PR, Programmatic Progress, 1A

On-going Progress Update and Disbursement Request веневы, вямит игонмилом

Country: Disease:	Kyrgyz Republic Tuberculosis				
Grant Number:	KGZ-S10-G08-T				
Principal Recipient:	UNDP Kyrgyzstan				
Program Slad Oate:	1-Jan-2011				
Currency:	USD	***************************************			
PROGRESS UPDATE					
Progress Update - Reporting Period:	Cycles	Semester	Number:		
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	30-Jun-20	un-20

Section 1: Programmatic Progress

Note: The table below abouted contain those impact/Dulcome Indicators that are (1) doe for reporting during the current year of a grant and (2) those reporting on which is overtain from the grantest periods.

	Selecti	Select	Seleci	Sotoci	Setect	Оиссопа	Outcome	Outcome	Оикопе	Impact	Impact / Outcome	A Impact / Ou
The state of the s						Tradiment success rate, laboratory confirmed MDR TB cases successfully treated(cured plus completed) unlong these enrolled in second-line teatment during the year of assessment (number and percontage)	Treatment success rate among new streat positive TB cases; new streat positive TB cases successfully treated (cured plus completed) out of those new streat positive TB cases notified to the Health authorities during specified period (number and posternlage)	Nadication rate for all lorms of TB cases (fictively) new smax positive, smaar negative, extrapulmonary and retapses) notified to the National Health authorities during a specified period per 100 000 population	Nedication ratio for new smear positive TB cases : new smear positive TB cases notified to the National Health authorities during a specified period per 100 000 population.	TB mortally rate (Number of registered deaths due to TB (all causes per year por 100 000)	bacter Description	A. Impact / Curronne Indicators
						50%	8.2%	ŝ	æ	æ	(if applicable) Value Y	
		•				2007	Apr/08- march 09	2009	2007	2009	(ine cable)	
					1	2010	2012	2013	2013	2013	Year of Tarpet	
		•	•	•		62% (2012 cohort)	84% (2013 catort)	105	æ	7.5	Intended Target	
			•	,	,	18 Aug- 2015	17 Aug- 2015	16 Aug. 2015	15 Aug- 2016	14 Aug- 2015	Report Due Date	
	•	,	,			62,70%	81,20%	109.50	31,70	7,00	Actual Result	
	Select	Select	Select	Select	Select	R&R system	R&R system	109.50 REA system	31,70 R&A system	7,00 R&R system	Data Source of Results	
						The larget value of the efectory set at the level of ECS; was acheved. The results among NUH perfects were higher than it hap provise acher and emocunated to ECZ; wistups 56; 96; in addition, the decire of better of the for richen up continued and within 3 years it has has decreased from 98.5% to 16.4% (cohorts of 2009 and 2012, respectively).	Of 1670 new smart positive TIB cases, reported by NITP for "2013, 1949 even assessed by NITP or Outcomes. The rest 2012 cases where other reconsidered for their TIB dispress, or on the base of their drug ordistance profile where transferred to the DR-TIB register (secondrey to the new WHO definitions). Thus, the ownial treatment soccess sets among the new smart possible cases, registered in 2013 was reported at EU-25 (1075 cases). The control treatment for first minest) sector arbitraried 34.6 % [22 cast of 25], and sectors -81.2% (1074 cast 1322). We highlight that for the first time of the grant, the results of the piction sector size occess were equal. Previously the piction sector justed to demonstrate depretating hower concornes compain to the children sector. The overall indicator was achieved at 97% compare to the target.	The latest retironal data glowes the notification rate of all forms of 10 capase equal to 16.50 per 100, uso popularion of 6300 abouting cases, registered contrywised in 2014. There were 18 glower small problem and 2907 new small problem and 2907 new small problem of 2007 new small problem of 2007 new small problem of 1600 entry of 510 delapses. Among 5 feith the male problem was to expressioned by 3 610 question 579% and entime by 2771 (42%). The chekin the basis sector contributed 6203 cases (68%), while the rest 167 (2%) relate to piscons. During the reporting period the next case of 18 decended the prediction.	The destin pathonal data shows the notification rank of new sinest. Posterior classis at 3.1 per 104, Acceptance for total 1849 classis, registerior dictrisyride in 2014. CP them 1829 were improved by deviate and 40 - by prison instant sections. Remain representation 465 (44%) and male-1044 cases (56%). The centain indiffication can for the new sincer positive classis, registered in 2014 was slightly before the predicted value of this indication.	The latest cubicual data aboves the TB mortality rate of 7.0 per 100,000 population of 406 local TB deaths, occurred countrywise in 2014, Oil turn 389 were opposed in chisan health sector and the returning 17- in prisors. The actual mortality rate indicator meets 7.5 per 100,000 population, targeted for 2014.	Comments on Inselts on ImpactiOutcome Indicators and data sources, and any other comments	

PR_Programmatic Progress_18

On-going Progress Update and Disbursement Request PROGRESS UPDATE PERIOD

30-m-2015

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

10	N	_	-		Objective No.
us .	4	(3)	N	_	Objective * indicator No. No.
Interim result: culture conversion of MDR-TBXDR/RR cases at six months; MDR/XDR/RR-TB cases intigied on a second-line treatment who have a negative culture at the end of six months of treatment during the specified period of assessment	Number of laboratory confirmed MDRV XDP/RRR-TB patients enrolled on second fine anti-TB freatment (not both civil and penitertury sectors)	Number and per cent of new smear positive sensitive TB cases that are successfully treated	Number of TB cases (allorms, new and religibes) notified to national heath authority	Number of new bacteriologically confirmed TB cases notified to national health authority	er Indicator Description
Current grant	Current grant	National Program	National Program	Nakonal Program	Ol poll
N-not curreditive	ү-сыгана өхгангану	Yeurnu gekin mu Y	Yeurns evisions - Y	Y cumptake annually	Targets consisting?
No.	Yes - Top 10	0) top - 1004	Yes. 700 10	Yes - Top 10	Top 10 Indicator?
73,5% (86)117)	340	82% (1 531 / 1 871)	8 83 84	1 720	Baseline (II applicable) Value
03.4.2011	22006	Apr, 08-Mar, 09 cohon	2005	2007	cable)
78 %	530	84%(791542)	22,50	.с. 8	Intended Target to date
75,70%	623	82%(6 <i>39111</i> 8)	3,224	1035	Actual Result to date
97%	118%	97%	113%	119%	% achievement (Please calculate) as acceponate)
(1) the culture connection datal six involves of MIPAVOR finantizant was all 75.7%, among the praisation, applicanted in a 23-0-24 (527689), fine castle finoring the MIDR patients was all 77.4% (527678) and at 27.7% (5718) among the XDRs. The indicator have a statistic for the graph at 97%. (2) the fore trapital among the XDR Packinta are due to the ineffective scheme for patients for installing among the XDR packints are due to the ineffective scheme for transmitted XDR passets to enablate in the country. (3) improvement of the nucleance among XDR dustes can be only expected when the new drugs, not currently in the national treatment protocool, will be introduced.	(1) during the motioning perced the National 18 program has commenced on treatment 623 High Rythment against 630 High Rythment against 630 High Rythment against 630 High Rythment against 630 High Rythment 631 And 63 High Rythment 631 Hi	(1) of 653, lever smart positive 0 18 cases, reposited by NTP for 7-20 V 2014, 778 with assessed for outcomes by VTP. The rest 185 cases were often reconsistented for their Bit 64 options, or transitioned by VTP. The rest 185 cases were often reconsistented for their Bit 64 options of their charge estimator point (according to an enail VMP-04 options) of 185 options of their charge states of their charge estimator of the properties and 22 st. (855 out 67 18). Period health sector achieved 57-11 % (8 cut of 14), child sector 22 care, (828 out 778). Period health sector achieved 57-11 % (8 cut of 14), child sector 22 care, (828 out 778). Period health sector achieved 57-11 % (8 cut of 14), child sector 22 care, (828 out 778). Period sector of 185 outcomes of the prices sector observed outcomes of the prices sector observed colonical time 46 of 56 of 57.1 %. The PRI has expuested GSIN, NTP and ICPIC to book for reasons why priced health sector did not making in the achieved improvement.	(I) the new reporting framework, recently introduced by NTP defines the due date of the quarter speak of particular that the p	(1) the new reporting flumwork's incomby introduced by NTP befines the dual date of the guarathy report on the TB zeas registration or the C-1 modately, in this regulatible about the National TB state registration or the C-1 modately in this regulatible control to the Indian appropriate the notifications, returned to C-4 2014 and C-1 2015. (2) the National TB states appropriate the Indian authorities the A-2 2014 A-2011 C-2015. Of them floration represent 445 and make -590 ancests. This chieflant hashes sector contributes 594 of them and the cost of the Indian test in C-2015. Of them florated them and the cost in the Indian test in the Indian test in C-2015. Of them florated them, and the Indian test in Ind	Reasons for programmatic deviation from Intended target and deviations from the rotated workplan activities

