Investing in our future

The Global Fund

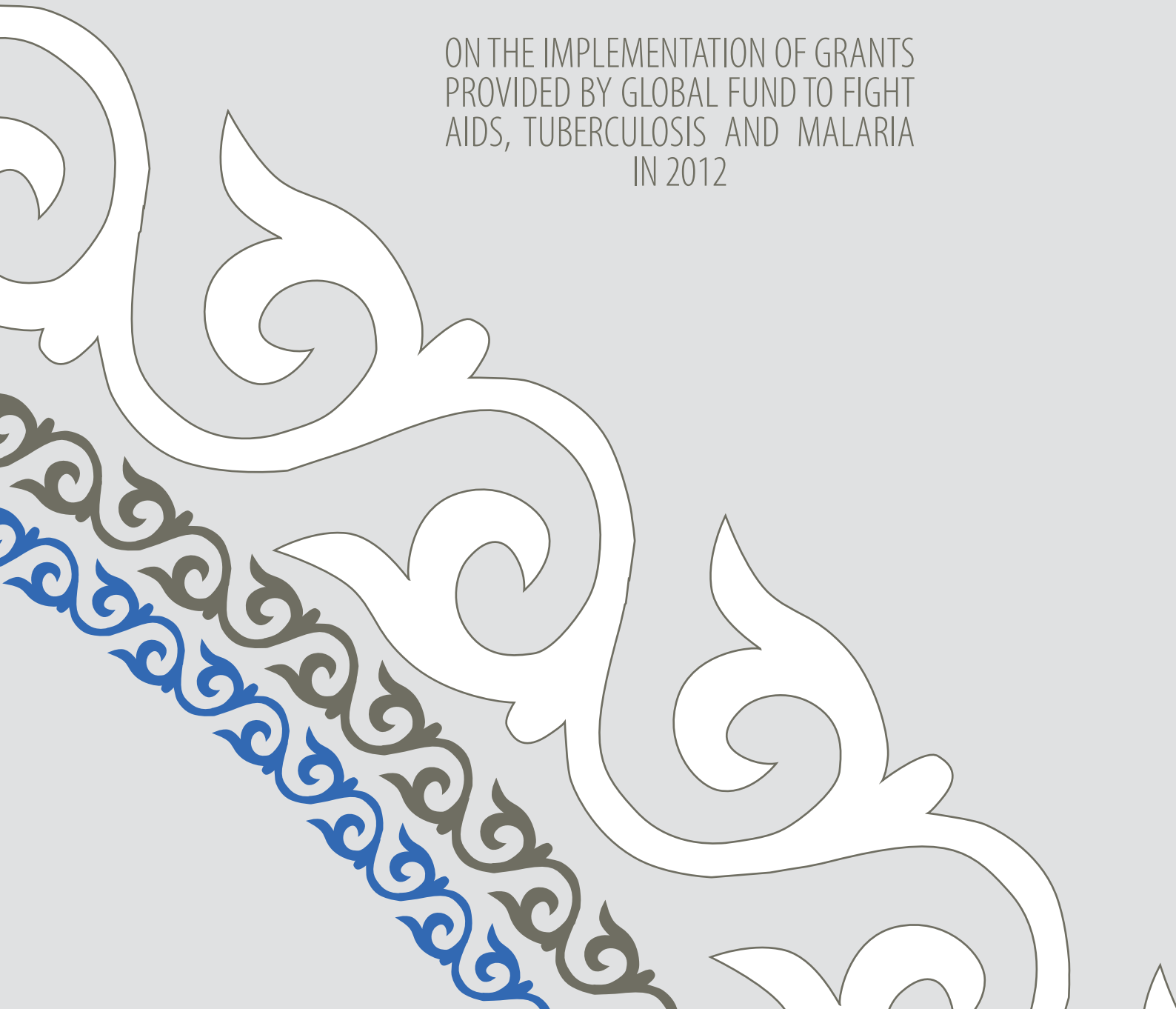
To Flight AIDS, Tuberculosis and Malaria

UNDP

Empowered lives.
Resilient nations.

ANNUAL REPORT

ON THE IMPLEMENTATION OF GRANTS PROVIDED BY GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA IN 2012



UNDP KYRGYZSTAN REPORT

ON THE IMPLEMENTATION OF KGZ-H-UNDP GRANT OF THE GLOBAL FUND TO FIGHT AIDS IN 2012

Table of contents

List of abbreviations

AIDS	**Acquired immunodeficiency syndrome**
ARV	**Antiretroviral**
CCM	**Country Coordinating Committee**
DB	**Database**
GF	**Global Fund to Fight AIDS, Tuberculosis and Malaria / Global Fund**
HBV	**Hepatitis B virus**
HCV	**Hepatitis C virus**
HIV	**Human immunodeficiency virus**
IEM	**Information and education materials**
LFA	**Local Fund Agent**
M&E	**Monitoring and evaluation**
MDT	**Multidisciplinary team**
MIS	**Management Information System**
HP	**Health products**
MPTI	**Medical and preventive treatment institution**
MRP	**Most at risk populations**
MSM	**Men who have sex with men**
NGOs	**Non-governmental organizations**
OI	**Opportunistic infections**
PCR	**Polymerase chain reaction**
PLH	**People living with HIV**
PMTCT	**Prevention of HIV transmission from mother to child**
PR	**Principal Recipient**
PSM	**Procurement and supply management**
PWID	**People who inject drugs**
RNC	**Republican Narcology Center under the MoH KR**
NSE	**Needle and Syringe exchange**
SOP	**Standard operating procedures**
SPS	**State Penitentiary Service**
SR	**Sub-recipient**
SS	**Sentinel surveillance**
SSF	**Single stream of funding**
SSR	**Sub-sub-recipient**
STI	**Sexually transmitted infection**
SW	**Sex worker**
T&C	**Testing and counseling**
TB	**Tuberculosis**
ToT	**Training of trainers**
UNAIDS	**Joint United Nations Program on HIV**
UNDP	**United Nations Development Programme**
UNICEF	**United Nations Children's Fund**
VCT	**Voluntary counseling and testing**
WHO	**World Health Organization**

1. HIV EPIDEMIOLOGICAL SITUATION IN KYRGYZSTAN

The Kyrgyz Republic remains a country with a low prevalence of HIV, which was 0.07% in the general population[1] as at 31 December 2012. However, in recent years a rapid growth in the number of new cases of HIV infection has been reported, and now Kyrgyzstan is considered by the WHO and UNAIDS to be one of the seven countries with the most rapid rate of epidemic growth in the world. The number of registered HIV cases increased by 19% - from 3,887 in 2011 to 4,611[2] in 2012. According to the assessment, conducted by the WHO SPECTRUM program, the estimated number of HIV cases in Kyrgyzstan is 12,040 people[3].

The HIV epidemic in the Kyrgyz Republic remains at a concentrated stage. The most affected groups include people who inject drug (P
WID). The prevalence among this population group in 2010, according to sentinel surveillance , was 14.6%. There is an increase in the incidence of HIV among women from 26.2% of the total number of people living with HIV (PLH) in 2009 to 29.5% in 2012[4]. The highest prevalence of HIV is reported in the age group of 30-39 years - 37.05%, the total number of registered PLH in the age group of 20-39 years was 68.5%. Of the total registered cases in 2012 10.5% are children under the age of 15 years.

The main route of HIV transmission is through injecting drugs (60.2% in 2011). In recent years, there has been a growth of sexual transmission from 25.3% in 2009 to 29.7% in 2012. Also, iatrogenic transmission and vertical transmission rates remained high in 2012 – 6,3% and 2,9%, respectively.

---

[1]HIV/AIDS situation in the Kyrgyz Republic as of 01.01.2013", statistical report of the Republican AIDS Center of the Kyrgyz Republic from January 01, 2013.

[2]HIV/AIDS situation in the Kyrgyz Republic as of 01.01.2013", statistical report of the Republican AIDS Center of the Kyrgyz Republic from January 01, 2013.

[3]Country report on the progress achieved in the implementation of global measures in response to HIV-infection, 2012. P.3. www.unaids.org

[4]HIV/AIDS situation in the Kyrgyz Republic as of 01.01.2013", statistical report of the Republican AIDS Center of the Kyrgyz Republic from January 01, 2013.

2. HIV GRANT IMPLEMENTATION PROGRESS

Tables and charts below give information on implementation of the HIV grant 2012. The data is based on the information provided in the financial statements of UNDP.

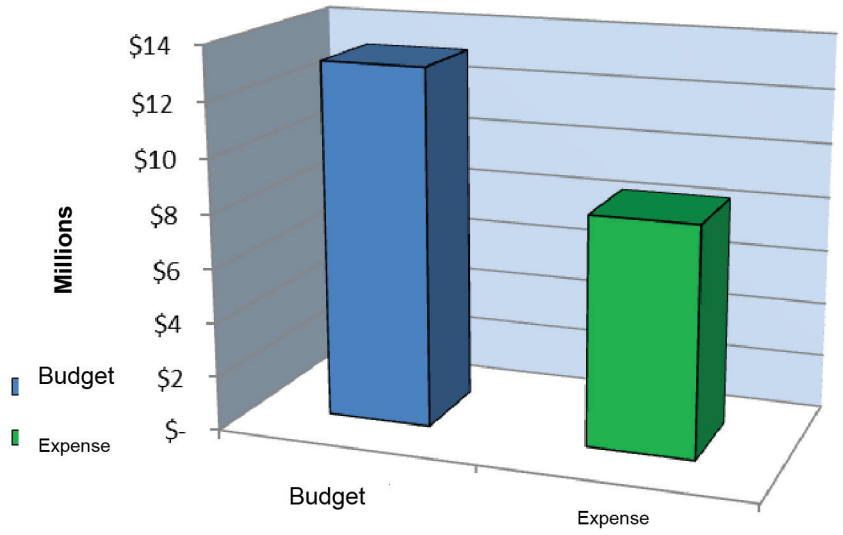
Table 1: Grant overview

Grant No.	Project name	Duration	Budget	Grant rating at June 30, 2012
KGZ-H-UNDP	Ensuring availability and quality of prevention, treatment, care and detection of HIV among the most at risk populations in the Kyrgyz Republic	July 1, 2011 – December 31, 2013. The agreement between UNDP and GFATM was signed on 14 October 2011	$30,733,897[5]	B1

Table 2: Overview of the total amount of approved, received and expended funds in 2012

Overview of the total amount of approved, received and expended funds, USD			
Budget for 2012	**Expended in 2012**	**Liabilities in 2012**	**% of budget utilization**
$13,147,892	$7,124,970	1,995,611	69%

Diagram 1: The ratio of funds received and expended by December 31, 2012



[5]Phase 1 budget. The amounts here and henceforth are given in USD

Table 3: Organizations involved in the implementation of KGZ-H-UNDP grant

#	Type	Organization	Geographic coverage	Area of activities
	Sub-recipients	Republican Narcology Centre	Bishkek City, Chui, Osh, Jalalabat, Batken Regions	(i) SE (ii) Opioid replacement therapy (iii) Detoxification (Bishkek only) (iv) Training of personnel (v) Training of the program's clients
		AIDS Foundation "East-West"	All regions of KR	(i) HIV prevention services, support of PLH, PWID, MSM, SWs and prisoners (ii) NSE (iii) MDT (iv) Social institutions for PWID, SWs, MSM (v) Training of personnel (vi) Outreach (vii) Training of the program's clients (viii) Social bureau in penitentiary system (ix) Rapid testing (x) Diagnosis and treatment of STIs (xi) TB prevention among PLH (xii) Social support of MRP
		NGO "Preventive Medicine"	All regions of KR	(i) Infection control (ii) Training of personnel (iii) External quality assessment
		UNICEF	All regions of KR	(i) PMTCT (ii) Training of personnel
		WHO	All regions of KR	(i) Training of personnel (ii) Technical assistance
		Association "Unity of PLH"	Bishkek City, Chui and Osh Regions	(i) Developing the capacity of the community organizations (ii) Mobilization of PLH communities (iii) Conducting public and PR campaigns (iv) Social support of PLH
		Association "Country network of PLH"	Bishkek City, Chui Region	(i) Developing the capacity of the community organizations (ii) Mobilization of PLH communities (iii) Conducting public and PR campaigns (iv) Social support of PLH
		NGO "Araket Plus"	Bishkek City	(i) Information work among PLH and people affected by HIV according to the principle of "peer-to-peer" (ii) Counseling on the matters related to HIV and AIDS, etc. (iii) Social support of PLH
		NGO "Krik Juravlya"	Osh City	(i) Information work among PLH and people affected by HIV according to the principle "peer-to-peer" (ii) Counseling on the matters related to HIV and AIDS etc. (iii) Social support of PLH
		NGO "Prosvet"	Bishkek City, Chui Region	(i) Information work among PLH and people affected by HIV according to the principle "peer-to-peer" (ii) Counseling on the matters related to HIV and AIDS (iii) Social support of PLH
		NGO "AntiStigma"	Chui Region	(i) Information work among PLH and people affected by HIV according to the principle "peer-to-peer" (ii) Counseling on the matters related to HIV and AIDS, etc. (iii) Social support of PLH (iv) Shelter
		NGO "Otkrovenie"	Bishkek City, including the clients coming from other regions of KR	(i) Information work among PLH and people affected by HIV according to the principle "peer-to-peer" (ii) Counseling on the matters related to HIV and AIDS, etc. (iii) Social support of PLH (iv) Shelter / Social institution
		NGO "Matrix 2005"	Bishkek City	(i) Information work among PLH and people affected by HIV according to the principle "peer-to-peer" (ii) Counseling on the matters related to HIV and AIDS, etc. (iii) Social support of PLH (iv) Shelter / Social institution
		NGO "Step forward"	Bishkek City	(i) Information work among PLH and people affected by HIV according to the principle "peer-to-peer" (ii) Counseling on the matters related to HIV and AIDS, etc. (iii) Social support of PLH
		NGO "TerraSana"	Bishkek City	(i) Information work among PLH and people affected by HIV according to the principle "peer-to-peer" (ii) Counseling on the matters related to HIV and AIDS, etc. (iii) Social support of PLH (iv) Shelter / Social institution

3. KGZ-H-UNDP GRANT GOALS, OBJECTIVES AND RESULTS

Goals and objectives

The main goal of the project is to reduce the rate of HIV infection among the most at risk populations by improving the availability and quality of services for the prevention, treatment and care as part of the national response to the epidemic.
To achieve this goal, UNDP, in close collaboration with partner organizations, is implementing the following tasks:
1. Strengthening the systems of the most at risk populations to expand the availability of prevention and treatment services .
2. Improving the efficiency of HIV infection prevention among at the most at risk populations – PWID, SWs, MSM, prisoners and those in health care institutions.
3. Increasing the availability and quality of services for the prevention, treatment, care and support of PLH, including the provision of antiretroviral therapy and social support for adults and children with HIV, and improving laboratory diagnosis of HIV and associated infections.

