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newsletter

GRANTS FOR HIV,
TUBERCULOSIS AND MALARIA



KYRGYZSTAN

July 2014

HIV GRANT

Agreements signed with Osh and Jalal-Abad AIDS Centres.

Agreements with Osh AIDS Centre (\$32,282.59 USD) and Jalal-Abad AIDS Centre (\$26,933.20 USD) have been signed for the duration of 2014. Osh AIDS Centre supports the highest number of people living with HIV (PLHIV) within the country. Under the agreements, the AIDS Centres will be working on improving the adherence of PLHIV to antiretroviral therapy (ART) in accordance with agreed standards of care and treatment.

The additional funding is anticipated to ensure that each PLHIV receives a medical examination by a doctor at least once every 3 months and their viral load is checked every 6 months. These agreements also facilitate regular monitoring and supervision visits to the Family Medicine Centre by the AIDS centre. This will include on the job training of medical personnel to conduct medical examinations, counselling, treatment and care of PLHIV, and prescription of ART.

Rita Makaeva, the UNDP HIV Health Strengthening Specialist said, "the signing of these agreements represents a key milestone in the government ensuring that PLHIV are reached with high quality services throughout the country."

The Osh AIDS centre agreement also provides funding for greater coordination with people receiving services of the methadone maintenance therapy (MMT) point. This will encourage people receiving MMT to have greater information on the ART services available.

A needle exchange point (NEP) is opening in Jalal-Abad AIDS Centre to provide a minimum package of services to 80 clients. This NEP is an important milestone because there is currently no NEPs operating in the area. The Jalal-Abad AIDS Centre is expected to offer a comprehensive package of services, rapid HIV testing, Hepatitis B & C, Syphilis, as well as information to people who inject drugs (PWID).

Monitoring and Evaluation Seminar on HIV

A seminar on the "Monitoring and Evaluation on the Implementation of the National Program on the Response to AIDS, Problems and Solutions" was held in Bishkek from July 2 to 4. The 48 participants included M&E Specialists, epidemiologists, members of the Republican Medical Information Centre, and representatives from non-governmental and international organizations. The event discussed activities under the National Program on M&E at the regional and departmental levels, as well as data quality audit results conducted by the Global Fund. Other topics covered included the main difficulties in data collection and the analysis of the national M&E system. As a result of discussions, a number of proposals on improvements were suggested, including:

- Develop standard questionnaire for annual performance evaluation of the staff
- Simplify health card in the HIV electronic surveillance system
- Receive approval on the health card from the National TB Centre
- Update reporting forms in the HIV electronic surveillance system
- Conduct verification data on people tested for HIV at healthcare institutions and diagnostic laboratories
- Increase capacity of epidemiologists at Department on Prevention of Diseases and State Sanitary and Epidemiological Surveillance (SSES)
- Train primary health care specialists on voluntary HIV counselling and testing.

Practical sessions were conducted on electronic surveillance for cases of HIV infection and a data collection detection tool in the identification, treatment, care and support of HIV.

One of the most important sessions of the seminar was the discussion regarding the size estimation of PWID. With participation of the UNAIDS Regional Adviser on Strategic Information,

the research methodology, data selection, collection factors, difficulties in conducting research and preliminary results were presented.

June Monitoring Visits

In June, UNDP conducted monitoring visits to NGO's who work in HIV prevention within the Global Fund Grant. The organizations visited included Gvozhdika, Podruga, Tais Plus Dva, ZIOM 21, Tendesh, and Ulukman Daryger, who work with sex workers (SW), and NGO Info Centre Rainbow, who works with men who have sex with men (MSM).

Through outreach work, all organizations are successfully providing clients the minimum package of services, which includes two male condoms and one female condom if needed per day for SWs, and three male condoms per week for MSM, a referral for sexually transmitted infections (STI) or HIV testing, and an information session or materials. Additionally, all NGOs currently provide Rapid HIV Testing (RT). Gvozhdika, Podruga, and Tais Plus Dva have been providing RT since November 2012, and ZIOM 21, Tendesh, and Ulukman Daryger began RT in July 2014.

