FINAL REPORT

United Nations Development Programme
Kazakhstan
Support to Country Coordinating Mechanism for 2020-2022
20.12.2022

Reporting Period	2020-2022
Donor	The Global Fund to Fight AIDS, Tuberculosis and Malaria
Country	Kazakhstan
Project Title	Support to the Country Coordinating Mechanism for 2020-2022
Project ID (Atlas Award ID) Outputs (Atlas Project ID and Description) Strategic Plan and/or CPD Outcomes	000123574 000118796 • Outcome 1.1: By 2025, effective, inclusive and accountable institutions ensure equal access for all people living in Kazakhstan, especially most vulnerable, to quality and gender sensitive social services according to the principle of leaving no one behind • Output 1.1: Marginalized groups, particularly the poor, women, people with disabilities and displaced have better access to quality basic services • Ministry of Healthcare, Ministry of Internal Affairs, Ministry of Defense, Ministry of National Economy, Ministry of Finance, National Scientific Centre of Phthisiopulmonology, Kazakh Scientific Center for Dermatology and Infectious diseases, Republican Center for Mental Health, Kazakh Union of People Living with HIV, UNAIDS, USAID, CDC. • There are 3 main output indicators identified in the results framework of the Grant agreement: 1. Latest Eligibility and Performance Assessment (EPA) overall ratings is at least at 90% compliance OR Latest EPA has improved at least 30% since last assessment (mandatory). 2. CCM documents evidence that they are making all the necessary efforts to avoid stock-outs of key drugs and 'emergency disbursement' to prevent them; 3. CCM documents evidence that they are making all the necessary efforts to avoid grants in the portfolio which receive two consecutive B2/C ratings.
Implementing Partner(s)	Country coordinating Mechanism on work with international organizations for HIV and Tuberculosis
Project Start Date	01.01.2020
Project End Date	31.12.2022
2022 Annual Work Plan Budget	149,224 USD
Total resources required	149,224 USD
Revenue received	• Regular USD • Other o Donor 149,224 USD o Trust Fund Cost Sharing N/A USD

	○ Thematic Trust Fund C/S N/A USD ○ Special Activities N/A USD ○ EU funding N/A USD • Total 149,224 USD
Unfunded budget	USD
UNDP Project Manager	Name: Demeuova Ryssaldy Email: Ryssaldy.demeuova@undp.org Tel.: +77272582643 ext.707

Table of Content

I. Executive summary

The Republic of Kazakhstan is actively involved in achieving global goals on HIV prevention and treatment, joining in achieving the goals of the global strategy "Accelerate to End the AIDS Epidemic by 2030" and goals 90-90-90. In the context of achieving the first of 90–90–90, it is estimated that 84% of people living with HIV (PLHIV) know their HIV status. The HIV epidemic in Kazakhstan is in a concentrated stage (the second stage out of three), i.e. distributed among key populations such as: people who use drugs (PWID), sex workers (SW), and men who have sex with men (MSM). In Kazakhstan, the registered number of people living with HIV is 37,906 cases . Prevalence of HIV-infection among key populations: PWID - 7.9%; SW - 1.9%; MSM - 6.2% . The proportion of men is 62%, women - 38%.

The high burden of resistance to anti-TB medicines is a key challenge for the National Tuberculosis Control Program (NTP) in Kazakhstan and a major obstacle to effective diagnostic and treatment of TB in the country . According to the latest WHO estimates, in 2017, the incidence of TB (new cases and relapses) is 66 cases per 100,000 population, as a result Kazakhstan occupies the 9th place among 53 countries in the WHO European Region.

Since December 2004, Kazakhstan has received financial assistance from the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereinafter - Global Fund) to support national HIV/AIDS and Tuberculosis programs. The Global Fund does not have country offices, it uses the CCM to manage its grants at the national level and the Principle Recipients for the implementation of grants. Grants of the Global Fund in Kazakhstan are implemented by two Principal Recipients: since 2003 - the Kazakh Scientific Center for Dermatology and Infectious Diseases and since 2007 - the National Center for Phtisiopulmonology.

The CCM in Kazakhstan is a multi-stakeholder body established in 2002 to coordinate country-level activities with the Global Fund and other international organizations to ensure participatory decision-making. On June 20, 2022, the Decree of Vice-Minister of healthcare "On establishment of CCM on work with International Organizations in the sphere of HIV–infection and Tuberculosis" was adopted.

These are the six minimum criteria that all CCMs must meet in order to be eligible for funding from the Global Fund:

1. Coordination of development of all funding requests;
2. Nomination of all new and continuing Principal Recipients;
3. Oversight of development and implementation of grants;
4. Participation of key affected populations in the CCM;
5. Selection process of CCM members representing non-government constituencies;
6. Adequate management of conflict of interest.

