UNITED NATIONS DEVELOPMENT PROGRAMME

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**PROJECT DOCUMENT**
***Kyrgyzstan***

**Project Title**: Effective HIV and TB control project in Kyrgyzstan
**Project Number:** 00110810
**Implementing Partner: UNDP**
**Start Date:** 01/07/2018 **End Date:** 31/12/2020
**PAC (CCM) Meeting date:** 15 Dec 2017, 28 June 2018[1]

## Brief Description

*Briefly describe the overall development challenge and the expected results of the project.*

Kyrgyzstan has a concentrated HIV epidemic among most at risk population groups (PWID, MSM and prisoners). Kyrgyzstan is also one of the 27 countries with a high burden of multi-drug resistant TB (MDR-TB) and one of the 18 high-priority countries in the WHO European Region.

The overall aim of the Effective HIV and TB Control Project is to reduce HIV and TB burden in Kyrgyzstan through ensuring universal access to timely and quality TB diagnosis and treatment, implementing evidence based HIV preventive activities focused primarily on key affected populations, providing treatment, care and support to PLHIV, creating enabling environment and ensuring programs sustainability. The overall Goals of TB/HIV Project are:

- To minimize the impact of the HIV epidemic by reducing 50% of the incidence and mortality by 2021 compared to 2015, as a stage towards eliminating the epidemic in the Kyrgyz Republic by 2030.
- To achieve 85% treatment success among sensitive forms of TB and 67% among MDR-TB by 2020 (according to NTP-5).

The project principles and priorities are consistent with the international policies and guidance of WHO and UNAIDS and it is integrated into the National TB Control Programme for 2017-2021 and HIV/AIDS Control Programme for 2017-2021. Objectives of the projects are to:

- Reduce the number of new HIV infections, especially among key populations by 50% by 2021 compared to 2015.
- Ensure that 90% of people living with HIV (PLHIV) are aware of their HIV status.
- Cover 90% of people living with HIV with antiretroviral therapy (ART) and achieve viral load suppression in 90% of people receiving ART by 2021.
- Achieve a reduction to less than 2% of mother-to-child transmission of HIV, which will lead to its elimination by 2021.
- To reduce the level of stigma and discrimination to zero in government organizations providing HIV-related services to key populations and PLHIV.
- Reduce to zero the number of laws, other regulations and practices that discriminate against

[1] (Annex #1. CCM Meeting Minutes as of 15 Dec 2017, Annex #2. CCM Meeting Minutes as of 28 June 2018).

people living with HIV and key populations.

- Ensure coordination and sustainable financing of HIV response measures by gradually increasing the share of government funding for HIV prevention and treatment programs to 50% by 2021.
- To ensure universal access to timely and quality diagnosis and treatment of all forms of TB including M/XDR-TB

"Effective TB and HIV control project in Kyrgyzstan" is the program continuation of previous successful implementation of TB and HIV grants, based on the Program Continuation Request submitted by CCM in December 2017.

The Programme aims to reduce TB and HIV burden in Kyrgyzstan through ensuring universal access to timely and quality TB diagnosis and treatment, implementing evidence based HIV preventive activities focused primarily on key affected populations, providing treatment, care and support to PLHIV, creating enabling environment and ensuring programs sustainability.

The UNDP GFATM Programme will further support the implementation of the state programmes on TB and HIV and will help the national institutions to deliver a complex of comprehensive measures to provide an access to TB and HIV diagnosis and treatment. UNDP in its role of the Principal Recipient of GF grants will be primarily focusing on ensuring delivery of prevention, diagnostic and treatment services as well as strengthening national capacity for programme development and implementation by building the capacities of sub-recipients, communities as well as government and civil society organizations.

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|---|
| Contributing Outcome (UNDAF/CPD, RPD or GPD):<br>UNDAF Outcome 4. By 2022, social protection, health and education systems are more effective and inclusive, and provide quality services.<br>Indicative Output(s) with gender marker[2]:<br>UNDAF Output 4.8 People have equitable access to affordable health care services and medicines guided by well governed, inter-sectorial and accountable health sector strategy and health programs. |

| | | |
|---|---|---|
| **Total resources required:** | 20,959,824 USD | |
| **Total resources allocated:**<br>20,959,824 USD | | |
| | **UNDP TRAC:** | |
| | **Donor:** | GFATM |
| | **Government:** | |
| | **In-Kind:** | |
| **Unfunded:** | | |

Agreed by (signatures)[2]:

| Government | UNDP | Implementing Partner |
|---|---|---|
| Print Name: | Print Name: ALIONA NICULITA UNDP RESIDENT REPRESENTATIVE A.I. | Print Name: |
| Date: | Date: 30 JUN 2018 | Date: |

[2] Note: Adjust signatures as needed

[2] The Gender Marker measures how much a project invests in gender equality and women's empowerment. Select one for each output: GEN3 (Gender equality as a principle objective); GEN2 (Gender equality as a significant objective); GEN1 (Limited contribution to gender equality); GEN0 (No contribution to gender quality)

## I. DEVELOPMENT CHALLENGE (1/4 PAGE – 2 PAGES RECOMMENDED)

*Describe the development challenge that the project seeks to address and how it is relevant to national/regional/global development priorities, as relevant. Include evidence to support the analysis, such as data demonstrating the magnitude of the problem and how it affects different population groups (esp. women and men, and minority and other excluded groups) and why it is important for poverty reduction and addressing inequality and exclusion. Identify the immediate, underlying and root causes of the challenge (including capacity limitations) which have been identified in the problem tree analysis feeding into the Theory of Change. Please be specific.*

Kyrgyzstan has a total population of 6.3[3][ million and the Gross National Income of USD 1,100 per capita.[1] The World Bank defines Kyrgyzstan as a lower-middle income country. There are no relevant changes observed in the country's epidemiological context both for Tuberculosis and HIV/AIDS as compared to the previous funding request that may impact the programs overall scope and objectives during next 2.5 years' cycle. The on-going TB/HIV grant is continuation of the Grant implemented from July 2016 – June 2018.

TB epidemiology

Tuberculosis re-emerged as an important public health problem after gaining independence in 1991 and its burden remains severe in the country.

