**PRIORITIZED ABOVE ALLOCATION REQUEST / UPDATE**

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| **SUMMARY INFORMATION** |
| **Applicant** | Kyrgyz Republic |
| **Component(s)** | HIV / TB / HSS |
| **Total above allocation request** (US$ or EUR) |  |

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| **SUMMARY** |
| **Candidate.** | Kyrgyzstan. |
| **Request related to this prioritized above allocation request.** | HIV / TB / HSS. |
| **Priority strategic area\*** | Enhancing an access of the target population groups to the prevention, treatment, care and support programs. | **Available amount\***  | 2,612,754 |
| **Requested amount** | 2,510,135 |
| **Priority strategic area \*** | Increasing in testing and treatment programs coverage in accordance with the 90-90-90 strategy. | **Available amount\***  |  |
| **Requested amount** | 1,784,036.2 |
| **Priority strategic area \*** | Improving the quality of diagnostics andtreatment of tuberculosis on an outpatientlevel by providing the drugs, motivating of the patients and timely and effective diagnostics. | **Available amount\***  |  |
| **Requested amount** | 3,471,592.6 |
| **Priority strategic area \*** | Institutionalization of available and qualitative provision of the cascade of medical services for the patients with tuberculosis and for PLHIV, includinguninterrupted supply of reagentsand medicines, accessibility of thelaboratory testing, capacity-building of medical personnel and monitoring and evaluation. | **Available amount\***  | **0** |
| **Requested amount** | 2,453,232 |
| **Total for three components:** |  |  | **9,740,056** |
| **Grant management (10%):** |  |  | 1,173,500.7 |
| **GSM (7%):** |  |  | 821,450.5 |
| **A M O U N T :** |  |  | **11,735,007** |

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| **1.** **Plans for allocated funding in the priority strategic areas.**  |
| *a) Referring to the relevant modules and activities under your request for funding,**- describe how the plans for the use of allocated resources support each priority strategic area for which you are requesting funding above allocation;**- indicate whether the budget from allocated resources (2014-2016) invested in each priority strategic area exceeds the budget in previous cycle of allocated resources used (2014-2016);**OR**b) In case of request for the program continuation,**- explain, as appropriate, which modules and activities under your existing program support each priority strategic area for which you are requesting counterpart funds;**- describe, as appropriate, any review of the program that you plan to implement in order to increase investment from allocated resources to priority strategic areas.* |

The Government of the Kyrgyz Republic has approved the State Program on HIV Infection Overcoming for 2017-2021. The program establishes ambitious objectives to reduce morbidity and mortality due to HIV, as a stage to eliminate HIV infection by 2030. These objectives require significant investment. So, in 2015, a consortium of credible organizations, including the Global Fund, the World Bank, UNAIDS, WHO and UNDP, conducted a study to assess the further change in the epidemic depending on the investments. Based on “Optima” mathematical model, the study showed that in order to overcome the epidemic it is necessary to increase funding to $ 16 millions per year. At the same time, the country has only half of the recommended amount of funds (about $ 8 millions per year). Despite the increased government contributions to HIV prevention and treatment programs, the Global Fund remains as the main donor, and covers 48% of the state program budget. However, as the amount of funding by Global Fund for HIV and TB for the forthcoming grant period (2018-2020) is reduced by almost half (by 46%), the country will not be able to expand the programs of prevention, treatment, care and support on a level sufficient to effectively affect the epidemic. Thus, if the amount of funding for 2015-2017 was $ 43,465,044, then for the upcoming period (2018-2020) funding is $ 23,470,014 only, including costs for management and GMS.