PR_Programmatic Progress_tB

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A COLUMN TO SECURE OF THE PARTY							Φ	25	7	on.
	the control and the control an					The state of the s	TB cases with result for drug susceptibility testing: TB cases with results for diagnostic DST for MDR-TB among those eligible for drug susceptible testing according to national policy	Number of MDRXDR/RR-78 patients counselled and trained on DR-78 treatment during the inpatient treatment phase.	Number 18 service staff trained in DR-TB management locally and number of nurses trained for provision of DR-TB treatment adherence coursesting.	Number of MDRXDRAR-TB patients on treatment receiving patient support (lood, hygiene packages, money allowances) for better adherence to treatment. Includes ripatient and outpatient treatment.
PROPERTY AND PROPERTY.	Splect	Select	Select	Select	Select	Select	Hatonal Program	Current grant	Current grant	Current grant
the description of the second contract of the	Select	Select	Select	Select	Select	Select	N +rod cumulative	Адтили додгупило-).	Y-cumulabre annuaby	N-not cumulative
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Section of the sectio							0		75	380
Section of the second section is							2011	2006	2004-2008	2009
Children and Children and Children						•	60%	42:	•	1186
THE RESERVE AND A STREET AND A STREET				•			93 % (1065/1147)	786	٥	1170
Allega Constant Control					į		155%	187%		99
				on management		To a supplied to the supplied	(1) although the data source for the indicator in the FF is stated as the electronic databases the data for this indicator continue to be collected financing and using the paper reporting forms. The electronic data base, which is essential to manitize and opport the indicator its stan civil poster. See financiary many cells. (2) the data source for this indicator are the district TB 03 registers. The presented data reflect 3-4 0 2014 carbots. (3) the 0501 results were collected from the solid media method. 3) the 0501 results were collected from the solid media method. 3) the 0501 results were collected from the solid media method collected from the solid media method. 3) the 0501 results were collected from the solid media method. 3) the 0501 results were collected from the solid media method. 3) the 0501 results were collected from the solid media method. 3) the 0501 results were collected from the solid media method. 3) the 0501 results were collected from the solid media method. 3) the 0501 results were collected from the solid method collected in the solid media method. 3) the 0501 results were collected from the solid method collected in the solid method collected from the solid	In road 768 MCPA/CPAPHA-119 palewist were consisted on the defendit aspects of the DH 100 Juning bit in Brotish place of parameter. The palewist Casaggregation of this intribute includes 20% female and 578 male. This infection was at twich as consistenced due to its stemmed descript from Indicator on continents into the treatment more than achiected palewist were inmediated on the UNIFALD drought (see package 44) and addressed 189 placents were enrolled on the UNIFALD drought (see package 44) and addressed 21% placents were enrolled on the UNIFALD drought (see continents is not influenced in this PLIDTR). All those palewist were the authoritor counseling and faithing, and then seen in the indicator of the coverage with the counseling and faithing.	MA	During the reporting period moderation support has been provided to 1170 bit IRRXIDENTRIA TIB patients. Of the 11.55 received money pale-suppose, 24 dairy products and 11 food particle. The factorists of the moderation of the moderation suppose to particle the based on the patients particle. The particle stated deprought and only those, who that staten every support does or marked and more than 26 stating the month, registal for moderation suppost. The period desapposphism of number of MID PIXOPARR TIB pasions, who received to moderation support less provided as 15 sensitives patients of the population. The product desapposphism of the products of the products of the population of the products of the products of the population of the products of the produc

^{*} Indicator No. should correspond to the indicator number listed in the approved Performance Framework of the grant (1.1, 1.2, etc.)

C. Analysis of data quality and reporting Issues
(f) This section should certain (f) a summary of issues missed to data quality and reporting on programmatic indicators, and any relevant issues, which are not covered in "Reasons for programmatic devision", and (2) remodal actions that are undervey or planned to address those issues.

The insufficient quality of the TB programmatic data is still an issue. Electronic database, which is being developed by Project HOPE under the GFTB grant is pending. The National recording and reporting system continue to be the paper based and manually collected. The TB specialists perceive the new WHO reporting framework, which is for the present that is being propertients in the country, to be difficult. All these licitors together with the high turnover of the trained stall affect the accuracy of reporting, improvement is expected, when the electronic data base is finalized and implemented. UNDP continues to undertake the regular M&E vists jointy with national and regional TB specialists, provides the technical input and advices to NTP, verifies data on spot and cross checks the accuracy of the reports.

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C. SECCIAL TERMS AND CONDITIONS LOSS LIVE ADDRESSES. The Process Receive that consense with the several data of the Orient Lyre Committee (the CLCT) into CLCT) above to the Clct above to the Principal Process and the Clct above to the Clct above	Union: In Progress	Dispose at the standard precising development the Will application, NSP continue after charged belong the Will have able to stand to provide the provide and the provided by the provided the provided by provided the provided by the provide

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PR Comments on Progress of Implementation

(MSD has invited the previous procurement operational practices and established the new rule to look but the written CP approval prior to place the drug orders. In 1711 3 drug orders were placed for procurement during the appointing period, having in place the CP confirmation of their price operations and drugs quantifications.

Please indicate a cate for the report due for automission. If a report is overclue, indicate the original due date and explain the reason for delay.

The EFR will be submitted along with the next PUDA (July - December 2015).	Preparation on Irack	1-Mar-16	Enhanced Financia Reporting (EFR)
Sydmitted to GF The Cartifed Financial Statement were submitted by USDP HOs directly to the Global Fund on 10 July 2015.	Submitted to GF	30-Jun-15	Certified Financial Statement
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19			i.	140	i	Consister a Budget Byrough petrol of Byrograms (Sydness
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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: Progress Updale - Reporting Period: Progress Updale - Period Covered: Progress Updale - Rumber: Progress Updale - Rumber: Currency:	
KGZSSIA-GDB-T Number Cycle: Senestor Number Beginning Date: 01/07/15 End Date:20 June 20	

and the second s	386 855	27 781.56	1 055 899	831.818	1 106 229	1 442 755	230 752	528 412			TOTAL
TAG 375 CHARLES AND ARREST ARREST AND ARREST ARREST AND ARREST AND ARREST AND ARREST AND ARREST AND ARREST AND	176 375	0			•	176 375		253 366			Other
	6.330	333,76	51 174	39340	52 515	57 504	12 506	12 420	19-MAY-2015	005755	TALAS OBLAST TB CENTER
30 dd	14059	10,63	183 672	137 346	186 384	197731	44 242	45 632	15-MAY-2015	005754	OSH OBLAST TB CENTER TO FIGHT TB
nealive compensation of transportation cost from the grant fund.	67314	9 022,99	195618	155 077	209719	262 832	38 308	64 006	30-JUN-2015	005747	WCP
reaction to considerable account in proposition and the second of the control of the control of the health care installations have organized the specimens colorism and transportation from emical areas to the obtast levels laboratories. In this connection, there is no need to some of the patients to travel anymore and	5594	680,33	55,849	& 85 85	57 597	61 443	11 459	13 164	22-APR-2015	005773	NARYN OBLAST TB CENTER
Installigent and due to right turnover this is all drapping situation. This issues to savings, it is a larger than the following the foreign amounts to the capacity amounts to the capacity amounts to the capacity. The	nautice 13 833 savings	5119,94	44 767	37 903	50 825	58 600	10 231	10 690	22-JUN-2015	005775	MAIN DEPARTMENT OF PUNISHMENT EXECUTION
7573 Furthermore, the variance occurred due to estimated budget was based on the assumption that all staff positions were filled. However, the number of staff is	7573	-7,59	143 982	110 840	146 962	151 555	32 720	32 220	21-MAY-2015	005772	JALALABAD OBLAST TB CENTER
budget is assimated assuming 100% performance and full amount of incentives to be paid, the actual payments to some of the staff, was less due to the below targets programme results.	25 800	9 831,03	83 194	74 952	94 642	112554	16 624	19919	13-MAY-2015	005774	SSYK-KUL OBLAST TB CENTER
101 Be main reasons for variance serveren on commune unarya ana un 101 Be (cumulative disbut assente if opportibute are cite to (Catagory HR. The nearon of sarving is that the UNDF us set performance before processor of becomes nearworked for covering catagories.	10 19g	60,55	115 816	87 333	118 773	126 011	29 091	29 12 1	27-APR-2015	005753	СНИ ОВІ АЗТ СЕМТЕЯ ТІ РІСНТ ТВ
	41 995	2719,69	153 621	119 297	160 331	195 618	33 <i>57</i> 5	41 970	28-APR-2015	005756	BISHKEK CITY TB CENTER
1440	13 789	0,00	28 206	25 835	28 461	41 995	2 485	5 901	27-APR-2015	005771	BATKEN OBLAST TB CENTER
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).	Variance between Latest Cumulative Expenditure Reported and Cumulative Budget	Cash belance at the end of the period covered by this Progress Update	Cumulative Actual Expenditure through period covered by this Progress Update	Cumulative Actual Expenditure through period covered by this Progress Update PUDRS	Cumulative Disbursed through period of this Progress Update	Cumulative Budget through period of this Progress Update	Disbursed during Reporting Period*	Budget for Reporting Period*	Date of Most Recent Disbursament to		Name of Entity

^{**}TOTAL amount for these columns should reconcile with relevant amounts under "1b Disbursed to Sub Recipients" in Section 3A*
"Where the number of SRs is significant (over 10), SRs with small budgets (less than \$50,000 cumulative each) do not need to be reported separately and the figures can be aggregated in a group called "Other Minor SRs"

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period: Progress Update - Period Covered: Progress Update - Number: KGZ-S10-G08-T

Section 4: Procurement and Supply Management

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.	1s. 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 PUIDR (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.	
No.	Yes	
All orders were placed in time and expect timely shipment, no stock out is expected within approved budget 1) 2nd line TB drugs for 35 patients procured within 1 Phase savings arrived in January 2015 - 3rd shipment of 2nd line TB drugs for 520 patients (9 2to) arrived in February 2015; 2) 3rd shipments of 3rd line TB drugs for 520 patients (9 2to) arrived in February 2015; 3) 1st shipment of side effect drugs (520 patients) for 2014 arrived in February 2015; 5) 1st shipment of side effect drugs (520 patients) for 2014 arrived in February 2015; 6) 2rd shipment of side effect drugs (520 patients) for 2014 arrived in February 2015; 6) 2rd shipment of side effect drugs (520 patients) for 2014 arrived in February 2015; 6) 2rd shipment of side effect drugs (520 patients) for 2014 arrived in June 2015; 7) X-Ray films to £20.8 £30 patients shipped in January 2015, with further shipments in October 2015 and July 2016; 8) 2rd line TB drugs (10 14 patients (ox)oxt 530 patients) arrived in March 2015; 9) 3rd line TB drugs (INJECT/ABLES) for 158 MDR TB patients arrived in March 2015; 11) 3rd line TB drugs (INJECT/ABLES) for 158 MDR TB patients arrived in March 2015; 11) 3rd line TB drugs (INJECT/ABLES) for 158 MDR TB patients arrived in March 2015; 11) 3rd line TB drugs (INJECT/ABLES) for 158 MDR TB patients arrived in March 2015; 11) 3rd line TB drugs (INJECT/ABLES) for 158 MDR TB patients arrived in March 2015; 11) 3rd line TB drugs (INJECT/ABLES) for 158 MDR TB patients arrived in March 2015; 11) 3rd line TB drugs (INJECT/ABLES) for 158 MDR TB patients arrived in March 2015; 11) 3rd line TB drugs (INJECT/ABLES) for 158 MDR TB patients arrived in March 2015; 11) 3rd line TB drugs (INJECT/ABLES) for 158 MDR TB patients arrived in March 2015; 11) 3rd line TB drugs (INJECT/ABLES) for 158 MDR TB patients arrived in March 2015; 12) NRL provided request for procurement of reagents and consumables for 2016 in June 2015. The procurement is ongoing.	All shipments of 2nd line TB drugs arrived in the reporting period were recorded in the PQR	Comments

3. Comment on additional issues related to the procurement and supply management of pharmaceuticals and health products
The Global Fund approved the revised WPAB in implementation letter number 4, dated 1 April 2015, and disbursed funds for the drugs orders for patient empliment for the second half of 2015 on 2 June 2015. As UNDP is aware of the need to ensure adequate stocks of 2nd and 3rd line TB drugs.
UNDP book the following actions:
1) Borrowed funds within UNDP (totaling \$893,659), so that necessary orders for drugs could be placed:
(2) Listsod with SDF and GLC so that quotations in line with the WPAB, were ready for placing as soon as the WPAB was approved.
We highlight that following recommendations from GF and GDF, and in order to obtain better prices and shell lives, 2nd and 3rd shipments under NFM borrowing 2015 and borrowing 2016 were re-scheduled to September - November 2015. These orders will be placed following the GDF /GLC mission on 24 August.
All other goods planned in frames of WP and Budget 2015 are procured and orders placed. No stockous are expected.

