

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

PROGRESS UPDATE PERIOD

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

DISBURSEMENT REQUEST PERIOD

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

Section 7: Cash Request and Authorization

A: CASH REQUEST

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

 Cash amount requested from the Global Fund (from line 14 – "PR's Disbursement Request" in the tab "PR_Disbursement Request_48"), in grant currency



2. Amount requested in words (in: USD):

B: AUTHORIZATION

The undersigned acknowledges that: (i) all the information (programmatic, financial, or otherwise) provided in this Progress Update and Disbursement Request is complete and accurate; (ii) funds disbursed in accordance with this request shall be deposited in the bank account specified in block 9 of the face sheet of the Grant Agreement unless otherwise specified herein; and (iii) funds disbursed under the Grant Agreement shall be used in accordance with the Grant Agreement.

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

Name:

Title

Date and Place:

Pradeep Sharma

Deputy Resident Representative

Bishkek, Kyrgyzstan

13/08/15

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

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

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

Grant number:

Progress Update - Reporting Period:

Progress Update - Period Covered:

Progress Update - Number:

Currency:

USD

Name of Entity	Date of Most Recent Disbursement to SR	Budget for Reporting Period*	Disbursed during Reporting Period*	Cumulative Budget through period of this Progress Update*	Cumulative Disbursed through period of this Progress Update*	Cumulative Actual Expenditure through period covered by this Progress Update	Cumulative BS REVALUATION FOR NEX ACCT 2011-2014	Cash balance at the end of the period covered by this Progress Update	Variance between Latest Cumulative Exponditure Reported and Cumulative Budget	PR's explanation of variance (1) between cumulative budget and cumulative expenditure and (2) between cumulative disbursement and cumulative expenditure (mandatory for amounts above 550,000 or equivalent and with more than 10% variance)
PEPUPE ICAN EMTER OF HARODOXY	04.06.2015	370 563,94	348 832,04	3 091 401,91	3 103 543,12	3 037 817,85	(34 121,93)	30 691,19	63 584,06	SR has savings due to: Interactual signing the Agreement for 2015 resulted in roducing or postponding some activities, as the Budgel for 2015 was approved 19th of February 2015 The new performance based salary incentives strategy continued to be implemented in 2015. The implementation of the plan of incentive payments in accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015. Commitments in amount of \$4.776. These expenses will be reflected on the next
"Anti-AIDS" Association	26.05.2015	26 000,23	25 228,97	116 292,81	118 199,93	116 622,52	(1 396,58)	180,83	(329,71)	SR do no have commitments.
"SOCIUM" NGO	28.04.2015	18 576,67	17 398,82	106 729,18	107 940,81	103 567,58	(2 517,31)	1 855,92	3 161,60	SR has commitments by category Over and savings on HR. Expenses will be reflected on the next reporting period.
AFEW	-			2 014 370	2 014 369,79	2 014 369,79		-	a sa sa sa sa	
Republican AIDS Center under at Mott	21.04.2015	42 376,51	20 369,79	277 040,13	257 297,22	255 143,07	(2 614,76)	(460,61)	21 897.08	SR fore utilise the funds received for January-April 2015 which was affected on late provision of financial report. Therefore advance for May-June 2015 in amount of \$15 783 were transferred in the beginning of July 2015. Expenses for the period of May-June 2015 will be rollected in the next reporting period. SR has savings due to the implementation of the plan of incentive payments in accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 20 April 2015 and become effective from 1 April 2015.
Republican Blood Center under MoH	-	-	-							
Secontife organization "Preventive Medicine" under et MoH	-	26 278,03	(8 356,25)	441 113,46	410 435,83	406 280,39	(4 155,45)	(0,01)	34 833,07	SR returned the unused funds in amount of \$4750 on TR category , \$2297 on M&E category since the contract with SR was not extended for 2015. Planned activities of 2015 will be implemented by UNDP jointly with experts of Preventive Medicine. The experts selection is started and expenditures will be reflected next reporting period.
FARCEL VEIN A OUP	-	38 405,00	-	563 358,50	524 953,50	507 073,88		17 679,62	56 284,62	There is no any disbursement in current period; part of the expenses of previous period were reflected in current reporting period. Other part of the expenses will be reflected in the next period. SR Agreement for 2015 was not signed. The activities of SR were reviewed and partially were included into the SR Agreement between PR and MoH for implementation. Commitments in amount of \$17.879. These expenses will be reflected on the next period.
WHO REGIONAL OFFICE FOR EUROPE	-			453 708,10	453 708,10	453 708,10		-	0,00	