Because of funding limitations, the main application initially includes a significant budget deficit, which will not allow to provide a cascade of services for target population groups, as well as expansion of testing programs for early detection of HIV infection. The basic program for target population groups is outreach work. However, the need in outreach workers to cover syringe exchange programs for injecting drugs users is covered by 40% only in 2018, with an increased deficit of them to 72% by the end of 2020. For Methadone Maintenance Treatment (MMT), the necessity for outreach workers is satisfied by 50-53% only for the period 2018-2020. Even, there is more serious situation in outreach workers providing in order to expand the coverage of HIV testing on NGOs basis. For example, the outreach workers' deficit for sub-recipients and MSM is 61 and 66%, respectively, in 2018, and it increases to 82% in 2020. Within the framework of funding above allocation, it is proposed to provide the missing number of outreach workers to ensure coverage of prevention programs for HIV retention among PUID (people using injecting drugs), SW (sexual workers) and MSM (men having sex with men) on 2016; the formation of safer behaviors and the extension of testing, care and support coverage. It is also planned to fund the social institutions in the north and south parts of the country for all target population groups, as well as for PLHIV and ex-prisoners, including female PUID. Taking into account the lack of outreach workers, as well as the necessity for PUID coverage with syringes and needles exchange programs in the remote regions, it is planned to establish a mobile syringes and needles exchange point.

Very serious tasks are given by the state program on the early detection and treatment of PLHIV in accordance with the objectives of 90-90-90 strategy. These tasks require the expansion of testing program and ART (anti-retroviral therapy) motivation and retention programs. Several models for providing comprehensive services for PLHIV exist in the country, including a system of multidisciplinary teams (MDTs) and motivational trainings (the Patient's School). This work will be continued within the framework of funding above allocation along with the development of new effective models and involvement of additional NGOs to work with PLHIV and their close environment. This will increase the coverage of treatment more than twice comparing to that in 2017. The sexual and reproductive health services will be expanded to prevent the sexual transmission of HIV, and WHO recommended treatment of viral hepatitis C for PLHIV will be launched for the first time, which in its turn will increase the effectiveness of ART.

The Kyrgyz Republic has approved the State Program on Tuberculosis, which is objected to further reduction in incidence and mortality from TB. However, despite undoubted successes, the incidence remains high, and the growth of drug-resistant forms of TB continues, with a significant proportion (61%) of patients who previously received treatment for TB. Therefore, the highest priority for the National Program is to increase the effectiveness of treatment of both susceptible and resistant forms of TB. Thanks to the Global Fund support, the country has no limitations on access to treatment. However, the social problems accompanying tuberculosis have a significant effect on the results of treatment. Unsatisfactory nutrition leads to side effects and poor tolerability of therapy, that reduces the motivation of patients for treatment, leads to treatment discontinuation and to the formation of drug-resistant forms of mycobacterium tuberculosis. In this regard, a motivational support of patients with both susceptible and resistant forms of tuberculosis, as well as travel costs reimbursement, discipline the patients and increase the effectiveness of treatment. Effective diagnostics, detection of drug susceptibility and regular supplies of anti-tuberculosis drugs are important components of the treatment.

Along with the prevention and medical care provision, an important condition for the sustainability of HIV and tuberculosis programs are the state systems of planning, forecasting, storage, supply and control for the rational use of medicines, reagents and equipment. Due to the extremely limited funding of the Global Fund, the healthcare system strengthening (HSS) is not included within the frame of the main application.

In connection with the dynamic development of modern methods of diagnostics, treatment and monitoring of the patients, there is a constant necessity for capacity building of medical personnel and monitoring and evaluation of HIV and TB programs performing. These activities are related to the overall health system and will be included in the HSS section.

One of the mechanisms to increase the coverage of treatment, prevention and testing, to ensure available and qualitative provision of medical services for PLHIV and TB patients is a capacity building and motivation of PHC medical workers, institutionalization of methadone maintenance treatment (MMT) and syringes and needles exchange (SNE) points.

An activity within the framework of this application will be aimed at achieving the long-term results: provision and institutionalization of available medical services for PLHIV and TB patients by developing a mechanism for the state funding of MMT and SNE points, implementation of tool for PLHIV / PUID electronic monitoring, institutionalization of the incentive payments system for medical workers to increase their motivation for outpatient treatment completion in newly diagnosed TB patients at the PHC level by the development of the mechanism for incentive payments for PHC medical workers, and by ensuring available and qualitative medical services provision for PLHIV. The inclusion of tuberculosis programs in a single payer system and the involvement of the Mandatory Health Insurance Fund (MHIF) in the development of HIV and TB programs at the primary health care level will lead to their sustainable funding and functioning, equitable remuneration, unification and work quality improvement. This will also allow making the mechanisms for the sustainable functioning of HIV and TB programs at the period of reduced donor funding and transfer to state funding.