DISBURSEMENT REQUEST PERIOD

Grant number:	KGZ-S10-G08-T		
Progress Update - Reporting Period:	Cycle:	Semester Number	9
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015 End Date:	er 30-Jun-2015
Progress Update - Number:	9		
Currency:		USD	

! A Statement of Sources and Uses of Funds (SSUF) is to be provided by $\ensuremath{\mathsf{PH}}$ along with the $\ensuremath{\mathsf{PUDR}}$ form

Section 5: Cash Reconciliation and Disbursement Request

A: CASH RECONCILIATION FOR PERIOD COVERED BY PROGRESS UPDATE

- Cash Dak	i. Cast Datalice: Defililling in period downed by ringliess opude (line to not) resolventional sector of the period covered by the previous inspiress opudes).		5 226 158
Add:	Cash received by the PR from the Global Fund during the period covered by this progress update:	6 772 226	
	3. Cash disbursed to third parties by the Global Fund on behalf of the PR during the period covered by this progress update:	50 000	
	4. Interest received on bank account	42 459	
	5. Revenue from income-generating activities (if applicable)		
	6. Other income, if applicable (e.g. income from disposal of fixed assets, tax refunds)	74	6 864 759
Less:	7. Total cash outflow during period covered by Progress Update (value entered in Section 3A "Total cash outflow"):	2 121 584	
	8. Net exchange rate gains/losses (gains should be shown with a minus sign; losses should be shown with a plus sign)	785	
	9. Reconciliation adjustments (gains should be shown with a minus sign; losses should be shown with a plus sign)	0	2 122 369
10. Cash Ba	10. Cash Balance: End of period covered by Progress Update:		9 968 548

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

Explanation of reconciliation adjustments (line 9)

DISBURSEMENT REQUEST PERIOD

Currency:	Progress Update - Number:	Progress Update - Period Covered:	Progress Update - Reporting Period:	Grant number:
	9	Beginning Date:	Cycle:	KGZ-S10-G98-T
USD		1-Jan-2015	Sergester Number: 9	
		Jun-2015		

Section 5: Cash Reconciliation and Disbursement Request

Page 1 of 1				PR_Disbursement Request_5B	PR_Disbu			DR 9 13 August as sent for Pradeep's signature
		- Laberta Anna Paris		- III-ALA WARANTII TA	KGS		 used to convert Total Cash Outflow for the Progress Update Period 	 used to convert Total Ca Period
		Christian	telemeterer	The same particular and the same and the sam	KGS		Cash Balance	- used to convert Closing Cash Balance
			Management .	- Augustus A	KGS		Cash Balance	 used to convert Opening Cash Balance
	te)	comments (if appropria	exchange rate, and other	Name of local currency, date and source of the exchange rate, and other comments (if appropriate)	Name		urency into grant currency)	8. Exchange Rate (used to translate local currency into grant currency)
				Yes			Does the PR's Disbursement Request include funds for health product procurement?	7. Does the PR's Disbursement Request to
0.				eriod (cash buffer):	gress Update, plus additional po	he period covered by the Pro	PR's Disbursement Request to the Global Fund for the period immediately following the period covered by the Progress Update, plus additional period (cash buffer):	6. PR's Disbursement Request to the Glob
8 968 548	A A A A A A A A A A A A A A A A A A A		and controlled in the			alf of the PR	 Cash "in transit" disbursed to the PR: Cash "in transit" disbursed to third parties by the Global Fund on behalf of the PR 	 Cash "in transit" disbursed to the PR: Cash "in transit" disbursed to third pan
	9.958.548		i de de la companya d	And the second s	on sheel):	0 from PR Cash Reconcillati	Cash Balance: End of period covered by Progress Update (number 10 from PR Cash Reconciliation sheet):	3. Cash Balance: End of p
				a a a a a a a a a a a a a a a a a a a	d and which are likely to	he end of the reporting perio	I The forecast should include any existing commitments (eligible under this grant) as of the end of the reporting period and which are likely to be paid during the disbursement period	I The forecast should include any existing of be paid during the disbursement period
							aid during disbursement request period to those in the budget st.	 Current confirmed commitments to be paid during disbursement request period Current/expected unit prices compared to those in the budget Change in quantities compared to budget Exchange rates and inflation Linkage between budget absorption and programmatic performance to-date.
					as per approved	d amounts and the amounts of the variance.	Please explain any significant variance (based on your judgment) between the forecasted amounts and the amounts as per approved budgets. Please specify the main factors and related amounts that are the major drivers of the variance. NB. Consider the following items when providing the analysis. Expected timing of payments for any signifiest budgetary items. Impact of existing each balance at SR levels	Please explain any significant variance (based on your judgment) budgets. Please specify the main factors and related amounts that NB. Consider the following items when providing the analysis. - Expected timing of payments for any significant budgetary items, impact of existing cash balance at SR levels
			egular buffer period.	rated values for the period following the r	s should be calculated as pro	get and forecasted amoun	(2) When the additional (cash "buffer") period is 1 or 2 months, the approved budget and forecasted amounts should be calculated as prorated values for the period following the regular buffer period.	(2) When the additional (cash "buffer")
t there are any additional GF-specific requirements that cannot be delivered within 45 days. An agreement	that cannot be deliver	F-specific requirements	here are any additional Gi		ı completed Annex on SR fina	completed EFR report or a sh buffer.	(1) Additional Cash buffer can be requested if the next PU/DR report will contain a completed EFR report or a completed Annex on SR financials, requested by the Secretariat, or in principal from the FPM should be obtained prior to requesting an additional cash buffer.	(1) Additional Cash buffer can be reque in principal from the FPM should be obt
		forecasted amount:	ALL	approved budget amount:		end date:	Select	cash "buffer" agreed with FPM (2) (cash "buffer") beginning date
0						M) (1)	2b. Additional "buffer" (discretionary, select only if there is a prior agreement with the FPM) (1)	2b. Additional "buffer" (discretionary, sele
PR Total Forecast		forecasted amount:		approved budget amount:		end date:		2a. Cash buffer period (by default) (cash "buffer") beginning date:
		forecasted amount:		approved budget amount:		end date:		1. Period beginning date:
					ered	ately following the period cov	Total forecasted net cash expenditures by the Principal Recipient for the period immediately following the period covered by the Prograss Update:	Total forecasted net cash expenditures by by the Progress Update:
								B: DISBURSEMENT REQUEST

PUDR 9 13 August as sent for Pradeep's signature PR_Disbursement Request_5B

PROGRESS UPDATE PERIOD

Grant number:	KGZ-S10-G08-T		
Progress Update - Reporting Period:	Cycle:	Semester Number	9
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015 End Date:	30-Jun-2015
Progress Update - Number:	9		

Section 6: Overall Performance

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

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

Summary: During the reporting period the current TB grant has been approaching the time of closure in December 2015. To ensure the continuity of services during the period between end of the current TB grant and beginning of the following NFM funding, UNDP and GF signed the Agreement on extension of the program till 31 March 2016. Thus the money for the extended period and for covering of the gap in provision of drugs in the second part of 2015 has been borrowed from the country allocation to the NFM funding. This action led to the budget of UNDP increased at more than \$ 6 million.

2015. To avoid the inevitable outcome of an interruption of services caused by the late disbursement of the GF funds, UNDP borrowed funds from its internal resources to procure drugs and prevent the interruption of enrollments. UNDP and implement the treatment of the PDR patients, which never existed before. into treatment of MDR patients. These drugs have just arrived and will provide the universal access to treatment to all the DR-TB patients of 2015. Besides, the provision of these drugs will help to happen the new initiative of We highlight the disbursement of the GF funds per the Extension Agreement till March 2016, was made on 2 June 2015 and received by UNDP on 8 June 2015. This was too late to place the order for drugs for the second part of

2015, Syringes and water for injections; PSM cost, storage and office expenses. commitments is 70%. The commitments are in the amount of USD 3,505,535 for procurement of 2nd line anti-TB drugs for MDR-TB patients, maintenance of laboratory equipment, X-ray films for MDR, XDR, PDR TB patients for The financial performance over the reporting period (Semester 9) is at the level of 26.4 % of the budgeted amount USD 8,033,549. In the current reporting period the amount USD 2,121,584 was spent; but the burn rate including impactoutcome and 8 coverage indicators. Three Top 10 indicators were achieved exceeding 100% and one Top 10 indicator- at 97%. Two not Top 10 indicators were achieved at 97%-89%, and two of them exceeded 100% and one Top 10 indicators are to provide the second of the The TB grant continued with strong programme performance, reflected in the rating A1 for the period of 1.07.2014-31.12.2014. The following program period, which covers 1.01.2015-30.06.2015 was assessed against 5

The cumulative financial performance is at the level of 74%, which is calculated as "budget vs. expenses, commitments and disbursements to SRs"

The cash balance at the end of period in amount \$ 9,968,548 is largely committed:

3,505,535 for procurement of 2nd line anti-TB drugs for MDR-TB patients, maintenance of laboratory equipment, X-ray films for MDR, XDR, PDR TB patients for 2015, Syringes and water for injections; PSM cost, storage and

2) for 7% GMS for 2015 in amount of \$ 871 632 to be charged next reporting period by UNDP upon payment of PO

3) ongoing procurement

+\$1,536,136.00 (NFM 2015) - ongoing procurement. GDF will provide the quotation in September 2015. There is issue related to Quan TB. GDF with GF will visit KGZ in the end of August 2015 and provide final approval for

s2,052,772.83 (NFM 2016) - waiting for GF approval for procurement. The GF advised to postpone this procurement until the Quan TB program is installed