Kyrgyzstan is one of the 30 high MDR-TB burden countries in the world and one of the 18 high -priority countries in the WHO European Region. The incidence for all TB forms has reached 144 (120-170) and mortality 6.7 (6.4-6.9) per 100,000 population.[5] According to the National TB Program (NTP), the notification data showed a steady downward trend over 2001-2009 with stabilization during 2010 – 2017. In 2017, a total of 5,616 newly TB cases have been registered. The highest incidence rates have been in Bishkek and the Chuy oblast due to internal labour migration; the lowest incidence has been registered in the Issyk-Kul oblast.

While there are important achievements of NTP during recent years, crucial challenges remain to be addressed. As in the other former Soviet Union republics, resistance to anti-TB drugs represents a serious obstacle to effective TB control. The level of MDR -TB is 25.6% among new and 61.2% among previously treated TB cases. The MDR/RR -TB detection rate has been increased due to introduction and scale-up of molecular tests for drug resistance (e.g. Hain, Xpert). Over the past eight years, MDR-TB cases increased from 528 in 2010 to 1,423 in 2017 while the detection of XDR-TB cases increased from 32 patients in 2010 to 157 in 2017.

**HIV Burden**

The HIV epidemic in Kyrgyzstan continues to be concentrated among key affected populations (KAP), mostly PWID, SW and MSM, with an estimated HIV prevalence rate in adult general population of 0.2 in 2017. According to national statistics, a total of 7,532 HIV cases were registered by 1 January 2018. The

[3] As of 01.08.2018

[4] WHO Global Tuberculosis Report 2017

estimated number of PLHIV is 7,600 (UNAIDS 2017, SPECTRUM). The number of newly diagnosed PLHIV stabilized over past years around 700 cases per year. During recent years, an increase in HIV infected women is observed: reaching around 35% out of the total number of the PLHIV in 2016 and 2017. Cases of HIV-infection have been registered in all administrative-territorial regions and towns.

According to the UNAIDS 2017 data 75% of People living with HIV who know their HIV status, 39% of estimated PLHIV are on ART and 28% of estimated PLHIV are virally suppressed.

According to 2014 size estimation, there are 25,000 (20,300 – 29,200) PWID, 7,103 (6,890-7317) SW and 21,800 MSM. The 2016 IBBS data showed an increase in HIV prevalence compared to 2013 IBBS in PWID (from 12.4% to 14.3%), in MSM (from 6.3% to 6.6%) and prisoners (from 7.6% to 11.4%); a stable prevalence has been observed in SW 2.2% in 2013 and 2.0% in 2016. An increase in HCV and syphilis prevalence has been noticed in majority of key populations. The predominant mode of HIV transmission is sharing equipment among PWID (49%), however transmission through heterosexual sex is increasing and currently accounts for 41%; the majority of PLHIV are in 20-49 age group. There is a decrease in MTCT from 8.3% in 2011 to 2% in 2016.

The average annual number of detainees in the penitentiary system is about 8,000 with about 3,500 annual turnover. The TB incidence in prisons is about 17.8 times higher compare to civilian sector; there is also high prevalence of HIV (11.3%), HCV (42.8%) and syphilis (16.5%).

Labour migrants represent a substantial share of the total country population, although its exact size is difficult to determine. The net migration was -113,963 in 2012 and involves primarily working-age population. It is considered that about 10% of newly diagnosed TB cases are in migrants. There is a need for further research and evidences on increase share of transmission through heterosexual sex in women and migrants.

Based on the above, programme activities will remain focused primarily on key population groups: PWID, MSM, SW, prisoners, and most vulnerable TB patients.

**TB/HIV Co-infection**

According to national statistics, by the end of 2017 24% of the cumulative number (7,532) of PLHIV registered in the country have been also diagnosed with TB (1,836 cases).

Among them, 900 (49%) are known to have died. In most cases (636 - 71 % of those who died), TB was the cause of death.

In 2016 89% of notified TB cases were tested for HIV and 3% were HIV-positive and 69% of them were on ART.

## II. STRATEGY (1/2 PAGE - 3 PAGES RECOMMENDED)

*Explain the detailed theory of change (ToC) for this project and what UNDP with partners will do to address the development challenge described above. Identify the approach that has been selected, with a clear rationale backed by credible evidence, integrating gender concerns into the approach. Identify what knowledge, good practices and lessons learned (including from evaluation) have informed the analysis of available choices and the selected strategy.*

*Detail the project's selected approach and explain how it is expected to lead to change at the output level. Clearly link the project's ToC to the programme/CPD's ToC by stating how the project*

*will contribute to the UNDAF/CPD outcome. State key assumptions about what will change, for whom, and how this will happen. Assumptions should include consideration of internal factors (relating to project design and implementation) and external factors (relating to other partners, stakeholders and context) that will be critical for achieving expected changes. Cite best available evidence which supports these key assumptions in the ToC, including findings from evaluation and other credible research, as well as knowledge, good practices and lessons learned from previous work by UNDP and others, in this country and in other relevant contexts.*

*It is good practice to include a theory of change diagram in the annex showing the linkages between the development challenge and the immediate, underlying and root causes.*

The overall aim of the Effective HIV and TB Control Project is to reduce HIV and TB burden in Kyrgyzstan through ensuring universal access to timely and quality HIV and TB diagnosis and treatment, implementing evidence based HIV preventive activities focused primarily on key affected populations, providing care and support to PLHIV, creating enabling environment and ensuring programs sustainability.

The **overall Goals of HIV/TB Project** are:

- To minimize the impact of the HIV epidemic by reducing 50% of the incidence and mortality by 2021 compared to 2015, as a stage towards eliminating the epidemic in the Kyrgyz Republic by 2030.
- To achieve 85% treatment success among sensitive forms of TB and 67% among MDR-TB by 2020 (according to NTP-5).
- The project principles and priorities are consistent with the international policies and guidance of WHO and UNAIDS and it is integrated into the National TB Control Programme for 2017-2021 and HIV/AIDS Control Programme for 2017-2021.