Key areas of work in 2012

a. Coverage of the most at risk populations with prevention services

A minimum package of services to prevent the spread of HIV among the most at risk populations includes the following:
1) information on HIV, risk behaviors and ways of prevention in a form of oral presentation (individual or group counseling / mini-sessions) or brochures;
2) means for self-protection related to risk behaviors: syringes / needles / wipes for safe injections and condoms for safe sex;
3) referral of groups with risky sexual behavior for HIV and or STI testing.
The total number of organizations that provide a minimum package of services to PWID in 2012 reached 29, including 20 - in health care, and 9 - through NSE in NGOs (Table 4). From June to December 2012, 6,413 PWID received services

Table 4: Coverage of the most at risk populations with a minimum package of services within the implementation of KGZ-H-UNDP grant

MARP	Number of organizations	Coverage (June-December 2012 г)	Territorial coverage
PWID	29 NSE	13,501	Bishkek City, Chui and Osh Regions, Jalalabat City
PWID in prison	19 NSE	1,426	Bishkek City, Chui and Osh Regions, Jalalabat City
SWs	8 NGOs	3,004	Bishkek City, Chui, Issyk-Kul, Naryn, Osh, Batken Regions
MSM	4 NGOs	1,036	Bishkek City, Chui and Osh Regions

at NSE in Family Medicine Centers, and 7,088 – at NSE in NGOs. A minimum package of services for PWID is also available at 19 stations of State Penitentiary Service (SPS).

b. Voluntary counseling and testing

The total number of people tested for HIV in 2012 was 492,828 people. The following activities were held within the grant to support this area of work:

- Procurement of screen test systems of 3rd generation for detection of HIV in the general population, pregnant women and the most at risk groups;
- Procurement of expert test systems of 4th generation for HIV screening of blood donors;
- Provision of technical assistance by an international expert to the Republican AIDS Center regarding testing and counseling as part of the WHO mission;
- Conducted a baseline assessment of the quality of recording and reporting on provision of services in pre-test counseling, testing and post-test counseling; recommendations for improving recording procedures have been sent to all institutions that provide voluntary counseling and testing (VCT) services;
- As part of the project, UNICEF developed a brochure for HIV pre-test counseling during antenatal care.

c. Antiretroviral therapy

In 2012, 3,637 PLH were monitored; the number of patients receiving antiretroviral therapy was 691, including 457 adults and 234 children. 71 PLH were receiving antiretroviral therapy in the penal system at the end of December 2012, representing 92.2% of all PLH in prisons in need of antireroviral therapy. To support the electronic tracking of PLH, computers were delivered and installed in eight AIDS centers and the medical service of SPS.

Uninterrupted supply of drugs has been ensured for the whole of the grant implementation from 2011 to 2013 for the continuous treatment of patients receiving antiretroviral therapy. In Kyrgyzstan, there are two lines of antiretroviral. The first line consists of 12 treatment plans, the second line consists of two plans. According to the latest WHO recommendations, the children's form of drugs, combined forms of drugs with a single dose, were purchased for the convenience of the administration. New forms of drugs have been used in parallel with ARV therapy for hepatitis B virus (HBV).

To monitor the status of PLH and effectiveness of the treatment, 3 portable meters were purchased to determine the immune status of patients (delivered to Bishkek, Osh and Jalalabat). To diagnose associated diseases and opportunistic infections (OI), test kits and reagents were purchased these were supplied for the determination of the detailed data on immune status and viral load.

To improve the quality of services for PLH dispensary observation and treatment, measures were taken to increase the capacity of health workers and AIDS services:

- Study tour for eleven specialists of HIV, TB and drug services of KR (Tomsk);
- Study tour for five specialists of HIV and TB services (Kiev);
- Participation in the seminar "Current

issues and alternative approaches in diagnosis and monitoring of HIV / AIDS" in Almaty within a delegation consisting of ten people, which included representatives of the Ministry of Health, chief medical officers of regional AIDS centers, and heads of laboratories;

- Provision of technical assistance by WHO to medical personnel regarding clinical management of HIV-infected patients with participation of V.B. Musatov, Deputy Chief Medical Officer of Botkin Clinical Hospital in St. Petersburg;
- 5-day training of eleven representatives of MOH, KSMA, and regional AIDS centers on issues related to HIV infection in St. Petersburg.

4 community NGOs and 4 social centers for PLH implemented programs to support people living with HIV. In the period from July to December 2012, 789 people received services related to psychological and social support, and 337 people received one or several motivational packages. Specialists of the organizations provided counseling on adherence to antiretroviral therapy, organized informational mini-sessions, self-help groups, and provided social support and social patronage.

d. Prevention of mother-to-child transmission (PMTCT)

Two organizations are working on PMTCT within the GF HIV grant – UNICEF and Republican AIDS Center.
In 2012, within the framework of the project implemented by UNICEF, work was conducted to increase the capacity of health institutions and communities to implement the activities on PTMCT. In June 2012, UNICEF assessed the readiness of health institutions to take measures to prevent HIV transmission from mother to child, including evaluation of the knowledge of medical personnel and pregnant women on PMTCT. The assessment identified key areas for future interventions: education, development of manuals and programs and duplication of information and educational materials (IEM) (Table 5). City and regional AIDS centers conducted rapid testing of pregnant women, prescribed the PMTCT plan to pregnant women and newborns. In 2012, 179,673 tests of pregnant women were conducted, of these 64 were found to be positive. The number of pregnant women with HIV, on record, was 128. Eighty three of the 90 women with HIV who gave birth in 2012 received PMTCT. To maintain a commitment of pregnant

Table 5: Activities on PMTCT within the implementation of KGZ-H-UNDP grant.

Activities
Seminars on PMTCT for medical specialists of health care institutions of all levels. 1,161 people have been trained.
Development of clinical protocol on PMTCT for health care institutions of 1-3 levels. Approved by Order No.388 MoH KR as of July 10, 2012.
Development of a training program and a manual for trainers "Integration of prevention of HIV transmission from mother to child into an effective perinatal care program; ToT was held.
Development of information and education materials for medical workers and population including for PLH.

women to PMTCT, 118 motivational packages were supplied to AIDS centers. To prevent the transmission of HIV from mother to child, all AIDS centers were supplied infant formula, as a substitute for breastfeeding,

e. Opioid substitution therapy

One of the key aspects of the project "Promotion of the availability and quality of prevention, treatment, detection and care for HIV-infected subjects among the most at risk populations in the Kyrgyz Republic" is opioid substitution therapy (OST) for drug addiction to opioids such as heroin. OST is intended primarily to socialize PWID, and help them to stop injecting. The therapy is conducted under strict supervision of a doctor and implies the involvement of other required professionals.

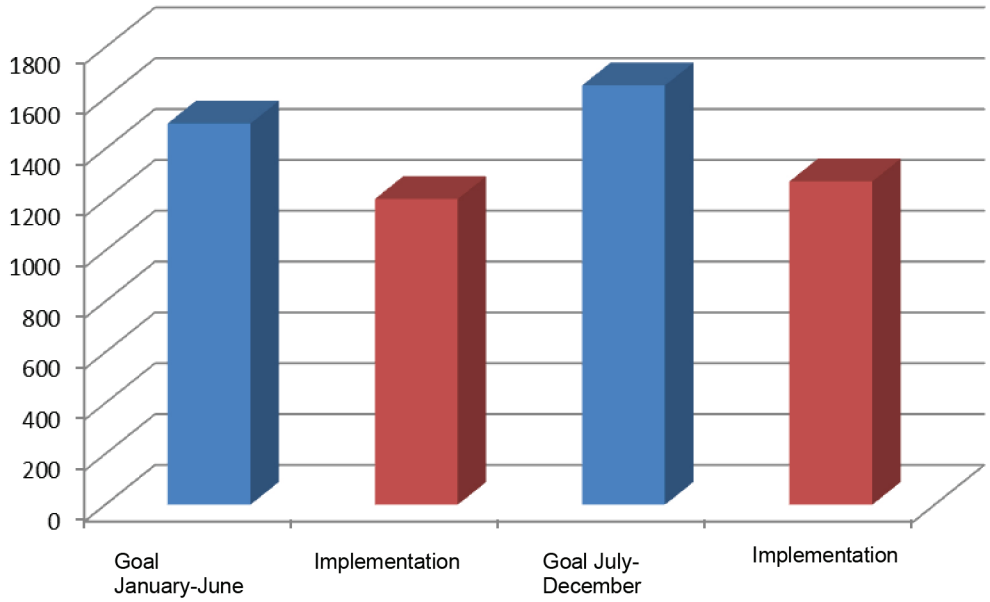
At the end of 2012, 20 OST sites were working, 17 in the civilian health care facilities and 3 in the institutions of the state penitentiary system.

During 2012, no new OST sites were opened, and the existing stations were fully operational.

Despite the incomplete implementation of this indicator, there was an increase in the number of clients of the program in the second half of the year compared with the first half of 2012. Partly, this increase can be explained by the fact that in the reporting period UNDP introduced a new practice of reimbursement of travel expenses of OST clients.

In the reporting period, all 20 OST sites were supplied with methadone dispensers; also, at the initiative of UNDP, RNC issued an order, binding narcologists working at OST points, to prescribe methadone strictly in accordance with clinical protocols and WHO guidelines.

Diagram 2. Actual number of PWID covered by OST varied in 2012 from 1,200 - 1,300 people.



f. Strengthening Capacity

During 2012, work was carried out in a number of areas to strengthen the capacity of organizations involved in the im-

plementation of the GFATM HIV grant, these included:

• Providing technical assistance to improve the quality of services. Training was provided for NGO experts and medical staff working with key populations as higher risk, training of HIV-services, TB and drug addiction treatment services on the provision of services; training in financial accounting, taxation, record keeping, and others. Diversified technical assistance was provided to develop the capacity of the National and regional AIDS centers including field visits, participation in training events, consultations and assessments by international experts.

• Development of community-based organizations. A total of 28 community-based organizations (including 5 networks, 20 social institutions, 3 initiative groups and 4 NGOs) that implemented 32 projects in 2012. Professionals from all organizations were trained in financial accounting and M&E, 17 organizations received equipment and items for the provision of services to their clients.

• Strengthening the capacity in M&E. During this period, the guidelines on M&E procedures were developed for the organizations that provide services to key populations at higher risk; 6 training sessions were conducted on M&E procedures; the electronic management information systems (MIS) was tested with correction of technical flaws, and all organizations were provided training on how to use it, entry procedures were unified; by January 2013, the software was installed to 130 sites.

Lessons learned/best practices

During the reporting period, UNDP, in collaboration with national partners, launched a new program of rapid HIV testing using saliva. This program is based on the best and most advanced global practices, and its purpose is to improve the access, of key populations at higher risk, to HIV testing. To implement this program, UNDP evaluated, selected and trained the employees of 12 NGOs working in both northern and southern regions of the country. 1,335 representatives of 3 of the key populations - PWID, sex workers (SW) and men who have sex with men (MSM) – were tested for HIV using rapid saliva testing during the first 3 months of program implementation. 80 of them received a positive result, and all were referred to AIDS centers for confirmation of results.

Along with the apparent successful beginning of the program (6% of tested subjects are likely to have HIV infection), there are difficulties and problems – in particular, not all NGOs have the ability to accompany their clients to AIDS centers, therefore, only a small number of patients tested reach AIDS centers' laboratories to undergo a confirmatory test. UNDP is continuously working on improving the efficiency of the program despite the difficulties arising during its implementation; the Principal Recipient has developed recommendations for the Ministry of Health and the Republican AIDS Center to increase the number of organizations that provide services for rapid HIV testing among NGOs and among government agencies.

2012 was also marked with the geographical expansion of services offered to the

key populations. New prevention program sites were launched for sex workers of the Naryn Region ((NGO "Tendesh"), as well as needle and syringe exchanges (NSE) for PWID in Naryn (NGO "Zanyatost") and Bishkek (initiative group "Peer-to-peer"). In the Issyk-Kul Region, NGO "Harmony Plus" was the first to provide multi-disciplinary team (MDT) services to PWID.

During the year, MDT services and social institution services were provided for the clients of OST program on the basis of NGO "Alternative to narcology". Rehabilitation centers for PWID and a social institution "House on halfway" were supported for PWID in Chui Region (NGO "RANAR") in Osh (NGO "Centre Plus") respectively. Also, distribution of medical products (syringes, needles, alcohol wipes, condoms) started for PWID in Bishkek with the further expansion of the project in Osh.