PSM associated to ongoing procurement is \$538 336.24

The rest funds allocated for PR and SR operational activities for next reporting period

the side effect drugs not only in the hospitals, but in the PHC level as well; (5) the procurement of the third line TB drugs, initiated by UNDP in 2013, have resulted in implementation of the treatment of the XDR TB, which did not SLD side effects (4) The modified modality of procurement of the side effect drugs in blisters, which replaced the hospital packaging of drugs, used to be procured previously, have been continued and allowed the free access to previous one; (3) performance based scheme of motivations to medical staff resulted in improved program indicators; and (4) contracts with the outsource biochemistry labs ensured all patients to access free of charge tests for part of 2015 and help implement the new initiative of UNDP to implement the PDR treatment, which did not exist before exist before; (6) Due to delay of the GF disbursement, the additional TB drugs for 2015 have been procured using the UNDP money and have begun to arrive. This procurement will cover the gap in drug provision in the second beginning of Phase 2, were successful: (1) reimbursement of transportation fee to MDR patients became available countrywide; (2) new modality of adherence support proved to be more attractive to patients compared with the timely and comprehensive manner. The timely procurement and receipt of drugs allowed the scheduled enrollments into treatment to be fully respected. The new mechanisms of grant operation, which were implemented in the rogrammatic performance: Programmatic performance: During the reporting period, UNDP continued providing major support related to diagnostics and treatment of MDR TB. All the planned activities were implemented in a

specimens and paying the salary top-ups to the medical staff. In particular, during the reporting period, SRs conducted 100 transportations and delivered to NRL and OIRL 1962 samples for DST analysis. They also conducted 25 1170 MDH\XDR\RR of them and paid top-up salaries to the medical staff monitoring visits and visited 102 health facilities in the district and primary health care levels. Also, during the inpatient phase of treatment SRs counselled and trained 786 MDRXDR\RR patients, provided motivation support to prison health institutions. According to the Agreements with UNDP, SRs continued to be engaged into educating and counseling patients, paying them transportation fee and monthly money allowances, transportation of SHs management: During the reporting period UNDP continued to implement 6.4 % of the 1B grant activities through Agreements with 10 SH organizations. They represent the Governmental sector and include the civilian and

practice of the SRs of the TB grant of the new UNDP SR management tool. financial documents on a quarterly basis. The results of their verification are used by the UNDP to make decisions on the volume of the next transfers. In addition, UNDP is in the process of implementing into the operational In order to ensure the effective implementation of Agreements between UNDP and SRs, the PR has continued providing trainings on management of grant funds to the staff of the TB Centers and SSPE. UNDP also continued to has conducted 8 monitoring visits and visited 48 health facilities. Reports were developed and circulated among the affected institutions, NTP and MoH. SRs continue submitting the standard reports to UNDP and original provide the continuous technical support to them: on-site visits, on job coaching and consultations were on-going together with the efforts to maintain the improved system of SR to PR reporting. During the reporting period the PR

Within the reporting period the majority of SRs have been demonstrating significant progress in quality and timely performance of activities, outlined in the Agreements with UNDP In addition, in order to ensure timely identification of problems and implementation of corrective measures, UNDP monitors all the processes taking place at the level of SRs during the execution of the grant agreements

and borrowing approval, which is link to drug order placement. Also disbursment to SR for LS activity was less on cash balance at the beginning of the period next implementation periods when all the scheduled PDR patients will be enrolled in treatments. Expected date of beginning of enrollement is August 2015. The delay of implementation is due to long time line of reprogramming \$275,045 for half a year activities; out of these work plan and budget; UNDP made disbursement in amount of \$230,752.39; thus disbursement rate is 83.89%. Undistributed budget is allocated for LS; which will be used in the Thus, the SRs financial delivery during the reporting period was equal to 44 % (the disbursed amount was equal to \$230,752.39 against \$528,411.5 budgeted). UNDP signed contract with 10 SR organization for amount up to

second haif of 2015 on 2 June 2015. As UNDP is aware of the need to ensure adequate stocks of 2nd and 3rd line TB drugs, UNDP proactively managed the situation by taking the following actions rocurement of health products and medicines: The Global Fund approved the revised WP&B in implementation letter number 4, dated 1 April 2015, and disbursed funds for the drugs orders for patient enrollment for the

1) Borrowed funds within UNDP (totaling \$893,659), so that necessary orders for drugs could be placed;
(2) Liaised with GDF and GLC so that quotations in line with the WP&B, were ready for placing as soon as the WP&B was approved.

We highlight that following recommendations from GF and GDF, and in order to obtain better prices and shelf lives, 2nd and 3rd shipments under NFM borrowing 2015 and borrowing 2016 were re-scheduled to September -November 2015. These orders will be placed following the GDF /GLC mission on 24 August.

have not been able to detect and therefore treat the expected number of MDR patients. stage. This decision was based on two main factors: (1) it is hoped that UNDP could benefit from falling prices by ordering at a later stage, (2) concerns about the number of MDR patients, as there are countries in the region that one that the countries in the region that the re treatment course for each patient, whereas based on discussions with GDF and GF it was agreed that in the current semester we would order drugs for the intensive phase, and place order for the remaining months at a later All other goods planned in frames of WP and Budget 2015 are procured and orders placed. No stockouts are expected. The main reason for the large variance in the current period is the budget included the full (24 month)

(2) The National Health system weaknesses, like lacking electronic data base, staff demotivation and turn-over, the suboptimal drug management seriously affect the TB grant implementation assons learnt: (1) The introduction of the innovative mechanisms of the TB grant implementation helped to achieve the better program results and to meet the established targets.

strategy becomes risky and at present it is difficult to see that the Government will finance the essential TB control activities, not included into the NFM application. providing technical assistance and the Government funds are not sufficient, all the needs of the TB program are expected to be covered by the TB grant of the GF. In the situation when the resources of the GF also limited, such (3) The disproportion between the technical and financial support, which is available from the international stakeholders creates the difficult environment for the TB grant implementation. As international aid is mainly focused on

(4) The performance based approach to providing incentives to the medical staff and patients is more efficient compared to the universal approach, which is not underpinned by strong performance management principles.

Planned Changes in the Program, if any

We also highlight that the delays in disbursement from GF may have detrimentally impacted the supply the drugs. This risk was mitigation through the use of UNDP internal resources In the following grant period UNDP have plan to implement the treatment of the PDR cases which did not exist before. The drugs for these patients have been procured and have aready begun to arrive in country

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

ravision of the National TR strategy stand heyword the sonne of this creat for the drug resistant TR heigh implemented by HNDP Recognizion that the improvement of the whole the National health system is essential. HNDP the grant, but to mobilise support to address the system weaknesses as well. UNDP has neither mandate, the financial nor human resources for being involved into the Health System reforms or regulation of the drug market. We grant, but to mobilise support to address the system weaknesses as well. believe, that success in prohibit of non- prescribed sale of the TB drugs, establishing the system for monitoring adverse effects of drugs together with the recording and reporting forms, decrease the length of hospitalization and The grant operates in the extremely difficult environment, being exposed by the weaknesses of the National Health System from one side and the increasing pressure from the GF, requesting UNDP to not only to implement

believes, that it can be achieved rather by the joint efforts of all the national and international stakeholders, working in the TB control, than solely by the PR, addressing the only aspect of the TB control.

- the responsibility for all the services, currently supported by UNDP and Project HOPE. (2) The perspective for transition of the TB grant to the MoH in 2016 is uncertain. The income, demographic, economic, and financial and the TB burden reality makes it difficult to the country in 2016 to become able to assume
- to the beneficiaries may suffer as well. 3) There is lack of continuity between the ending TB grant and the replacing NFM. This fact may result in the interruption in provision of the essential TB services, which were implemented in the time of UNDP PRship. The access
- (4) Transfer of responsibility for procurement of the prequalified first line TB drugs from project HOPE to the inexperienced National TB center poses the risk of delays and interruptions in future drug provision.
- machines, ventilation and procurement of consumables, which according to the Agreement between MoH and KFW should have been financed by the Government allocated more than \$500,000 into the budget of the NFM application to the GF funding in 2016-2017. This action resulted in the removal of the limited GF funds from the life saving activities to finance the maintenance of sophisticated laboratory without ensuring allocation of the Governmental funds into the MoH budget for its post warrantee maintenance. Looking for the source of finances to maintenance of this laboratory in 2016-2017, NTP has The programs of the international stakeholders, who exited the country without ensuring of the further sustainability, seriously damage the life saving activities of the NTP. In particular, in 2013 the KFW donated to NTP the
- (6) The new National Drug Policy, which states that all the drugs, procured using grant funds, should be registered in the country, may affect the budget and procurement timelines of the GF TB grant
- this issue will not be resolved with the company producer, the procurement of drugs in the framework of the NFM may become extremely problematic. This issue requires negotiation in the level of WHO, STOP TB Partnership and cannot be resolved in the level of the program implementation. (8) Kyrgyzstan renounced a bilateral agreement with the United States signed in 1993, which provided the legal framework for US assistance in the country. The drug is consequent that it can be procured, respecting the special pre-conditions. The nature of these preconditions does not allow the country to fulfil them. In the event if during the process of preparation of the NFM application. technical assistance to the TB program and financed by USAID, will be affected by this decision. decision will come into effect on August 20 and will halt the operations of the US Agency for International Development (USAID) in the country. Possibly, that the operation of the health projects, including those, providing the (7) The introduction of the short MDR schemes, offered by the international expert during the process of preparation of the NFM application for 2016-2017, include the use of the off-label medicine Ctz. The off label status of this

GENERAL GRANT INFORMATION

e: 1-Jan-2011		t. UNDP Kyrgyzstan	KGZ-S10-G08-T	Tuberculosis	nyigyz mepuolic
	1-Jan-2011	yzstan		Tuberculosis	

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Semester Number:	9
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015 End Date:	30-Jun-2015
Progress Update - Number:	9		

ement Request - Disbursement Period: Cycle:	Annual	Number:
ement Request - Period Covered: Beginning	g Date:	End Date:

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_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 the Grant Agreement. 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.