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| **[C*omponent* ]** *–* ***HIV*** |
| **Module** | **Interventions** | **Amount requested** | **Brief Rationale, including expected outcomes and impact** (how the request builds on the allocation) |
| 1. Enhancing an access of the target population groups to the prevention, treatment, care and support programs. | 1.1. To increase the coverage of PUID with the prevention, testing, treatment, care and support programs on the basis of SNE and MMT points by enhancing the existing projects and by increasing the number of outreach workers.  | 1,040,589 | Despite the decline in the number of HIV cases among PUID, they still determine the epidemic character in the country as a whole. Some difficulties remain in a building of PUID adherence to MMT, and in PUID / PLHIV - for inclusion and retention in the treatment, care and support programs. Within the framework of this activity the outreach and social workers will be supported, and the missing costs (50% of demanded) for the programs management and administration will be covered. As a result, along with the main grant, the number of outreach workers will be increased from 33% to 77% of demanded. This will achieve a 75% coverage of PUID (18750/25000 people) by prevention programs, and 67.5% of PUID (16,875 people) will be tested for HIV in 2020. In addition, 70% of clients will retain in the MMT program within 6 months after its beginning. |
| 1.2. To organize two mobile points for harm reduction service providing (SNE and MMT points) for PUID. These expenses include the purchasing and maintenance of two vehicles ($20,000\*2) including delivery. | 40,000 | The mobile points will provide the following services for PUID living in the remote regions: - maintenance methadone therapy (MMT);- syringes and needles exchange (SNE) for active PUID, and their motivation for MMT; - counseling and testing for HIV / VH / STI patients and active PUID on MMT.The costs include the purchasing and supply of two vehicles. Payment for personnel and maintenance of vehicles will be made at the expense of the Republican Center of Narcology (RCN). This activity will be aimed also at increasing the coverage of PUID by the SNE/ MMT programs and achieving the results mentioned above. |
| 1.3. To increase the HIV testing coverage on the NGOs basis for the target population groups:- sex workers (SWs)- MSM | 81,254297,932 | An important condition for the prevention of HIV infection is the early detection and inclusion of target population groups in the treatment programs. Despite the relatively low prevalence of HIV infection among SWs (2% according to IBBS, 2016) because of the high mobility of this group, dangerous sexual practices and dependence on the will of the client, the situation can be changed. At the same time, MSM is the group with the highest rates of HIV spreading, and because of the high closeness of this group, a significant expansion of the programs is required. Activities aimed at the enhancing of service coverage will require an increased number of social and outreach workers, as well as work volume with databases to increase the access of SWs and MSM to HIV testing programs. Thus, the necessity for outreach workers for SWs programs will be increased from 50% on the main grant to 77% and 92% on funding above allocation for the period 2018-2020. A special increase in the number of outreach workers will be achieved for the MSM group, which will be increased from 17% to 75% of demanded in 2020 within the framework of funding above allocation.As a result, along with the main grant, the coverage of 80% of SWs (5,680 people) will be achieved by prevention programs, and 90% of them (5,110) will be tested for HIV in 2020. Accordingly, the coverage of MSM will be increased by 1.7 times (from 6.414 to 10.940 people) within the framework of prevention programs, and it will reach 93.6% of the number of available MSM. 90% (9,840 people) of covered people will be tested for HIV. |
| 1.4. To support 7 (seven) institutions for all target population groups in the north and south parts of country regarding the PUID, SWs, MSM, PLHIV, persons released from prisons, and one – for female PUID. | 437,500 | Social institutions play important roles for target population groups. They create a space for learning, adherence developing, people supporting at the moment of informing about their HIV status, and adapting to civilian assistance programs for people released from prisons. 7 social institutions will be supported. The creation of social institutions will help in achieving the targets, identified in sections 1.1-1.3 above.  |
|  | 1.5. To build a capacity of sub-recipients, working with the target population groups.  | 133,920 | To ensure the objectives outlined in sections 1.1-1.3 above on the coverage and retention of target population groups in the prevention, testing, care and support programs, it is necessary to build the capacity of sub-recipients. Training will be conducted on pre-test and post-test counseling in HIV testing; social support; introduction of new methodological approaches and other program tasks. Quarterly, the meetings will be hold with sub-recipients on management and reporting within the framework of the grant. In total, 10 quarterly meetings with sub-recipients and 40 seminars at the national and regional levels will be hold. At the grant approval, a training plan will be developed and agreed with the Global Fund, and it will be approved by the Coordination Council for the Public Health (CCPH) (pre-test and post-test counseling, social support, sub-recipients capacity development and meetings with SRs). |