Key areas of work in 2013

- Re-programming of resources saved in 2011-2012 to 2013.
- Strengthening AIDS centers' service at all levels.
- Assessment of the number of the people in the key populations, (PWID, SWs and MSM), this is necessary for planning of prevention programs and evaluation of their effectiveness. The assessment will focus on the access of key populations at higher risk to services and a study of their needs.
- Standardization of records of clients of programs. RCN and the Republican AIDS Center were selected as pilot institutions; they will be distributing standard identification cards among the clients of harm reduction programs, as well as PLH. The receipt of any service as well as the keeping of records of these clients will be attributed to the presence of these cards. It is expected that the introduction of this system will, to a great extent, help to eliminate the problem of double-recording, and determine the actual number of program clients.
- Improving the system of disposal of medical products. To achieve this, UNDP has conducted a number of activities for the transition to a new system of disposal of biologically contaminated waste. Principal Recipient funded the development of standard operating procedures for the disposal of medical products by sub-recipients, and has purchased 31 autoclaves for 24 medical product and treatment institutions (MPTI) these are currently being installed. UNDP is now holding negotiations with a number of the above mentioned MPTIs regarding the provision of services for autoclaving of medical products for sub recipients (syringes, needles, rapid tests, etc.); UNDP plans to launch this system by the end of the first half of 2013.
- Improving the quality of interventions for PMTCT through procurement and supply of kits for childbirth and newborns.
- Opening five new OST centers, three of which will be established within the institutions of the Ministry of Health, and two – within the institutions in State Penitentiary Service.
- Implementation of new strategies for motivating customers to be committed to the OST program and motivation of personnel of sub recipients.

- Together with the RNC, monitoring

and control over the execution of the order on the approved dosages of methadone and the introduction of rapid HIV testing at OST points.

- Strengthening the capacity of organizations to monitor their activities and prepare progress reports.

Diagram 3: HIV grant implementation against 17 indicators at 31 December 2012.

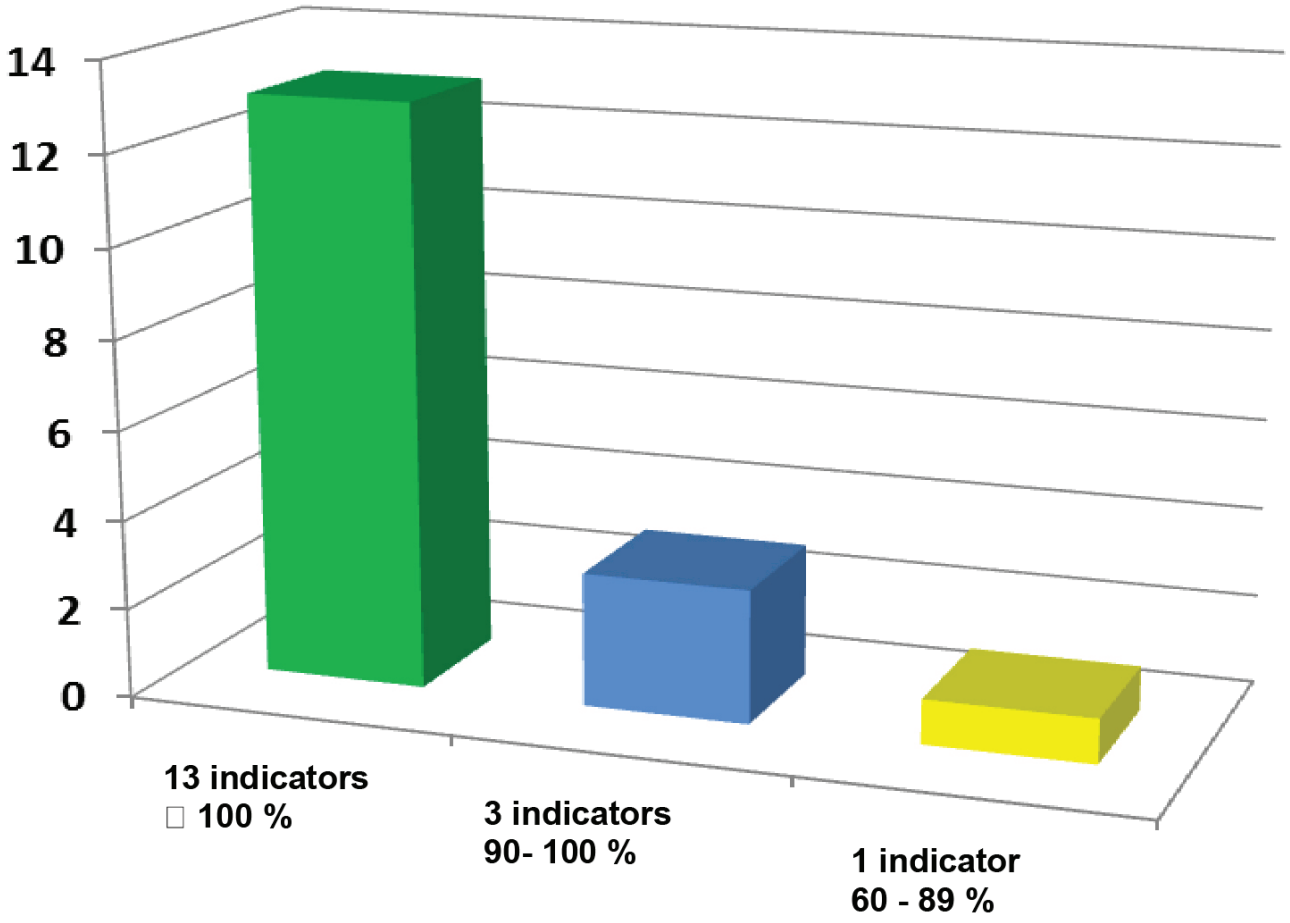


Table 6: KGZ-H-UNDP grant expenditures in 2012 (amount in USD).

Service area	Budget	Spent	Balance
Antiretroviral therapy	246,668	279,434	- 32,766
Work with local community	3,736,363	2,138,242	1,598,121
Care and support for chronic patients	129,015	43,999	85,015
Strengthening of civil society and institutional capacity	1,300,240	685,300	614,940
Provision of condoms	136,133	35,406	100,727
Reducing stigma	353,365	173,300	180,065
Strengthening health care systems	2,591,938	1,505,478	1,086,460
HIV / TB	226,380	135,879	90,501
PMTCT	647,327	127,657	519,670
Policy development, including work place policy	69,260	44,389	24,871
Prevention: work with communities	59,900	8,461	51,439
Project management	2,200,719	1,561,463	639,256
Provision for public health care: drugs, vaccines and technologies	13,836	9,104	4,731
Safety of blood transfusions and general precautions	400	85	315
VCT	1,436,347	376,769	1,059,578
Total	**13,147,892**	**7,124,971**	**6,022,922**

Table 7: Partner organizations' expenditures in 2012 (amount in USD).

SR	Budget	Expendit ures	Balance	% of delivery Budget
UNDP	8,119,021	4,013,116	4,105,905	49%
RNC	1,094,220	950,745	143,474	87%
AIDS Foundation "East-West"	1,541,938	1,356,412	185,526	88%
NGO "Preventive Medicine"	183,097	145,586	37,511	80%
UNICEF	353,937	263,013	90,924	74%
Association "Unity of PLH"	34,127	33,236	890	97%
Association "Country network of PLH"	25,030	22,639	2,391	90%
NGO "Araket Plus" "	10,449	10,449	0	100%
NGO 'Krik juravlya"	10,327	10,248	79	99%
NGO "Prosvet"	10,266	10,266	0	100%
NGO "Antistigma"	16,772	16,650	122	99%
NGO "Otkrovenie"	13,752	13,752	0	100%
NGO "Matrix 2005"	15,551	15,399	151	99%
NGO "Step forward"	11,939	11,939	0	100%
NGO "TerraSana"	15,310	15,242	68	100%
WHO	66,360	66,360	0	100%
21 NGOs refund for 2011	169,918	169,918	0	100%
Sub-recipient is not identified	1,455,881	0	1,455,881	0%
Total	**13,147,892**	**7,124,971**	**6,022,921**	**54%**

Annex I Achievement of the result indicators on SSF (KGZ-H-UNDP) grant for the period of January-December 2012.

#	Indicator	Target	Result	Percent of implementation
1	Number of civil society organizations that have received technical support for strengthening of institutional structure	20	28	140%
2	Number of PLH receiving assistance of the community and enrolled in a support program	550	1,146	208%
3	Number and percentage of PWID reached by prevention programs	10,500 (42%)	13,501 (54%)	129%
4	Number of prisoners currently reached by prevention programs	1,220	1,426	117%
5	Number of PWID reached by replacement methadone therapy	1,650	1,272	77%
6	Number of sex workers reached by prevention programs	1,700	3,049	179%
7	Number of MSM reached by prevention programs	600	1,059	177%
8	Percentage of medical institutions for children that comply with the requirements of infection control	80%	74%	93%
9	Number of PLH, key populations at higher risk and employees of NGOs trained on HIV prevention, safe behavior, commitment to treatment, and quality of service	860	1, 700	198%
10	Number of adults and children with an advanced form of HIV infection (at present) receiving ARV treatment	650	691	106%
11	Number of HIV-infected women who received treatment to reduce the risk of HIV transmission from mother to child	100	111	111%
12	Number and percent of pregnant women tested for HIV	146,700 (90%)	188,589 (96.4%)	107%
13	Number of specialists trained on PMTCT	840	1,161	138%
14	Number of people who were tested for HIV and received the results	340,000	289,607	85%
15	Number and percent of HIV diagnosing laboratories that have standard operating procedures and passed an external quality assessment of laboratory diagnosis	56 (80%)	36 из 46 (78.3%)	98%
16	Adults and children enrolled into HIV program who were screened for TB with a record during their last visit among all adults and children enrolled into HIV program in the reporting period (number of percent)	65% (1,023)	60% (1,316/2,147)	94%
17	Number of STI cases treated	8,500	13,285	156%

Annex II Information on the procurement of health products, equipment, medicines and other goods within the grant in 2012.

	Description	Budget	Execution
1	Antiretroviral drugs, PMTCT and post-contact prevention kits	156,984	271,422
2	Opportunistic infection treatment drugs	75,178	8,012
3	STIs treatment drugs	72,745	62,540
4	Reagents for detection of CD4/8	67,306[1]	67,607
5	Reagents for determination of viral load and reagents for PCR laboratory	448,920	40,678
6	Naloxone	108,000	25,073
7	Methadone hydrochloride and expendable materials	161,892	58,816
8	Male and female condoms	156,153	35,419
9	Syringes and needles	882,683	619,693
10	Test systems (HIV, VH, C, STIs)	1,221,412	374,645
11	Support of maternity clinics	124,688	10,666
12	Autoclaves and expandable materials for them	373,200	130,907
13	Infrastructure and other equipment	720,659	386,828
14	Information and education material	397,738	152,194
15	Support of PLH and key populations of higher risk	188,275	64,292
15	Procurement and supply expenditures	586,086	535,176
	TOTAL	**5,741,919**	**2,843,968**

[6]Budget in 2011

REPORT
ON THE IMPLEMENTATION
OF THE FIRST PHASE OF THE GF TB GRANT
(KGZ-S10-G08-T, January, 2011 – December, 2012)

Table of contents

List of abbreviations

Bishkek City TBC	Bishkek City TB Center
BOTBC	Batken Oblast TB Center
BSL-3	3 bio-safety laboratory
CDC	Center for Disease Control and Prevention
COTBC	Chui Oblast TB Center
DR-TB	Drug Resistant TB
EQA	External Quality Assurance
GF	Global Fund
GLC	Green Light Committee
GMU	Grants Management Unit
IC	Infection Control
IOTBC	Issyk-Kul Oblast TB Center
JOTBC	Jalal-Abad Oblast TB Center
KMITPD	Kyrgyz Medicine Institute of Training and Professional Development
Kyrgyz Republic	Kyrgyz Republic
MDR-TB	Multi-Drug Resistant TB
MoH	Ministry of Health
NCP	National Center of Phthisiology
NOTBC	Naryn Oblast TB Center
NRL	National Reference Laboratory
NTP	National TB Program
OCB	Out of town Clinical Base
OOTBC	Osh Oblast TB Center
PC 27	Penitentiary Colony №27
PHC	Primary Health Care
PR	Principal Recipient
SESP	State Service for the Execution of Punishment
SNL	Supra National Laboratory
TB	Tuberculosis
TOTBC	Talas Oblast TB Center
UNDP	United Nations Development Program
WHO	World Health Organization

REPORT ON THE IMPLEMENTATION OF THE FIRST PHASE OF THE GF TB GRANT

Grant number	KGZ-S10-G08-T
Implementation period	1.01.2011-31.12.2012
Budget for the first phase of the grant	$ 7 137 416
Date of signing the grant agreement	9.02.2011
Date of the first transfer from GFATM	03.2011
Rating for January- June 2012	A1
Principal Recipient	UNDP
Sub-recipients	NCP, Bishkek City TBC, COTBC, OOTBC, JOTBC, BOTBC, TOTBC, NOTBC, IOTBC, SSEP

I. Programme activities during Phase 1 of the GF TB Grant (2011-2012)

The aim of financing the consolidated GF Round 6-9 grant is to reduce the burden of TB in the KR by consolidating and expanding the DOTS programme and strengthening the control of DR-TB. Target groups of the programme include all TB patients, health care workers and the general population. Grant resources are aimed at strengthening the management of the programme, the system and human resources, improving the detection, diagnosis and treatment of DR-TB and further integrating the programme for TB control in PHC, upgrading laboratories, etc.

The grant is implemented via contracts with government agencies responsible for the TB programme and the work of GF PIU organized by UNDP. Program effectiveness is assessed twice a year by comparing the target and progress indicators for programmatic and financial performance, according to the results of which the GF determines the rating of the programme and decides on its future funding. It should be emphasized that for the period of January- June 2012 the programme has been rated A1, which is the highest possible level and is recognition of the efforts to improve the situation of

Information on the implementation of programme indicators

a. TB new cases notification rate and mortality rates

DR-TB. The GF management letter contained several recommendations, the performance of which will affect the decisions of donors on funding in the next programming period. One of these conditions is that external quality assurance of sputum microscopy be extended to the regions. The above-mentioned document also expresses concern at the low cure rates among patients with MDR-TB and suggests analyzing the causes of this phenomenon, improving the detection and treatment of side effects and assessing the quality of health education for patients.