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

Title: Name:

Date and Place:



13/1/15

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

On-going Progress Update and Disbursement Request GENERAL GRANT INFORMATION

3	Ž
	ERAL GRANT INFORMATION
	ORMATION
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Charles		Kyrgyz Republic	
Disease.		Tuberculosis	
Grant fluorber:		KGZ-S10-G08-T	
Principal Recipient		UNDP Kyrgyzstan	-
Program Start Date:		1 - 1 - 2011	_
Currency:		USO	
PROGRESS UPDATE			
Progress Updale - Reporting Period:	:	Cycle: Senester Mamber:	9
Progress Updale - Period Covered		Economics 0.505 1-Jan-2015 End 0.507 30-Jun-2015	
			L
DISBURSEMENT REQUEST			
Disburscratni Requesi - Disbursement Perica	•	System Annual Burnbare	
Disbursement Request - Pened Covered:		Beginning Date: End Oste	

Section 1: Programmatic Progress

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

	Select	Salect	Select	Select	Select	Cuttome	Outome	Outcome	Outcome	imposci	Outroome	impact/
de la company de						Treatment success rate, laboratory continued MDR TB casus successfully treated(curid plus completed) among those entitled in secund-ine treatment during the year of assessment (number and percentage)	Trastment success rate among new sinker positive TB cases: new sinear positive TB cases successfully trasted (cured plus completed) and of those new sinker positive TB cases notified to the Health authorities during specified period (number and periodrage).	Nedication rate for all forms of TD cases (including new arrest positive, smeat regarive, estrapalmentary and relapses) notified to the National Health authoristics during a specified period per 100 000 population	Notification rate for new anneas positive TB cases : new anneas positive TB cases notified to the National Health authorities during a specified period per 100 000 population	TB markely rate (Number of registered deems due to TB (all cases per year per 100 000)	Lichtiduser amenden	
		٠				\$	W28	100	ĸ	g	Value	
					,	2007	Apr/08- march 09	2009	2007	2009	(a attace Asset)	Beereline
			,		,	2010	2012	2013	2013	83	ă	
	·	,		,		62% (2012 cahori)	84% (2013 cahort)	Š.	8	7,5	Intended Target	
	•	•				18 Aug- 2015	17 Aug-2015	16 Aug- 2015	15 Aug. 2015	14 Aug- 2015	Raport Doe Onte	
		,	,			%02.23	81,20%	199,50	31,7	7,0	Actual Result	
	Select	Splect	Select	Select	Salect	R&R system	R&A system	100,50 A&A system	1,70 R&R system	7,00 R&A system	Page 212	
and the second s						The single value of the infections set all the level of GE% was sub-leved. The results surroy IMDR patients were lighter than in the previous cotton and emourated to EC, "A venue 45,65%, in addition, the decking in factions of test for follow up continued and within 3 years it has has decreased from 38,5% to 16,4% (convets of 2009 and 2012, respectively):	Of 1670 new smaar positive TB cases, inspond by NTP for Y2013, 1349 were associated by NTP for outcomes. The rest 201 cases were either inconsisted for their 18 diagnosis, or on the basis of their often productione profes were structioned to the DR-18 syngless (occording to the new WHO dichidicass). Thus, he overall incomment buccess are among the new smaar positive cases, included in 2013 was reported at 81.2% (DSG out of 1349), if their hashin sectors are admined 44.6% (2014 of 261), oct 40 about = 1.2% (1014 out 132). We highlight that for the first time of the paren, the results of the price and children sectors were equal. Proviously the pricen sector used to benconstrate significantly lower outcomes company to the children sectors. The overall indicator was achieved as 97% company to the larget.	The bitted indicinal data abover the next export rate of all forms of TB cases equal to 1035 per 100.000 population or 630 per 1000 population or 630 per 1000 per 10	The tasts returned data shows the notification rate of new many positive cause at 31.7 per 100, 000 population or load 1640 cause, registered completely in 2014, Of term 1640 were proposed by friction and 40 - by pricer health serious Fermion represented 800, (44%) and make 1044 cases (65%). The actual notification rate for the new small positive cases, registered in 2014 mas signify below that produced value of this indicator.	The latest national clear shows the TB modally rate of 7.0 per (100,000 population or 405 total TB deaths, occurred countrywide in 2014. Of them 389 we're requisited in circlas health seader and the remaining 17- in prisons. The annual modality rate indicator moves 7.5 per (100,000 population, targeted for 2014.	Comments on results on impact/Dutoone Indicators and data ecurose, and any other comments	

On-going Progress Update and Disbursement Request PROGRESS UPDATE PERIOD GRANDERING

Gran number:

Cycle

Progress Udate: Reporting Perod.

Progress Udate: Reporting Perod.

Progress Udate: Reporting Date:

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Progress Udate: - Number: - Numb

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N (9)	N	•		_	Objective No.
g 5 5	\$ P	ω	IN.		* Indicator No.
inlerin result: culture conversion of MDR-TBX/DP/RR cases at sk months: MDR/X/DP/RR-TB cases nitizated on a second-fine treatment who have a negative culture at the end of sk months of treatment during the specified period of assessment	Number of Exboratory confirmed MDR/XDR/RR-TB patients enrated on second fine anti-TB (readment (n.) both civid and pententiary sectors)	Number and per cont of new rinear positive sensitive TB cases that are successfully realed	Number of TB cases (all forms, new and relapses) notified to national health authority	Number of new bacteriologically confirmed TB cases notified to national health authority	indicator Departpition
Curent grant	Current grant	National Program	Nakonal Program	Nasonal Program	Thed Yo
N-пос сипичатие	Y-cumulative annually	Y cumulative annually	у сыпцаже акпиту.	Y cunulative annually	Targets cumulative?
No	7 es - Top 10	Yes - Top 10	Υes - Τορ 10	Yes - Top 10	Top 10 hdicator?
73.5% (88):17)	300	82% (1 531 / 1 871)	250	1720	(IT applicable) Value
03-4,2011	2008	Apr. 08-Mar. 09 conort	2005	2007	(If applicable) Value Year
78.7	50	84%(791/542)	2006	9	Fr
75,70%	ã .	82%(536778)	223	1025	Actual Result to date
97,2	118%	97%	11.5%	113%	% activevement (Piesse calculate so accrossion)
(ii) the action convention rate at air months of MIDPCRIP treatment was at 75.7% among the passents, registered in 23-40 2014 (5271856). The result among the MDR patients was at 77.8 (5220078) and at 22.7.7% (5191) among the XDDR. This indicates have actived the target at 97%. (2) the for results among the XDR patients are due to the inelffective scheme for treatment of XDR patients for wellable in the country. (3) improvement of the outcomes among XDR cases can be only expected when the new drugs, not curronly in the national treatment protocol, will be introduced.	(1) auring the rejorating pixted that Makerial TB program has commented on treatment EZI JUDRIVORPHE patients against \$50 originally soniciated. (2) the sonitishing bridds estacyprojetion constasts from \$17.1 MIDH, \$3.3 FB, TB and \$2.3 XDH cases, The disapprogram by health sector includes of \$72 original and \$1 XDH cases. The disapprogram by ponder is of 195 female and 428 matericases.	(1) d 953 new sinear positive 176 cases, reported by NIP for 1-2 O Y2014, 778 were assessed for outcomes by NIP. The rest it Sic cases were writer reconsidered for risk 18 diaprosis, or transferred by nip III is repulse on the basis of the ricky prostal processing or transferred by nip III is repulse on the basis of the ricky prostal process risk among nip ninew several problem cases, repulsered in 1-2 O 2014 was grouped at 82 × 1655 out 6 778). Florid nature secret schleved 57.1 %, (6 out of 4.), and secret 8.2 % (655 out 6 778), Florid nature secret schleved 57.1 %, (6 out of 4.), and secret 8.2 % (655 out for 14.) and secret schleved for 18.2 % (655 out for 18.) and 18.2 % (655 out for 18.0 % (655 out for 18.) and 18.2 % (655 out for 18.0	(1) this new reporting learnment, resondly introduced by NTP offerines the alse that of the partial result in capacity. In machine, in this report the statul result in capacity in the statul result in capacity in the statul result in capacity. In the statul result in capacity is statul number of all PLEss expected by NTP arings the opporting product was could be 50% appared 25% daybed. The reveals number of all causes reproduced coulds of 410% series outside 50% posteriors, 40° receives decision, 60° from the result in reparticularly contineed of 100% in the statular result in represented by 185% cases and fernade by 1971. The children flower result indicates and the result in few terms of 1974. The children flower of all 100 series profession and protects, and the result 105 results by protects. The editors of all 10° sector of 60% of the statular of 100% in statular of the indicates was achieved smoothy the effect of such GF in moderal statut, consumeration of the flower of the indicates of the results of the indicates of the flower of the indicates of the new MPO definitions as well new find the case before the name of the indicates of the new formation and the flower of the cases of the cases, continued calcular, which was not the case before the name of the cases.	(I) this new reporting framework, recovery introduced by HTP believes the equil date of the quantities will be reported from the transplant of the quantities of the report from the transplant of the QUI of 2015. (2) the National ID also reporting the redirections, related to QuI A014 and QUI QUI (2) (2) the National ID also report to QUI and the QUI of them femals reported to A0 2014 and (2) (2) the Mps and the regional and other products of A0 2014 and (2) (2) (2) the Mps and the products of the National A00 and the redirect framework of the National A00 and the redirection of the National Redirection Redirection of the National Redirection Redirection Redirection Redirection Redirection Redirection	কৈলোকৰ Targest - Actual Report (Photographic) Peason's by programmatic deviation from intended largest and deviations from to data <u>তি ওলোকে (মিন্টাই)</u> কাল related workplan activities

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		TORKY	The state of the s	TOTAL TERRITORY TERRITORY	Table 100 Company Comp	TB cases with nexult for drug susceptibility (sesing: TB cases with results for diagnostic DST for MDR-TB among those eligible for drug susceptible testing according to national policy	Number of MDR/XOR/RR-TB patients counselled and trained on DR-TB treatment during the inpatient treatment phase.	Number 18 senice staff trained in DR-18 management locally and number of nurses trained for provision of DR-18 treatment achievence counselling.	Number of MDR/XDR/RR-TB patients on treatment receiving patient support (lood, hygiene packages, money allowances) for better adherence to treatment-includes inpatient and outpatient treatment
Salect	Select	Select	Solect	Select	Sevence	National Program	Сधातना प्रातना	Current grant	Current grant
Select	Select	Select	Select	Selact	Select	N-AS CUMULEVE	Y-comulative annually	Y-cumulative annually	N-not cumulative
Select	Salact	Select	Select	Select	Select	₹	м	₹o	R
						0		75	390
						2011	200	5 2004-2008	2008
		•		,		60%	ĝ	6	1186
,			•	,	·	93% (1085/11 <i>47</i>)	786	o	1170
						155%	187%		*
			er standarde verene verene de en de en	1,000	48 DEPOPULATION OF A A A A THE	(1) although the data source for this collection in the IPF is stead as the Workhomb calculation in the IPF is stead as the Workhomb calculation in the Defect for Annually and usually the paper reported (orms. The electronic data base, which is expents to morber and paper the indicator in the Ipp. In the Indicator may set, it is indicator and the Indicator and the Indicator are the desired TB 02 registers. The presented data meters 3-10 2014 colors. (2) the 605 Treads were observed from the Section of the Open Section (1) the OST resists were observed from the Indicator (1) the OST resists were observed from the Indicator (1) the OST resists were observed from the Indicator (1) the OST resists were observed from the Indicator (1) the OST resists were observed from the Indicator (1) the Indica	In least risk MCPROPRIFIC TO presents were counseled on the determent aspects of the DR TIB Guing with in public riptace of teachers. Of the process of the United Fractions 20 th female and 578 male, The Indicator was as twice as we examined on the United Fractions of the two the teachers of the Tib and Tib and the Tib and the Tib and T	W	During the recording patient incomessor support has been provided to 1170 MIDROPARR-TRI patients. Of the 1135 recorded monly alberonizes, 24 daily produces and 11 florage patients. Of the entirechance of the monetance support of patients is based on the patient market based deproach and only florage, who has been every single doas or missed only more than 40 daily the month, eighble for merceian support. The gender desaggregation of number of MIDROPARR-TRI papients who recorded the monetation support inside provided to 1156 professe patients of the projection and patients. The incipitals Analysis and Chapters Analysis (11 ties of mitocast in the Indicator). Also, he moderation support must provided to 155 provided to 105 PDR patients of the SUD treatment (1850 por lat casted, but it is of mitocast in the Indicator).