According to the Requirement 3 of the Global Fund CCM established its Oversight Committee. The purpose of the Committee was to facilitate CCM decision making role by reviewing reports from implementers in their thematic areas, inquiring into the report details as necessary and making recommendations to the CCM for decision making. The CCM Oversight Committee made recommendations and performed CCM Oversight function, overseen the implementation of the Global Fund projects in Kazakhstan, held meetings with senior officials, Principle recipients, Sub–recipients and their partners, representatives of key affected populations and Local Fund agents, and reviewed performance of the intended programmatic targets.

The Oversight Committee reviewed the progress of grant implementation, clarified data, identified and diagnosed problems, and recommended follow up actions to the CCM, as well as identified and demonstrated successful stories, best practices and lessons learnt during grant oversight.

In 2011, CCM established its Secretariat. The CCM Secretariat was a unit that assists the CCM to carry out its functions. CCM leadership and CCM Secretariat were accountable for good performance. CCM and CCM Secretariat operated in a way that is aligned with principles of good governance, including

transparency of information, equality among members, accountability, and conflict of interest management. Transparency depended on the timely, equal and comprehensive sharing of information. Equality among members required that all members of a CCM were equal partners, with full rights to expression and involvement in decision-making in line with their areas of expertise.
Conflict of interest managed in such a way that decisions made were objective and credible.
The CCM Secretariat's Core Responsibilities under the guidance of the CCM Vice-Chairs were to:
- Support the CCM in communication to the Global Fund Secretariat and Global Fund stakeholders in Kazakhstan; to manage the process of designing and developing country funding applications/proposals to submit to the Global Fund; in the oversight of Global Fund grants implementation, finances and programmes in Kazakhstan.
- Coordinate CCM and Oversight Committee meetings, CCM oversight activities including visits to Global Fund programme implementation sites, meetings, resource mobilization & harmonization, capacity building workshops.
- Support the CCM in the processes of information sharing and publicity including constituency engagement activities.
- Support the CCM to establish, review and update its rules, regulations and governance framework documents.
- Maintain CCM documentation and archives.
During the 3 years the CCM Kazakhstan coordinated 3 Global Fund grants: HIV (the on-going grant will come to an end in December 2020), Tuberculosis (for 2017-2019), Advocacy for PLHIV (the on-going grant will come to an end in December 2021).
The work of the CCM was becoming more popular among non-governmental and international organizations, matters of building dialogue and decision-making between the state and non-governmental sectors.
CCM members became more active, making voices of vulnerable populations be heard by decision makers and thus eliminate problems that create barriers to implementation of prevention programs on HIV/AIDS and Tuberculosis. This objective achieved by initiating the improvement of normative regulations.

II. Background

Multisectoral and intersectoral approach is crucial for health and well-being (SDG 3). Without working Multisectoral and intersectoral approach is crucial for health and well-being (SDG 3). Without working beyond the health sector, we simply would be unable to address the complex challenges that key affected populations face in their efforts to improve health and well-being and reduce inequalities and inequities. The project achieved its results through strengthening the capacities of the multisectoral platform – CCM and assisted with organization of dialogue between different sectors' representatives during the CCM meetings. CCM implemented its oversight functions i.e. convened briefings and meetings with Principal Recipients and Local Fund Agents, oversight visits to the regions and meetings with heads of the regional healthcare administrations along with the ultimate service recipients and reporting to CMM on the need to implement corrective measures. The CCM meetings were designed to promote good governance with participation of high-level stakeholders and key affected populations by facilitating continuous interaction of the target group, the project implementing partner and the decision makers. The CCM ensured adequate management of conflict of interest, considered all CCM members to be equal partners with full rights to expression and involvement in decision-making, and promotes accountability and transparency. To improve the effectiveness of CCM meetings and to enhance the quality of decision making, the CCM decisions were circulated and published on the CCM web site (www.ccmkz.kz). All CCM decisions were agreed upon to bring greater transparency in dealing with issues specific to CCM work ensured by clearly