| **Subtotal:** |  | **2,031,195** |  |
| 2. Increasing in testing and treatment programs coverage in accordance with the 90-90-90 strategy. | 2.1. To provide an integrated package of services for PLHIV:- to support 8 multidisciplinary teams (MDTs);- to provide incentive payments to medical workers for involvement and retention on ART;- to provide integrated medical services for PLHIV (treatment for STIs and viral hepatitis C, vaccination against hepatitis B, dental services, sexual and reproductive health (SRH), etc.);- to carry out the self-helping groups and patient schools for PLHIV;- to involve 3 NGOs to work with the community of PLHIV. | 720,481 | Treatment of HIV infection in achieving its effectiveness is one of the most effective ways to prevent the further spread of HIV infection. Taking into consideration the lifelong nature of the treatment, its effectiveness depends on the patient's commitment and motivation of medical personnel. The activities within the framework of funding above allocation are based on the support of 8 (eight) well-established multidisciplinary teams that will operate at the level of PHC with a doctor, a nurse and an equal consultant. The motivational trainings and mutual help groups from close environment of PLHIV will be continued. The range of medical services for PLHIV will be expanded, which will include SRH services, viral hepatitis B prevention, viral hepatitis C treatment and dental services. To increase the effectiveness of the work, it is proposed to support 3 additional NGOs based on the community of PLHIV.All this will allow to enhance the coverage of treatment and to increase an adherence to ART and the effectiveness of treatment - i.e. the suppression of viral load. Thus, the provision of integrated package of services for PLHIV will cover 89.3% of the estimated number of PLHIV (7.587 out of 8,500 PLHIV) with the treatment programs, 88% of them will be retained on the treatment, 79% will reach an undetectable viral load by the end of 2020, and this will also reduce the number of AIDS-related deaths to 1.2 per 100 000 population in 2020. |
| - To buy the missing amount of ART drugs for the treatment of PLHIV, including the buffer of ART drugs for 2021. | 796,614 | Despite the government-guaranteed increase in funding for ART drugs purchasing, because of significant deficit of funds within the main grant of the GF, the allocated funds are not enough to implement completely the ambitious objectives of the project. Procurement of missing ART drugs will be 50% of 2020 needs and a buffer for 6 months in 2021.These drugs supplies will provide the planned coverage by ART in 89.3% of PLHIV, in 88% will ensure the continuity of treatment and 79% of PLHIV receiving ART will have viral load suppression. In addition, the buffer of drugs for 2021 will ensure continuity of treatment in connection with the full transition to State funding in 2021. |
| 2.2. To develop and implement a model for expanding ART coverage on the example of the Chui District based on the "test and treat" principle:- to provide the practical assistance to health organizations and NGOs (not less than 14 per year);- to distribute of the created model to other regions of the country. | 107,605 | Counseling and testing for HIV will be expanded. In addition to NGOs testing around 90% of target population groups (45 390 people), a work will be carried out on the early detection of PLHIV on the basis of health organizations. In accordance with the new clinical protocol approved by the Ministry of Health of the Kyrgyz Republic, an early connection to ART ("test and treat") is necessary. This will improve the detection of at least 70% of PLHIV in the early stages of HIV infection. It will develop a model for accelerating the national response to HIV in the example of the Chui District, which has the highest rate of HIV spreading in the country. A coordinating group will be organized to support the regional and district health organizations. The group will include a doctor, a nurse and a community worker. The group will provide regular practical assistance to local health organizations, conduct training for medical workers and a meaningful environment for PLHIV, including local government authorities, religious leaders and NGOs. |
| 2.2. To expand the coverage of HIV counseling and testing for target population groups and migrants:- to conduct 3-days trainings, 1 national and 3 regional per year, for doctors and nurse practitioners on HIV counseling and testing;- to purchase additional 5,000 express-tests of 4th generation for capillary blood to test for HIV in small rural regions;- to conduct information campaigns using electronic and print media; to develop an information materials and posters for motivation for HIV testing;- to organize a work with local communities and religious leaders to motivate the migrant workers and their families members for HIV testing. | 159,336 |
| **Subtotal:** |  | **1,711,370** |  |
| **TOTAL AMOUNT** | **4,875,670** |