C. Amply as of data quality and reporting issues
(1) This section should contact (1) a summary of issues related to data quality and reporting on programmatic indicators, and any relevant issues which are not covered in Reasons for programmatic deviations, and (2) remodes actors that are undowery or gained to address these issues.

The insufficient quality of the TB programmatic data is still an issue. Electronic database, which is being developed by Project HOPE under the GF TB grant is pending. The National recording system continue to be the paper based and manually colocied. The TB specialists particle the new WHO reporting framework, which is for the present time is being implemented in the country, to be efficial. All these ladies together with the high tumower of the trained staff affect the accuracy of reporting, improvement is expected, when the electronic data base is finalized and implemented. UNDP continues to undertake the regular MAE wasts (only with national and regional TB specialists, provides the learning in the provides to the continues to undertake the regular MAE wasts (only with national and regional TB specialists, provides the

PRODUCES (JPD ATE PERSO)

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a. By 21 stay 2013 ensure that the current approved much drug resident (behandlers ("MDR-TB") expension plan (including the number of MDR-TB") published to be found of the MDR-TB program, reliability the photograph deployment (including the number of MDR-TB program).		Makered dith pear Carding present a a proper.
e de ser est de l'est de l'est résides à le prouve de le bill III d'exper, rédecip le prinque Régionn fectué fensant le les grus de l'est de l'est de l'est de l'est grusse de des l'est de des l'est de des de les contré (che lete on séreion d'injuntation préde de l'est de	throat - In Progress	(I'll's bessel a funded of paired in its insert and the superface of the passed and deceased deep plan county of decident of the passed and passed in the passed and passed in the superface of the texts and passed and passed in the passed in the passed and passed in the passed and passed in the passed in the passed of the passed passed in the passed in th
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I. The Procest Brookers that do consult mention whereal other of the Central Commission (by 10 Central Commission Consultation County to the Process Happing to the Process Happing to the Process Happing to Central County and the Process Happing to Central County Happing to Cent	Ę	(ADDY cooperates and the Grean Light connected on the leasest present of tability to management on the regular beast. As recovered by the Gr. the money to purp the GLC services is present in the 18 part budget and the debumented for the curves year was made by the Group for GLC and (Aural 2015).
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	Place but all serves remed in the fact Management Latter from t
*****	e Clobal Fund or extelanting from previous Magazoways Letters, and com-
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H-patrie Southertiston	(Administration)	Quarter 1	Contracts
Certified Financial Statement	30-Jun-15	Submitted to GF	Sharel S Shareled I I The Carthel Fearch Stevens were schristed by UNDF ICK death to the Coople Ford on 10 July 2015.
Enhanced Financial Reporting (EFR)	3-86a-18	Preparation on track	1444-15 Anjustion trition. The EPR will be schribted story and the not PQDR (cher-Dependent 2015).
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ond pharmacond to have produce evidence its hadged chil PR seek audited tra budget ngoing Progress Update and Disbursement Request or RCC prioris the cumulative section of the Lable below should contain or Description of the last of the John Bander Regarding Personal for Property Comments 7 Sec. 357 The Part of the Pa Ī 200 Ĭ ì amount from the start of the PKCC and not from the start of Phase 1 of the program. deren at he beginning of the parties. Ownyst external our communication of the large MA, E. 11, 1971. He hande obscened her CMES and table in demonstrat to 1971 at the architect. 37 MARI GORDANINE. SAN 1930 PART 9731; Opensylposomenski ODF eli godde ha ke goldach; hi Equinder DSK. Then hi haur stadel ko Davi Tib. ODF elio esi 1922 SAN 1930 PART 9731; Opensylposomenski Doponesk SAN 1932 PART 973; Ovensylposomenski SAN 1930 PART 973 PART 973 PART 974 Self-te reference on our porter MP and MED in the arrown of 6 a 404 \$17 (of some refer to below eachers dia materia (1915). 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Comatena 17 20) il (26,11) il 1 spedia tengan munti di 2,32 nawata hui (2.31,1 manda di 2.51 (M. Comatena 19 20) il 1 spedia tengan di 2,32 manda di 2,32 manda di 2,32 manda di 2,32 manda di 2,33 manda di 2,3 <u>montformantfill Mith It</u> montformant make the montpole of the model of the model of the profession of the profession of the profession of the montpole of the montpole of the profession of the weed for \$2.110 p. moord of \$2.50. Complement (2.50) dynation applies were on the highest prime of programmes and \$2.511 in p. moord of \$1.500. Complement in 17.000 deposits deposit respect to \$1.500 to \$1. erience is ACT 232 in the emount of ECT 4CT to be convictenced of Propries 2016 who had 2.51.4 m the told whole of 1.377,174.28 from beroving MPM 2015, Commitmets 2551,174 coverig 1st improve one, will be just upon tole. Almithing 11,252,04.48 ford and 3st improvem just be consisted in October-November 2011, in crisis to obtain bette provins in per QDF <u>Vérman Chrony Day I. 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Constituée à l'es accept ét 13 de la ve de productionale de leur d'apparte de pago et de la CAU "deport traduct par de provincia de la CAU (de la consolie de la CAU) de la CAU (de la CAU) de la 1 and datasy of poods. Transported Controller UMERIT -ATTOR OF THE Complete Burget Control Orders Street 104714 -Ĩ Commenced by the class is a remark of \$2.75 plans planning \$2.00 https://doi.org/10.10 h <u>The destroyed of 1845 is a service of the control of the service </u> ERESTER MANUEL DE CREATE DE LE MOMENT DE LE MONTE DE L In a moved to did 121 in second 6 22 LEI Connelwent 112/15 (second nature 112/16 to merge in conscient 70/26 20 CM). In a moved of 22 LEI connel 6 22 LEI Connelwent 112/15 (second nature 112/16 to merce in 70/26 20 CM). In a moved of 22 LEI connelwent 12 LEI CONNE thre Variance in the total amount of \$ 324 524 reletes to: Character of 67 317 to the property to the Control of the Control t the impleming of the person. 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Annex to PUDR - Sub-recipient finencial information - FOR DISCRETIONARY COMPLETION, UPON THE SECRETARIAT'S REQUEST

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

	1000	27 781,66	1 055 889	821 B18	118623	: 442755	230 752	528 412			TOTAL
Unspend amount will be used in the next implementation periods when all the exhected POPI statistic will be arrotized in teatments. Expected date of beginning of enrollment is dusquet 2016. The delay of implementation is due to long time also of reprogramming and borrowing sprayers, which is first to though order placement.	Property of	0		500 C. C. (1)	-cast	176 375		253 366			Other
	\$ (CE)	883,75	51 174	39340	\$2515	57 504	12 506	12 420	19-MAY-2015	005755	TALAS OBLAST TO CENTER
	24,022	10,63	183 672	197,846	186 384	197731	# 242	45 632	15-MAY-2015	005754	OSH OBLAST ТВ СЕНТЕН ТО FIGHT ТВ
THE CAMPACTURE OF A PARK WASHINGTON OF PROPERTY WASHINGTON THE CAMPACTURE OF THE CAM	*157.03	9 022,99	155 618	155.077	209 719	262 932	38 308	64 008	30-JUN-2015	005747	NCP
campony Is- Disbursoments below the budgeted amounts dot to sawings. The masson is that some of the health ocal electrisches have opportuned the speciments graterian and languageteigh from remote amos to the obtain levels becombrids. In	Meters	85,069	55 848	43 885	57 597	6) 443	11 459	13 164	22-APR-2015	005773	NARYN OBLAST TB CENTER
insufficient and due to high turnover this is an ongoing shuelion. This loads to savings.	s 1919 61,	16 6115	44 767	37 903	50 825	58 800	10 231	10 690	22-JUN-2015	005775	HAN DEPARTMENT OF PUNISHMENT EXECUTION
Furthermore, the variance occurred due to estimated budget was based on the assumption that all staff positions were filed. However, the number of staff is	geral F	65'2"	143 382	110 840	146 982	151 555	822.23	#220	21-MAY-2015	005772	JALALABAD OBLAST TB CENTER
Indicately of incentive polyments for governmental medical statit. While the programme budget is estimated assuming 100% performance and this amount of incentives to be build, the carual pulyments to some of the statit, was less due to the below targets amountainner menter.	10	80'158 6	23 194	236 14.	94 842	112 994	16 624	61861	13-MAY-2015	005774	ISSYK-KUL OBLAST TB CENTER
The main reasons for variance between SR cumulative budget and SR cumulative disbursement / expenditure are due to Category HR -The reason of saving is that the UNDP uses performance based	30125	80,55	115816	87 333	118 773	125 011	29.091	29121	27-APR-2015	005753	CHUI OBLAST CENTER TI FIGHT TB
	49	2719,69	153 621	119 297	160 331	195 618	33 575	41 970	28-APR-2015	005756	BISHKEK CITY TO CENTER
	18718	0,00	28 206	25 825	28 451	41 206	2 495	5901	27-APR-2015	005771	BATKEN OBLAST TO CENTER
PR's explanation of variance (1) between cumulative budget and cumulative expenditure and (2) between cumulative expenditure and communicative expenditure (mondatory for anounts above \$50,000 or equivalent and with more than 10% variance)	Variance between Latest Connulative Expenditure Reported and Cumulative Budget	Cash balance at the end of the period covered by this Progress Update	Consulative Actual Expenditure Expenditure Ithrough period covered by this Progress Update	Cumulative Actual Expenditure through period covered by this Progress Update PUDRS	Cumulative Disbursed through period of this Progress Update*	Cumulative Budget through period of this Progress Update.	Disbursed during Reporting Period*	Budget for Reporting Period*	Date of Most Recent Dishursement to	,	Namo of Entry