The project is built on lessons learned during implementation of previous Global Fund grants as well as on the existing capacity to fully address programmatic and financial gaps. The Effective TB and HIV Control Project is an integral element to the National TB and HIV/AIDS Programmes and involve Governmental and non-governmental organizations (NGOs). The project is constructed around 8 main Objectives, listed below under 9 key Modules:

**Objectives:**

- Reduce the number of new HIV infections, especially among key populations by 50% by 2021 compared to 2015.
- Ensure that 90% of people living with HIV (PLHIV) are aware of their HIV status.
- Cover 90% of people living with HIV with antiretroviral therapy (ART) and achieve viral load suppression in 90% of people receiving ART by 2021.
- Achieve a reduction to less than 2% of mother-to-child transmission of HIV, which will lead to its elimination by 2021.
- To reduce the level of stigma and discrimination to zero in government organizations providing HIV-related services to key populations and PLHIV.
- Reduce to zero the number of laws, other regulations and practices that discriminate against people living with HIV and key populations.
- Ensure coordination and sustainable financing of HIV response measures by gradually increasing the share of government funding for HIV prevention and treatment programs to 50% by 2021.

- To ensure universal access to timely and quality diagnosis and treatment of all forms of TB including M/XDR-TB

**Modules:**

- Comprehensive prevention programs for sex workers and their clients
- Prevention programs for other vulnerable populations
- Comprehensive prevention programs for MSM
- PMTCT
- Comprehensive prevention programs for people who inject drugs (PWID) and their partners
- Treatment, care and support
- TB/HIV
- TB care and prevention
- MDR-TB

Project interventions generally cover the full spectrum of TB control issues including the overall performance of TB control services and inter-sectoral approaches to for TB, DR-TB and TB/HIV control with special attention to the needs of vulnerable and at-risk populations. Regarding HIV/AIDS interventions, the Project requests to uphold and scale-up needle and syringe exchange programs for PWID, preventive programs for SW and MSM, preventive programs for prisoners, HIV testing and counselling for key affected populations, quality ARV treatment and monitoring, targeted capacity building, removing barriers, M&E, etc.

The Project targets health system strengthening, by intensifying TB and HIV case finding and improving TB and HIV case management, involvement of multi-disciplinary teams, support to improving quality and performance, and strengthening patient-centred approaches in TB and HIV/AIDS care delivery. It also addresses community system strengthening through small grant programs to NGOs in both TB and HIV domains, institutional capacity building, planning and leadership. It is important to mention that all project interventions cover both civilian and penitentiary sectors.

The Constitution of the Kyrgyz Republic guarantees equal rights for all regardless of sex, nationality and social status, and generally protects key affected populations from discrimination. The Law on HIV/AIDS provides for non-discrimination and the development of prevention programs for key populations. The Law on tuberculosis provides rights, obligations and social protection of people with tuberculosis and defines the way in which TB interventions are organized and legally regulated. Gender-sensitive approaches are increasingly used during development of different national policies, regulations and programmes, including disease specific. According to the legislation, the access to health services guaranteed by the state is equal for all citizens independently of gender; epidemiological data recorded and reported by the NAP and NTP include disaggregates by sex and age at all levels. At the same time, this project includes specific activities in addressing potential legal barriers to care, communication and de-stigmatization through innovative patient-centred approaches.

## III. RESULTS AND PARTNERSHIPS (1.5 - 5 PAGES RECOMMENDED)

### *Expected Results*

- *The text under this heading should translate the strategy above into the work we will do through the project. Describe the planned interventions of the project and explain why those interventions are best suited to achieve the intended results, linking this to the theory of change. State what change we expect to see that will be attributable to the project. Expected development change should be included in the results framework and monitored regularly by the project. Link the expected results to the relevant higher level results (i.e., programme outcome, UNDAF, Strategic Plan.)*

This project was designed taking into account the epidemiological country profile with the aim to ensure universal access to timely and quality diagnosis and treatment, especially MDR-TB and increase coverage and effectiveness of HIV prevention among key populations while providing treatment, care and support to PLHIV.

As drug-resistant TB is the major challenge for effective control of TB disease in the country, an important focus of the proposal is the further scale up of the rapid diagnostic technology – Xpert MTB/RIF, which allows to simultaneously diagnose TB and resistance to Rifampicin (close proxy of MDR in Kyrgyzstan settings).

To increase coverage of the key affected populations and increase effectiveness of prevention of sexual transmission from key populations to their sexual partners through consistent use of condoms, especially sex workers and MSM, the Project further scales up peer-driven interventions, strengthening behavioural change communication for each specific group, diversification of condoms and strengthening of counselling to reduce risk sexual behaviours etc.

A particular focus emphasizes the role of NGOs in community-based outreach with rapid HIV testing, timely clinical follow-up and start of ART and adherence and psychosocial support to PLHIV including home based care, as well as TB home-based treatment provision for most vulnerable TB patients. It also takes into account the need for further work on increasing medical workers and public awareness towards stigma reduction and strengthening M&E system as part of the process of service institutionalization and sustainability.

To address the need to improve TB/HIV collaborative activities, the Project will provide support to harm reduction sites that will improve links with specialized TB and HIV health departments to improve crosscutting links and TB/HIV collaborative interventions. The community-based sites establish their services on 'one stop shopping' approach and provide additional services to improve cost-efficiency, quality of services and coverage, e.g. outreach work, HIV testing and counselling, harm reduction, linking with other services (including TB/HIV collaborative), peer-to-peer consultation, psychological consultations, self-support and social support. The collaborative activities aiming for health system changes and strengthening of public health institutions collaboration have been addressed in the TB/HIV module.

The proposed objectives are aimed to be achieved through the following interventions:

- Improving the case detection and universal coverage with DR-TB diagnosis and treatment;
- Strengthening the TB laboratory network;
- Enhancing internal control in the TB and PHC facilities;
- Implementing the community TB care delivery;

- Scaling up the adherence to the TB treatment;
- Scaling up the diagnostic capacity of TB among children;
- Improving the TB program coordination and performance of the medical staff;
- Upholding and scaling-up needle and syringe programs and opioid substitution therapy as part of programs for PWID and their partners;
- Upholding and scaling-up behavioral change as part of programs for sex workers and their clients;
- Promoting behavioral change as part of programs for MSM;
- Upholding and scaling-up behavioral change as part of prevention programs for prisoners;
- Scaling-up HIV and counselling for key affected populations;
- Ensuring universal antiretroviral therapy and monitoring;
- Ensuring prevention of vertical HIV transmission;
- Providing counselling and psycho-social support, as part of care and support programs for PLHIV;
- Creating enabling environment for targeted evidence-base interventions;
- Contributing to removing human rights-related barriers to HIV services;
- Providing further support to strengthening of the routine reporting including second generation surveillance;
- Strengthening and involving communities in disease response and providing legal services to key affected populations;
- Improving NTP and National AIDS Program management;
- Providing support to further capacity building of national entities.