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| **[C*omponent* ]** *–* ***TB*** |
| **Module** | **Interventions** | **Amount requested** | **Brief Rationale, including expected outcomes and impact** (how the request builds on the allocation) |
| 3. TB treatment effectiveness increasing by the drugs provision and motivation of patients. | 3.1. To ensure purchasing of the drugs for TB treatment in the volume of 20% of demanded in 2020. | 781,856.6 | In the Kyrgyz Republic, the number of patients with drug-resistant forms of TB continues to grow; a significant proportion of whom are the patients previously received treatment for TB. Therefore, the highest priority for the National Program is a well-functioning TB treatment program. Since the country has already assumed the responsibility for the purchasing of 1st line drugs for the treatment of sensitive forms of TB, the request to GF for main funding includes the treatment of resistant forms of TB only. In this regard, the missing amount of drugs of the 2nd line will be purchased in the amount of 20% of the annual demand for 2020 and of the buffer of anti-tuberculosis drugs for 9 months of 2021.It is also planned to purchase vitamin B6 (Pyridoxine) from GF funds above allocation. There are no tablet forms of B6 Vitamin in the country, and the procurement through international mechanisms is not allowed to carry out due to absence at present time of the proper regulatory framework, which is under development in the country. |
| 3.2. To ensure purchasing of buffer of drugs for TB treatment for 9 months on 2021. | 1,612,500 |
| 3.3. To purchase B6 Vitamin for the side effects prevention in treatment for TB.  | 27,999 |
| 3.4. To increase an effectiveness of treatment for both susceptible and resistant TB forms by motivation the patients to participate in TB treatment programs:- to provide the motivational payments for the TB drugs susceptible patients adherence to TB treatment;- to provide the motivational payments for the drug-resistant TB patients adherence to the treatment for TB;- to pay the transport costs (the way to site of treatment and back way) of the patients with resistant TB forms. | 0 | The effectiveness of TB treatment depends largely on the patient's adherence. Considering the importance of effective treatment of susceptible TB forms to prevent the development of drug resistance, the motivation of patients with both susceptible and resistant TB forms is included in the application for funding above allocation.In addition, the transport costs for the patients with resistant TB forms will be paid for their travel to the treatment site and back way.Listed in sections 3.1-3.2 activities are aimed at providing access to treatment and improving its effectiveness. Thus, they will indirectly influence the indicators for reducing morbidity and mortality from TB and increasing the retention and effectiveness of treatment for patients with the resistant forms of TB. |
| 561,171 |
| 86,506 |
| 151,560 |
|  | 3.5. To organize the case management for the TB patients through the civil facilities. | 250,000 | Case management of TB patients is important in the formation of adherence to treatment, retention in the programs, provision of social assistance and motivational support. The country has experience with the management of the TB-patients treatment through NGOs, which has proved its effectiveness and is highly appreciated by the National Anti-Tuberculosis Service. The main objective of this activity is to increase the effectiveness of TB treatment, reduce morbidity and mortality from TB, prevent the spread of TB, including its resistant forms. |
| **TOTAL AMOUNT** | **3,471,592.6** |