documented processes, making publications, circulation among national and international partners by email, and open discussions. Representation of CSOs and key affected populations in the CCM composition is an important source of information for feedback to its constituencies. According to one of the Global Fund Eligibility requirements to CCM, each civil society representative in the CCM had a work plan from their constituency that specifies key tasks and communication responsibilities which they need to fulfil as a representative of the constituency. The CCM Secretariat collected the work plans from the constituencies, and as a result, more than 80% of civil society representatives of the CCM developed and presented to CCM a work plan endorsed by their constituency. To update the composition, the CCM conducted elections in compliance with the CCM Eligibility Requirements of the Global Fund: CCM elections were conducted in accordance with the rules developed by the constituencies itself and the CCM policies; minimum 40% of CCM members were represented by the non-governmental sector and key affected populations, living with or affected by the diseases; minimum 65% of CCM members were represented by women to ensure the implementation of the Gender Equality Strategy. The selection of the constituencies' representatives coordinated by the CCM Secretariat, and the Technical Working Group established by CCM. Each civil society constituency had to document the process of selection of its representatives in the CCM and prepare minutes of the respective meetings. The CCM Secretariat assisted CCM to build the capacity of new CCM members through organization of thematic group meetings, trainings, and distribution of CCM documents, including the request for technical assistance from the Global Fund. Results of the CCM assignments and minutes of the CCM meetings were documented in an appropriate manner to share good governance practices.

III. Progress Review

Fill in the table with project indicators data:

EXPECTED OUTPUTS	**OUTPUT INDICATORS**	**DATA SOURCE**	**BASELINE**		**Value for the previous year if different from baseline**	**Target for the reported year**	**Actual value for the reported year**
			Value	Year			
Output 1 Enhancement of the Country Coordinating Mechanism capacity	1.1 Number of newly selected CCM members being trained and able to take part in the decision-making process	Reports and CCM Selection Minutes	0	2019	29	29	29
Output 2 CCM Oversight functions are fully implemented and HIV/TB programmes implementing in the appropriate manner	2.1 Percentage of fully implemented CCM Oversight activities (CCM oversight visits, LFA briefings, Oversight Committee meetings)	CCM Oversight reports, Minutes	0	2019	34%	100%	100%

- HIV Response capacities of key stakeholders, parliament members are built to ensure that the HIV response is sustainably funded and equitably, effectively, and efficiently implemented.
- Political commitment, community leadership, funding and evidence-informed action built through improvement of knowledge of 40 Parliament members to create enabling legal and policy environments and to remove multiple and intersecting forms of stigma and discrimination for people living with and vulnerable to HIV, including key populations, women, and girls.
- People centered treatment, care and support services provided to up to 300 key affected population representatives with HIV to increase adherence to ARV.
- Platform established for Parliament Deputies and leaders from key community CSOs to reduce barriers for access to HIV treatment and burden to state funding.
- Capacity of 23 selected community leaders representing CSOs providing services in harm reduction built for visual advocacy
- Empowered communities have the capacities to exert leadership and take action in addressing the needs of people living with, at risk of or affected by HIV, especially to those who are currently excluded.
- Strengthened capacities of Ministry of Labor and Social Development and Ministry of Healthcare, communities and other stakeholders to ensure that women and girls, men and boys, in all their diversity, practice and promote gender-equitable social norms and gender equality and work together to end gender-based violence in order to mitigate the risk and impact of HIV.
- UNDP is supporting the PLHIV in community mobilization. 30 NGOs platform for CSOs established for engagement in HIV strategic planning.
- Capacities at national and subnational levels strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate stigma and discrimination
- UNDP capacitated national initiative group on LGBTI, who with improved skills and knowledge can better formulate their requests and opinion to decision makers related to the existing legal barriers.
- Capacity of Key affected populations from activists and leaders to advocate for the increase of state funding strengthened through an established Key affected populations Platform.
- People Living with HIV and Key affected Population are capacitated to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide their communities with lifesaving information, equitable education, protection, and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS.
- Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.
- UNDP continued supporting most vulnerable, most notably people living with HIV and TB patients. Improving public performance in the HIV/AIDS and Tuberculosis areas by including civil society as motivators of good performance and thereby enhancing oversight. Integration and social protection Increased access for people living with, at risk of and affected by HIV to integrated health services, health technologies and social protection.
- 30 national and international partners met on the CCM platform and summarized the key health, social and economic responses government was taking to limit the NGOs, KP, impact of the COVID-19 pandemic. A fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV and from the adverse impacts of current and future pandemics and other shocks.

-
- The updated CCM Operational Policy sets forth the principles and requirements for Country Coordinating Mechanism and provides guidelines on the CCM's role in HIV, Tb processes.
- 30 national and international partners met on the CCM platform and summarized the key health, social and economic responses government was taking to limit the NGOs, KP, impact of the COVID-19 pandemic.
- Capacity of 134 healthcare specialists and CSOs improved through provided technical support during the oversight visits to Astana, Karagandy and Kostanay regions in HIV and TB treatment, care and budget advocacy.

