Central Asia Region

Operational Plan Report

FY 2011

Operating Unit Overview

OU Executive Summary

Background

The HIV epidemic in Central Asia is concentrated in a small group of most-at-risk populations (MARPs), but is one of the fastest growing in the world. Reported HIV prevalence among the general population is estimated at 0.1% across the region (from a high of 0.3% in Tajikistan to virtually 0% in Turkmenistan). Of the total 61.3 million people in the region, 70,500 individuals are thought to be infected with HIV, and 27,500 cumulative HIV/AIDS cases have been registered to date.

Central Asia is a key transit area in the global traffic of heroin, resulting in enormous adverse consequences for the region. The size and concentration of drugs trafficked to destination markets in Russia and Europe from Afghanistan have overwhelmed local law enforcement capacities, generated corruption, fueled violence and instability, and spread addiction. In addition, the use of heroin through injection has brought a host of acute and chronic health problems, including the transmission of blood-borne diseases such as HIV and hepatitis C.

The HIV/AIDS pandemic in Central Asia is mainly fueled by injecting drug users (IDUs) concentrated in urban centers and along drug transport corridors from Afghanistan through Tajikistan, Uzbekistan, Kyrgyzstan, and Kazakhstan. The UN Organization for Drugs and Crime (UNODC) estimates that up to 1% of adults are heroin users and sentinel surveillance data indicate 70-80% of all drug users are IDUs. HIV prevalence rates of IDU range from 4.2% in Kazakhstan to 17.6% in Tajikistan. Sentinel surveillance data of IDU found HIV prevalence as high as 34% in parts of Uzbekistan. As of 2008, three-quarters of all HIV infections were due to injection drug use in Kazakhstan and Kyrgyzstan and approximately 60% in Uzbekistan and Tajikistan. The government of Turkmenistan does not report any HIV infections.

While injecting drug use remains the predominate driver of the epidemic, sexual transmission is playing an increasingly important role. Based on 2008 data from Central Asia's ministries of health, as much as 29% of HIV infections have been attributed to sexual transmission, with what seems to be an increasing trend. Unsafe sex by IDU and their sexual contacts, including sex workers (SWs), constitute a key bridge to the general population. Moreover, marginalized members of society, including prisoners and men who have sex with men (MSM), are less likely to have easy access to information and HIV prevention services, increasing their risk of infection. With HIV highly concentrated among these relatively small high-risk groups, there is still an opportunity to stem the growing spread of the pandemic to the general population. To do so, governments and their partners must act quickly and decisively with interventions focused on stopping transmission among and from key MARP groups. The USG will aggressively target prevention among IDUs and SWs as the primary drivers of the Central Asian HIV pandemic.

Sustainability and Country Ownership

The goal of the USG is to promote a sustainable approach to the HIV pandemic in the region. The relative wealth of resources found in Central Asia allows the USG to focus on assisting governments to develop more comprehensive, effective and sustainable approaches to the epidemics facing their countries, rather than fulfilling immediate humanitarian needs.

A guiding principle of the PEPFAR CAR program is to not directly fund activities that are otherwise politically feasible for, and in the resource capacity of, host governments to carry out. Rather than finance a broad range of HIV-related activities, the USG will focus on those interventions that capitalize on PEPFAR's comparative advantage and technical strengths to improve results and extend the reach of

other resources in the region. The CAR PEPFAR program will strategically target its relatively modest resources to promote best practices, policies and improved services to the populations most at risk of transmitting HIV, and those most marginalized in society. These activities will include outreach to key MARP groups (IDUs, CSWs, MSMs, prisoners and migrants) and improving the quality of services for these groups through training and providing updated technical approaches to service providers in order to work more effectively with MARP groups.

The focus of USG activities is to assist in the development of governments to undertake their own activities and fund them through their own budgets, rather than create the expectations of long-term USG funding. Emphasizing technical assistance, capacity-building, advocacy for sustainable policies and community outreach are all designed to encourage sustainability and country ownership, rather than dependency. The USG does not expect to engage in the purchase or distribution of antiretroviral (ARV) therapies, or in the purchase of methadone for medication-assisted therapy (MAT). The USG will train caregivers, encourage MARPs to access HIV/AIDS services, advocate for positive behavior change, and promote more efficient and effective service delivery. The USG will work to mainstream attention to MARPs into national prevention, treatment and care systems that are more inclusive, effective and comprehensive. Greater integration of MARPs into national responses to HIV/AIDS will promote greater sustainability in governments' own efforts to arrest the epidemics.