Gvozhdika, Tais Plus Dva, ZIOM 21, Tendesh and Ulukman Daryger provide SW friendly STI services. This consists of a staff doctor and nurse who work off site to provide STI services to their NGO's clients.

Monitoring visit to NGO "Gvozhdika" in Kyzyl-Kiya on June 2

Among Gvozhdika's eight staff are one peer-to-peer consultant, one HIV consultant specialist and two outreach workers. Each outreach worker manages between 63 and 66 clients, including conducting one to two visits per week and accompanying clients to examinations and testing.

The effectiveness of Gvozhdika's program comes from its retention of clients. Eighty per cent of their clients are regular clients.

Monitoring visit to NGO "Info Centre Rainbow" in Osh city on June 5

The NGO Info Centre Rainbow employs seven people and works with an estimated 356 MSM in Osh City, Osh oblast and Jala-Abad region. The UNDP monitoring visit revealed the challenges faced by MSM. Clients have complained about homophobia from area doctors, the community and the police. This attitude has resulted in a sharp decrease of clients being tested for STIs and HIV, has affected client coverage, and essentially driven clients underground.

Info Centre Rainbow does outreach visits at homes, cafes, and workplaces. During group meetings, clients share their personal experiences and attempt to help each other not become victims of homophobic attitudes. The organization has a staff psychologist who provides counselling, which is in high demand because of the stigma and discrimination in this region.

Each of three outreach workers covers about 100 clients. Due to the large geographic area and the shortage of outreach workers, it is difficult for the organization to regularly reach clients. UNDP recommends that the organization increase the number of regular clients. While many clients said the number of condoms distributed (three per week) by the NGO adequately covers their needs, others claimed it equals only 30 per cent of their requirements.

It was noted that the organization does not assess the needs and effectiveness of the services it provides. In response, UNDP recommends that the organization conduct quarterly customer focus groups.

Monitoring visit to NGO "Podruga" in Osh City on June 4

The NGO "Podruga" in Osh city conducts RT, outreach work, consultations by an HIV consultant specialist, and provides social services and temporary accommodation for SWs in the Osh region. Sixteen employees work at the organization. Additionally, the organization provides

legal services (within Soros project) in connection with police raids and other legal issues.

Due to constant police raids, many clients don't want to make contact with NGOs and get tested for HIV in the Aids Centre. Therefore, only 50 per cent of clients are regular customers. UNDP recommended that Podruga work to increase its share of regular clients.

During the monitoring visit, clients said that the number of condoms distributed represents only 10 per cent of their needs.

Monitoring visit to NGO "Tais Plus Dva" in Jala-Abad on June 3

Tais Plus Dva works with SWs in Jala-Abad, Bazar Korgon district and Kochkor-Ata. The organization conducts outreach work, provides peer-to peer counselling, HIV consultant specialist counselling, and RT. In addition, Tais Plus Dva provides social services, food and temporary accommodation, lawyer services, and consultations.

As only 50 per cent of their clients are regular clients, UNDP recommended that Tais Plus Dva work to increase their retention of regular clients and conduct quarterly focus groups with clients to assess needs for services and their effectiveness.

Clients expressed that the number of distributed condoms is only 30 per cent of their needs.

As a result of constant police raids, the head of Tais Plus Dva talked with the police regarding the organization and its activities. Subsequently, the police raids have decreased.

Monitoring visit to the NGO "ZiOM 21" in Talas on June 16 and 17

The NGO ZiOM 21 works with SWs in Talas city, Manas, Kara-Bura, Bakay-Ata and Talas districts. Ten employees work at ZiOM 21 providing outreach services and escorting clients to medical or social institutions. Five outreach workers conduct visits three times per week, covering between 18-52 clients each. These visits are done at hotels, apartments, and homes. SWs in this province tend to go underground and don't have time for consultations and conversations.