IV. Project Risks and Issues

#	Description	Date Identified	Type	Impact (I) & Likelyhood (L)	Activities for treatment(s)	Owner	Risk level	Status
1	Failure to meet the expected standards of work performance resulting in time delay and extra cost due to poor performance of the Oversight Committee members	01.01.2020	operational	L = not likely I = low	In order to avoid this situation, the project staff will ensure detailed description of the assignment in the terms of reference and break the scope of work into stages with specified check points to minimize the probability of any underperformance	Project Manager	Low	Compl eted
2	Fluctuations in USD/KZT exchange rate/ High inflation	01.01.2020	financial	L = moderately likely I = moderate	Project manager will adjust the project budget to the situation and consult with the national partners on the project activities.	Project Manager	Moderate	Compl eted
3	Announcement of lockdown in the regions and cities, introduction of restrictive measures resulting in underperformance	01.02.2021	operational	L = moderately likely I = moderate	Project manager will adjust the project budget to the situation and consult with the national partners on the project activities.	Project Manager	Moderate	Compl eted

	of the CCM oversight function							

a. Updated project risks and actions

Project Risk 1: A presidential decree to decentralize government services abolished the Prime -Minister's Resolution on establishment of the CCM.

Actions taken: Technical support provided to initiate a new document as a result a Decree of the Vice-Minister of Healthcare has been issued on June 20, 2022

b. Updated project issues and actions

Project Issue 1: To ensure effective and accurate management of the CCM Secretariat work and donor reporting focused on achievements of the results.

Actions taken:

- Encompassing the comparative advantage of all stakeholders in combating the HIV/AIDS and Tuberculosis by providing a mechanism to bring them together as equal partners.
- Strengthening the voice of civil society and enhancing its visibility and technical capacity in the HIV/AIDS and Tuberculosis.
- Improving government performance in the HIV/AIDS and Tuberculosis areas by including civil society as motivators of good performance and thereby enhancing oversight.

Project Issue 2: Clearly defined and independent CCM Secretariat helps CCMs fulfil their oversight responsibilities more effectively because of their enhanced ability to organize review materials and site visits.

Actions taken:

- CCM Secretariat operated better since they have "neutral" funding and office premises (i.e. not provided by CCM stakeholders), and when their terms of reference delineates them clearly from other CCM bodies.
- Good communication with Government and participation of key affected population in decision making process
- Clear and transparent UNDP rules along with its authority in the country help to better implement the project

V. Gender Related Activities

Gender equality, awareness and non-discrimination, especially in terms of sexual identity is part of the CCM's culture and one of key components of the CCM work.

Overall, the current gender balance in the CCM is presented as follows: 65 % women, 35 % men. Gender equality is integrated into all aspects of CCM work. CCM actively worked on advocacy to amend the order of the Ministry of Labor and Social Protection to ensure access of women living with HIV to crisis centers. As part of this event, meetings were held with regional representatives of social services and employees of the Ministry of Labor and Social Protection and webinars on basic information about HIV infection in order to eliminate myths about the ways of transmission of HIV infection.

According to CCM work plan the following activities implemented on gender issues:

1) CCM Kazakhstan includes a representative of Network of Women Living with HIV participating in all the CCM meetings and CCM working groups. CCM will continue to study the impact of gender equality and the definition of indicators for measuring results on containing the HIV epidemic at a concentrated stage, reducing HIV mortality and increasing cure rates. The Network of Women Living with HIV will continue to work to strengthen the capacity of WLHIV to ensure access to health services and reduce stigma and discrimination. It is also planned to conduct a Gender Assessment of the National Response to HIV in the Republic of Kazakhstan and develop a joint advocacy plan aimed at building the capacity of the community of Women living with HIV for possible cooperation with UN agencies for 2023.2) Technical working group on gender equality issues is operational ensuring implementation of women and girls interests and priorities; Representatives of the gender working group participated in the development of a clinical protocol for survivors of gender-based violence (GBV), including sexual violence, on case management and algorithm of medical and social care services within the national health-care system. The clinical protocol includes sections on post-exposure prophylaxis (PEP), early syndrome-based therapy of STIs, other medical services, as well as psychological support for GBV survivors. Cross-generational relationships and gender-based violence are two additional factors driving HIV transmission.

VI. Cross-Cutting Themes

The project aimed to contribute to the achievement of the Sustainable Development Goals specifically to SDG 3 on good health and well-being; SDG 5 on empowering women and girls by contributing to women's participation and equal opportunities for leadership at all levels of decision-making in public life. The interlinkages between SDGs addressed in partnership among different sectors to stabilize HIV epidemic at the concentrated stage and strengthen National TB programme.