The epidemiological TB situation in Kyrgyzstan remains worryingly high. Kyrgyzstan is a country with a high incidence of TB and especially MDR-TB. According to the WHO, the estimated rate of new and previously treated cases in 2011 was 128 per 100 thousand people, whilst the registered case notification rate was 103 per 100 thousand population . Overall in 2011, the WHO recorded 5529 TB cases, of which 5180 were new and 349 previously treated.

For many years the NTP has been using the indicator of case notification rate of new cases that in 2011 was 101.6 per 100 thousand people, which was the same as in 2010 (see Chart).

The TB case mortality rate peaked in 2001 at 27 per 100 thousand people and had fallen to 9.2 per 100 thousand in 2011, which is within the values expected on implementation of the GF TB Grant (see Chart).

b. The proportion of MDR-TB among new cases with SS+

Results of a large-scale CDC-supported study of DR-TB surveillance conducted in 2010 have not yet been published, making it difficult to assess the situation with DR-TB and to plan second-line drugs supply. Currently the programme has only WHO estimated indicator showing the country's proportion of MDR-TB among new cases as 26% and 52% among previously treated cases .

It should be emphasized that in assessing the situation in the country, the SNL also used estimated, not actual data, showing that the estimated proportion of MDR-TB among new cases is higher than in neighbouring countries (Table 1).

Table 1. Level of MDR-TB in the Central Asian Republics, 2011

Country	% MDR	
	New cases	Previously treated cases
Kyrgyzstan	26,4%	51,6%
Tajikistan	12,5%	53,6%
Uzbekistan	23,2%	62%

Patric K. Moonan (CDC Atlanta, USA, unpublished data, personal communication)

The NTP is currently using data according to which of the 806 MDR-TB cases detected in the country in 2011, 32% were new and 40% previously treated patients. These figures, however, do not necessarily reflect the epidemiological situation in the country as a whole, and the critical need to publish surveillance data remains on the agenda.

It is important to mention that the GLC Mission (2011) reported that the MDR-

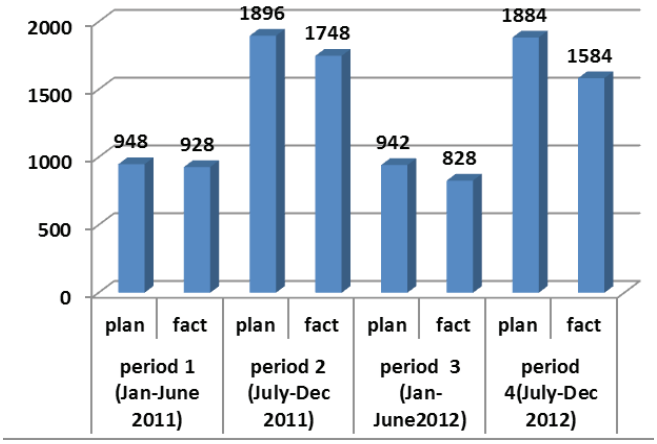
[1]The Global TB report, 2012

[2]WHO_HQ_Reports,05.12.2012

[3]Review of the TB laboratory network of the republic of Kyrgyzstan, 2012

TB statistics only reflect the number of patients starting treatment, not the number of detected MDR patients. Incomplete registration of MDR-TB prevents effective evaluation and monitoring of the programme and also poses difficulties for planning bed capacity and second-line drugs supply[4].

c. Number of new smear-positive TB cases notified during the reporting period



Overall in 2011 and 2012 NTP reported to UNDP 3 332 new smear positive TB cases registered in the country. In the first period of the programme implementation, 98% of the planned indicator was achieved, in the second - 92%,in the third - 87%, in the forth 84% (see Chart). These figures, in turn, were submitted to the donor to help it assess the effectiveness of the programme and to decide on its further funding.

Since the publication of the WHO Global Report for 2012, a discrepancy has been discovered between the data submitted by the NTP to UNDP and data published in the above publication. In particular, there is a difference in the number of new cases with SS+ for 2011 (1748 and 1537 respectively) and in the total number of new cases reported in 2011 (submitted to UNDP - 5535, while to the WHO - 5180). Apparently, there are problems with reporting and accounting not only of DR-TB, but also in the basic DOTS programme. It is also possible that the differences are related to the mismatch between the reporting periods in the GF and NTP, as a result of which one of the parties uses preliminary data.

It should be noted that the SNL mission in 2012 noted that the Kyrgyz Republic "from 2001 to 2005 showed an increase in the number of new cases with SS+ from 1461 to 1901 and subsequently fell significantly to 1537 in 2011 (WHO data). At the same time, the proportion of positive smears among all smears fell from 33% to 25%, which is an indirect confirmation of the loss of quality of sputum microscopy". According to the SNL recommendations, the country needs to:

- Develop a national strategic plan for TB laboratories. Optimize the synergy of their interaction based on close cooperation and develop ways to improve working conditions aimed at attracting and retaining employees
- Give priority to the construction of a new level BSL-3
- Streamline the laboratory network by reducing the number of all types of laboratories. Conduct DST in the NRL for the northern oblasts (Chui, Talas, Issyk-Kul, Naryn) and in Osh oblast TB center for the southern oblasts (Osh, Batken, Jalal-Abad). Reduce the number of culture laboratories to three, and the number of TB microscopy laboratories to fifty nationwide
- Implement fluorescence microscopy according to WHO recommendations.

[4]Report of the monitoring visit to Kyrgyzstan (GLC, 2011)

Increase the potential of molecular tests as an additional tool for the rapid diagnosis of TB. Develop adequate capacity to treat patients by the early detection of MDR-TB using molecular tests

• Expand the external quality assessment of all TB laboratories in the country and all the diagnostic tests used in routine diagnosis

• Analyze the cost of laboratory services. Allocate a separate budget line for the TB laboratory network

• Create a new position of laboratory network manager who should be responsible for managing the annual budget of TB laboratories, developing and implementing a strategic plan to strengthen the TB laboratories and coordinating donors' support within the strategic plan for strengthening the laboratories

• Implement a universal system for transporting samples, laboratory materials and reports, which will be standardized, secure and free for both patients and healthcare workers

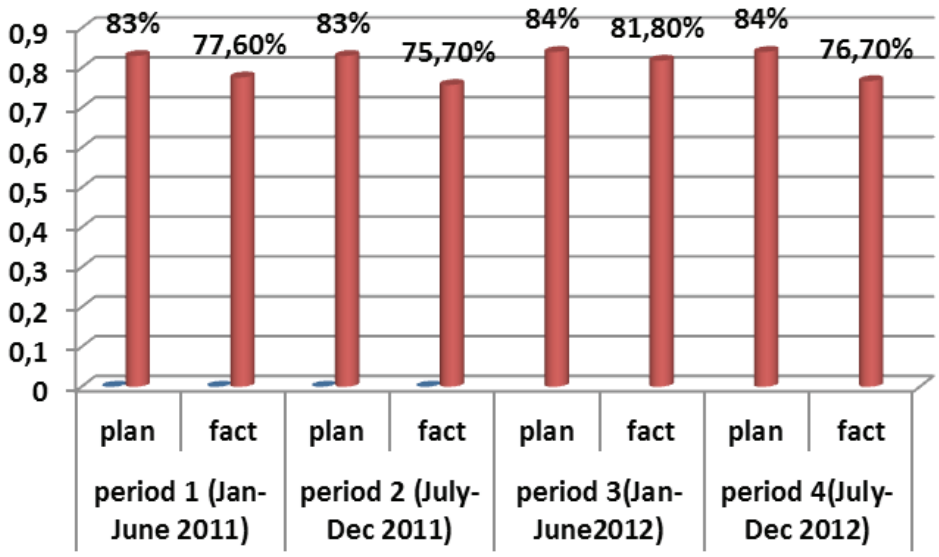
d. Number and percentage of new smear-positive TB cases, which successfully completed treatment for the reporting period

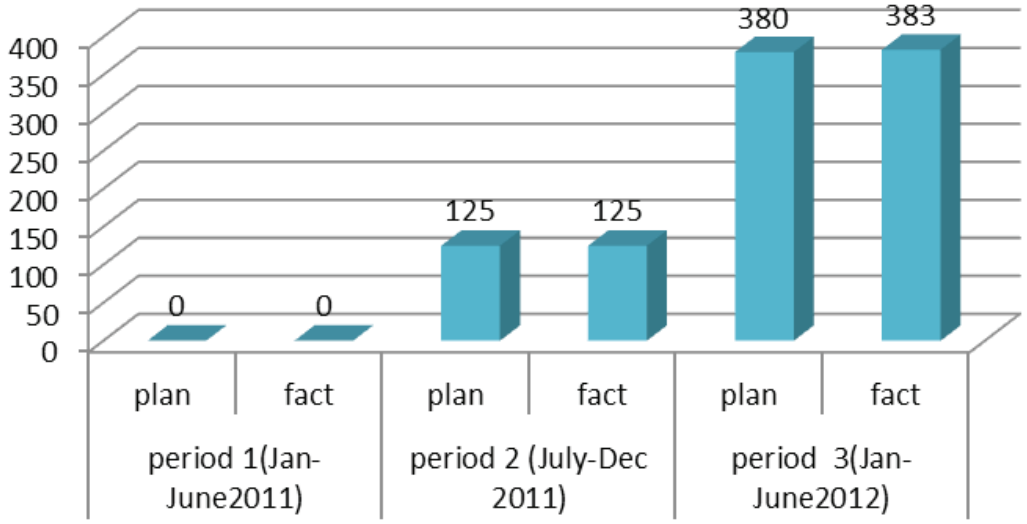
For the four periods of the programme the results of treatment for 2010 and quarters 2011 were considered. The treatment success rates were 77.6%, 75.7%, 81.8%, 76.7% respectively, lower than the target indicators of 83% and 84% (see Chart). Law results of treatment in the system for execution of punishment influenced on this indicator (56% for 2011).

It is also negatively affected by other reasons, including recording and reporting deficiencies and the lack of monitoring of treatment results among patients traveling within the country.

e. Number of patients enrolled in the MDR-TB treatment programme

It was planned that 505 patients would be enrolled in the MDR-TB treatment with GF drugs in 2011-2012. This indicator was fully implemented (see Chart), but the quota was not followed, according to which 15% of drugs to treat MDR-TB should be sent to the prison sector. 49 instead of 75 patients from the prison system were enrolled in the MDR-TB treatment programme. The actual demand for MDR treatment far exceeds the capacity





of the current grant. By the end of 2012, 280 people were waiting for treatment. To alleviate the problem, UNDP reallocated grant funds to purchase 300 additional courses of treatment. The drugs should arrive in the country in April 2013. In addition, the problem of access to adequate treatment for poly-resistant TB remains unsolved due a lack of funds being requested and allocated when filing the application to the GF and the absence of other, non-GF sources of funding for the large-scale procurement of drugs.

f. Indicators of treatment success and treatment default among patients with MDR-TB

Currently, 1020 patients with MRD-TB are being treated. It should be noted that there are two groups of MDR patients in the country, the first of which gets drugs purchased by UNITAID and the previous PR, and the second one – by UNDP. The services provided by UNDP are equally accessible to all patients with MDR-TB regardless of the source of drugs however patients in the UNITAID/previous PR drugs for 4 months (September-December 2012) had to purchase injectable using their own money, which for some reason ended up in the NTP earlier than intended. UNDP urgently procured these drugs, and by the end of 2012 the problem had been solved. However, it should be expected that in a certain group of

Table 2. Results of MDR-TB treatment in the cohorts of 2007-2009

YEAR	Number of MDR-TB patients	Cured	Treatment completed	Failed	Defaulted	Died
2006	66	33	1	11-**16.7%**	17-**27.5%**	4-**6%**
		52%				
2007	132	60	6	11-**8.3%**	48-**36.4%**	7-**5.3%**
		50%				
2008	262	114	17	38-**14.5%**	72-**27.5%**	21-**8%**
		50%				
2009[5]	545	196	34	49-**9%**	210-**38.5%**	55-**10%**
		42,2%				

[5] * preliminary data

patients, the consequences of a break in providing quality injectable drugs can cause low treatment success, which are far from high currently (Table 2).Default rate is high and for 2007-2009 was of 36.4%, 27.5% and 38.5%, respectively (Table 2). Moreover, among the patients who started treatment in 2008, 64% of defaulters were patients from the prison sector (46 of 72) as opposed to 24% in 2009 (51 of 210).

From 2006-2009 MDR patients were not covered by motivational support from UNDP, which only fully began in mid 2011.

g. MDR treatment success rate by oblasts (cohort 2009):

According to the chart, the highest treatment success rate in 2009 cohort was registered in Jalal-Abad oblast (62.85%) whilst the lowest rate for the same period was registered in the SSEP.

The rapid expansion of MDR treatment played a part in inadequate outcomes, as the number of patients included in the programme increased by almost 100% compared with the previous year.

Operational analysis of 2010 cohort, most of whom have already had access to motivation support service, indicates that the planned treatment success rate of 68% is probably too optimistic. Table 3 shows that if all patients who are currently continuing treatment successfully complete it, the success rate will not exceed 58%. Of those, who defaulted treatment in 2010, 37% were patients from the penitentiary sector (37 of 99).

