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# NEWSLETTER

GRANTS FOR HIV,  
TUBERCULOSIS AND MALARIA



**KYRGYZSTAN** September 2014

## HIV GRANT

### Agreement between the Ministry of Health of the Kyrgyz Republic and United Nations Development Programme

On 24 September 2014, the Ministry of Health of the Kyrgyz Republic (MoH) and United Nations Development Programme (UNDP) signed an agreement on the continued implementation of the Global Fund grant to Fight AIDS, Tuberculosis and Malaria (GF) in the Kyrgyz Republic.

This agreement in the total amount of USD 57,525 supports the activities of the MoH to develop a roadmap for the transfer of the functions of the Principal Recipient (PR) of the GF grant, define the major risks of program managing sub-recipients and in turn develop a risk mitigation plan.

The MoH will select programme management, procurement, finance, M&E and administrative specialists to complete these tasks. Furthermore, the MoH will be negotiating with GF concerning specifics of the grant, exemption of goods and services from duties, implementations in terms of the grant, implementation of the roadmap, including progress monitoring in order to ensure timely attainment of the roadmap's objectives.

### Meeting between UNDP and Sub-recipients

On 18 September 2014, UNDP hosted a meeting in Bishkek with sub-recipients of the HIV GF grant following the implementation of the programme activities and submission of programme reports for the first half of 2014. UNDP programme specialists met with the heads and staff of NGOs and state agencies from all regions of the Kyrgyz Republic participating in the implementation of the HIV grant project.

For the purpose of maximum and detailed discussion of programme issues, the meeting with sub-recipients was separated into three focus areas: sex workers (SW) together with men who have sex with men (MSM), people who inject drugs (PWIDs) and people living with HIV (PLHs).

During the meetings, the participants discussed the approval process of programmes and programme report preparation, best practices on the implementation of programme activities, as well as problems and difficulties that arise during the achievement of indicators and the specifics of interactions between NGOs and governmental and non-governmental organizations.

### Team focusing on SW and MSM

#### Successes:

- Representatives from the Osh Centre of Dermatology and Venereology (OCDV), together with NGO Tais Plus Dva, have increased the number of clients they test for STIs by starting to make joint visits to areas where SWs gather to test SWs for sexually transmitted infections (STIs) and by going to the Anti-AIDS Association's shelter to test MSM for STIs.



*SW and MSM group during meeting*

- In order to increase access to treatment, when necessary, clients are referred to other NGOs for further comprehensive services. For example, the Podruga Public Foundation, based in Osh, sometimes refers their sex-worker clients with an HIV status to the Osh Solidarity of PLH Association.
- Earlier, the Osh Oblast AIDS Centre did not anonymously accept blood from MSM for HIV testing. There were also complaints from MSM clients that they were stigmatized and discriminated against by healthcare workers at the RCDV. Both situations have improved after UNDP officers made written requests to the Republican AIDS centre (RAC) in Bishkek and the Republican Centre of Dermatology and Venereology (RCDV).

#### Priority areas for 2015:

Despite indicator growth, compared with the previous period, the participants raised the issue of continued low numbers and the low proportion of regular clients covered by a minimum package of services. Organizations were then advised to bring the proportion of regular clients to 30%-50% and were told that the low indicators were due to the high level of clients that migrate.

#### **Team focusing on people who inject drugs (PWID)**

##### Successes:

- Most sub-recipients that focus on PWID met their goal indicators and improved the quality of training programmes and training materials.
- The number of PWID covered by prevention programs in the first half of 2014 was high, amounting to 84% of the target indicator. The NGO Aman Plus opened a syringe exchange point in Bishkek and Kara-Balta in order to ensure that PWIDs have access to clean needles.

#### Priority areas for 2015:

All NGOs raised concerns on the implementation of programs in 2015. Workers at needle exchange points (NEPs) have noted that it is getting more and more difficult to reach the target indicator on the number of PWID clients covered by preventive programs.