^{**}TOTAL amount for these columns should reconcile with relevant amounts under "16 Disbursed to Sub Recipients" in Section 3A*

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

PROGRESS UPDATE PERIOD

	Progress Update - Number:	Progress update - Period Covered:	Progress Openie - Reporting Period;	
	•	Begianing Date:	Cycle:	
		3102015	Decing to	
		and Date:	Number:	
ı	/	8	ij	

Section 4: Procurement and Supply Management

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.	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 PUDR (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	
All orders were placed in time and expect timely shipment, no stock out is expected within approved budget 1) 2nd line TB drugs for SD patients procured within 1 Phase savings arrived in January 2015 - 3rd shipment of 2nd line TB drugs for 520 patients (3 Items) arrived in February 2015; 3) 3rd shipment of 2nd line TB drugs for 14 patients (pohos) arrived in Mary 2015; 4) 2nd shipment of side effect drugs (520 patients) for 2014 arrived in Mary 2015; 5) 1st shipment of side effect drugs (520 patients) for 2014 arrived in June 2015; 6) 2nd shipment of side effect drugs (520 patients) for 2014 arrived in June 2015; 7) X-Ray films for 520 & 530 patients arrived in Mary 2015; 8) 2nd line TB drugs for 14 patients (pohos 150) patients) arrived in March 2015; 10) 2nd line TB drugs for 14 patients (pohos 150) patients) arrived in March 2015; 11) 3rd line TB drugs for 14 patients (pohos 150) patients) arrived in March 2015; 12) NRL provided request for procurement of reagents and consumables for 2016 in June 2015. The procurement is ongoing.	All shipments ol 2nd tine TB drugs arrived in the reporting period were recorded in the PGR	Comments

3. Comment on additional issues related to the procurement and supply management of pharmaceuticals and health products
The Giscola Fund approved the revised WP&B in implementation letter number 4, dated 1 April 2015, and disbursed funds for the drugs orders for patient annothment for the second half of 2015 on 2 June 2015. Ac UNDP is aware of the need to ensure adequate stocks of 2nd and 3nd line 'TB drugs.

I No Browned funds within UNDP (totaling \$893,659), so that necessary orders for drugs could be placed;
(2) Listsed with GDF and GLC so that quotations in line with the WP&B, were ready for placing as soon as the WP&B was approved.

We highlight that following recommendations from GF and GDF, and in order to obtain better prices and shell lives, 2nd and 3rd shipments under NFM borrowing 2015 and borrowing 2015 were re-scheduled to September - November 2015. These orders will be placed following the GDF /GLC mission on 24 August.

DISBURSEMENT REQUEST PERIOD

Grant number:	
Progress Update - Reporting Period:	Cycle: Number
Frogress opdate - Feriod Covered:	Beginning Date: End Date:
Progress lindate - Number	
- OBICOO Operate Marinati	新報報の 20 m 20
Currency:	on the second second constraints and the second

I 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 Bat	 Cash Balance: Beginning of period covered by Progress Update (line 10 from Cash Reconciliation section of the period covered by the previous Progress Update): Cash received by the PR from the Global Fund during the period covered by this progress update: Cash disbursed to third parties by the Global Fund on behalf of the PR during the period covered by this progress update: Interest received on bank account Revenue from income-generating activities (if applicable) 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"): 	6 772 226 50 000 42 459 74	657,586 G
Less:	 Total cash outflow during period covered by Progress Update (value entered in Section 3A "Total cash outflow"); 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) 	2 12 1504 785 0	2 722 389
10. Cash Bale Explanation	10. Cash Balance: End of period covered by Progress Update: Explanation of reconciliation adjustments (line 9)		9.968 548

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

DISBURSEMENT REQUEST PERIOD

Currency:	Progress Update - Number:	Progress Update - Period Covered:	Grant dumber:
and the second	beginning pare.	Cycle:	1-800-010-010-1
California	- History - Ind Di	Numbe	
	ē		

Section 5: Cash Reconciliation and Disbursement Request

B: DISBURSEMENT REQUEST Total forecasted net cash expenditures by the Principal Recipient for the period immediately following the period covered by the Procress Locate:	Recipient for the period immediately followin	g the period cov	ered			
Period beginning date:		end date:		approved budget amount:	forecasted amount:	
2a. Cash buffer period (by defauit) (cash "buffer") beginning date:		end date:		aptroved budget amount:	forecasted amount:	
2b. Additional "buffer" (discretionary, select only if there is a prior agreement with the FPM) {1}	is a prior agreement with the FPM) (1)					O CONTRACTOR OF THE PARTY OF TH
cash "buffer" agreed with FPM (2) (cash "buffer") beginning date		end date:		approved budget amount:	forecasted amount:	
(1) Additional Cash buffer can be requested if the next PUIDR report will contain a completed EFR report or a completed Annex on SR financials, requested by the Secretariat, or in principal from the FPM should be obtained prior to requesting an additional cash buffer.	xt PU/DR report will contain a completed in requesting an additional cash buffer.	EFR report or a	completed Annex on SF		ional GF-specific requirements that	there are any additional GF-specific requirements that cannot be delivered within 45 days. An agreemen
(2) When the additional (cash "buffer") period is 1 or 2 months, the approved budget and forecasted amounts should be calculated as prorated values for the period following the	· 2 months, the approved budget and fore	casted amount	s should be calculated a	ss prorated values for the period following the regular buffer period	ŭ,	
Please explain any significant variance (based on your judgment) between the forecasted amounts and the amounts as per approved budgets. Please specify the main factors and related amounts that are the major drivers of the variance. NB. Corsider the following items when providing the analysts. Expecied timing of payments for any significant budgetary items, Impact of existing cash balance at SR levels Current confirments one paid during dishursement request period Currentoxpected unit prices compared to those in the budget Change in quantities compared to budget Exchange rates and infalsion Linkage between budget absorption and programmatic performance to-date.	dyment) between the forecasted amounts arounts that are the major drivers of the variantysts. Tary liems, burdget performance to-date.	d the amounts a	s per approved			***************************************
! The forecast should include any existing commitments (eligible under this grant) as of the end of the reporting period and which are likely to be paid during the disbursement period	eligible under this grant) as of the end of the	reporting period	and which are likely to			
3. Cash Balance: End of period covered Less:	Cash Balance: End of period covered by Progress Update (number 10 from PR Cash Reconciliation sheet):	sh Reconciliation	n sheet):			Bitestibes
4. Cash "in transit" disbursed to the PR: 5. Cash "in transit" disbursed to third part	 Cash "in transit" disbursed to the PR: Cash "in transit" disbursed to third parties by the Global Fund on behalf of the PR 					C C C C C C C C C C C C C C C C C C C
6. PR's Disbursement Request to the Global Fund for the period immediately following the period covered by the Progress Update, plus additional period (cash buffer):	period immediately following the period cove	red by the Prog	ress Update, plus addition	nal period (cash buffer):		•
7: Does the PR's Disbursement Request include funds for health product procurement? 8. Exchange Rate (used to translate focal currency into grant currency)	health product procurement? Int currency)]z	Yes Name of local currency, date and source of the exchange rate, and	exchange rate, and other comments (if appropriate)	
 used to convert Opening Cash Balance 			I <u>I</u> I	KGS		
 used to convert Closing Cash Balance 			[X	KGS		
 used to convert Total Cash Outlow for the Progress Update Period 	ne Progress Update		~ T	KGS		

PR_Disbursement Request_5B

무유 PROGRESS UPDATE PERIOD

anthumper	20 CO 10 CO	
ogress Update - Reporting Period:	Cycle:	Semsers Number: 9
ogress Update - Period Covered:	Beginning Date:	End Date:
ogress Update - Number:		

Section 6: Overall Performance

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

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

2015 has been borrowed from the country allocation to the NFM funding. This action led to the budget of UNDP increased at more than \$ 6 million. of the following NFM funding, UNDP and GF signed the Agreement on extension of the program till 31 March 2016. Thus the money for the extended period and for covering of the gap in provision of drugs in the second part of Intery: During the reporting period the current TB grant has been approaching the time of closure in December 2015. To ensure the continuity of services during the period between end of the current TB grant and beginning

2015. To avoid the inevitable outcome of an interruption of services caused by the late disbursement of the GF funds, UNDP borrowed funds from its internal resources to procure drugs and prevent the interruption of enrollment We highlight the disbursement of the GF funds per the Extension Agreement till March 2016, was made on 2 June 2015 and received by UNDP on 8 June 2015. This was too late to place the order for drugs for the second part of

The financial performance over the reporting period (Semester 9) is at the level of 26.4 % of the budgeted amount USD 8,033,549. In the current reporting period the amount USD 2,121,584 was spent; but the burn rate including The TB grant continued with strong programme performance, reflected in the rating A1 for the period of 1.07.2014-31.12.2014. The following program period, which covers 1.01.2015-30.06.2015 was assessed against 5 UNDP and implement the treatment of the PDR patients, which never existed before. impactioutcome and 8 coverage indicators. Three Top 10 indicators were achieved exceeding 100% and one Top 10 indicator- at 97%. Two not Top 10 indicators were achieved at 97%-99%, and two of them exceeded 100% into treatment of MDR patients. These drugs have just arrived and will provide the universal access to treatment to all the DR-TB patients of 2015. Besides, the provision of these drugs will help to happen the new initiative of

commitments is 70%. The commitments are in the amount of USD 3,505,535 for procurement of 2nd line anti-TB drugs for MDR-TB patients, maintenance of laboratory equipment, X-ray films for MDR, XDR, PDR TB patients for

The cumulative financial performance is at the tevel of 74%, which is calculated as "budget vs. expenses, commitments and disbursements to SRs" 2015, Syringes and water for injections; PSM cost, storage and office expenses.