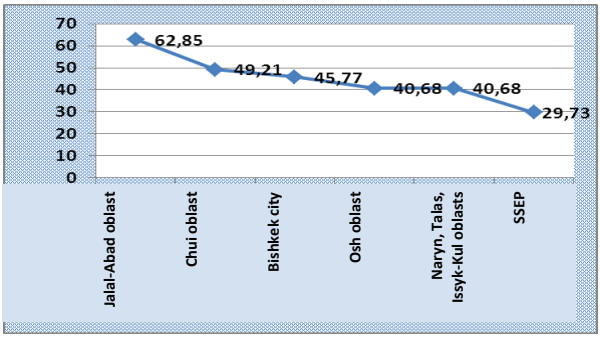


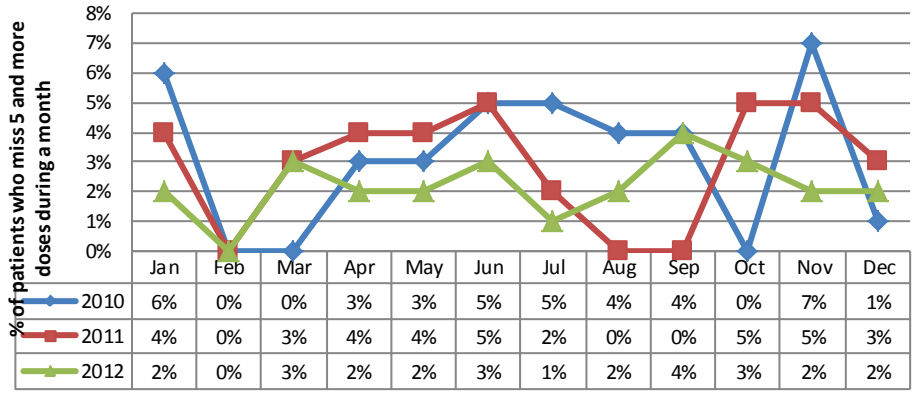
Table 3. Current treatment status of 2010-2012 MDR cohort (by all sources of drugs)

YEAR	Number of MDR-TB patients	Cured	Completed treatment	Failed	Defaulted	Died	Continue treatment
2010	441	169	30	33-**7.5%**	99-**22.45%**	50-**11.3%**	58-13.16%
		45.13%					
2011	492	36	12	17-**8.3%**	118-**36.4%**	49-**5.3%**	257-52.24%
2012	777	0	0	1	39-**5.02%**	28-**3.6%**	707-90.66%

Table 4. Current treatment status of 2011-2012 MDR cohort (patients receiving drugs procured by UNDP)

YEAR	Number of MDR-TB patients	Treated	Completion of treatment	Adverse outcome	Discontinued treatment	Died	Continue treatment
2011	125	1	0	2	14- **11%**	3	105- 84 %
2012[6]	412	0	0	0	23- **5.6%**	7	382- 92.3%

In Bishkek, where in addition to the motivational packages, patients are paid transport costs, there has been a slight improvement in adherence to treatment, which is reflected in the reduction of the proportion of patients who miss 5 or more doses of drugs per month (see Chart). Unfortunately, because of the small number of patients involved, this improvement does not have a significant effect on the statistics of programme indicators in Bishkek.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2010	6%	0%	0%	3%	3%	5%	5%	4%	4%	0%	7%	1%
2011	4%	0%	3%	4%	4%	5%	2%	0%	0%	5%	5%	3%
2012	2%	0%	3%	2%	2%	3%	1%	2%	4%	3%	2%	2%

Much better figures can be achieved by taking measures to improve the quality of care given to MDR patients at PHC level. In particular, currently when time spent in hospital is being reduced for MDR patients, the absence of free drugs to treat side effects during the out-patient phase and the requirement to pay for diagnosis of side effects plays a critical role. Psychological support, access to methadone substitution treatment, full coverage of disability benefits and sick leave and of the need for a sustainable way to integrate ex-prisoner TB patients also need to be addressed, which is impossible without the efforts of the Ministry of Health and other partners.

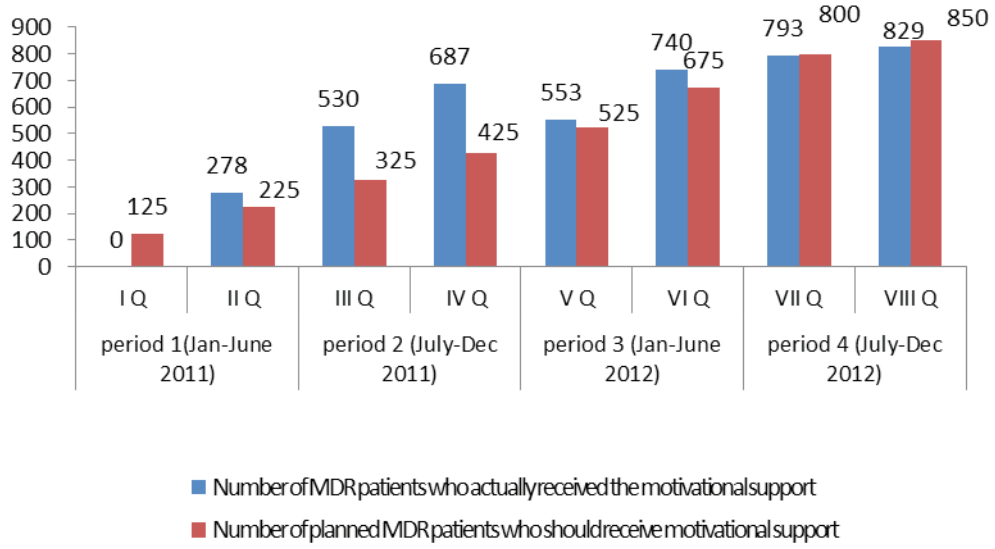
GF's contribution to improving treatment outcomes and motivating patients will be expanded. In 2013 it is planned to start paying transport costs to patients at regional level and it is also planned to enter into contracts with commercial or government laboratories for side effect clinical tests services in the outpatient treatment phase. The distribution of motivational packages and educational programmes for patients that began in 2011 will continue.

In the next period of the grant it is planned to change the way medical workers who have not previously been associated with treatment outcomes, will

[6]28% of discontinued treatment so far are patients of SSEP

benefit. From 2013, financial incentives for employees responsible for overseeing treatments will be paid based on the numbers of successfully treated cases of MDR, on condition that all the necessary tests should be carried out for the patient.

h. Number of MDR-TB patients covered by motivational support



The indicator of motivational support coverage in the form of food and hygiene packages was equal to 97.4% (see Chart). The fact that this service covers all patients undergoing unbroken treatment with second line anti-TB drugs during the month explains this figure. However, MDR-TB patients who break the treatment more than 5 doses per month do not receive the motivational packages.

Motivational packages are issued monthly to patients for adhering to treatment. The cost of one package is $16; it is specially packed with the logo, details and contact information of UNDP. There are different kinds of motivational packages for patients undergoing inpatient and outpatient treatment (composition given below):

Product package for inpatient patients:

-butter – 1 pack
-condensed milk – 2 tins
-black tea in bags – 2 packs
-cubed sugar -1 pack
-sweet biscuits – 1 kg

Product package for outpatient patients:

- vegetable oil – 2 litres
- rice -2 kg
- pasta –2 kg
- grain sugar – 1 pack
- pekoe black tea – 1 pack

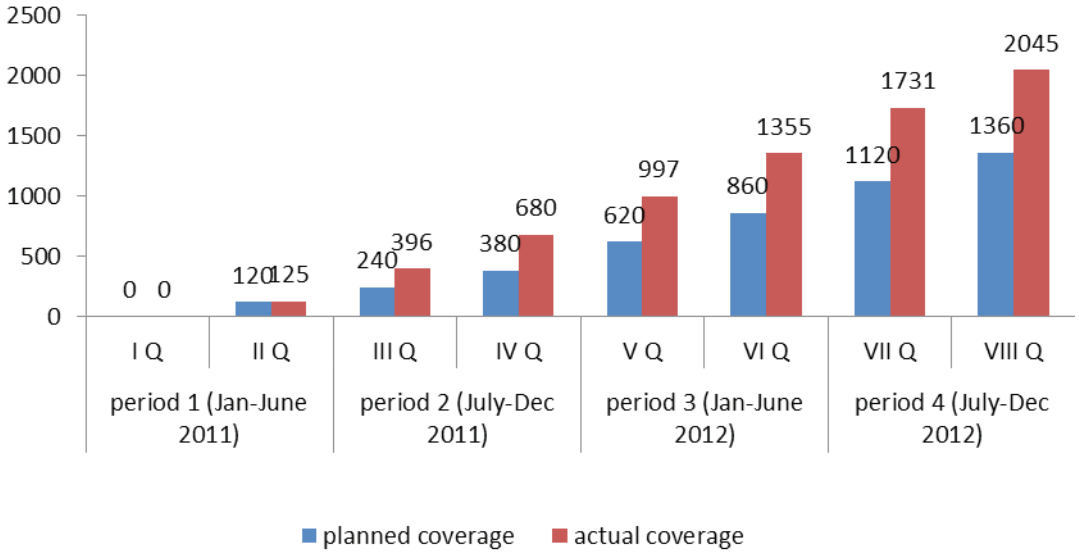
Hygiene package for inpatient patients:

-laundry soap – 1 piece
-toilet soap – 1 piece
-shampoo – 1 bottle
-toothpaste -1 piece
-toilet paper – 1 pack

Hygiene package for outpatient patients:

-washing powder – 1 pack
-toilet soap – 2 pieces
-laundry soap – 2 pieces

i. Number of MDR-TB patients covered by counselling and training



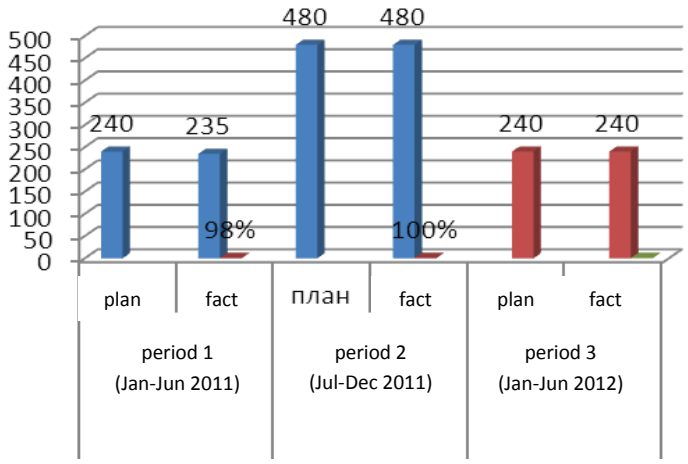
It was planned that 860 MDR-TB patients would be covered by training and counseling during the four periods of the programme. The indicator was exceeded (see Chart) due to the fact that the actual execution of the program was based on the principle of equal access to GF grant services for all patients, regardless of the source of drugs they were treated with (originally it was planned to involve only the patients receiving drugs procured by UNDP).

During the inpatient phase of treatment each MDR-TB patient attends 7 sessions, which are held by the physicians and nurses of NCP, OCB, Osh OTBC, Jalal-Abad OTBC, RRC Jety-Oguz and Colony 27. Training of health workers in counselling and patient education is carried out by lecturers of the Kyrgyz State Medical Institute for Training and Retraining (KSMITR), with which UNDP has signed a contract. During the reporting period 80 medical workers, including 18 doctors and 62 nurses were trained. A hotline was launched in August 2012 in the NCP to improve awareness, where leading experts of the NCP give advice. It is advertised on two television channels and posters.

j. Number of PHC medical workers covered by education on TB

For the three periods of the programme, the indicator of PHC staff coverage by training was performed by 98%, 100% and 100% (see Chart). 955 professionals, including both doctors and nurses, have been trained.

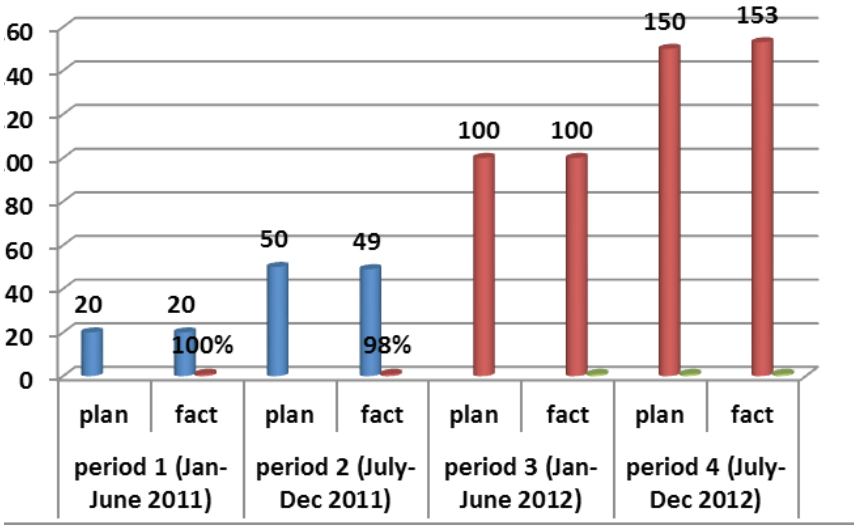
Training is conducted by local lecturers of the KMITPD under a contract with UNDP. Training lasts for 2 days, during which participants are taught how to detect TB, organize the outpatient care and offer counseling etc.



k. Number of TB specialists trained in DR-TB

For the four periods of the programme, the indicator for the number of TB specialists covered by training on DR-TB was performed by 100%, 98% and 100% (see Chart). The total number of participants on this course was 153 professionals.

The course involves the NCP training employees' experts in DR-TB for two days, during which they inform about all aspects of the clinical management of patients with DR-TB.



II. Information on the activities carried out under Phase 1 of the GF TB Grant

a. Strengthening the laboratory service and cold chain storage of medicines and reagents

Reagents and consumables have been supplied to the laboratories of the TB service and PHC; the NRL was rewired and equipment in the Naryn and Chui oblast TB centres and the National TB hospital in Kara-Balta was serviced. A refrigerated store for medicines was built in the National Center for Phthisiology (NCP) and oblast TB centres were given cool boxes, household and pharmaceutical refrigerators.

b. Improving access to high-quality technical assistance

Visits by international experts on IC and laboratory services were initiated and organized to improve the quality of the TB programme by identifying existing problems, developing recommendations, identifying planning needs and assistance. Ultraviolet lamps, filters for biological safety cabinets, equipment for infection control and computers for culture laboratories have been procured based on their recommendations. In the near future, a visit is planned by a consultant on the establishment of ultraviolet lamps in the TB departments and laboratories. UNDP experts regularly give the NTP technical assistance in preparing the specifications of and calculating the demand for drugs, medical and non-medical products.

c. Development of the regulatory framework of the TB control programme

The national guidelines for DR-TB, infection control, TB in children and the identification and treatment of TB at PHC level have been developed and printed with financial and technical assistance from UNDP. Financial support has been given for the dissemination of guidelines, brochures and poster and UNDP specialists actively participated in developing such policy documents as the National TB Programme 4, the National Plan for MDR-TB and the "Den Sooluk" Programme.

d. Strengthening human resources

During the reporting period (2011-2012) 1195 medical workers, including doctors and nurses of the PHC, TB services and laboratory specialists underwent various types of training. 16 NTP specialists were sent abroad to attend international conferences and meetings. Employees of TB facilities receive bonuses in order to increase motivation.