NGO representatives proposed emphasising the quality of harm reduction programmes, in particular they suggested that outreach workers at NEPs should become responsible for the issuance of health products to existing clients, and at the same time become responsible for the introduction of the motivational payment system to outreach workers.

In relation to the work of social institutions, the participants noted that there is a need to make certain specialized services permanent in some NGOs in order to maintain access to certain clients.



*PWID group during meeting*

#### **Suggestions from group members:**

- Discuss the possibility of training extra NGO representatives to give the rapid HIV saliva test to clients.

- Hold trainings on management, team building, twelve-step programmes, harm reduction services and motivational interviewing designed to change risk behaviour. Also, to hold trainings on Methadone Maintenance Treatment (MMT) with a visit to countries that successfully practice it.
- Discuss and prepare a strategy for clients to eventually discontinue MMT, once they feel ready, in order to become independent of all drug use.

### ***Team focusing on PLH***

#### Successes:

- All sub-recipients working with PLH reached their outreach targets and strengthened their partnerships with public health and non-health agencies.
- Every NGO partner, jointly with all AIDS Centres, Family Medicine Centres, other international organizations focusing on PLH, improved the retention rate to antiretroviral therapy (ART) amongst PLH. The retention rate in 2013 was 73% but the retention rate within the first half of 2014 was 84%. Furthermore, there was the indicator of mortality of PLH with TB decreased from 40% in 2013 to 29% in the first half of 2014.

#### Priority areas for 2015

- The activities of the social institution PLH Care and other support centres based in the cities of Bishkek and Osh should be supported and should keep providing food for PLH.
- As far as possible, maintain motivational mechanisms for clients committed to ART.
- A special emphasis should be placed on the stable procurement and delivery of ART drugs without any interruptions in treatment for patients.
- Representatives of NGOs and the community as a whole should be involved in the process of ART drug procurement planning.
- All NGOs, jointly with the national network of PLH, should lobby for the introduction and the wide use of new treatment schedules for ART, which will improve the commitment of clients.
- All NGOs and social institutions should be provided with medical first-aid kits.



*PLHIV group during meeting*

#### Final Notes:

The presenters gave the indicators to be achieved in the second half of 2014 and notified the participants that their instructions on monitoring and evaluation will be updated for use starting in 2015. Closing the meeting, UNDP programme manager a.i. Ms. Paula Ghrist noted that such meetings between UNDP and sub-recipients were important because they helped strengthen the partnership with implementers as well as offer an opportunity to raise urgent issues and expand joint activities. It is important that partners from various regions share their experiences and allow other implementers to benefit both from best practice and lessons learnt in order to create an atmosphere of solidarity and trust.

## A shoulder to lean on

**A father finding his young son's HIV status hard to accept finds that just being there for him is all that matters.**

It took several marshrutka rides from their village to the Osh AIDS Centre, but the inquisitive young Eldiar aged seven and his father Bolot made the long journey together.

Bolot was taking his son to the collection point where he would travel on to Arslan Bob – the location of a camp for HIV+ children and their caretakers. However, Bolot didn't want accompany him. Even when the camp's coordinators told him that every child needed a chaperone, Bolot still refused.

For several years, Eldiar's mother would take him to the AIDS centre. On this occasion she was unable to leave work and so her husband had to take her place.

Eldiar's condition placed a great strain on his parent's relationship. They struggled to come to terms with his HIV status along with raising four other children.

Bolot had never brought his son in for check-ups or been involved in any programs at the AIDS Centre.

When Eldiar and Bolot reached the collection point, the camp's staff told him he had to accompany his son and that the week would be of benefit to both of them.

A staff member at the Association of People Living with HIV understood that he found the situation hard. He told him: "Just go and relax in nature. Either way, your son cannot go alone."

Bolot reluctantly agreed and joined the camp. He stayed mostly silent, but attended the sessions and wrote thoughtfully in his notebook as Eldiar ran all over the grounds with his oversized Spiderman shorts pulled up to his chest.

The youngster excitedly relayed all he saw to his father, pointing out things he found fascinating. His father often failed to repress a smile among the mumbled acknowledgments to his son. No one could fail to notice Eldiar's youthful enthusiasm and his earnestness, including his father.