Because of internal and external migration of SWs and the difficulty of maintaining contact with many clients, only about 40 per cent of ZiOM 21 clients are regular clients. UNDP recommended that ZiOM 21 conduct quarterly focus groups of clients to address their needs and their effectiveness. In addition, UNDP recommends that ZiOM 21 increase its share of regular clients.

Monitoring visit to NGO "Tendesh" in Naryn on June 12 and 13

NGO Tendesh in Naryn works with about 120 SWs in Naryn, Aktala and Atbashy Districts of the Naryn Province. The organization employs eight staff members, including two outreach workers. Each outreach worker has about 50-70 clients who they visit an average of three to four times per month. During these visits, outreach workers issue condoms and conduct informational work on HIV, STIs and safe sex. M&E visits are carried out twice a month at locations where SWs gather. About 70 per cent of Tendesh clients represent regular clients.

The NGO escorts clients to the doctor's office for STI diagnosis and treatment and clients undergo peer-to-peer counselling with an HIV Specialist.

UNDP recommended that the staff of the organization conduct client focus groups to assess client's needs on a quarterly basis.

Monitoring visit to the NGO "Ulukman Daryger" in Karakol on June 19 and 20

Ulukman Daryger works with SWs in Karakol, Tup and the surrounding areas. Thirteen employees work in this organization under the Global Fund project. Ulukman Daryger provides counselling and legal advice, and accompanies clients to medical facilities.

The organization provides information sessions on STIs, HIV, TB, and safe sex, and information about their drop-in centre. Two social workers are employed at the drop-in centre,

which provides consultation, laundry services and showers.

Three outreach workers and one HIV peer counsellor conduct outreach activity, which is carried out at hotels, saunas, street corners, and apartments. Daily outreach visits occur in four locations. One location is visited once a week. This visit involves three workers for safety reasons.

Only 40 per cent of their clients are regular, so UNDP recommends that Ulukman Daryger increase its share of regular clients.

Overall Recommendations:

During the monitoring visits, it became evident that despite their clients awareness of HIV, STI's and safe sex behaviour, a survey at all organizations confirmed that some clients do not consistently use a condom. Various clients have confirmed that they do not use condoms with their regular sexual partners or when the partner (client of SW) pays extra for services. Because of this, UNDP has recommended that all NGO's improve the quality of outreach work regarding informational sessions concerning HIV, STI's and safe sex.

The condoms provided to clients under the Global Fund grant are intended to be for supplemental coverage and may not represent 100 per cent of client's needs.

Monitoring visit to Osh Interregional Centre of Dermatology and Venereology

On June 6, UNDP carried out a monitoring visit to Osh Interregional Centre of Dermatology and Venereology (OICDV). Under an agreement between UNDP and Republican Centre of Dermatology and Venereology (RCDV) for a one-year period (January to December 2014), two rooms have been allocated at OICDV for "Friendly Doctor Services." OICDV is a branch of the RCDV and works in Osh and the Osh province.

The "Friendly Doctor" works with SWs, MSMs, PWIDs, people under 18, those without a permanent residence and/or work, and the poor. The examination and treatment of STI's is carried out free of charge.

One of the two rooms is intended for meetings, discussions and registration of clients, storage of medical cards of clients and other documents, as well as health products and drugs. The second room is a treatment room where medical procedures are performed.

STI laboratory diagnostics are conducted in the OICDV lab and HIV blood samples are sent to Osh AIDS Centre for testing. HIV results are then sent back to OICDV.

Some problems were identified during the visit. According to information from NGO Musaada and NGO Info Centre Rainbow, MSM clients have faced stigma and discrimination when visiting the "Friendly Doctor's" office. This office is located next door to an OICDV public doctor. When clients pass by his office, the doctor insults them. As a result, the number of MSM willing to come in for STI examinations has decreased.