***Resources Required to Achieve the Expected Results***

- *Describe what resources are required to achieve the expected results. Thinking about the change pathway in your theory of change, state the key inputs (people, purchases, partnerships, etc.) that are required to deliver the outputs. This should include UNDP staff time from the country, region or HQ level, which must be adequately estimated, costed, and included in the project budget.*

All the required resources are explained in detail in the Detailed budget (Annex # 3) and List of Health Products for TB and HIV (Annexes # 4, #5).

***Partnerships***

- *Describe how the project will work with partners to achieve results and briefly map what other stakeholders and initiatives are doing to address the development challenge. This should not be simply a list of partners, it should be linked to the theory of change. For example, what are the assumptions and expected results achieved by partners that are critical for the achievement of results of this project?*

Program strategy is based on synergic action of all the relevant stakeholders: Ministry of Health, health institutions at all levels (National TB Centre, Oblast and City TB Hospitals, Republic AIDS Center, Republic Narcology Center, Primary Health Care Centers etc.), State Penitentiary Institution and civil society organizations, as well as UNDP acting as principal recipient of the GF funds.

Ministry of Health is in charge of leading the overall TB and HIV response in the country including the activities under this Project, while health institutions are crucial partners in the area of improving the case detection and ensuring the universal treatment coverage of TB and HIV patients. The major partners in this area:

- National TB Centre, City TB Centre in Bishkek, Oblast TB Centres (Chui, Naryn, Talas, Issyk-Kul, Osh, Jalal-Abad, Batken) – to implement TB control activities related to case detection, diagnosis and treatment, including prison settings: necessary diagnostics, routine drug resistance surveys, implementing the Xpert MTB/RIF methodology, TB treatment and care, infection control measures etc.
- Republican AIDS Centre – to implement prevention programs for PWID and their partners, SW and their clients, MSM, prisoners, HIV testing and counselling for key affected populations, counselling and psycho-social support to PLHIV and KPG members, capacity building for medical and non-medical service providers, M&E system strengthening and stigma reduction activities.
- National Narcological Centre – to implement OST programs for PWID, including prisoners and link services with other Project activities.
- State Penitentiary Service – to implement and monitor TB treatment within prisons.
- NGOs - the role of NGOs is crucial in community-based outreach with rapid HIV testing, timely clinical follow-up and start of ART and adherence and psychosocial support to PLHIV including home based care, as well as in increasing coverage of the key affected populations and increasing effectiveness of prevention of sexual transmission from key populations to their sexual partners through consistent use of condoms, especially among sex workers and MSM, needle exchange programmes for PWID. The civil society organizations active in the field of TB would provide support to TB patients in relation to treatment adherence improvement and monitoring support to the sputum specimen transportation.

***Risks and Assumptions***

- *Specify the key risks that can threaten the achievement of results through the chosen strategy and the assumptions on which the project results depends. Describe how project risks will be mitigated, especially how potential adverse social and environmental impacts will be avoided where possible and otherwise managed. Refer to the full risk log, which should be attached as an annex.*

No major external risks have been anticipated that may negatively affect the implementation of the proposed interventions. Still, there are some issues that should be described as factors contributing to risk appearance:

- External funding and sustainability: External financial support still provides the significant share of the funding for HIV and TB interventions.

  The total budget of the 5-year State Program (2017-2021) is 4,222,317 thousand soms, of which funding from government sources and grants in amount of 2,414,062 thousand som has been confirmed (budget deficit 42.9%). The national TB program will be financed from the state budget (44%), international organizations (24%), the budget deficit is 32%.

The government of Kyrgyzstan is committed to fighting the TB and HIV epidemics and allocated over past years increasing amounts of financial, human and infrastructural resources to health, particularly to cover the substantial costs of staff, medical interventions and facility expenses.6 At the same time the Government has made serious steps in overtaking funding for essential services as are TB first line drugs, some HIV diagnostic, diagnosis of opportunistic infections and treatment, STIs diagnostics, etc. However, some priority areas of the TB and HIV/AIDS programs are still financed only by GF, including diagnosis, treatment, preventive interventions in KAP (PWID, SW, MSM, prisoners) and community-based care and support for people with diseases.

CCM is aware that the resources required to end the two epidemics are greater than currently available. That is why, in order to make expected impact, the programs are better focused towards populations most likely exposed to both diseases. The "allocative efficiency" has been embedded into TGF on- going grant to focus investment to the right populations, in the right places and building better systems of support.

As the national programme becomes increasingly reliant on national financing there is a risk that some programme activities may be delayed. Any significant reduction of this support would negatively affect the sustainability of activities under this grant. To mitigate this risk, the CCM will continue to monitor the Governments contribution and ensure there is adequate funding from National sources to complement this funding request and ensure a sustainable national response.

- Governance, Leadership and Coordination: strong leadership across government, combined with effective CCM coordination and demand for performance accountability from all stakeholders is vital to the achievement of the programme results. Therefore, any significant changes in the current political environment (changes within Ministry of Health, changes of the Government, changes of the managerial positions within the main implementing partners), weak governance and insufficient commitment of the main stakeholders, lack of evidence based decisions at National or CCM level could seriously undermine the implementation of this programme and the planned results.
- In addition, any changes in the legislative environment, such as a law to prohibit non-traditional sexual relations may make it difficult to implement affect programmes with sex workers and MSM. Further any changes restricting the use of methadone, would seriously affect the ability of the programme to enrol and retain clients in the MMT programme.
- Continuation of harmful practices (police raids) towards Sex Workers could seriously undermine the prevention programme coverage. The mitigation measure would be the strengthening of the Parliament oversight mechanism to monitor and adequately follow up on the harmful practices, advocacy work with Police, Parliament and Government.
- Delays in implementation of social contracting mechanism would affect the financing of the adequate number of NGOs participating in the HIV response and as such, jeopardize the achievement of the planned targets. The CCM, with the support of other key Government entities, civil society and development partners, will undertake continuous advocacy activities to ensure wide political commitment towards the fight against HIV and TB, mitigating these risks as well as promoting the effective engagement of civil society in leadership and decision-making.