Eldiar was a fascinating child to behold. When washing their hands before meals, most children washed hurriedly, impatient to get to the coffee break biscuits. But Eldiar washed with the utmost seriousness – first scrubbing his hands, rinsing, then rubbing more, and finally dramatically splashing water all over his face and then shaking it all off.

As he watched his son, Bolot had to step back in amazement, shaking his head with a mix of surprise and pleasure. The way Eldiar washed his young face mimicked the way his father cleaned his own. When he saw this, Bolot could not hide his emotion. As the days passed, Bolot laughed more and listened more attentively. He volunteered to read passages in classes, but kept his opinions mostly to himself. He also spoke more with the other participants, and spent more time with Eldiar than ever had before.



*Bolot and his son Eldiar*

Bolot was glad he had come to the camp and glad to see Eldiar happily playing with the other children. He was glad to have spent time with his son. On the morning of the last day of camp, all the children were given shoebox-presents donated by the Salvation Army.

Eldiar did not open his, preferring instead to give his gifts to his mother and not spoil their wrappings. Urged on by his father he finally opened his gift. Each item was carefully lifted out, accompanied by the words: "This is for mum."

During the end-of-camp picture slideshow, children ran around while the parents sat politely on wooden dining chairs. Bolot sat the farthest back, behind everyone. Wanting to be close to his father, Eldiar pulled a chair close to him, and settled with some effort into the tall chair.

Leaning his head on his father's shoulder and squeezing his arm around his back, Eldiar gazed lovingly at the pictures projected on the dining hall wall. His father also looked serene, letting his son cuddle with him and, after a moment, reached over and rested his hand on Eldiar's little shoulder.

*Eldiar attended one of two rounds of a summer camp for sixty children with HIV. The camps were in Arslanbob, Jalal-Abad and lasted from 15-21 August 2014 and 21-27 August 2014 and enabled caretakers to learn about HIV and better understand how to care for their children. Most importantly, the camps allowed the children simply have fun and begin the life-long process of coming to terms and living healthily with their HIV status.*

### Modern technologies for increasing adherence to antiretroviral therapy

Getting any child to take their medicine can be a difficult task. Children often struggle to fully understand the importance of medication or the reason why they must take it, and complain about the bitter taste or the size of the tablets.

The situation is made even more difficult when the child has a chronic condition, such as HIV, when the treatment must be taken regularly and consistently.

However, UNICEF has come up with an innovative way of helping children by developing a mobile phone application which encourages participation and engagement with antiretroviral therapy (ART) medicine, used to treat HIV.



The app aims to make taking medication a more interesting experience by organising the treatment schedule in an interactive and enjoyable way. The goal is to help increase the child's adherence to his or her therapy by making the process of taking medicine and bit less daunting and much more exciting.

UNICEF conducted a preliminary presentation of the mobile phone application on 18 September 2014. Representatives of the WHO, UNAIDS, UNDP, ICAP, the Republican AIDS Centre and the Association of Family Physicians were invited to the presentation.

The application is designed for mobile Android-based phones and opens only after entering the password set by the user. This interactive program is designed like a game and allows the user, an HIV-positive child, or his or her parent or doctor to monitor the timely intake of the drugs.

The mobile application also features a forum for clients, a directory, and alerts the patient when to take and replenish medicines, receive vaccinations, and go to the doctor.



UNICEF and the Ministry of Health began the creation of the mobile application in June 2013 and the application is currently ready for a test run. After the alpha and beta testings of the application are complete, staff at AIDS Centres and Family Medicine Centres will receive training on the use of application. This will be held in the framework of the Agreement between UNICEF and UNDP under the Global Fund HIV grant.

The application will be introduced as a pilot programme in Osh Province where more than 220 children living with HIV will participate. Following the successful piloting of this program, it is expected that in 2015 the application will be introduced in other regions as well.