An additional problem is that doctors at the Osh AIDS Centre have requested names from clients getting HIV blood tests. Clients wish to remain anonymous, as is their legal right, and the centre does not agree to treat clients confidentially. As a result, the number of clients willing to undertake HIV testing has decreased substantially. UNDP recommends that the OICDV write to Osh Aids Centre regarding the opportunities to enable MSM to undertake HIV testing on an anonymous basis.

The office would like a computer in order to register clients and send reports to the RCDV. UNDP is looking into this request.

Medications for STI treatment and health products are provided by RCDV, who in turn receives drugs for STI treatment and health products from UNDP under the GF grant. Health products have been delayed being delivered to the office despite the timely application by the staff doctor. It was recommended to fill out the journal on the movement of health products and medicines in line with the Acts on Transfer and Acceptance and keep all these documents

in a proper and accurate way.

HIV ORAL FLUID-BASED RAPID TESTING PROGRAM EXPANDED

As a result of the success and effectiveness of the 2012 HIV oral fluid-based rapid testing pilot program implemented by the UNDP managed Global Fund grant, Minister of Health (MOH), Dr. Dinara Sagynbaeva approved expanding the program to include an additional nine NGO's supplementing the 10 NGO's currently involved in the program. Dr. Sagynbaeva signed the decree approving the program expansion on July 15, 2014.

More than 300,000 people are tested for HIV annually in Kyrgyzstan, with the majority of those tested being pregnant women, labourers going abroad, military personnel, medical staff and blood donors. Recognizing that the majority of tests are conducted within the general population, HIV prevalence in under-served populations served as the impetus for the 2012 pilot program.



Detecting new cases of HIV among key populations at high risk (PWID, MSM and SW) is paramount because less than one per cent of this group has been tested. Expansion of the program should provide a more accurate picture of the HIV epidemic in Kyrgyzstan, said Kerichenko Valentino Nikolaev of the NGO "Anti-Aids."

As rapid testing can be used in places where clients won't encounter stigma and discrimination, it will better reach key populations at high risk. Maksat Usenov, project coordinator of NGO Info Centre Rainbow, works with MSM in Osh. "Because of the stigma and discrimination MSM face, they have been driven underground," said Usenov. "But since our outreach workers are also MSM, clients feel more comfortable coming into the centre."

With rapid testing, there are no doctors or needles involved. The process is quick and results are available within 20 minutes. Tatiana Kucheryavyyh, head of the Public Foundation Peer to Peer, said that collapsed veins could be a common problem among PWIDs and the opportunity to forgo a needle is an added benefit of the testing.

Twenty-two participants from nine NGOs were trained during the three-day course held from July 22 to 24 in Bishkek.

Led by Begaim Temirgalieva, Associate Professor at the Department of Infectious Diseases, HIV/AIDS and Dermatovenereology of KSMITR, the training provided HIV statistics, reviewed current HIV tests and discussed the importance of client confidentiality. One vital aspect of the training focused on pre and post-test counselling. To understand its importance, participants engaged in role-playing, alternating between playing the consultant and the client. This taught participants how to listen and have empathy.

Upon successful completion of the course, each participant received a certificate along with a flash drive that contained all training materials from the course. UNDP purchased rapid HIV tests, refrigerators, file cabinets, heaters, fans, and other necessary goods and equipment for NGO's. Trainers will help each organization launch the program.

Rapid testing itself should be motivation for people to get tested as the test can be taken in places where clients feel comfortable and results are available within 20 minutes. But as an added incentive, each client who is tested will receive 200 units of mobile phone credit. Clients who receive an initial reactive test result via rapid test and undergo a confirmation test at an AIDS centre can return to the NGO and receive an additional 200 units of credit.



NGO Ulukman Daryger works with SWs in Karakol city. "Rapid testing is important for our organization because Karakol city is very small and SWs don't want to visit a hospital or clinic because they're afraid of being recognized," said Elliev Ilichbek, an HIV consultant at Ulukman Daryger. "This test will be rapid, quick and anonymous."