The cash balance at the end of period in amount \$9,968,548 is largely committed:

1) 3.505,535 for procurement of 2nd line anti-TB drugs for MDR-TB patients, maintenance of laboratory equipment, X-ray films for MDR, XDR, PDR TB patients for 2015, Syringes and water for injections; PSM cost, storage and

2) for 7% GMS for 2015 in amount of \$ 871 632 to be charged next reporting period by UNDP upon payment of PC

(3) ongoing procurement

\$1,536,136.00 (NFM 2015) - ongoing procurement. GDF will provide the quotation in September 2015. There is issue related to Quan TB, GDF with GF will visit KGZ in the end of August 2015 and provide final approval for

\$2,052,772.83 (NFM 2016) - waiting for GF approval for procurement. The GF advised to postpone this procurement until the Quan TB program is installed:

PSM associated to ongoing procurement is \$538 336.24

The rest funds allocated for PR and SR operational activities for next reporting period

part of 2015 and help implement the new initiative of UNDP to implement the PDR treatment, which did not exist before the side effect drugs not only in the hospitals, but in the PHC level as well; (5) the procurement of the third line TB drugs, initiated by UNDP in 2013, have resulted in implementation of the treatment of the XDR TB, which did not SLD side effects (4) The modified modality of procurement of the side effect drugs in blisters, which replaced the hospital packaging of drugs, used to be procured previously, have been continued and allowed the free access to timely and comprehensive manner. The timely procurement and receipt of drugs allowed the scheduled enrollments into treatment to be fully respected. The new mechanisms of grant operation, which were implemented in the beginning of Phase 2, were successful: (1) reimbursement of transportation fee to MDR patients became available countrywide; (2) new modality of adherence support proved to be more attractive to patients compared with the exist before; (6) Due to delay of the GF disbursement, the additional TB drugs for 2015 have been procured using the UNDP money and have begun to arrive. This procurement will cover the gap in drug provision in the second revious one; (3) performance based scheme of motivations to medical staff resulted in improved program indicators; and (4) contracts with the outsource biochemistry labs ensured all patients to access free of charge tests for rogrammatic performance: Programmatic performance: During the reporting period, UNDP continued providing major support related to diagnostics and treatment of MDR TB. All the planned activities were implemented in a

monitoring visits and visited 102 health facilities in the district and primary health care levels. Also, during the inpatient phase of treatment SRs counselled and trained 786 MDRXDR\RR patients, provided motivation support to prison health institutions. According to the Agreements with UNDP, SRs continued to be engaged into educating and counseling patients, paying them transportation fee and monthly money allowances, transportation of 1170 MDR\XDR\RR of them and paid top-up salaries to the medical staff . specimens and paying the salary top-ups to the medical staff. In particular, during the reporting period, SRs conducted 100 transportations and delivered to NRL and OIRL 1962 samples for DST analysis. They also conducted 25 SHs management. During the reporting period UNDP continued to implement 6.4 % of the TB grant activities through Agreements with 10 SR organizations. They represent the Governmental sector and include the civilian and

practice of the SRs of the TB grant of the new UNDP SR management tool. financial documents on a quarterly basis. The results of their verification are used by the UNDP to make decisions on the volume of the next transfers. In addition, UNDP is in the process of implementing into the operational provide the continuous technical support to them: on-site visits, on job coaching and consultations were on-going together with the efforts to maintain the improved system of SR to PR reporting. During the reporting period the PR In order to ensure the effective implementation of Agreements between UNDP and SRs, the PR has continued providing trainings on management of grant funds to the staff of the TB Centers and SSPE. UNDP also continued to has conducted 8 monitoring visits and visited 48 health facilities. Reports were developed and circulated among the affected institutions, NTP and MoH. SRs continue submitting the standard reports to UNDP and original

Within the reporting period the majority of SRs have been demonstrating significant progress in quality and timely performance of activities, outlined in the Agreements with UNDP In addition, in order to ensure timely identification of problems and implementation of corrective measures, UNDP monitors all the processes taking place at the level of SRs during the execution of the grant agreements

and borrowing approval, which is link to drug order placement. Also disbursment to SR for LS activity was less on cash balance at the beginning of the period \$275,045 for half a year activities; out of these work plan and budget; UNDP made disbursement in amount of \$230,752.39; thus disbursement rate is 83.89%. Undistributed budget is allocated for LS; which will be used in the next implementation periods when all the scheduled PDR patients will be enrolled in treatments. Expected date of beginning of enrollement is August 2015. The delay of implementation is due to long time line of reprogramming Thus, the SRs financial delivery during the reporting period was equal to 44 % (the disbursed amount was equal to \$ 230,752.39 against \$ 528,411.5 budgeted). UNDP signed contract with 10 SR organization for amount up to

 Borrowed funds within UNDP (totaling \$893,659), so that necessary orders for drugs could be placed; second half of 2015 on 2 June 2015. As UNDP is aware of the need to ensure adequate stocks of 2nd and 3rd line TB drugs, UNDP proactively managed the situation by taking the following actions rocurement of health products and medicines: The Global Fund approved the revised WP&B in implementation letter number 4, dated 1 April 2015, and disbursed funds for the drugs orders for patient enrollment for the

(2) Llaised with GDF and GLC so that quotations in line with the WP&B, were ready for placing as soon as the WP&B was approved.

We highlight that following recommendations from GF and GDF, and in order to obtain better prices and shelf lives, 2nd and 3rd shipments under NFM borrowing 2015 and borrowing 2016 were re-scheduled to September -November 2015. These orders will be placed following the GDF /GLC mission on 24 August

All other goods planned in frames of WP and Budget 2015 are procured and orders placed. No stockouts are expected. The main reason for the large variance in the current period is the budget included the full (24 month) have not been able to detect and therefore treat the expected number of MDR patients. stage. This decision was based on two main factors: (1) it is hoped that UNDP could benefit from falling prices by ordering at a later stage, (2) concerns about the number of MDR patients, as there are countries in the region that treatment course for each patient, whereas based on discussions with GDF and GF it was agreed that in the current semester we would order drugs for the intensive phase, and place order for the remaining months at a later

(2) The National Health system weaknesses, like lacking electronic data base, staff demotivation and turn-over, the suboptimal drug management seriously affect the TB grant implementation essons learnt: (1) The introduction of the innovative mechanisms of the TB grant implementation helped to achieve the better program results and to meet the established targets

strategy becomes risky and at present it is difficult to see that the Government will finance the essential TB control activities, not included into the NFM application. providing technical assistance and the Government funds are not sufficient, all the needs of the TB program are expected to be covered by the TB grant of the GF. In the situation when the resources of the GF also limited, such (3) The disproportion between the technical and financial support, which is available from the international stakeholders creates the difficult environment for the TB grant implementation. As international aid is mainly focused on

(4) The performance based approach to providing incentives to the medical staff and patients is more efficient compared to the universal approach, which is not underpinned by strong performance management principles.

B. Planned Changes in the Program, if any

We also highlight that the delays in disbursement from GF may have detrimentally impacted the supply the drugs. This risk was mitigation through the use of UNDP internal resources. In the following grant period UNDP have plan to implement the treatment of the PDR cases which did not exist before. The drugs for these patients have been procured and have aready begun to arrive in country

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

believe, that success in prohibit of non- prescribed sale of the TB drugs, establishing the system for monitoring adverse effects of drugs together with the recording and reporting forms, decrease the length of hospitalization and the grant, but to mobilise support to address the system weaknesses as well. UNDP has neither mandate, the financial nor human resources for being involved into the Health System reforms or regulation of the drug market. We revision of the National TR stratoov stand heavond the scope of this orant for the drun resistant TR helion implemented by LINDP The grant operates in the extremely difficult environment, being exposed by the weaknesses of the National Health System from one side and the increasing pressure from the GF, requesting UNDP to not only to implement

- (2) The perspective for transition of the TB grant to the MoH in 2016 is uncertain. The income, demographic, economic, and financial and the TB burden reality makes it difficult to the country in 2016 to become able to assume believes, that it can be achieved rather by the joint efforts of all the national and international stakeholders, working in the TB control, than solely by the PR, addressing the only aspect of the TB control. ביימיטיו כי מים וישועימי ו בי כיומושן ושווש בייןטיום וווי בייסףי כי מיש פומיוי וכי מוכ marini alaman a anadimai area.
- to the beneficiaries may suffer as well. (3) There is lack of continuity between the ending TB grant and the replacing NFM. This fact may result in the interruption in provision of the essential TB services, which were implemented in the time of UNDP PRship. The access the responsibility for all the services, currently supported by UNDP and Project HOPE.
- (4) Transfer of responsibility for procurement of the prequalified first line TB drugs from project HOPE to the inexperienced National TB center poses the risk of delays and interruptions in future drug provision.
- allocated more than \$500,000 into the budget of the NFM application to the GF funding in 2016-2017. This action resulted in the removal of the limited GF funds from the life saving activities to finance the maintenance of machines, ventilation and procurement of consumables, which according to the Agreement between MoH and KFW should have been financed by the Government sophisticated laboratory without ensuring allocation of the Governmental funds into the MoH budget for its post warrantee maintenance. Looking for the source of finances to maintenance of this laboratory in 2016-2017, NTP has The programs of the international stakeholders, who exited the country without ensuring of the further sustainability, seriously damage the life saving activities of the NTP. In particular, in 2013 the KFW donated to NTP the
- (6) The new National Drug Policy, which states that all the drugs, procured using grant funds, should be registered in the country, may affect the budget and procurement timelines of the GF TB grant
- and cannot be resolved in the level of the program implementation. (8) Kyrgyzstan renounced a bilateral agreement with the United States signed in 1993, which provided the legal framework for US assistance in the country. The this issue will not be resolved with the company producer, the procurement of drugs in the framework of the NFM may become extremely problematic. This issue requires negotiation in the level of WHO, STOP TB Partnership decision will come into effect on August 20 and will halt the operations of the US Agency for International Development (USAID) in the country. Possibly, that the operation of the health projects, including those, providing the drug is consequent that it can be procured, respecting the special pre-conditions. The nature of these preconditions does not allow the country to fulfil them. In the event if during the process of preparation of the NFM application, (7) The introduction of the short MDR schemes, offered by the international expert during the process of preparation of the NFM application for 2016-2017, include the use of the off-label medicine Ctz. The off label status of this

technical assistance to the TB program and financed by USAID, will be affected by this decision

GENERAL GRANT INFORMATION

Country:	Kyrgyz Republic
Country: Disease:	Tuberculosis
Grant number:	KGZ-S10-G08-T
Principal Recipient:	UNDP Kyrgyzstan
Principal Recipient: Program Start Date: Currency:	1-Jan-2011
Currency:	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Cycle:	Semester	Number:	9
Progress Update - Period Covered:	Beginning Date:	1-Jan-2015	End Date:	30-Jun-2015
Progress Update - Number:	9			

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Cycle:	Annual No	umber:	
Disbursement Request - Period Covered:	Beginning Date:	Er	nd Date:	
Disbursement Request - Number:				

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)	ARR CO
Name:	ERHINBEK KERNING =
Title:	12.11
Date and Place:	150211230
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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.