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[6] Den Sooluk Health Reform Program, http://densooluk.med.kg/en/

- Financial Flow and Management: the ability of Government and development partners to effectively and efficiently disburse, manage and/or account for funds may negatively affect implementation of this programme. Measures to mitigate these risks include capacity building for financial management and reporting at all levels. CCM will regularly monitor movement of funds to timely identify bottlenecks and address accordingly, reduce loss of the funds and risk of such loss or fraud, as well as streamline accountability structures. In addition, delays in disbursements from the Global Fund may affect timely implementation of certain activities.
- Procurement and Supply Management: the ability of programme to timely procure quality assured health products in adequate quantities along with achieving cost efficiencies throughout all stages of the procurement and supply chain, ensuring the reliability and security of the distribution chain and encouraging appropriate use of health products are key to its success. To mitigate the supply chain management related risks UNDP will perform regular monitoring visits and spot checks, hold regular meetings with all national and international partners aimed at contributing to better coordination of all the international partners' efforts in the areas of TB and HIV response in order to prevent the shortages/expiration of drugs.
- Stigma and discrimination towards PLHIV, TB patients and key populations: the programme provides treatment care and support in State and NGO entities. Stigma and discrimination remains a major barrier to accessing services. This may be a perceived or real discrimination from medical professionals and/or society. As a result of stigma and discrimination, or fear of it, members of vulnerable groups may be reluctant to disclose their status, and follow up on the results of testing/survey/medical examinations, even if they have access to services. Certain project activities focus to creating and sustaining an enabling environment, advocacy and protection of human rights including peer support, street lawyers and peer driven interventions as a genuine desire to increase programme coverage. The CCM membership ensures that all populations are represented and any reported human rights violations will be thoroughly investigated by the CCM oversight committee.

***Stakeholder Engagement***

- Identify key stakeholders and outline a strategy to ensure stakeholders are engaged throughout, including:
  - *Target Groups: Identify the targeted groups that are the intended beneficiaries of the project. What strategy will the project take to identify and engage targeted groups?*
  - *Other Potentially Affected Groups: Identify potentially affected people and a strategy for engagement and ensuring they have access to and are aware of mechanisms to submit concerns about the social and environmental impacts of a project (e.g. UNDP's Social and Environmental Compliance Review and Stakeholder Response Mechanism).*

**Target Group/Beneficiaries**

- All TB, RR/MDR-TB and XDR TB patients (children and adults)People living with and affected by HIV/AIDS
- People who inject drugs
- Sex workers
- Men who have sex with men

- Prison inmates
- Infants, children and pregnant women (through prevention of mother-to-child transmission)
- Law-makers and law enforcement agents
- Health care personnel
- General population

The current Global Fund supported programme is focused primarily on people who inject drugs, men having sex with men, sex workers and prisoners as the most affected populations in Kyrgyzstan, as well as most vulnerable TB patients, including migrants:

***People who inject drugs.*** Based on 2016 integrated bio-behavioural surveillance (IBBS) in key populations, the HIV prevalence among PWID is 14.3% in Kyrgyzstan, showing a slight increase (from 12.4%) compared to 2013 IBBS. PWID also have the highest prevalence of HCV (60.9%) compared to other key affected populations.

***Men having sex with men.*** HIV prevalence among MSM at the country level remains at the same level (6.3% vs. 6.6% ). The condom use during last anal sex with a male partner is 81%. The majority of MSM (94.1%) used some lubrication during anal sex with a male partner, and mainly it was a special gel (lubricant)- 98%. There has been observed high sexual activity among MSM, the majority of whom (78.9%) had sexual relationship with more than one partner during the last 12 months. At average, MSM respondents had 11 sexual partners, median number made up 4 partners. There also has been observed a large amount of relationships with accidental sexual partners (34.3%) and with commercial sexual partners (7.8%). At the national level 37.8% of respondents confirmed receiving minimal package of services (IEM and condoms) and 20.2% had HIV test in the past 12 months. The prevalence of HCV and syphilis was 7.3% and 10.8% respectively.

***Sex workers.*** The 2016 IBBS among SW showed 2% HIV prevalence, whereas HCV and syphilis prevalence were 3.3% and 25.1% respectively. Condom use with clients at last sex was 97.2% while the median number of clients in the previous month reported was 42. Condom use with non-commercial sex partner at last sex was lower (80%). Almost half of SW (43%) reported participation in preventive programs (IEM and condoms) and about 49% reported HIV testing during the last 12 months. 39.5% of SW had STI symptoms and 84% out of them received treatment.

***Prisoners.*** According to the data provided by the SSES as of 31 December 2017 8,522 prisoners were officially registered in penitentiary system. The high prevalence of HIV (11.3%) and HCV (42.8%) among prisoners may indicate to injection drug issue in prison. Prevalence of syphilis was 16.5%. About 13% of respondents reported coverage with minimum three services (condoms, syringes and informational materials). About 26.1% of respondents reported HIV testing during the last 12 months. There is a significant difference in the prevalence of HIV, HCV and antibodies to syphilis, depending on the frequency of detention which may indicate that prisoners with higher number of detentions may have greater prevalence of risky injecting and sexual behavior practices. 133 new and 66 TB relapse cases were notified in the penitentiary system in 2017. According to NTP, the TB incidence among prisoners consists of 1496,2 per 100,000 population or 17 times higher compared to civilian sector.

***Migrants.*** Labour migrants represent a substantial share of the total country population, although its exact size is difficult to determine. According to the World Bank, the net migration was 131,593 in 2010 and involves primarily working-age population. The NTP documented that 9,7% of newly diagnosed TB cases in

2017 and 10.7% in 2016 have been migrants4 from 12% till 17% of newly detected cases are from the southern regions of Kyrgyzstan. Over the last four years, 2217 people diagnosed with TB came from abroad; majority are from southern regions of Kyrgyzstan.