VII. Lessons Learned

1) Improved interaction between different sectors representatives through the expanded CCM meeting.
2) Regular meetings/workshops with participation of the Government, Non-government representatives, including the project beneficiaries to improve future programming.
3) Good communication between CCM stakeholders, CCM meeting preparations and a strong, well-functioning CCM Secretariat, all contribute to better CCM oversight.
4) The CCM Chair and other CCM members should be aware of and be able to implement the CCM functions.

5) The CCM establishment need to be approved by Decree of the Government.

VIII. Conclusions and Way Forward

Country Coordinating Mechanism operated in a good manner with extensive administrative, secretarial, communication and logistical support of the established Secretariat. CCM operated for mobilizing resources at the country level by developing and submitting funding requests to the Global Fund that reflect a gap analysis of national strategic plans. CCM provided oversight to grant implementation to ensure successful outcomes. CCM improved their knowledge and skills with involvement of international experts with the support of the Technical advisory team of the Global Fund and UNAIDS office in Central Asia. Compliance with the eligibility requirements assessed using a special form developed by the Global Fund. Evaluations and other knowledge products of the CCM distributed by e-mail and published on the CCM website.
The CCM Transition plan is based on the following:

1. divide the functions of the CCM into three parts: the level of decision-making; expert level; Secretariat of the CCM;
2. transfer the decision-making level of the CCM to the National Coordinating Council for Health Protection under the Government of the Republic of Kazakhstan (NCC);
3. strengthen the leadership role of the NCC in the field of health protection by appointing the supervising Deputy Prime Minister of the Government of the Republic of Kazakhstan as the Chairman of the NCC;
4. take into account the expert opinions of UNAIDS and the Global Fund, when defining the expanded functions of the NCC;
5. to introduce representatives of patient non-governmental organizations, key population groups affected by socially significant diseases into the National Coordinating Council for Health under the Government of the Republic of Kazakhstan.
6. entrust the expert functions of the CCM to the National Scientific Center for Health Development named after. S.Z. Kairbekova at the expense of donor funding until 2025, in 2026-2028 - at the expense of a related grant, from 2029 - at the expense of the republican budget (state task);
7. leave the CCM Secretariat as an independent entity under UNDP;
8. continue donor funding from the Global Fund through UNDP for the CCM Secretariat until 2025, in 2026-2028 through UNDP - at the expense of a tied grant, from 2029 at the NSCHD - at the expense of the republican budget (state task).

Financial Status

The total budget of project for the 2022 year is 149,224 USD. The total expenditure in 2022 is USD 137,843.09. The total balance to date is USD 11,381.11.

Budget overview

Activity	Approved budget, total	Expenses accured	Planned	Total expenses (2022)
Activity 1	77,488	71405- Service contracts -Individuals	72,826	57,053.28
		75100 – F& A	4,662	4,126.92
Activity 2	68,993.20	71600 – Travel (field visits)	12,190	27,103.03
		75700 – Workshops & conferences	20,135.20	5,140.20
		71200 - International consultants	5800	7500
		71300 – Local consultants	8000	10,900.77
		73400 – Leased vehicles		233.39
		73100 – Rental & maintenance of premises	6950	3,846.69
		72400 – Communication & audio-visual equipment	80	1,623.53
		72500 – Supplies (stationery, office supplies)	100	19.68
		74100 – Management & reporting services		422.64
		74200 – Publications & translations		1877.43
		74500 – Miscellaneous expenses	100	116
		74596 – DPC GOE	1900	2,097.63
		74700 – Land transport		576.56
		64397 - DPC	7680	4,837.23
		75100 – F&A	5758	9,561.42
		76100- Realized Loss		-363.59
Activity 3	2,743	72400- Postage & email		739.29
		72500- Stationery		256.60
		74200- Printing & media	2700	-16.97
		74500 – DPC & bank charges	20	42.27
		75100- F&A	23	78.11
		76100- Realized Loss & Gain		-23.78
		64397 – Services to projects		94.76
Grand total	**149,224.20**		**149,224.20**	**137,843.09**

Prepared by:
Ryssaldy Demeuova
Coordinator of the CCM Secretariat

DocuSigned by:
Ryssaldy Demeuova
21657071F7A04C7...

Approved by:
Ainur Baimyrza
Head of Governance Unit

DocuSigned by:
Ainur Baimyrza
D069AF7925CF4FA...

IX. Annex

Insert the latest approved Annual Work Plan (AWP), relevant copies of media coverage, publications, etc. Specific reporting requirements from donors can also be inserted here.