### **Trainings on stigma and discrimination for law enforcement officers**

An HIV diagnosis can be difficult for anyone to bear, but the diagnosis remains even more difficult for those living in the Kyrgyz Republic. Those with HIV often encounter stigma and discrimination by the police and the community due to a lack of awareness of the true nature of HIV and the conservative nature of the country.

According to information from the Republican AIDS Centre, the total number of Kyrgyz citizens who are registered as having HIV has increased nearly fourfold in the last six years, from 1,358 in 2008 to 5,294 as of 1 September 2014. With such a dramatic increase, and the fact that out of all detected HIV cases, 2,926 (55.3%) cases are among injecting drug users, stigma and discrimination has become rampant, specifically amongst law enforcement officials. Moreover, there is an unfavourable increase in the number of registered HIV cases among women. In 2001, HIV-positive women were 9.5% of the total number of HIV cases, and as of September 1, 2014 this figure was 31.9%. Many of these women are sexual partners of HIV-positive drug users or, work as sex workers and participate in high-risk sexual behaviour, such as having multiple sex partners or having unprotected sex. These two key population groups encounter even greater levels of stigma, greatly affecting their ability to reach out for help.

To reduce stigma against these specific population groups and raise awareness of the rights of people living with HIV, the UNDP and the State Drug Control Service (SSDC) held a series of trainings in August and September 2014. Participants of the training were employees of various police units and the SSDC, all of whom are duty-bound to combat drug trafficking and to interact with drug users and sex workers.

From 27 August to 23 September 2014, 13 trainings were held in 11 cities of Kyrgyzstan involving 270 officers of various divisions of the Ministry of Internal Affairs (MIA) and SSDC. Timur Iskakov and Chinara Maatkerimova from SSDC and representatives from NGOs acted as trainers.



*Law enforcement officers during training*

As we reported in last month's newsletter, similar trainings, also with participation of NGO representatives, were held in Bishkek on 26-27 August for 70 officers from law enforcement agencies of Bishkek.

The trainings consisted of three parts. The trainers first provided information on HIV infection, ways of transmission and preventive measures, the epidemiological situation in Kyrgyzstan and the negative effects stigma and discrimination have on those looking for treatment or assistance. The trainers then explained how law enforcement officers are duty bound to

assist those with HIV due to the joint decree of the MoH, MIA, SSEP, SSDC titled, "Strengthening HIV infection preventive services when interacting with key population groups". The officers

were made aware of a list of the organizations involved in the implementation of this decree. Finally, representatives of the civilian sector that focus on HIV reduction among key population groups described in detail their activities, giving first-hand examples of discrimination and stigma and explaining the necessity of carrying out preventive actions.

Some representatives gave specific examples of discrimination by law enforcement agencies based on real events. Mamosobir Burkhanov, the head of the Osh-based public foundation Parents against Drugs, read an anonymous message from a client describing how officers of the Southern SSDC Office attempted to recruit him to secretly report about other injecting drug users. In response, Timur Isakov promised to verify this information and take relevant measures.

However, in general, law enforcement officers were positive and very interested in finding out more about services available to key population groups. They also wanted to know about the epidemiological situation with HIV in their own province or region and how they could contribute to preventing drug abuse and HIV. Most participants reached an understanding of the significance of their role in these efforts and the importance of strengthening their interaction with representatives of international donor organizations involved in the HIV and AIDS prevention issues. Many participants noted the positive role of the involvement of current law enforcement officers as trainers. They also liked that the training was divided into units and that there was participation of representatives of the civilian sector. This made it possible to ask questions directly and to review the activities and services they provide.

A general wish was expressed to hold similar training sessions on a regular and systematic basis due to the rapid staff turnover in law enforcement agencies and the rapidly changing situation with HIV infection and epidemiology issues in the country and the region. Also, the heads of interior affairs agencies and local officers of SSDC were given recommendations to establish an HIV Prevention Commission, whose functions will be, among other things, to raise funds and to hold regular sessions on this HIV prevention with SSDC staff and MIA.