During Phase 1 of the grant training of trainers and international courses on IC and DR-TB were held. The NRL has received financial and administrative assistance for training laboratory service specialists in how to implement the modified method of culture.

The agreements between UNDP and sub-recipients (NCP/OTBCs/Bishkek City TBC and SSEP) were concluded to implement TB grant and program indicators.

Funds to cover communication costs, office supplies and surcharges for medical staff working with MDR-TB patients

(management, training, laboratory diagnostics), transporting cultures to the NRL in Osh and Bishkek, have been allocated to sub-recipients.

To monitor how these funds have been spent more than 20 monitoring visits from the oblast to rayon level were made. The 21st monitoring visit from the national to oblast level included experts from UNDP, NCP and the Ministry of Health. 14 workshops to discuss policy issues were held with experts from the NCP, MOH, oblast TB centres, rayon FMCs and the GMU of UNDP.
Trainings run by specialists from the Chamber of Tax Consultants and GMU Finance Specialists were organized to strength the capacity of sub-recipients for Oblast MDR-TB Coordinators and accountants on reporting, record keeping, accounting and taxation.

III. Information on procurement carried out in 2011 -2012 (Table. 5)

#	Name of goods/services	Total amount (USD)	Final recipient
1	First line anti-TB drugs for 6650 patients	15 873,59	NCP and oblast TBCs
2	First line anti-TB drugs (4 items)	259 274,69	NCP and oblast TBCs
3	Second line anti-TB drugs for 125 patients (5 items)	537 478,26	NCP and oblast TBCs
4	Second line anti-TB drugs for 380 patients (8 items)	1 249 382,25	NCP and oblast TBCs
5	Second line anti-TB drugs for 150 patients	76 710,74	NCP and oblast TBCs
6	Injectable anti-TB drugs (2 items) for urgent procurement	106 373,1	NCP
7	Syringes and water for injections for 300 patients	35 664,59	NCP
8	Side effects drugs	21 078,76	NCP and oblast TBCs
9	Respirators, masks	27 913,64	NCP and oblast TBCs
10	Food and hygiene parcels and dairy products	44 647,88	NCP and oblast TBCs
11	Sputum containers and cool boxes	36 836,66	NCP and oblast TBCs
12	Printing brochures for DR-TB patients	1 442,1	NCP
13	Supply costs (procurement services, shipping, insurance, freight, quality control, etc.)	36 741,91	NCP and oblast TBCs
14	Lab. Reagents (31 items)	32 693,31	NCP
15	TV and DVD sets for patients (75 units for each item)	26 071,98	NCP and oblast TBCs
16	Installing brackets for TV sets and DVD players	791,25	NCP and oblast TBCs
17	PC and UPS, 3 pieces each	3 520,65	Office of GMU GFATM
18	Household refrigerators "Indesit ST 145" (15 pcs.)	6 344,31	NCP and oblast TBCs
19	Stabilizers for household refrigerators Tinglang TZM 1500 VA (7 pcs.)	523,89	NCP and oblast TBCs
20	X-ray film 500 pieces	24 542,86	NCP and oblast TBCs
21	Refrigerated store	12 386,7	NCP

22	Training	37 236,25	TB specialists and primary care physicians
23	Social support (for 5 months) in the form of food and hygiene packages and a wide range of dairy products	66 345,32	NCP and oblast TBCs
24	Specially labelled for food and hygiene packages (5550 pcs.)	1 223,5	NCP and oblast TBCs
25	Fax machine (5 pcs.)	636	Oblast TBCs
26	Electric stove (1 piece)	370	NCP
27	Stabilizer for generator (1 piece)	1 020,19	Reference laboratory of NCP
28	Table (6 pcs.)	331,2	Laboratories of oblast TBCs
29	Filing cabinet (6 pcs.)	331,2	
30	Chair (6 pcs.)	138,18	
31	Stand (10 pcs.)	159,2	NCP
32	Health products for MDR department	12,38	
33	Medicine cabinet (2 pcs.)	1104	
34	Repair of power supply in the NRL (1 piece)	1 060,65	Reference laboratory of NCP
35	Maintenance of the autoclave	348,9	Naryn OTBC
36	Maintenance of the autoclave and drying warehouse	298,4	Republican TB Hospital in Kara-Balta
37	Maintenance of the analyzer	216,49	Naryn OTBC
	TOTAL AMOUNT:	**2 667 124,98**	

Table. 6. Ongoing procurement

#	Name of goods/services	Total amount (USD)	Final recipient
1	First line anti-TB drugs for 20 patients (Isoniazid 56 packs)	4 075,32	NCP
2	Second line anti-TB drugs for 300 patients (8 items)	1 357 525,23	NCP
3	Respirators and fit tests (3 items)	69 732,43	NCP

4	Third line anti-TB drugs for 20 patients (4 items)	87 242,46	НЦФ
5	Diagnostic audiometer (6 sets)	31 397,51	NCP
6	Medical (450000 pcs.) and household gloves (13392 pcs.)	51 367,67	NCP
7	PCs, UPS and printers, 6 pcs. each	8 879	NCP
8	Sputum containers (211 pcs.)	12 686	NCP
9	Shielded (607 pcs.) and unshielded (43 pcs.) UV lamps	192 692,63	NCP and oblast TBCs
10	Preparations for the relief of side effects (24 items)	34 944,63	NCP
11	X-ray film (4 items)	54 150	NCP and oblast TBCs
12	Pharmaceutical refrigerators and stabilizers, 20 pcs. each	31 847,13	NCP and oblast TBCs
13	HEPA filters (7 sets)	23 060,57	Oblast TBCs
14	Apparatus and instruments for infection control: - UV radiometers of UV-C level, 10 pcs. - Testo 425 Thermal anemometer	30 861,57	NCP and oblast TBCs
15	Printed material	614,64	NCP and oblast TBCs
16	Metal armored door	528	Colony No. 27 in Moldovanovka village
17	Social support (dairy products)	4 055,02	Oblast TBCs
18	Diesel generator	35 200	NCP
	TOTAL AMOUNT:	**2 030 859,81**	

IV. Information on the financial performance of the grant

The total budget for Phase 1 of the TB Grant for 2011-2012 is 7 137 417 USD, of which 1 016 914 USD were planned for and spent in 2011.

For 2012, the programme budget amounted to 6 120 503 USD, of which 3 497 067 USD was actually spent. In 2012, the procurement department signed contracts for 2 279 346 USD, which is owed to suppliers for goods to be delivered and paid for in 2013.

As part of the work plan for 2011-2012 cooperation agreements have been signed with oblast TB centres, the National Centre for Phthisiology, Bishkek City TB Centre and the SSEP worth 301 376 USD. 235 982 USD has been transferred to meet the demands of sub-recipients. According to the results of a financial audit, disbursements were 232 277 USD (77% of the budget), while the amount of grant funds disbursement against the funds transferred to accounts was 98%.

Cost category	Category name	Budget 2011-2012	Expenses 2011-2012	Liabilities 2012	Balance 2011-2012	% of implementation
COM	Communication Materials	12 442	10 163	615	1 664	87%
HP	Health Products & Health Equipment	902 508	124 458	469 622	308 428	66%
HR	Human Resources	481 712	450 109	0	31 603	93%
IF	Infrastructure and Other Equipment	142 017	66 646	39 509	35 861	75%
LS	Living Support to Clients/Target Population	373 476	279 654	0	93 822	75%
M&E	Monitoring and Evaluation	40 396	39 697	0	699	98%
MED	Medicines and Pharmaceutical Products	3 462 686	2 281 489	1 339 264	-158 067	105%
OVER	Overheads	670 668	456 553	240 037	-25 922	104%
PA	Planning and Administration	132 871	120 989	11 882	0	100%
PSM	Procurement and Supply Management Costs	554 708	345 296	178 417	30 995	94%
TA	Technical Assistance	93 958	80 849	0	13 109	86%
TR	Training	269 976	258 078	0	11 898	96%
	Grand total	**7 137 417**	**4 513 981**	**2 279 346**	**344 090**	**95%**

Below is a table for the disbursement of funds by sub-recipients for 2011-2012

Sub-recipient	Budget/ USD	Transferred / USD	Report / USD	balance / USD	% Use of funds/ budget	% Use of funds /Transfer
Batken OTBC	16 056	10 449	10 131	318	63%	97%
Bishkek City TB Center	36 161	33 426	33 170	256	92%	99%
Chui OTBC	22 733	21 383	21 297	85	94%	100%
Issyk-Kul OTBC	36 765	25 121	23 158	1 963	63%	92%
Jalal-Abad OTBC	35 627	24 835	24 359	476	68%	98%
SSEP	18 695	16 160	15 625	535	84%	97%
Naryn OTBC	15 433	11 324	11 253	72	73%	99%
Osh OTBC	45 158	33 441	33 441	0	74%	100%
Talas OTBC	14 803	12 076	12 076	0	82%	100%
NCP	59 946	47 766	47 766	0	80%	100%
Grand total	**301 376**	**235 982**	**232 277**	**3 705**	**77%**	**98%**

V. Lessons learned

• Limited public funding and the lack of additional sources of significant financial investments have created the situation where the GFATM grant cannot cover the existing needs of the programme. As a result, despite the fact that the purpose of the GFATM funding is to strengthen the control of DR-TB in general, its drug supply is intended only for patients with MDR-TB

• Incomplete coverage and delay of the start of treatment for MDR patients, along with a lack of access to adequate treatment for patients with poly-resistant TB violate the principle of universal and timely access to the drugs, pose a serious ethical dilemma and place additional responsibility upon the staff responsible for implementing the grant

• A critical role in the programme to control DR-TB is played by SSEP, where the recovery rates are very low

• In terms of the programme, adherence to treatment should be considered as part of a whole subset of issues, which can be affected only by a comprehensive approach involving a number of mechanisms to help patients solve their health and medical issues

• Bonuses for medical workers, not based on the quality and volume of work performed, do not achieve the goal of improving the programme indicators

• Efforts to implement the grant based on involving sub-recipients from the public sector should include activities to improve their capacity for managing donor funds.

IMPLEMENTATION REPORT
THE SECOND PHASE OF THE GF MALARIA GRANT

(KGZ-811-G09-M: "Cessation of local transmission and transition to elimination of malaria in the Kyrgyz Republic")
January 2012 - December 2012

Table of contents

ABBREVIATION LIST

ARHC	Association of Rural Health Committees
WHO	World Health Organization
GF	Global Fund
DDPE	Department of Disease Prevention and Expertise
HPUs	Health Promotion Units
PHC	Primary Health Care
RCHP	Republican Centre for Health Promotion
CCM	Country Coordination Mechanism
CDPE	Centre for Disease Prevention and Expertise

MALARIA YEAR 1 PHASE II

I. Introduction

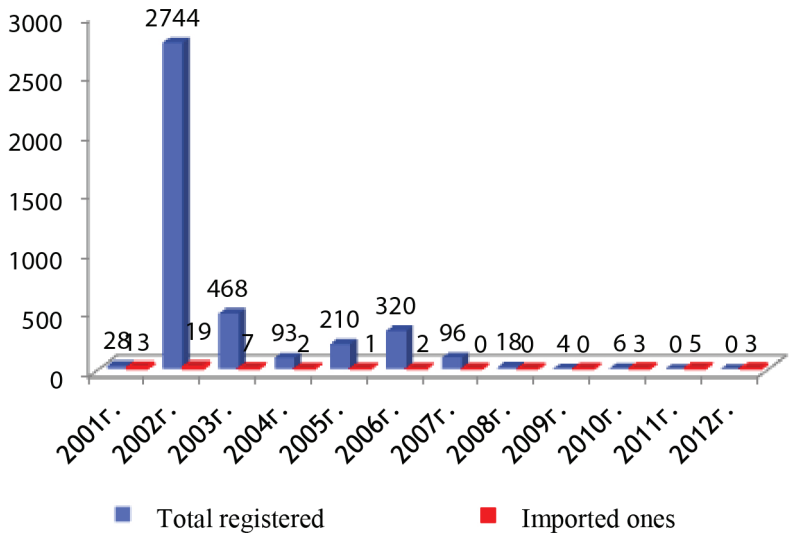
Grant number: KGZ-811-G09-M
Reporting period: 01January - 31 December 2012
Date of signing: 12 April 2012
Date of the first transfer from the GF: 25 May 2012
Principal Recipient: UNDP
Sub-recipients: WHO, Department of Diseases Prevention and Expertise, Karasuu Center of Diseases Prevention and Expertise

The epidemiological state of malaria in the Kyrgyz Republic

In the Kyrgyz Republic, malaria occurs in pronounced local areas and is a mix of emerging and existing situations and problems associated with them.

In 1996, after a long period without any outbreaks of malaria in Kyrgyzstan, the first case of malaria was reported in Panfilov rayon of Chui oblast and since then, the number of cases had increased in the country. In 2001, 15 local cases of malaria were registered.
In 2002, there was an epidemic with a significant level of morbidity in the south-eastern oblasts of the country, including Batken, Osh and Jalal-Abad oblasts, where 2,267 cases of local three-day malaria were registered. The outbreak was due to the migration of people infected with malaria from Tajikistan to Batken region, where there were extremely favourable conditions for malaria transmission.

In 2003-2005, as a result of anti-epidemic measures, the number of local cases fell dramatically to 226. However, in 2005, despite a sharp drop of cases in the south-east of the country, there was an outbreak in the north of the country, in the suburbs of Bishkek. In 2006, 319 cases of three-day malaria were found in the



country, 133 of which were in the vicinity of Bishkek.