Each government in Central Asia has adopted a National HIV Strategy in which they prioritize prevention and all recognize the importance of targeting MARPs. Ministries of Health (MOHs) are the main government institutions for HIV prevention and control efforts in Central Asia. The USG has a long history of strengthening basic government systems and program management capacity in the region, including a growing undercurrent of evidence-based decision-making to replace the old Soviet style command hierarchy. The PEPFAR program will continue this close relationship with MOHs and other government units, as a supporting and technical assistance partner under national leadership. In conjunction with the governments and Country Coordinating Mechanisms (CCMs), the USG will provide technical assistance as requested in the development of their five year national HIV programs. The USG program will also provide direct funding agreements with health ministries to build service delivery capacity and increase coverage

Integration across the USG

USAID and CDC are the two main agencies working on technical and policy interventions under PEPFAR in Central Asia. The Peace Corps will also contribute through community and peer education and MARP networks. Though the agencies and implementers may be working on similar areas or service networks, each will contribute a specific technical component, system support, or enabling action to the policy and regulatory environment to increase the overall impact of the set of activities within an area or service network.

The PEPFAR Coordinator's Office, which oversees the PEPFAR program in Central Asia, works under the leadership of the five U.S. Ambassadors to Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan, and under the day-to-day oversight of the U.S. Ambassador to Kazakhstan, or his or her designate, as part of the USG PEPFAR Team in Central Asia. Each U.S. Embassy in Central Asia is encouraged to participate in PEPFAR planning, management and oversight of the program in their respective country.

The program will work closely with MOHs and other stakeholders in developing country-specific work plans. The USG agencies and their implementing partners will conduct regular (quarterly) joint program reviews to share observations on progress toward expected results and lessons learned and will integrate these joint reviews into the regular monitoring plans of the MOHs to enhance local ownership and appreciation of results. The PEPFAR program will seek to integrate its specific work planning into that of the MOH and other key players in HIV/AIDS in each country, including the Global Fund to Fight AIDS,

Tuberculosis and Malaria. This integration will ensure USG contributions to the national HIV program are complementary to other resources and help highlight program gaps or opportunities for further collaboration.

The USG team and key stakeholders will participate in technical working groups (TWGs) on key topics. These topics will include: prisons, medical care setting infection prevention, strategic information, and IDU services. The TWGs will meet frequently to share and analyze information from across the region and outside Central Asia to inform program decisions. USG staff groups in Almaty and based in each of the other CAR countries will also each meet frequently to share observations on current issues, opportunities and challenges.

Health Systems Strengthening and Human Resources for Health

The USG will directly build program and human resource management capacities of host government actors to more effectively manage and monitor key MARP services implemented by government or non-government partners. The program will also increase capacity and provide technical support to offer better and more accountable services to these populations. Increased host government and NGO capacity will be important to increase the trust required to gain permission to expand those services to MARP groups in other geographical areas. Since the HIV interventions in the plan will be tightly targeted at MARP services, the USG will ensure that non-PEPFAR funded health and other activities are coordinated and oriented to strengthen the operating system which support those services, and create an enabling policy environment for scale-up of sensitive activities.

WHO recommends programs focus on strengthening six main health systems involved addressing constraints for improved HIV/AIDS outputs and outcomes in IDU-related epidemics. These constraints include: the state of the health workforce; diagnostic services; management and coordination of services; information and monitoring systems; systems to procure and distribute drugs; and financial access to healthcare. The USG's Health Systems Strengthening (HSS) work in the region will focus on the first four of these constraints.

The USG will work closely with NGOs and MOHs to improve the skills of health workers and enhance client satisfaction with essential services. PEPFAR partners will assist to mentor and train health workers to be sensitive to the needs of MARPs and more support more effective MARP-outreach to begin and continue using key services. The USG will work to improve counseling and outreach abilities, as well as technical skills needed for HIV testing, needle exchange, and MAT and ARV management. These efforts will also improve diagnostic services with regard to the HIV pandemic in the region.

An important goal of the USG is the enhancement of the management and coordination of HIV/AIDS services. The program will help to improve patient referral and management systems within MOHs, as well as assist to train and mentor key providers and program managers. PEPFAR partners will provide technical assistance, training and mentoring to the Global Fund CCM and Secretariat to strengthen their management, oversight and leadership functions.