***South-South and Triangular Cooperation (SSC/TrC)***

- *Describe how the project intends to use SSC/TrC to achieve and sustain results, if applicable.*

Project strategies are based on the best practices from the other countries with similar epidemiological and economic background. Further capacity building of national partners would be strengthen through information/knowledge sharing and participation of relevant representatives of national institutions and NGOs in the regional conferences/workshops.Project also supports sevral National NGO Networks whose primary task is to support capacity development of NGOs and targeted communites.

***Knowledge***

- *Describe any specific knowledge products, besides evaluations, that will be produced by the project (e.g., publications, databases, media products, etc.) and how the project will create visibility for knowledge and lessons learned generated by the project so others can benefit.*

Different protocols and SOPs will be supported throughout the project (new TB treatment protocols, new ART schemesof 3rd line drugs etc.). TB database implementation on the regional and rayon level would support better tracking of treatment outcomes as well as better drug quantification and planning.

***Sustainability and Scaling Up***

- *Describe how the project will use relevant national systems, and specify the transition arrangement to sustain and/or scale-up results, as relevant. Describe how national capacities will be strengthened and monitored as relevant, and how national ownership will be ensured.*

Project will continue to support further capacity development activities with all national partners in both areas, HIV and TB, will be implemented in the area of new treatment protocols, drug forecasting and quantification, data management (data recording and reporting), M&E activities. In addition, project will support, though engagement of the local experts, addressing the recommendations of the previous Capacity Assessment of the Ministry of Health in the areas of drugs procurement, social contracting and drug registration. Project will further support advocating for continuous progressive increase of domestic financing for sustainable national response in both diseases.

## IV. PROJECT MANAGEMENT (1/2 PAGES - 2 PAGES RECOMMENDED)

***Cost Efficiency and Effectiveness***

- *Identify how the strategy is expected to deliver maximum results with available resources, with reference to evidence on similar approaches in this country or similar contexts. Include measures based on good practices and lessons learned. Explain why the selected pathway is the most efficient and effective of available options. Possible approaches can include:*
  - *i) Using the theory of change analysis to explore different options to achieve the maximum results with available resources*

*ii) Using a portfolio management approach to improve cost effectiveness by leveraging activities and partnerships with other initiatives/projects*

*iii) Through joint operations (e.g., monitoring or procurement) with other partners.*

The proposed activities in the area of prevention, diagnostics and treatment are in line with the actual relevant WHO recommendations and guidelines, as well as the best practices from other countries. Procurement of drugs, reagents and other health products is planned taking into account the actual national diagnostic and treatment protocols and WHO recommendations, and carefully aligned with the national procurement aimed at ensuring timely, quality and uninterrupted supply. In addition, the project activities have been planned taking into account the increasing contribution of the Government in taking over some key financial needs of the programmes, including supply of first-line anti-TB drugs (100%), PMTCT, ARV (20% in 2019 and 30% in 2020) and second-line anti-TB drugs supply (10% in 2019, 15% in 2020).

***Project Management***

*Information on the location(s) where the project will be operationalized, the number and location of physical project offices, arrangements for dedicated or shared operations support, how the project will work with other projects, etc. In this section, also describe the audit arrangements, collaborative arrangements with related projects and UNDP Direct Country Office Support Services and direct project costing, if applicable.*

Project activities are aimed to cover the whole country. UNDP as the Principal Recipient will execute its functions and apply procedures in accordance to the Global Fund requirements and in compliance with the national legislation. The PR will be responsible for all practical issues related to the project implementation including oversight of the Sub-recipients (SRs) which are seen as main technical partners of the Project. The PR will further perform the functions of procurement (of health and non-health products, equipment and services), financial management, project-related monitoring and evaluation and reporting to the Global Fund.

The following SRs have been identified for this Project:

- National TB Centre (including services for prisoners), City TB Centre in Bishkek, Oblast TB Centres (Chui, Narin, Talas Issyk-Kul, Osh, Jalal-Abad, Batken – to implement TB control activities related to case detection, diagnosis and treatment, including prison settings: necessary laboratory investigations, routine drug resistance surveys, Xpert MTB/RIF methodology, TB treatment and care, infection control measures etc.
- Republican AIDS Centre – to implement prevention programs for PWID and their partners, SW and their clients, MSM, prisoners, HIV testing and counselling for key affected populations, counselling and psycho-social support to PLHIV and KAP, capacity building for medical and non-medical service providers, M&E system strengthening and stigma reduction activities.
- National Narcological Centre – to implement OST and NEP programs for PWID, including prisoners and link services with other Project activities.
- The civil society organizations active in the field of TB and HIV/AIDS control will be contracted based on tender procedure.

All above listed governmental SRs had passed capacity assessment in the previous Grant cycle and neither of them had any significant issue identified and were classified as "low risk", while NGOs who will pass the

tender process will be evaluated against defined minimum technical requirements for respective areas of program implementationThe activities of SRs will be continuously monitored including verification of programmatic and financial indicators towards project implementation progress and regular visits to SRs project sites. Progress Updates and Disbursement Requests will be submitted to GF on a semi-annual basis or as otherwise agreed; other documentation will be provided as requested by GF and LFA.

The CCM and MOH will ensure practical coordination and collaboration with all involved stakeholders. The Local Fund Agent (currently United Nations Office for Project Services, Kyrgyzstan) will act within the Terms of Reference agreed upon with the Global Fund, including on-site verifications of project performance. External audits evaluating the project performance and financial management of SRs are an integral part of the proposed management arrangements and is performed on annual basis based on the risk rating assigned to the country and corresponding financial threshold.