The Global Fund has been supporting the implementation of measures for the control, prevention and elimination of malaria since 2006, particularly through grants of Round 5 and the first and the second phases of the Round 8, resulting in a fall in the number of cases of tertian malaria from 319 in 2006 to 3 cases of the imported malaria in 2012.

In 2011, for the first time the country succeeded in eliminating malaria – there were no patient infected with tertian malaria/parasite carrier or new active malaria foci registered. This was a significant achievement by the health care service, in particular the system of epidemiological surveillance of malaria.

Despite the progress, at present 1.5 million inhabitants of the southern territories (Batken, Jalal-Abad and Osh) bordering Uzbekistan and Tajikistan remain at risk of infection .

On 6 August 2010, the CCM of the Kyrgyz Republic decided to transfer the role and the functions of the principal recipient of the GF grants to UNDP. The decision was taken based on many factors, for mostly because of the unstable political situation caused by the events in April and June 2010.

UNDP, as the Principal Recipient of the GF grant, is mainly focused on conducting activities within the programme for the elimination of malaria in the Kyrgyz Republic for 2010-2015, approved by Government Decision No. 188 dated 30.03.2010. In accordance with WHO's requirements, in the framework of the grant it is planned to reduce the incidence of malaria and ensure transition to the total elimination of malaria. At present, the country is in the preparatory process towards malaria elimination certification to be attained in 2015.

II. Programme activities in the reporting period:

Project goal: To stop the transmission of tertian malaria in Kyrgyzstan by 2015 and to follow-up the notification of the re-appearance of local transmission in accordance with the "National strategy for the elimination of malaria in the Kyrgyz Republic for 2009 – 2015".

Project objectives:

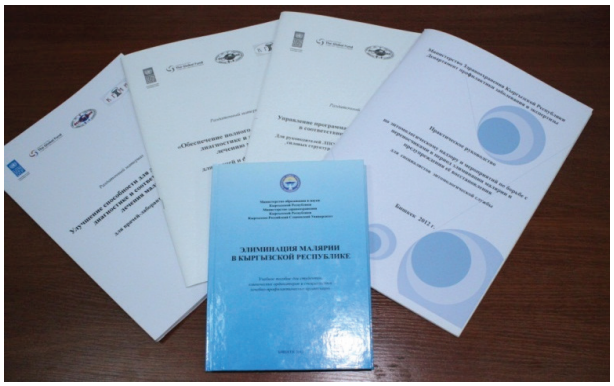
1. Strengthening the institutional capacity of the National Malaria Control Programme and general health care system:

The "Programme for the elimination of Malaria in the Kyrgyz Republic for 2010-2015" was approved by the Government's Resolution No. 188 dated 30 March 2010. Previously developed curricula and programme of subject improvement have been revised and expanded in accordance with the aims and objectives of the programme to elimination malaria in the country for 2010-2015.

Training modules entitled "Actual issues of malaria (aetiology, pathogenesis, clin-

[1]Mission Report by Prof. Baranova A.M., WHO consultant, Mission to the Kyrgyz Republic, 16 - 21 October 2011.

ical manifestations, diagnosis, treatment, epidemiology, entomology and management)" were developed for infectious diseases specialists, parasitologists, epidemiologists, entomologists, clinical lab-



oratory analysts, primary care physicians and managers of health care facilities and were used as hand-out materials during the training sessions.

One thousand (1,000) copies of a "Practical guide to the elimination of malaria in the Kyrgyz Republic for students, medical residents and health care professionals" were replicated under the project.

During the reporting year, doctors, primary health workers, laboratory doctors, epidemiologists, entomologists as well as 78 managers of health care organizations and the heads of medical services of the armed forces were trained in the management and effective implementation of programmes for malaria elimination and assessing the measures to control and prevent malaria. In addition, 3 specialists of the DDPE received advanced training in "Malaria Studies" at the Marcinovsky Institute of Medical Parasitology and Tropical Medicine in Moscow, Russian Federation.

2. Improving capacities for and access to early diagnosis and adequate treatment of malaria:

The GF grant support within the framework of the Programme for malaria elimination (2010-2015) has made it possible to create a sustainable diagnostic and treatment system and to carry out malaria prevention activities.

During the reporting year, with assistance of the project funded by the GF, a minimum supply level of anti-malarial drugs was established and the drugs Coartem and Mefloquine for the treatment and prevention of complicated malaria were purchased.

Two hundred and twenty seven (227) medical professionals and entomologists of CDPE were trained in the country in 2012.

Treatment of malaria is one of the priorities of the Programme for the malaria elimination in the country for 2010-2015. In total, there were 3 adult patients with imported malaria registered in 2012. Treatment is free of charge at infectious diseases hospitals (departments). All the patients received suitable treatment according to national and international guidelines and protocols.

A training module on the clinical manifestations, diagnosis and treatment of malaria has been developed and infec-

tious diseases specialists and PHC specialists have been trained for the early detection and treatment of patients. 65 clinical physicians have been trained and provided with guidelines for the clinical picture and treatment of malaria.

3. Implementing cost-effective and sustainable vector control:

In 2012, the activities against malaria were carried out in 34 regional administrative units of the health care system, in all endemic areas and oblasts of the country.

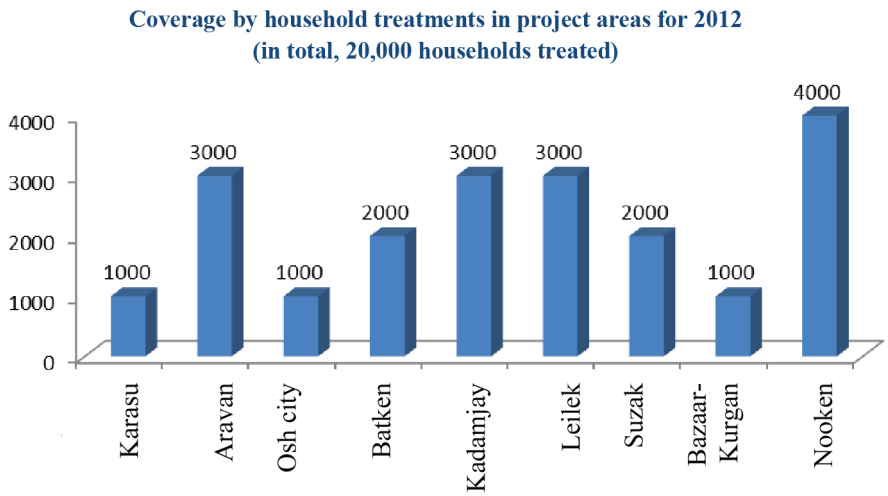
Fifty nine (59) entomologists and spray operators were trained during the reporting year under the training plan executed by the Kyrgyz Association of Family Group Practitioners and Family Nurses.

In 2012, 20,000 households in endemic areas and regions went through the Internal Residual Spraying (IRS) once, except in the Kadamjay rayon of Batken oblast, where households in the border village were treated twice. Alphacypermethrin-insecticide was used to treat households at 50 grams of powder per average household area of 200 square metres.

Treatment was carried out by disinfection brigades accompanied by representatives of the local health services (primary health worker, a representative from the Family Medicine Centre). The brigades are helped by local people and heads of households, then sign that the treatment has been completed. The disinfectors were sub-contracted by the Karasuu CDPE and paid in accordance with the contract.

The use of insecticide-impregnated bed nets is part of a set of measures to prevent malaria in vulnerable areas. The long malaria-free period has reduced the population's awareness of malaria

Chart 2. Coverage by household treatment (Internal Residual Spraying) in the project areas in 2012.



(anopheles mosquito), which has led to a loss of personal protection skills.

In addition, the high level of poverty, especially in rural areas, limits the ability

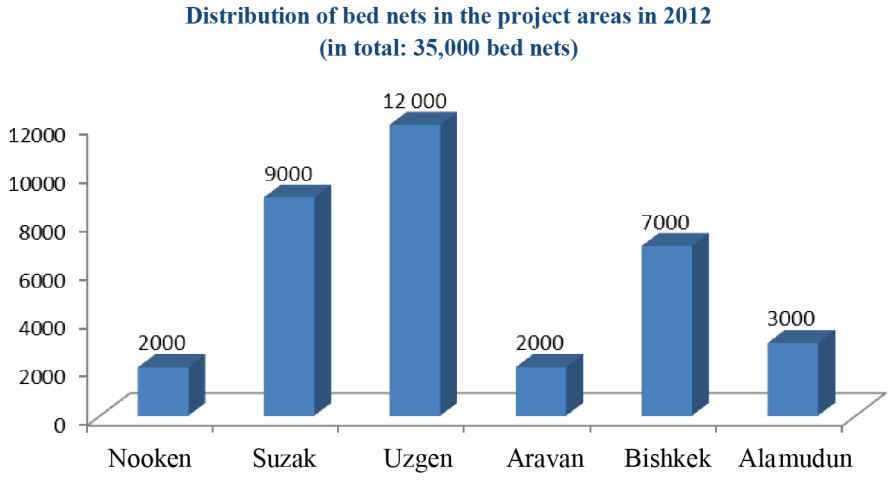
of families to purchase protective equipment, therefore, receiving free bed nets is an important measure in preventing malaria and reducing household expenditures on malaria treatment. Thirty five thousand (35,000) bed nets were delivered and distributed in 2012, including 2,000 pieces in Nooken district, 9,000 in Suzak district, 12,000 in Uzgen district, 2,000 in Aravan district, 7,000 in the internal migrants' settlements around Bishkek and 3,000 in Alamudun district of Chui oblast. Priority was given to families with children under 5 and pregnant women of whom 81.6% of pregnant women and 58.9% of children under 5 years old respectively received bed nets.

Mobile teams have held public awareness campaigns on and monitored the use of bed nets and other protective measures. Two hundred and fourteen (214) activists of rural health committees have been trained in distributing bed nets and monitoring their use.
According to the results of monitoring carried out by rural activists, specialists of mobile teams and employees of the Karasuu CDPE field team, 98% of families use the bed nets properly and for their intended purpose.

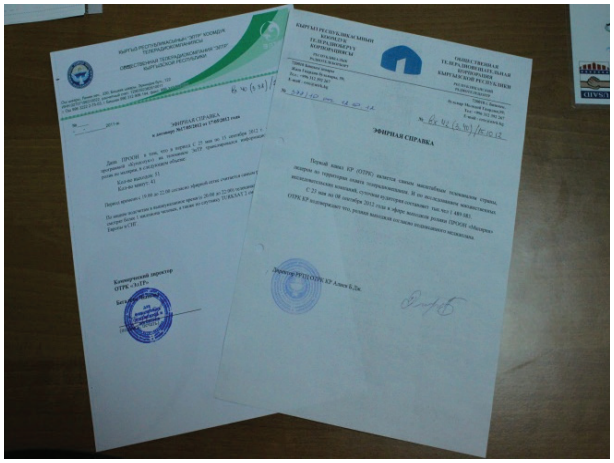
A social video on malaria prevention and the use of bed nets was broadcast from April to October 2012 on the central TV channels. Monitoring the use of bed nets can improve the efficiency of protection from malaria.

Furthermore, ongoing monitoring and evaluation of public awareness level provides an additional opportunity for individual outreach to increase knowledge and skills through advocacy and practi-

Chart 3. Distribution of bed nets in the project areas in 2012



cal assistance carried out by experts of the field team and activists at family and community levels. Work to raise awareness of the importance of bed nets in malaria prevention continued in 2012.



Anti-epidemic activities covered the entire population, but for individual activities, such as providing bed nets, priority was given to pregnant women and children under 5.

Anophelogenic water basins are monitored across the country. Specific activities including providing bed nets, insecticides, preventive treatment, and chemical treatment of the water basins and treating households were carried out in malaria-prone areas by profiling state institutions and civil society.

4. Improving capacity for timely response and prevention of malaria outbreaks and epidemics:
In 2012, a temporary advisory field team consisting of a parasitologist (head), entomologist and laboratory analyst complete with its own fully self-sufficient rapid response transport was contracted by the UNDP to work in the southern region with the Karasuu CDPE.
5. Further strengthening the mechanisms for monitoring and evaluation of programme implementation:
The Country Coordination Mechanism (CCM) under the Kyrgyz Government has been established to coordinate malaria prevention activities at the national level and is functioning successfully. Information on the implementation of the GF malaria project is reported at annual meetings of the CCM. In 2012, the reports on programme and financial indicators (Dashboard) for the periods of "July-December 2011" and "January-June 2012" were submitted to the meeting of the supervisory committee of the CCM.

Since 2010, an electronic communications network among the regional CDPEs and DDPE makes it possible to constantly monitor the epidemiological situation and to plan scheduled and emergency measures to contain outbreaks in risk zones.

In 2012, the epidemiological survey was carried out under a WHO contract to assess public awareness of the importance of using bed nets and insecticides to prevent malaria. The survey covered residents of Batken, Jalal-Abad, Osh and Chui oblasts and Bishkek and based on their answers, researchers drew conclusions about the use of bed nets as well as other protective measures to prevent ma-

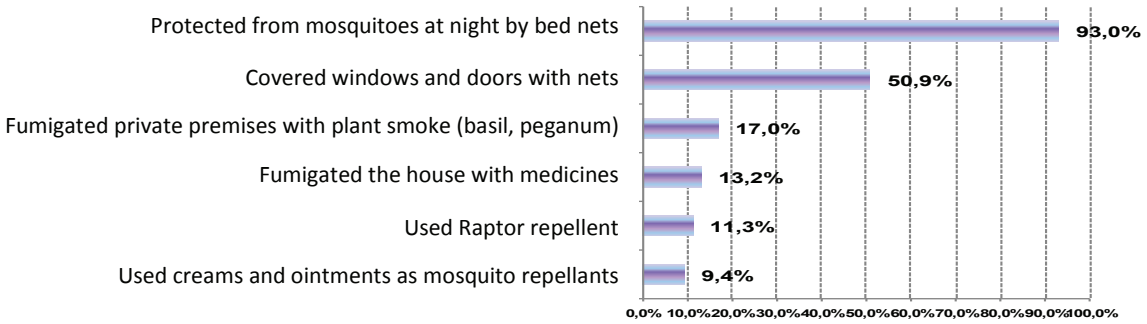
laria at the households' level.