*A trainer demonstrates how to respectfully search a suspect for drugs*

### **Global Fund Portfolio Manager Visits Kyrgyzstan**

Sandra Irbe, the GF portfolio manager, visited the Kyrgyz Republic from 22 to 27 September 2014. Other members that visited were Kamilla Nurbayeva, Renata Kamalova, Sabyrzhan Berkembayev, Nino Mdivani, Aneta Wierzynska, Olena Wagner and Maxim Kogan.

During the visit, Sandra Irbe and other members of the mission met with management of the MoH and with the community of donors implementing projects to fight AIDS and



tuberculosis. On 22 September, they also met with representatives of GF met with more than twenty representatives of NGOs from Bishkek and Chui Oblast that are sub-recipients of HIV grants.

The main topics discussed were further plans of GF grant implementation and the existing difficulties and ways to overcome them.

These meetings take place on a regular basis and allow representatives of GF to listen to representatives of civil society discuss the implementation of GF grants and get feedback on the principal recipient's implementation of the programme.



*Global Fund grants sub recipients during meeting*

### **Round table discussion on social and medical assistance for People Living with HIV**

In order to help PLH remain healthy and to in order to give them a more stable and prosperous life, the Kyrgyz government provides various services for PLH, including financial and physical assistance.

The NGO Solidarity of People Living with HIV, with the support of UNDP, held a round-table meeting on 22 September in Bishkek with representatives from the Ministry of Social Protection, the Mandatory Medical Insurance Fund, and government health care organizations that provide inpatient care to PLH, including the Republic AIDS Centre (RAC), to discuss any current problems with this assistance and how those problems could be addressed.

Currently, the Kyrgyz Republic provides free-of-charge anti-retroviral therapy to PLH. However, in order to ensure that PLH get inpatient treatment exactly when they need it, it was suggested that emergency medical assistance be provided free of charge to them and new rules of registration should be established in order to better enable doctors to more easily refer clients to clinics where they can undergo examinations and receive a referral for hospitalization.

The Kyrgyz Republic also provides financial assistance for those with HIV. Children with HIV can receive 3,000 soms a month until they turn 18 and disabled adults with HIV may receive around 2,000 soms per month.

However currently, only a small percentage of PLH who are entitled to this financial assistance actually receive any funds. Only 43% of the total number of adults living with HIV receive the assistance, and in Bishkek, that number is only 7%. Among children, the national total is 52% and the total in Bishkek is 58%.

The current method of acquiring the financial assistance involves several steps and is quite complicated. Some PLH lack official identification documents and others fear revealing their status due to the stigma they might encounter. Still others remain confused and may not fully understand what assistance is rightfully theirs. These hurdles currently discourage many people from acquiring financial assistance.

Thus, the civil sector must approach supervisors and heads of health organizations if there are cases of unjustified refusal of treatment, breaches of confidentiality, and other manifestations of stigma. They should also conduct informational campaigns on the rights to

health care and social services for people living with HIV and develop informational materials in the form of a poster for PLH about the highlights of the program on state guarantees and then hang these posters in all AIDS centres.

The participants of the round table agreed that the current assistance programme, and the laws of the Kyrgyz Republic supporting such assistance, are adequate and meet the current need. However, certain aspects of the physical and financial assistance programmes could be improved.

### **UNDP strengthens bonds with recipients at inaugural Open Door Day**

The UNDP project in support of the government of Kyrgyz Republic, funded by the Global Fund to fight AIDS, tuberculosis and malaria is located in the sleek and bustling business centre of capital city Bishkek.

Because of its central location and the busy schedules of the programme team, it is important that the project makes continued effort to remain connected to the daily activities of its fund recipients.

Taking steps to ensure the project's accessibility and to strengthen its relationship with its recipients UNDP decided to open its doors on and invite all of its recipients for an Open Door Day.

The inaugural Open Door Day, which took place on September 10, was hosted by UNDP programme manager a.i. Ms. Paula Ghrist. In order to break the ice, recipients were warmly and urged to ask any question, no matter how small, and to address all problems or concerns they may have with their programmes.