Expanding rapid HIV testing beyond hospitals and AIDS centres will ensure testing is accessible to everyone and can hopefully help stabilize the HIV epidemic in Kyrgyzstan.

Organizations included in the second phase of rapid testing:

- PF «Anti-Stigma» in Kant;
- PF «Peer to Peer» in Bishkek;
- PF «Gender-Vector» in Kara-Balta;
- NGO «Ayan-Delta» in Tokmok;
- NGO «Ulukman Daryger» in Karakol;
- NGO «Harmony Plus» in Karakol;
- PF «ZIOM-21» in Talas;
- NGO «Tendesh» in Naryn;
- PF «Info Centre Rainbow» in Osh.

Results of oral fluid-based rapid HIV testing, June 2014

Results of oral fluid-based rapid HIV testing in 10 NGOs:

- 323 clients of NGOs participated in rapid HIV testing
- 13 of those clients had positive test results
- 5 of those 13 clients with positive rapid test results were sent to AIDS Centres to undergo confirmation tests
- 2 out of the 13 clients with positive test results were accompanied by NGO staff (PF "Parents Against Drugs") to AIDS Centres and are currently awaiting results of the confirmation tests
- The remaining 6 of 13 NGO clients with positive rapid test results undertook confirmatory tests at AIDS Centres, which confirmed the results of the rapid saliva based HIV testing.

TUBERCULOSIS GRANT

Monitoring visit to Issyk-Kul Province

A monitoring visit with the NTP Coordinators on DR-TB, laboratory service and staff of UNDP TB grant to Issyk-Kul Province was conducted between July 21 and 25, 2014. The main objective was to review the treatment and management of DR-TB patients at the district and PHC levels, as well as to review the work of laboratories.

The medical facilities visited included Family Medical Centres (FMC) in Balykchy, Cholpon-Ata, Tyup District, Aksuu District, Ton District and Karakol city, Republican Rehabilitation Centre (RRC) named after Ibn Sina, Joint Practice at Kyzyl-Suu Village of Zheti-Oguz District, RRC "Zheti-Oguz," and Issyk-Kul TB Centre.

At the time of the visit in Issyk-Kul province, there were 39 MDR-TB patients at the outpatient treatment stage and 80 patients in inpatient care.

Issues were discovered with the treatment regimes and dosages of TB drugs in the FMCs of Issyk-Kul District, Tyup District and Zheti-Oguz District. These centres do not strictly follow the prescribed treatment regimen and dosages for DR-TB patients. In these medical centres, doctors were trained in the treatment of patients with DR-TB according to the clinical guidelines for the management of DR-TB. Exceptions regarding these cases were prepared and communicated to the directors of these FMC with the timelines for improvement of TB control.

UNDP recommended the control of outpatient treatment of DR-TB patients in all institutions, including their treatment regimens and dosage of medication, the duration of the injection phase, and total duration of treatment. During the treatment, facilities should provide reports to the central board of doctors in order to address the treatment outcomes. Due to the delay in delivery of TB drugs from the regional level, health facilities deviated from the standard treatment of MDR-TB.

Additionally, it is recommended to organize the timely delivery of 2nd line drugs from Issyk-Kul TB Centre to districts, maintain strict documentation on income and expenditures of TB drugs in all facilities, and organize the interaction between districts on the transfer and receipt of laboratory results.

Issyk-Kul TB Centre

Since January 2014, UNDP organized the work on the examination of DR-TB patients in a private laboratory "Intelmed" for biochemical assaying to determine liver and thyroid function (TSH), potassium, creatinine, and HBsAg. One hundred and forty one patients were examined in Issyk-Kul TB Centre between January and June. Head nurse, Anna Popova was praised for her excellent work on infectious TB control at the Centre.

Issyk-Kul TB Centre provided motivational payment to 18 medical workers involved in the implementation and treatment of DR-TB patients who have achieved positive results during the 2nd quarter of 2014. An additional reimbursement of transportation expenses for the 2nd quarter was made to 33 patients.