## V. RESULTS FRAMEWORK[7]

| Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework: | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets:** | | | | | | | | | | | |
| **Applicable Output(s) from the UNDP Strategic Plan:** | | | | | | | | | | | |
| **Project title and Atlas Project Number:** Effective HIV and TB control project in Kyrgyzstan, 00110810 (**Annex #6.** Performance Framework) | | | | | | | | | | | |
| **EXPECTED OUTPUTS** | **OUTPUT INDICATORS[8]** | **DATA SOURCE** | **BASELINE** | | **TARGETS (by frequency of data collection)** | | | | | | **DATA COLLECTION METHODS & RISKS** |
| | | | **Value** | **Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year ...** | **FINAL** | |
| **Output 1** *Specify each output that is planned to help achieve the outcome.* | ***1.1*** *State each output indicator.* | | | | | | | | | | |
| | ***1.2*** | | | | | | | | | | |
| | ***1.3*** | | | | | | | | | | |
| | ***1.4*** | | | | | | | | | | |
| **Output 2** | ***2.1*** | | | | | | | | | | |
| | ***2.2*** | | | | | | | | | | |

[7] UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

[8] It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | *2.3* | | | | | | | | | | |

## VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans: *[Note: monitoring and evaluation plans should be adapted to project context, as needed]*

**Annex # 7.** HIV Monitoring and Evaluation Plan

**Annex # 8.** TB Monitoring and Evaluation Plan

### Monitoring Plan

| Monitoring Activity | Purpose | Frequency | Expected Action | Partners (if joint) | Cost (if any) |
|---|---|---|---|---|---|
| **Track results progress** | Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs. | Quarterly, or in the frequency required for each indicator. | Slower than expected progress will be addressed by project management. | | |
| **Monitor and Manage Risk** | Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk. | Quarterly | Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken. | | |
| **Learn** | Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project. | At least annually | Relevant lessons are captured by the project team and used to inform management decisions. | | |
| **Annual Project Quality Assurance** | The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project. | Annually | Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance. | | |
| **Review and Make Course Corrections** | Internal review of data and evidence from all monitoring actions to inform decision | At least annually | Performance data, risks, lessons and quality will be discussed by | | |

| | | | | | |
|---|---|---|---|---|---|
| | making. | | the project board and used to make course corrections. | | |
| **Project Report** | A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period. | Annually, and at the end of the project (final report) | | | |
| **Project Review (Project Board)** | The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences. | Specify frequency (i.e., at least annually) | Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified. | | |

## Evaluation Plan[9]

| Evaluation Title | Partners (if joint) | Related Strategic Plan Output | UNDAF/CPD Outcome | Planned Completion Date | Key Evaluation Stakeholders | Cost and Source of Funding |
|---|---|---|---|---|---|---|
| e.g., Mid-Term Evaluation | | | | | | |

[9] Optional, if needed

## VII. MULTI-YEAR WORK PLAN [10][11]

*All anticipated programmatic and operational costs to support the project, including development effectiveness and implementation support arrangements, need to be identified, estimated and fully costed in the project budget under the relevant output(s). This includes activities that directly support the project, such as communication, human resources, procurement, finance, audit, policy advisory, quality assurance, reporting, management, etc. All services which are directly related to the project need to be disclosed transparently in the project document.* **Annex # 3.** Multi-Year Detailed Budget and Work Plan

| EXPECTED OUTPUTS | PLANNED ACTIVITIES | Planned Budget by Year | | | | RESPONSIBLE PARTY | PLANNED BUDGET | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Y1 | Y2 | Y3 | Y4 | | Funding Source | Budget Description | Amount |
| **Output 1:** | 1.1 Activity | | | | | | | | |
| *Gender marker:* | 1.2 Activity | | | | | | | | |
| | 1.3 Activity | | | | | | | | |
| | MONITORING | | | | | | | | |
| | **Sub-Total for Output 1** | | | | | | | | |
| **Output 2:** | 2.1 Activity | | | | | | | | |
| *Gender marker:* | 2.2 Activity | | | | | | | | |
| | 2.3 Activity | | | | | | | | |
| | MONITORING | | | | | | | | |
| | **Sub-Total for Output 2** | | | | | | | | |
| **Evaluation** *(as relevant)* | EVALUATION | | | | | | | | |
| **General Management Support** | | | | | | | | | |
| **TOTAL** | | | | | | | | | |

[10] Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

[11] Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

## VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

*Explain the roles and responsibilities of the parties involved in governing and managing the project. While an example diagram is below, it is not required to follow this diagram exactly. A project can be jointly governed with other projects, for example, through a national steering sub-committee linked to Results Groups under the UNDG Standard Operating Procedures for countries adopting the Delivering as One approach.*

*Minimum requirements for a project's governance arrangements include stakeholder representation (i.e., UNDP, national partners, beneficiary representatives, donors, etc.) with authority to make decisions regarding the project. Describe how target groups will be engaged in decision making for the project, to ensure their voice and participation. The project's management arrangements must include, at minimum, a project manager and project assurance that advises the project governance mechanism. This section should specify the minimum frequency the governance mechanism will convene (i.e., at least annually.)*

The Country Coordination Mechanism (CCM), consisting of representatives of all interested parties (relevant governmental institutions and CSOs, led by Ministry of Health of Kyrgyz Republic) oversees the overall implementation of the project and ensures proper coordination between different sectors as well as different programs implemented by other external partners. CCM is in charge of making the key financial and programmatic decisions and of addressing the main problems and challenges related to the project.

The CCM will monitor the project progress to ensure that the activities are carried out according to the work plan and indicators of programmatic and financial performance are accomplished. Dashboard with all relevant data for the semester reporsting period will be regularly submitted to CCM after Progress Update report submission to the Global Fund nd afterwords dicussed on the CCM meeting.