Another goal of the USG in Central Asia is to improve information and monitoring systems of the Central Asian HIV/AIDS pandemic. The USG will information systems to improve reporting capabilities and data reliability within MOHs and also within systems used by NGOs. The program will provide ongoing technical assistance to improve financial management. This will result in improved overall breadth, reliability and validity of information.

HSS and general capacity building activities will focus on those NGO and government services directly targeting key MARP groups. The USG will strategically apply technical expertise and modest resources to influence key technical and policy elements of larger programs in the region to extend impact. The program will partner with MOHs and other donors to aggressively scale up proven best practices and

comprehensive prevention services for key MARPs. The program will also assist to improve approaches to recruitment and adherence through active outreach and other means, and improve quality of service delivery (treatment, care, etc) through targeted technical assistance and training of MOHs and NGO staff. This approach requires the USG to relatively minimize efforts in other program areas with less epidemiological impact on new HIV infections. Other non-PEPFAR funded interventions in TB, infection prevention, MOHs capacity building and other areas will provide integrated wrap-around support for these narrowly targeted PEPFAR-funded activities.

With a relatively small amount of PEPFAR resources, but widely sought-after technical expertise, the USG will largely follow its existing model of improving comprehensive services for MARP and identifying replicable best practices. USG technical assistance (TA) will assist host governments and other donors to bring those models to scale and monitor impact. PEPFAR intervention will more aggressively support larger and more comprehensive demonstrations of effective outreach and service delivery to IDU and CSW to strengthen these systems and more rapidly increase coverage of these key drivers of the epidemic. USG will work to improve data availability to implement and refine interventions as well as encourage increased use of data for decision making. Other USG interventions will also focus on promoting a more enabling policy environment for these services and generating a more complete description of the epidemic and key affected populations in Central Asia to guide decision-making.

The USG will provide specific technical assistance and pursue an engagement strategy geared toward the Global Fund for AIDS Malaria and Tuberculosis (GFATM). The main priority of this effort will be to improve the leadership, oversight and management of the CCMs to most effectively manage their own national programs for results. The objectives will be to retain or enhance eligibility for future funds, promote greater efficiency and better management of current dollars, and encourage increased participation and representation of CCMs beyond government entities.

The USG will continue its 15-year history of working toward reforming the health sector and financing in Kazakhstan and Kyrgyzstan. Promoting buy-in by Ministries of Finance is key to improving sustainability over the long term. The USG will continue to provide technical support and mentoring to host governments to expand and improve existing single payer systems and per capita financing to ensure long-term sustainability of basic MARP services and realistic strategies for managing and retaining MOH staff.

Coordination with Other Donors and the Private Sector

All five Central Asian countries have current National HIV/AIDS Programs. These programs, with support from GFATM, address issues of HIV prevention among the general population and MARP, as well as sentinel surveillance, clinical aspects of HIV/AIDS such as prevention of mother-to-child HIV transmission (PMTCT), care and support, blood safety, and treatment and prevention of opportunistic infections. In Kazakhstan, the state budget covers only 41% of the budget required for National HIV/AIDS Program implementation. In Tajikistan, it covers 23%, and in the Kyrgyz Republic, only 8%. The deficit is partially covered by donor organizations, with a regional total of roughly $262 million in GFATM grants, including $125 million in HIV specific programs.

The USG will coordinate closely on all activities with the Global Fund, the largest HIV donor in the region. The GFATM is a key HIV partner in Central Asia, and a central focus of USG attention under PEPFAR. The USG follows a two-pronged approach with this donor: 1) provide expertise to help GFATM-funded programs function more effectively and 2) assist recipient countries become and remain eligible to receive Global Fund grants. The PEPFAR CAR program will partner with GFATM and other donors to scale up best practices and key services, and improve quality of existing services and management of HIV programs.

Achieving national-level results, even with these substantial amounts of external resources, requires

those programs to be operating at a minimum level of effectiveness. Several countries have recently been deemed ineligible for further GFATM grants due to irregularities in management and conflicts of interest involving representatives of their Country Coordinating Mechanisms (CCM). Global Fund audits of Kyrgyzstan and Uzbekistan in 2009 highlighted a number of specific issues for those country programs to address in order to be deemed eligible for funding again. DFID and the USG have both offered technical assistance to these and other countries in Central Asia to improve performance of the CCMs, the Principal Recipients, and the technical components of the Global Fund programs. As these are sensitive areas in CAR, the USG can only provide this assistance when requested by the country programs. Recent political openings are expected to facilitate USG technical and management assistance to strengthen these programs in Central Asia, ultimately improving the likelihood of success of the specific PEPFAR resources in the region.