The first instalment of funding for the first quarter of 2014 in the amount of 410,741 som (\$7,945 USD) has been made. Actual expenditures constituted 324,106 som (\$6,269 USD).



Tuberculosis — fighting an ancient plague

On February 10, 2014, 33-year-old Damir swallowed his last handful of pills to complete 26 months of tuberculosis treatment, 20 of which he spent hospitalized and separated from his wife and two young children.

Damir's nightmare began four years earlier while working in construction in Astana, Kazakhstan. When a colleague collapsed at work one day with tuberculosis (TB), Damir wasn't too concerned about his own health. He worked for six more months before he returned to Kyrgyzstan to see his family and then headed to Moscow for another job. But a pre-employment physical, which included a TB screening test, detected a small spot on his lung. Diagnosed with TB, Damir's employment contract was revoked. Since medical treatment was expensive in Russia and Damir wasn't experiencing any health issues, he declined treatment.

Tuberculosis is a bacterial lung disease spread from person to person through germs in the air, usually when a person coughs, speaks or sneezes. Symptoms include fever, weight loss and a chronic cough. Early treatment prevents the progression of the infection and the possibility that it will develop into drug resistant forms of TB.

Damir worked illegally in Russia for several months before returning home. A test in Kyrgyzstan confirmed his TB diagnosis, but because the spot on his lung hadn't increased in size and he still felt fine physically, he again refused treatment. But soon after, pain in the abdomen prompted Damir to seek medical help. The doctor diagnosed Damir with a liver problem and recommended that he change his diet. Damir gave up meat and fried foods. Although this temporarily relieved the pain, a few months later he developed a fever and began coughing up blood. A visit to the National Centre of Phthisiology (NCP) in Bishkek revealed that the spot on his lung had increased in size.



Damir was diagnosed with multi-drug resistant TB (MDR-TB) and admitted to NCP for long-term hospitalization. He began an extensive and complex treatment regimen that involved up to 20 pills a day plus a daily painful injection.

The World Health Organization (WHO) estimates that about 26 per cent of TB cases in Kyrgyzstan in 2012 were MDR-TB with 68 per cent of those as retreatments.

The UNDP-managed Global Fund TB programme in Kyrgyzstan supports the consolidation and expansion of Directly Observed Treatment, Short-course (DOTS) with a focus on drug resistant forms of TB. Between 2012 and 2013, the registered increase in treatment success rate among MDR-TB cases was 11.5 per cent. The positive trend continues in 2014.

Spending almost two years in isolation was difficult and lonely, says Damir. Fortunately, his wife brought home cooked meals to the hospital and relatives helped the family financially. Most importantly, Damir complied with the treatment. For him, the side effects of the medication were minimal and each day he walked or did some form of exercise to keep him sane.

"If you have TB, the most important thing is to follow the treatment," said Damir. "I saw so many patients who didn't take all their pills because of the side effects or started treatment earlier than I did but stopped because they felt better. Then, I'd see them back at the hospital again."

Following his release from the hospital, Damir continued at home treatment, including daily clinic visits, for six months. Doctors followed up with all the necessary tests to ensure that the tuberculosis treatment had been successful.

In July 2014, doctors gave him the all clear. Only a small scar remains on his lungs. Happy to be reunited with his family and working again, Damir says that for the time being he'll remain in Kyrgyzstan.

Thank you plaque from the RRC for Children

UNDP Programme Manager a.i., Paula Ghrist, received a thank you plaque from the Director of the Republican Rehabilitation Centre for Children (RRC) named after Ibn Sina in Cholpon-Ata, Kanat Sarbagyshev. On behalf of his administration, Sarbagyshev thanked UNDP and Paula for their support and help treating children with TB in the Kyrgyz Republic by providing dairy products.

TB causes weight loss and macro and micro nutritional deficiencies. Proper nutritional care improves nutritional recovery for kids who are undernourished. Since June 2011, the UNDP implemented Global Fund TB grant has been providing fresh dairy products to the RRC for Children.