The primary goal was to reassure all recipients of the availability and dedication of all UNDP staff members and to encourage open and free communication. UNDP aims to foster an environment of transparency and trust between its programme managers, office staff and implementers.

In the fast-paced world of the UNDP, quick access to information is key but accurate communication can be difficult and information can sometimes get lost or misconstrued. Having an open door policy gives the UNDP a direct way of accessing vital information and reaching a better understanding of what is happening on the ground.

Three recipients attended UNDP's first Open Door Day. One recipient was concerned about the future availability of programme funds and had specific questions regarding work plans and budgets. Other recipients discussed their programme's expansion and the process of fund allocation. Still another discussed specifics of her funding, asking for a new car in order to visit clients.

By promoting a culture of openness, UNDP hopes to show that every staff member aims to be engaged with the daily activities of its recipients. By doing so, UNDP aims to foster closer relationships with its fund recipients and instil mutual respect. With mutual respect, UNDP hopes to improve morale and empower its recipients, hopefully having a significant effect on their efficiency and productivity.

With all future Open Door Days, UNDP hopes that through informal discussions, it can receive important insights about its projects. By guaranteeing its availability, UNDP aims to cultivate a relationship of openness and trust with its recipients, thereby strengthening its programme results.

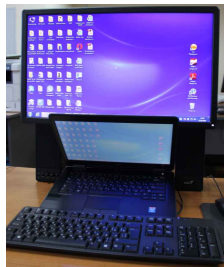
### Renewal of equipment of sub-recipients of UNDP

In late September 2014, UNDP received 44 personal computers and other office equipment for GF grant sub-recipients (SRs).

The equipment was purchased in response to the results of an analysis of the equipment of sub-recipients, which demonstrated that some organizations needed to renew their office equipment. The planned introduction of the single Information System 1C was considered in order to introduce common accounting standards of cash and inventory items, as well as to introduce electronic documentation management between SRs and UNDP.

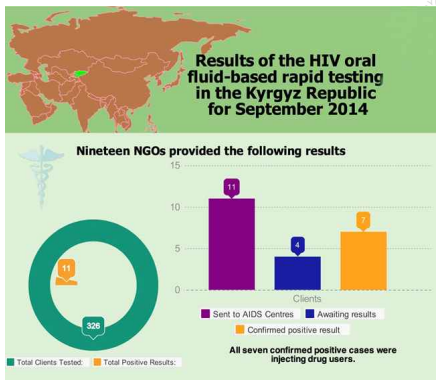
The software 1C is a registered trademark, which can be used to automate any accounting system for any organization. The program facilitates the preparation of reports and uploads them in an electronic form. The program also allows clients to complete accounting or tax reporting for one or several legal entities. A major advantage of this program is that it can be fully configured by the accountant in line with any changes in legislation and accounting forms. It was also taken into account the expansion of the Management Information System (MIS) database. MIS is a database containing a set of procedures and methods designed to collect, process and analyse information, allowing one to make better managerial decisions.

It is expected that the purchased PCs, laptops, printers, multimedia devices and other multifunctional devices will promote capacity building and the optimization of the sub-recipients' performance. The installation of equipment to sub-recipients of the HIV grant will be completed in October and November.



*New computers for sub recipients*

### Results of the HIV oral fluid-based rapid the Kyrgyz Republic for September 2014



## TUBERCULOSIS GRANT

### Monitoring visit to Chui Oblast

On 9-12 September 2014, a joint team of experts from the UNDP and the Kyrgyz National TB Centre completed monitoring visits at healthcare institutions in Chui Oblast in Panfilov, Jaiyl, Moskovsky and Sokuluk Districts. The team assessed the controlled treatment of TB patients at the outpatient treatment stage. The main objective of the monitoring visit was to carry out monitoring of program activities within the framework an agreement between UNDP and the Chui Oblast TB Centre (COTBC).

During the visit, it was revealed that the healthcare institutions in Moskovsky and Sokuluk Districts are not compliant with the principles of controlled treatment at the outpatient treatment stage when treating TB patients. In particular, the facilities failed to maintain strict accounts of drugs, and some drugs were handed to clients for them to take on their own. The coordinator on DR-TB in Chui Oblast was advised in writing to address and monitor this aspect of the treatment program and eliminate such deficiencies.