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| **[C*omponent* ]** *–* ***HSS*** |
| **Module** | **Interventions** | **Amount requested** | **Brief Rationale, including expected outcomes and impact** (how the request builds on the allocation) |
| *4.1. Development of mechanisms and institutionalization of HIV / TB prevention programs to improve access and quality of health services for PLHIV and TB patients at the primary health care level through the mandatory health insurance system.* | 1. Development of State funding mechanisms for MMT and SNE points:- a foundation of a work group consisting of 8 persons, including the specialists from Mandatory Health Insurance Fund, Republican Center of Narcology, Republican Center of AIDS and NGO for 30 days each;- carrying out 10 work meetings to discuss and coordinate these mechanisms;- carrying out two 1-day round tables to discuss and approve the mechanisms of the State funding for SNE and MMT points. | 40,128 | The Mandatory Health Insurance Fund under the Government of the Kyrgyz Republic (hereinafter referred to as the MHIF) is the state executive authority of the Kyrgyz Republic implementing the state policy in the field of basic state and mandatory health insurance of citizens. The MHIF is a strong tool for financing and monitoring of public funds expenditure at the level of primary health care for the population (PHC). The country has a developed MHIF structure from national to local level, equipped with trained personnel. Tools have been developed to monitor the performance of the duties of health care professionals in accordance with the national legislation of the Kyrgyz Republic and clinical protocols approved by the Ministry of Health of the Kyrgyz Republic. Working mainly at the PHC level, the MHIF was not involved in the implementation of the state program on HIV and AIDS. The participation of the MHIF in TB programs was first launched in 2016, and was also allowed for the new state program project for 2017-2021 on HIV infection in connection with the transition to state funding and the development of the state social order system.The activities, within the framework of this application will be aimed at achieving the long-term results; sustainability and efficiency of implemented programs, as well as their institutionalization in the state system of medical care:- provision and institutionalization of available medical services for PLHIV and PUID at the outpatient level by developing a mechanism for the state funding of MMT and SNE points; by implementation of the electronic monitoring tool for PLHIV / PUID in the activity of the MHIF for ensuring the quality of medical services provided for PLHIV / PUID; -increasing the motivation of service providers by developing a mechanism to stimulate PHC medical workers to ensure available and qualitative provision of medical services for PLHIV. |
| 2. Integration and synchronization of the database information stream in electronic monitoring of PLHIV / PUID from the database of the Mandatory Health Insurance Fund.- a foundation of work group consisting of 5 persons, including the specialists from Mandatory Health Insurance Fund, Republican Center of Narcology, Republican Center of AIDS and IT for 30 days each;- carrying out 5 work meetings to discuss and coordinate the database;- carrying out two 3-days seminars to train the staff Mandatory Health Insurance Fund, Republican Center of Narcology, Republican Center of AIDS;- carrying out 1-day round table to discuss and approve the database;- purchase a server and 3 computers to implement and maintenance the database operating. | 43,464 |
| 3. Development of mechanisms to stimulate PHC workers to ensure available and qualitative provision of medical services for PLHIV:- a foundation of work group consisting of 6 persons, including the specialists from Mandatory Health Insurance Fund, Republican Center of Narcology, Republican Center of AIDS, PHC and NGO for 20 days each; - carrying out 5 work meetings to discuss and coordinate the database;- carrying out 1-day round table to discuss and approve the database. | 19,944 |
|  | 4. Implementation of stimulating payments for PHC medical workers in order to complete outpatient treatment of newly diagnosed TB patients:- Transfer of stimulating payments for PHC medical workers for the completion of outpatient treatment of newly diagnosed TB patients all over the country through Mandatory Health Insurance Fund and territorial institutions of MHIF at GF funds, starting from 2019;- carrying out 18 work meetings during 12 months with the healthcare organizations regarding the conditions and order for stimulating payments;- carrying out round table with the participation of MH KR, MHIF, MHIF territorial institutions, NGO, Ministry of Finance, pay office and PHC (planned participant number is 40). | 103,018 | Stimulating payments to medical workers at the completion of outpatient treatment of newly diagnosed TB patients at the PHC level are carried out based on the results of work on early detection, retention and treatment of patients. To institutionalize this approach, it is planned to transfer incentive payments through the MHIF and the MHIF TI, which will be the stage of transition to state funding through a mechanism created under the GF grant after the end of the GF grant. Taking into consideration the existing effective mechanisms of the MHIF to monitor the quality of medical services, the transfer of authority to the MHIF will increase the effectiveness of treatment for newly diagnosed TB patients. In addition, the MHIF will monitor the quality of medical care for TB patients using approved tools and at the expense of their own resources. This activity should indirectly affect the success of TB treatment. |