Name of Entity	Date of Most Recent Disbursement to SR	Budget for Reporting Period*	Disbursed during Reporting Period*	Cumulative Budget through period of this Progress Update*	Cumulative Disbursed through period of this Progress Update*	Cumulative Actual Expanditure through period covered by this Progress Update	Cumulative BS REVALUATION FOR NEX ACCT 2011-2014	Cash balance at the end of the period covered by this Progress Update		PR's explanation of variance (1) between cumulative budget and cumulative expenditure and (2) between cumulative disbursament and cumulative expenditure (mandatory for amounts above \$50,000 or equivalent and with more than 10% variance)
Other Mator SR (10 SRa)	29.06.2015	148 313,87	141 922,94	1 006 517,13	1 011 935,64	978 009,90	(13 090,82)	20 600,21	28 272,52	The expenses of some organizations (PF Krik Juravlya) will be reflected in the next reporting period. There are some savings on categories HR, TR and LS of Association "Edinative LJV" due to approval of the Training plan by 6F in April 2015 and cancellation or postponding some training activities; there was no the request by SR for payment for some services within LS category during the reporting period. This SR was transferred to the direct payment due to the weak finance management.
Man Dopurtine id of punchang a pacadien	24.04.2015	16 640,06	8 704,11	293 159,11	289 231,52	285 122,04	(4 662,68)	(553,20)	8 037,07	SR has savings due to: - the new performance based salary top-ups strategy continued to be implemented in 2015 the implementation of the plan of incentive payments in accordance with the conditions in the implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015 and become effective from 1 April 2015. - due to the transition of SSES activities under the RNC some planned activities on TA were cancelled.
Other Minor SRs contracted starting 01.04,2013 (14 SRs)	19.06.2015	114 495,71	118 216,59	594 943,42	607 818,64	584 505,40	(9 798,02)	13 374,72	10 309,93	There are some savings on categories PA, OVER. SRs do not have commitments.
Other Minor SRs contracted starting 01.07.2013 (14 SRs)	29.06.2015	351 339,68	314 504,10	1 555 863,37	1 541 777,68	1 498 015,91	(24 854,02)	18 798,83	57 738,54	In 2015 PR started to implement the modified motivation strategy for PLHV adherenced to ART within the monetery remuneration instead of motivation packages via Bistikek City AIDS center. The process of payment is on going and the part of the expenses on LS category will be reflected in the next period. Also Bishkek AIDS Center has tate approval of budget from Ministry of Finance which was affected on late providing financial report. Therefore payment of advances for May-June 2015 will be made upon receiving of request for funds from SR. Total amount of unpoid advance for May-June is 3 az 861. Savings on category LS are due to the coverage of the real needs that were less than forecasted. Savings on category PA (transport expenses) are due to the continuation of implementation the standarts within new approach of financing the SRs. There are some savings on category TR due to approval of the Training plan by GF in April 2015 and postponding some training activities, expenses will be reflected in the next reporting period. Savings on HR of some SRs are due to the significant staff flow, deficit or vecancy (outleachworkers)peer consultants).
Other Minor SRs contracted starting 01.06.2014 (2 GOV)	15/04/2014	30 494,38	21 636,84	89 009,46	76 261,47	74 966,62	(596,43)	1 598,42	14 842,84	These SRs has late approval of their budget from Ministry of finance which was affected in late provision of the financial reports by SR. Therefore payment of advances for May-Jure 2015 was shifted into early July 2015. Total amount of advances \$11 127. There are some savings due to the implementation of the plan of incentive payments in accordance with the conditions in the Implementation Letter extending the Grant Agreement in 2015 and to ensure all incentive payments for government SRs are in compliance with the GF budgeting guidelines. The plan was approved by GF on 29 April 2015, and become effective from 1 April 2015.
SR		79 935,90	-	79 935,90	-	-	(195,93)	3,00	79 935,90	
		•	<u> </u>	•	-	-	<u> </u>	L		
					- 1		1	1	sasyous meanight of # oan	·

^{*}TOTAL amount for these columns should recordie with relevant amounts under "1b Disbursed to Sub Recipients" in Section 3A*

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