The survey covered 641 respondents whose average age was 41, n=641 and who had been living in their households for periods ranging from a few months to 83 years; the majority of them had been living in the same household for 10 years and more. The majority of respondents (59%) completed secondary education.

ulation (64%), pregnant women (93%), and children under 5 (78%).

According to the data received, we have concluded that the bednet distribution programme must be continued due to less chemical treatment being used in the malaria elimination programme and priority must be given to pregnant women and younger children.

Chart 4: Pregnant women and use of insecticide-impregnated bed



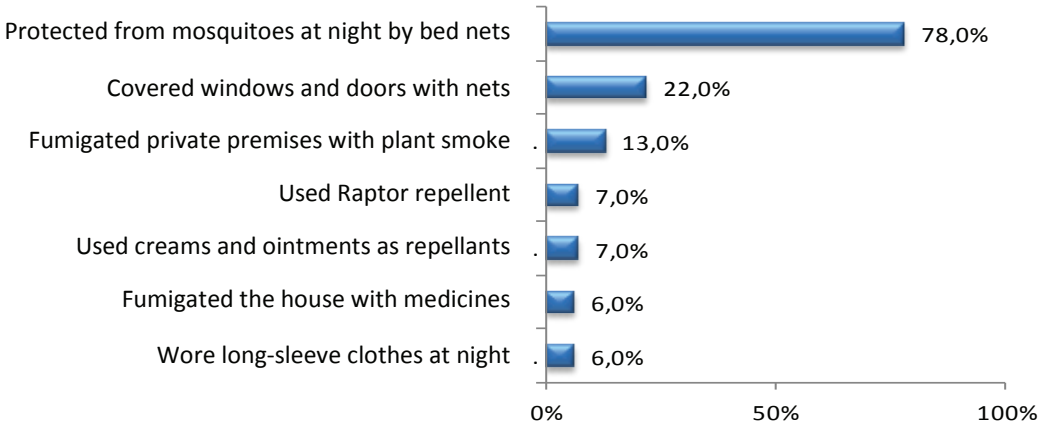
The majority of respondents were housewives (64.1%) and of those who had received bed nets in 2011-2012, the majority (91%) had been able to show them to the interviewer.

The respondents mainly referred to the insecticide-impregnated bed nets as the mosquito nets. The popularity of this method of protection is confirmed by their use in summer by the general pop-

People should be made aware of individual and group methods of protection from malaria carriers and how to prevent infection by using various channels of information. Household disinfection must be carried out as required by the epidemiological situation and the overall need to eliminate malaria[2].

6. Strengthening the capacity of scientific and practical research:

Chart 5: Children under 5 and use of insecticide-impregnated bed



[2]Assessment of people awareness on malaria prevention, Public Fund "Institute for Social Development", October-December 2012, Bishkek, Kyrgyz Republic.

Nine hundred and ninety nine (999) blood samples taken from patients with fever living in the southern oblasts of the Kyrgyz Republic were studied at the Vavilov Institute of General Genetics, Moscow, Russian Federation. All the samples had no malaria agents at the erythrocytic phase, which proves the success of the anti-malaria campaign that has been running since 2007[3].

7. Further improvement of the awareness level of the population and its involvement in malaria prevention: development and implementation of the strategy "Developing partnership and community involvement in efforts to eliminate malaria in the Kyrgyz Republic":
The strategy "Developing partnerships and community involvement in efforts to eradicate malaria in the Kyrgyz Republic" is implemented in cooperation with the ARHC and the Republican Center for Health Promotion (RCHP) through the Health Promotion Units (HPUs) in Batken, Jalal-Abad, Osh and Chui oblasts and in the internal migrants' settlements around of Bishkek city supported by UNDP/GF.

The Rural Health Committees (RHCs) to help eliminate malaria (hereinafter the Committees) set up by local activists, play an important role in all aspects of malaria control, especially in educating the public, monitoring the execution of anti-malaria activities, the impregnation and use of insecticide-impregnated bed nets, household disinfection and the use of personal protective equipment.

Community actions make it possible to increase the coverage of educational programmes and to receive and provide feedback to the community about the effectiveness of anti-malaria activities undertaken. During the reporting period, 214 volunteers and representatives of RHC were trained in the four project regions.

[3]"Analysis of malaria agents p. Plasmodium in blood samples of patients in malaria areas in Kyrgyzstan", No.8418 – 20/2012 dated 22.02.2012. Vavilov Institute of General Genetics, Moscow, Russian Federation.

III. Financial information

Chart 6. Budget, expenses and obligations of the Principal Recipient (UNDP) in 2012 (US Dollars).

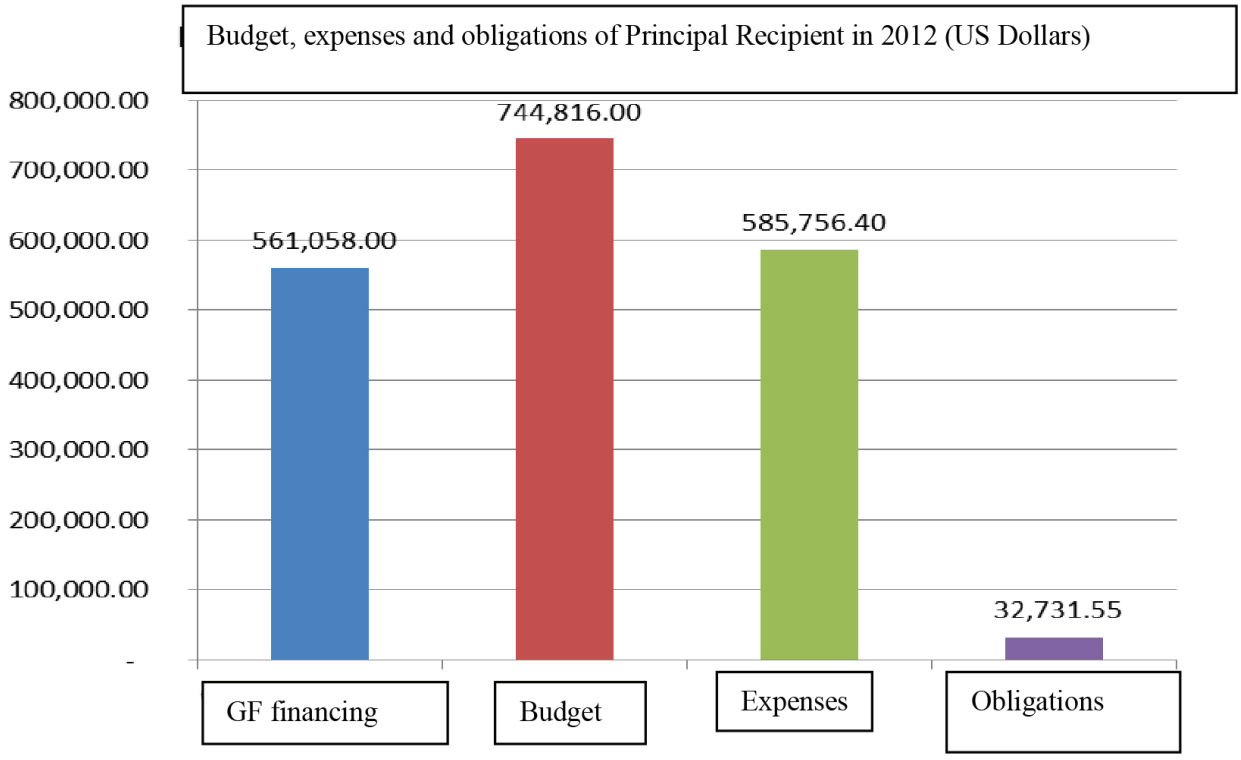
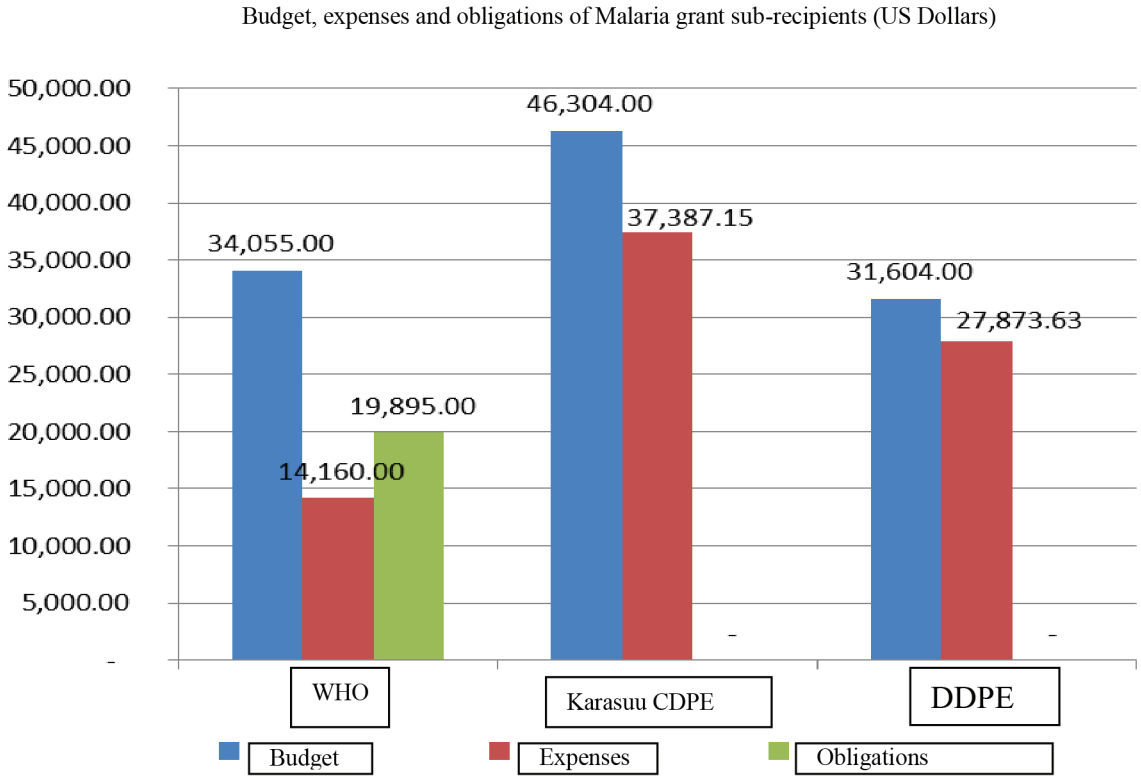


Chart 7. Budget, expenses and obligations of Malaria grant sub-recipients (US Dollars).



IV. Procurement information

Table 1: Malaria Grant goods and commodities procured and delivered to the national partners in 2012

Product purchased, delivered and used in 2012	Quantity, specification	Price (USD)	Final recipient
Antimalarial drug for the treatment of malaria - Coartem (Artemether –lumefantrine) (Category – Anti-malaria drugs)	120 mg tablets, 30 tablets in one package, 2 packages	116.91	DDPE, Republican Clinical Hospital, Osh Oblast Territorial Hospital
Antimalarial prophylactic drug - Mefloquine (Category – Anti-malaria drugs)	250 mg tablets, 100 tablets in one package, 10 packages	762.27	DDPE
Pharmaceutical refrigerators (Category - Health products)	20 units	32,945.22	20 parasitological laboratories at the rayon level
Drying boxes (Category - Health products)	20 units	29,611.57	20 parasitological laboratories at the rayon level
Bednets LLIN (Category - Health products)	35000 pieces (arrived in July 2012); 35000 pieces (arrived in December 2012)	166,820.87 134,250.31	Vulnerable populations in the three southern oblasts and Chui oblast
Alphacypermethrin-insecticide (Category - Health products)	2140 kg (10% dry powder; packages of 100 g)	33, 566.65	20000 households in the three southern oblasts and Chui oblast
Laboratory consumable materials (Category - Health products)	Knifers (2.4mm, box - 100 pieces; 400 boxes); Slides (1 mm thickness; size - 76x26mm; 50 pieces in box; 150 boxes); Giemsa stain solution, 0.76% (500 ml bottle; 200 bottles); Immersion oil (250 ml bottle; 40 bottles); Methanol, 99.5% (500 ml bottle; 40 bottles)	17,302.86	Parasitological Laboratory of the Department of Disease Prevention and Expertise
Total		**415,376.66**	

V. Lessons learned/best practices

The activities carried out in 2012 showed the need to continue cooperation with the government health care institutions since the existing vertical system even with all its disadvantages and ongoing reforms still makes it possible to adequately perform the planned activities to prevent, control and eliminate malaria. The credibility and capabilities of the state epidemiological surveillance system provide a platform for maintaining and strengthening national capacity, provided that the leading role in the planning and execution of activities remains with the Ministry of Health and the Department of Disease Prevention and Expertise.

Health education of the population has showed that timely and quality information about how to use the insecticide-impregnated bed nets and why households

should be treated need be carried out to help vulnerable groups of people remain vigilant with respect to malaria and to ensure that despite high levels of poverty, financial burdens on families of the cost of treatment are minimised.

Focus on endemic geographical areas, particularly near the borders with Tajikistan and Uzbekistan, has proven to be effective, but is insufficient, therefore close cooperation is required with the neighbouring countries to completely eliminate malaria in the Kyrgyz Republic.

Long-term cooperation with the World Health Organization enables national partners to plan and implement activities related to ensuring malaria elimination in the Kyrgyz Republic.

During the reporting period, Karasuu CDPE has greatly increased its capacity to implement programme activities; however, greater attention needs to be paid to the quality of financial reports and greater efforts should be made by relevant national partners.

Funding the activities to control and eliminate malaria in the Kyrgyz Republic at the expense of the Global Fund's grant provides reasonable time reserve and opportunity to the country to decide in advance how the anti-malaria activities will be funded and implemented at the end of the GF grant for malaria.