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| **Subtotal:** |  | **206,554** |  |
| 4.2. Infrastructure optimization and stability increasing for the programs on prevention, diagnostics and treatment on the base of state narcological service organizations and AIDS centers. | 1. To create and equip two social informative-rehabilitative centers in the north and south parts of country (under Republican Center of Narcology and Osh regional narcology center).  | 68,000 | The transition to state funding and increased state funding for HIV programs requires the creation of sustainable structures for the provision of medical care. At the present, the possibilities of providing services to target population groups are limited due to lack of premises, a grant nature of their funding and lack of regularly functioning programs.Institutionalization of SNE and MMT programs on the basis of state structures will provide the systematic work on motivation for therapy (MMT, ART) for target population groups, PLHIV and their close associates. The opportunities for providing services on the principle of a "single window" will be expanded, where the valid sites of MMT and SNE will be shifted from FMC No. 1. These structures will provide a wide range of training, motivation and rehabilitation services and temporary shelter provision (20 beds from Bishkek and 7 beds in Osh) for PUID, who are in a difficult life situation.PUID released from prisons, often drop out of prevention and treatment programs; they require support at the stage of adaptation to new living conditions and transition to civilian aid systems. The centers will allow to prevent interruptions in obtaining ART or MMT at the stage of their transition from the penitentiary system to civil society.The availability of own database will reduce the cost of programs due to rent. This will allow to ensure long-term preventive interventions in the conditions of termination of donor funding. Such centers will help to retain clients in harm reduction programs and increase the effectiveness of such programs.The creation of a center and its store for f medical devices storage will require major repairs of the premises, alarms setting and partial equipment. The room and partial equipment will be provided by republican Center of Narcology.  |
| 2. To organize a store for storage the medical devices for harm reduction. | 45,000 |
|  | 3. To ensure uninterrupted supply, storage and distribution of ART drugs, reagents and medical devices:- repairing, expansion and additional equipment of two actual stores and two cold rooms for storage;- salary for 2 logistic specialists;- training for logistic specialists;- creation of computer register on ART drugs, reagents and medical devices for HIV prevention;- carrying out two round tables to discuss the database on needs and consumption of drugs and medical devices;- carrying out two 3-days seminars on practical use of database. | 125,000 | The emerging decline in GF funding, as well as the gradual transition to state funding, requires the creation of conditions for the supply, storage and management of the supply of medicines, reagents and medical devices. This requires the creation of sustainably functioning logistics systems, including stores, electronic tracking systems and trained personnel.Within the framework of this grant, two stores and two cold rooms will be expanded and repaired, an electronic register of ART and medical devices will be created, the round tables and training seminars on the use of the database will be carried out, and salaries for logistics will be planned. |
|  | 4. Creation of the system of service and validation of laboratory equipment:- salary for two engineers in the north and south parts of the country;- engineers training in CIS countries for the laboratory equipment maintenance;- travel expenses for visits to all laboratories and AIDS centers in the service area;- annual validation of all equipment and repair of equipment taking into account the service parts. | 150,000 | The timely detection and effective treatment of HIV infection requires high-quality laboratory examinations using reliable equipment and modern testing methods. To provide an uninterrupted provision of laboratory testing, an equipment must be serviceable, calibrated and regularly serviced, that will ensure the quality of testing and will extend the lifetime of expensive equipment. These responsibilities should be executed by specially trained engineers in the capital, regional centers and at the local levels. This activity includes the attraction, training and maintenance of the two engineers work. |