"Our partnership with RCC for Children is extremely important and it's great that the children who really need support are able to receive it under our grant," said Paula.



MALARIA GRANT

DDP&SSES receives international malaria certificate

For the second year in a row, the National Parasitological Reference Laboratory (NPRL) in the Department of Diseases Prophylaxis and State Sanitary and Epidemiological Surveillance (DDP&SSES) has been internationally accredited in the microscopic diagnosis of malaria with receipt of the External Quality Assurance certificate.

External Quality Assurance (EQA) is one of the most critical elements of a laboratory's quality management system because it measures laboratory performance. Receipt of this certificate confirms that Kyrgyzstan has sufficient capacity to deliver quality services in malaria laboratory diagnostics.

For the first step of the certificate, the WHO accredited laboratory in Bulgaria sent six slides (three thick and three thin) for the National Parasitological Reference Laboratory (NPRL) in Bishkek to identify in a blinded fashion. Next, the NPRL sent 108 slides (54 thick: 50 negative + 4 positive and 54 thin: 50 negative + 4 positive) of samples collected over the past year to the lab in Bulgaria to verify that they had been analysed correctly. No discrepancies were identified.

The NPRL's successful performance in this rigorous examination was the result of collaboration between DDP&SSES and UNDP's partnership with the Global Fund.

This international accreditation enables staff at the parasitological laboratory to provide technical assistance in laboratory diagnostics of malaria to neighbouring countries in the region, which is important for malaria elimination in the Central Asia region.



Procurement information for July 2014

HIV Grant

1. A contract was signed for the production of print materials for RPA Preventive Medicine: \$6,307.90 USD
2. Gynaecological wipes, Cosco mirrors, methylene blue dye, slides for RDVC were procured: \$679.30 USD
3. Bucket and stabilizers for rapid testing points were procured: \$1,204.04 USD
4. Contracts were signed for the production of HIV and TB grant printing materials. The total amount of contracts: \$31,036 USD
5. A contract with UNICEF was signed for the supply of ARV drugs: \$37,107.76 USD
6. A tender was announced to conduct a summer camp for Children Living with HIV
7. The delivery of the first batch of the 3rd generation test systems was received: \$21,488.85 USD
8. A contract for the supply of computer equipment and office equipment is at the stage of signing. The estimated contract amount: \$92,917 USD
9. A contract for the supply of test systems for Hepatitis C diagnostics was signed: \$1,947.48 USD
10. A contract was signed for the provision of technical engineer: \$3,230 USD
11. A contract was signed to rent a warehouse for a cooling chamber for 12 months: \$9,721 USD

TB Grant:

- 1) A contract for the repair and construction of the Republican Psychiatric Hospital TB unit in Chym-Korgon Village was signed: \$33,824 USD
- 2) A contract for laboratory tests of MDR TB patients in Batken Province was signed: \$30,600 USD
- 3) A contract for the supply of food and hygiene kits for Republican Psychiatric Hospital TB patients in Chym-Korgon Village and children in the Country Hospital of the National TB Centre in Tash Dobo Village was signed: \$ 7,208 USD
- 4) A contract for the provision of consultation services by the National Coordinator on drug-resistant tuberculosis as part of the TB program is signed: \$8,890 USD

Malaria Grant:

- 1) Additional repair of PCR lab premises of the Department of Sanitary Inspection was carried out: \$977 USD
- 2) A contract for the supply of 500 litres of alphacipermetrin was signed: \$28,207 USD

Information on deliveries for July 2014:

HIV Grant:

- Health products and medicines for AIDS Centres and NGOs: \$141,729 USD
- Information and educational materials for NGOs: \$65.50 USD

TB Grant:

- Medicines for TB facilities: \$112,998 USD

Malaria Grant:

- Health products and medicines for Department of Disease Prevention and State Sanitary Epidemiological Surveillance: \$136,148 USD

FOR NOTES



newsletter JULY 2014

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