No violations were revealed during the visit to the laboratory component in Chui Oblast. The sputum collection point complies with the approved requirements and visual instructions are available. Standard containers, as well as respirators, are used to collect sputum in family medical centres. Community nurses of every family group doctor with sputum collection skills collect the sputum and smears are stained daily.



*COBC staff during monitoring visit*

### Social support for patients and compensation for transportation costs

Since January 2014, a new system of motivational support was introduced in Chui Oblast for patients with drug-resistant TB. This support includes a range of services such as monthly payments to the accounts of patients who do not interrupt treatment at the rate of USD 18, compensation for transportation costs from home to COTBC and free of charge examinations in the HUMAN laboratory.

In the reporting period of the second quarter, COTBC received motivational payments for 241 patients in the total amount of USD 9,000. Transportation costs amounted to USD 575.

Biochemical studies by the HUMAN laboratory in the 2<sup>nd</sup> quarter were made for 32 patients at a cost of USD 440.

### Motivational support of medical workers

Bonuses are paid to district TB doctors when they achieve sputum conversion 6 months after both the initiation of treatment and successful treatment. In the 2<sup>nd</sup> quarter, bonuses were paid in the amount of USD 970.

The COTBC was allocated 726,740 soms in the 2<sup>nd</sup> quarter of 2014.

As a result of the monitoring visit it was recommended that:

1. Medical workers of COTBC improve their interaction with primary healthcare doctors (PHC) regarding the process of selecting patients to have a sputum culture so that they

- strictly follow diagnostic algorithms and more closely monitor the number of TB examinations.
2. Dosages of medications and treatment regimens be strictly controlled as per the clinical guidelines on DR-TB management in the Kyrgyz Republic approved by the MoH.
  3. Payment of transportation costs to MDR-TB patients be more effectively monitored.
  4. Outpatient treatment of DR-TB patients in all institutions be more effectively monitored, including treatment regimes, duration of the injection phase and total duration of treatment.
  5. Strict maintenance of documents, such as receipts, for anti-TB drugs be followed in all institutions.
  6. District-level TB doctors make monthly monitoring visits to control the treatment of TB patients at the outpatient treatment stage of primary health care level.



*UNDP program specialist during meeting*

## Procurement information for September 2014

### HIV Grant:

1. A contract for the supply of methadone dispensers was signed in the amount of \$11,312 USD.
2. A contract for supply of conference services for GF GIU was signed in the amount of \$9,656 USD.
3. A contract for the supply of syringes and alcohol wipes was signed in the amount of \$95,456 USD.
4. Two contracts for general use supplies delivery (equipment for OST points, RC AIDS and NGO) were signed in the amount of \$39,226 USD.
5. A contract for provision of transportation services (land transportation) with refrigerators was signed in the amount of \$20,614 USD.
6. A request for tender for renovation works of new OST points has been announced.

### TB Grant:

1. A contract to supply 3<sup>rd</sup> line TB drugs for 14 patients was signed in the amount of \$25,923 USD.
2. Contracts for the supply of side effect drugs were signed in the amount of \$8,023 USD.
3. A contract for the participation of two UNDP employees in an International Training Workshop for doctors and managers of tuberculosis programs in Tomsk in the Russian Federation was signed in the amount of \$4,000 USD.

### Malaria Grant:

1. A contract to procure additional components for PCR equipment was signed in the amount of \$1,719 USD.

## Information on deliveries for September 2014

### HIV Grant:

- Health products and medicines to AIDS Centres, NGOs and other state institutions: \$47,720 USD.
- Informational and educational materials for NGOs: \$32,724 USD.
- Air conditioners for RAC: \$678 USD

### TB Grant:

- Medicines to TB facilities: \$265,602 USD

### Malaria Grant:

- Health products and medicines for Department of Disease Prevention and State Sanitary Epidemiological Surveillance and provincial centres: \$10,8411 USD





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