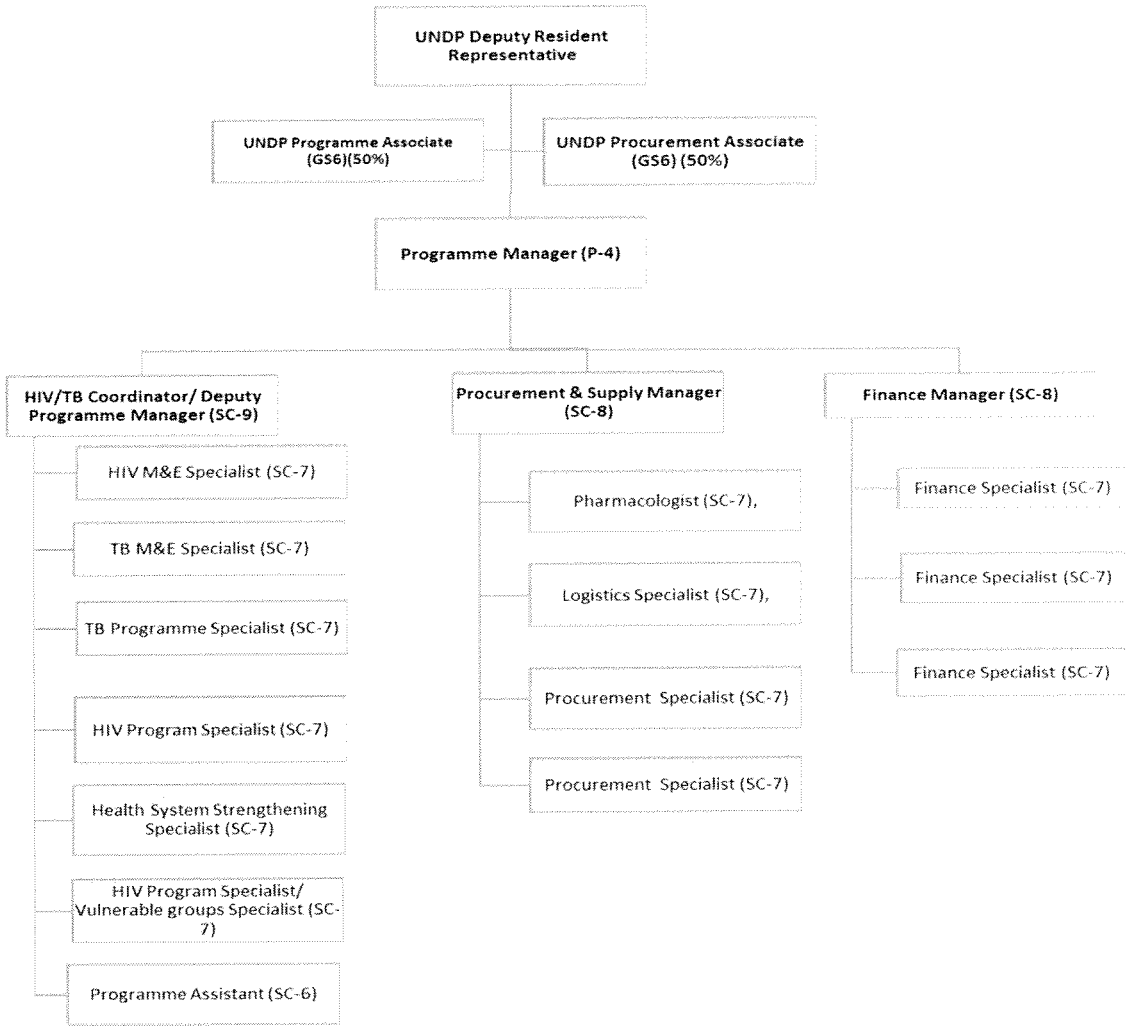
The CCM meetings will be convened quarterly or more frequently, as per the actual needs. Technical working groups for TB and HIV will work with the stakeholders between the CCM meetings and prepare the documentation to be endorsed by the CCM. The CCM and the Ministry of Health will ensure coordination of the GF programme with other programs and development initiatives, as well as with all local partners involved.

On semi-annual basis, the Principal Recipient will submit the dashboards for review by the CCM. These dashboards will reflect the current project implementation progress, achievement of indicators, financial expenditures and implementation challenges and problems. The CCM will use this information to approve the changes in the program setup and resource allocation when necessary. The CCM will negotiate the recommended changes with the Global Fund through the country's Fund Portfolio Manager and the GF Country Team.

The Principal Recipient will execute its functions and apply procedures in accordance to the Global Fund requirements and in compliance with the national legislation. The PR will be responsible for all practical issues related to the project implementation including oversight of the Sub-recipients (SRs). The PR will undertake the functions of procurement (of health and non-health products, equipment and services), financial management, project-related monitoring and evaluation and reporting to the Global Fund.

Project management is done by **Project Implementation Unit** (Figure 1.)

**Figure 1.** UNDP GF Project Implementation Unit structure (July 2018-Dec 2020)




## IX. LEGAL CONTEXT

*[NOTE: Please choose **one** of the following options, as applicable. Delete all other options from the document]*

**Option a. Where the country has signed the Standard Basic Assistance Agreement (SBAA)**

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of Kyrgyzstan and UNDP, signed on 14 September 1992. II references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

This project will be implemented by Implementing Partners in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not

provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

## X. RISK MANAGEMENT

*[NOTE: Please choose **one** of the following options that corresponds to the implementation modality of the Project. Delete all other options.]*

**Option b. UNDP (DIM)**

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)

2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the [project funds][12] [UNDP funds received pursuant to the Project Document][13] are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

3. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

4. UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

5. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

6. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:

    a. Consistent with the Article III of the SBAA *[or the Supplemental Provisions to the Project Document]*, the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP's property in such responsible party's, subcontractor's and sub-recipient's custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:
        i. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
        ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.

    b. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.

    c. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and

[12] To be used where UNDP is the Implementing Partner

[13] To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.

d. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.

e. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.

f. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

g. *Choose one of the three following options:*

*Option 1:* UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of this Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail any responsible party's, subcontractor's or sub-recipient's obligations under this Project Document.

*Option 2:* Each responsible party, subcontractor or sub-recipient agrees that, where applicable, donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities which are the subject of the Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

*Option 3:* UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement.

Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

*Note:* The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

h. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.

i. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.

j. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled "Risk Management Standard Clauses" are adequately reflected, *mutatis mutandis*, in all its sub-contracts or sub-agreements entered into further to this Project Document.

## XI. ANNEXES

Annex #1. CCM Meeting Minutes 15 December 2017;
Annex #2. CCM Meeting Minutes 28 June 2018;
Annex #3. Detailed budget and Workplan
Annex #4. List of Health Products HIV
Annex #5. List of Health Products TB
Annex #6. Performance Framework
Annex #7. M&E Plan HIV
Annex #8. M&E Plan TB

**Project Board (CCM) Terms of Reference and TORs of key management positions:**
http://www.hivtbcc.kg/en/npa/pravila-i-procedury-komiteta-ksoz