|  | 5. To create a system on informing the results of drug susceptibility testing GXAlert. | 15,000 | Infectious safety issues, as well as drug susceptibility testing informing and video-monitoring for medicines intake are important components of both TB control and effective resource use by timely screening for drug susceptibility testing.These activities are included in the application for funding above allocation due to their practical importance and the lack of funding opportunities from the main grant. |
|  | 6. To develop and implement the video-control system Video-Dot to monitor the anti-tuberculosis medicines intake. | 180,000 |
|  | 7. To enhance an anti-epidemic regime compliance in the anti-tuberculosis medical facilities. | 420,640 |
| **Subtotal:** |  | **1,003,640** |  |
| 4.3. Monitoring and evaluation of execution of state policy on HIV and TB areas. | 1. To organize the monitoring trips to access the reliability of achieved results.To perform an evaluation of execution of HIV state program.To carry out a study within the framework of integrated bio-behavioural vigilance and to evaluate the size of target population groups. | 225,000 | In Kyrgyzstan, there are the state monitoring and evaluation systems for HIV / TB on the basis of AIDS republican Center and National Center of Phthisiology. However, monitoring visits to assess the reliability of the results of implementing state policies on HIV / TB, as well as special studies (for example, a bio-behavioral study among target population groups) require significant financial costs and up to now depend on donor funding.An important condition for successful implementation of programs and their further strengthening is an independent evaluation of the performance of state programs, which should be carried out by attracted recognized international experts in the relevant field, which is also included in the application for additional funding. |
|  | 2. To ensure monitoring and evaluation of TB state program execution:- to perform independent evaluation of TB state program;- to implement the database on control for TB patients, medicines distribution etc. | 759,662 |
| **Subtotal:** |  | **984,662** |  |
| 4.4. Medical workers capacity building on issues of HIV and TB prevention, diagnostics, treatment, care and support.  | 1. Creation of integrated model for medical workers training and monitoring the knowledge of medical personnel on HIV and TB:- Creation of a work group consisting of 8 persons to develop a system of continuing education of medical workers in connection with the updated clinical protocols and monitoring of knowledge by using modern training methods;- carrying out 5-days 2 territorial trainings on HIV and 2 territorial trainings on TB in accordance with the new clinical protocols;- carrying out 3-days seminars: 1 national, 7 regional and 1 in Bishkek per year on HIV and TB;- to monitor the knowledge of health professionals in HIV and TB: baseline in 2018 and final in 2020;- to carry out two round tables on the assessment of medical workers knowledge. | 258,376 | There is a system of continuous medical education for doctors and registered nurse practitioners exists in the country. The Institute for Retraining and Advanced Training of Medical Personnel has a state funding and a trained staff. However, its ability to rapidly enroll a significant number of health workers in accordance with the new WHO recommended clinical guidelines is significantly limited. Such functions are undertaken by seminars organized with the donors support. The modern methodological approaches (distance learning, cascading education, webinars, etc.) are used in the country.Within the framework of additional funding, the group of specialists will develop a comprehensive training model that will include all recommended methods of teaching regarding HIV and TB. A significant role in this model will be the monitoring of the level of knowledge, not only on the basis of the past seminar, but also for long term. One training for trainers, one national training and 8 regional training as well as Bishkek municipal seminar on new clinical protocols on HIV and TB will be conducted. |
| **Subtotal:** |  | **258,376** |  |
| **TOTAL AMOUNT** | **2,453,232** |

**Total for 3 components (HIV / TB / HSS):** 9,740,056; management: 1,173,500.7; GMS: 821.450.5

TOTAL ABOVE ALLOCATION FUNDING REQUEST: **11,735,007**,**8**

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| **Relevant Additional Information (optional)** |
| Provide any additional contextual information relevant to the prioritized above allocation request (e.g. any explanations that further clarify linkages to the allocation funding; any considerations or data that informed the request or updates of the request; etc.) |

*[Applicant response]*