The USG will hire a full-time senior management and technical advisor to work the CCMs and broker an active capacity building partnership with GFATM/Geneva and GAFTM grant programs in the region. The 'GFATM Liaison' will encourage and develop coordinated approaches to addressing HIV/AIDS and help guide a strategy toward joint or collaborative planning and greater 'unity of effort' with PEPFAR and GFATM in at least some countries in Central Asia.

The World Bank's Central Asian AIDS Control Project (CAAP) in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan supports regional coordination at the highest levels of government through inter-parliamentary meetings and partner fora. CAAP continues to fund sentinel surveillance in sites in the region and has an agreement with USG to collaborate on sentinel surveillance and injection safety issues in the region. Four regional training centers were established to support training activities in the area of Electronic Surveillance (Kazakhstan), harm reduction (Kyrgyzstan), HIV prevention among migrants and members of their families (Tajikistan), and treatment and care of people living with HIV (Uzbekistan). CAAP will be active only until December 2010, but discussions are on-going to extend the project.

UN agencies that provide technical assistance and funding to programs targeting MARP include UNAIDS and UNODC. UNAIDS provides assistance with implementation of the national HIV/AIDS control programs and in leveraging resources such as GFATM. UNODC is implementing a 2006-2010 project aimed at improving services for prisoners and IDUs in Central Asia and Azerbaijan. The project will analyze the countries' laws and regulations on drug control and prison reforms, and will assist in revising the job descriptions of medical and non-medial personnel working with drug users and inmates. UNODC is currently planning another project aimed at implementing MAT in prison settings in Central Asian countries. Due to the sensitive bilateral relationships in the region, PEPFAR CAR staff will coordinate closely with US Embassies in targeted countries in designing and supporting UNODC interventions on policy advocacy.

USAID has worked closely with World Bank on the Kazakhstan Health Sector Technology Transfer and Institutional Reform Project, providing financing and technical assistance. The $300 million project works to modernize the governance and financing of health systems and to standardize policies and procedures. In Kyrgyzstan, USAID has been a key partner in the sector-wide approach (SWAP) to health sector reform and financing. Although not a significant donor in this field, USAID provides important technical assistance thus giving it influence on the SWAP in Kyrgyzstan.

Each of these examples, along with cooperating with national blood safety mechanisms, provides opportunities for collaboration and partnership with USG. The USG will carefully and purposefully pursue an integrated and reinforcing approach to the pandemic with other health and development programs.

The USG will also pursue partnerships with the private sector to leverage resources and technical assistance. Extractive industries are a large contributor of the economies of Central Asian countries. Mining and oil companies may be important partners in arresting the spread of the HIV pandemic by

promoting healthy lifestyles among their employees. Local, national, regional and international companies working in the region will be targeted to partner with USG in accomplishing the goals of targeting MARPs. The ongoing USAID assessment on the potential for public-private partnerships in Central Asia will help to steer a closer relationship with the private sector.

Programmatic Focus

1. Prevention

Each of the Governments of Central Asia has prioritized prevention in their National HIV Strategies. Moreover, a focus on preventing the spread of HIV among MARPs is a defining feature of all. In line with government priorities, the USG will focus on preventing the spread of HIV among MARPs, including persons who inject drugs, sex partners of drug users, sex workers, men who have sex with men and prisoners The USG will provide a combination of technical assistance and direct support to scale-up evidence-based interventions.

While the nature of the pandemic itself throughout Central Asia is similar, the political and institutional constraints to addressing the pandemic offered in each of the five countries differ widely. This dynamic is evident in the USG's plans for HIV prevention. For example, opportunities to support MAT and syringe and needle exchange programs will be more politically feasible in some countries than others. The low institutional capacity of health systems in the poorer Central Asian states offers a particular challenge. Opportunities to engage governments and civil society in the region to promote legislation and policy change in order to be more supportive of society's most marginalized populations will exist in some countries, but not others. This type of engagement is determined largely by the openness of the political systems, which vary widely throughout the region.

The prevention strategies for Central Asia will focus on outreach to MARPs. Specifically, the USG will support government-sponsored syringe exchange and MAT programs where they exist. The USG will provide technical assistance to government ministries and civil society to improve the quality and efficiency of MARP outreach activities including behavior change communication and education about preventing HIV and other sexually transmitted infections (STIs). Behavior change interventions will also be closely linked to improvements in counseling and testing services and referrals. The USG will support government and civil society to improve the quality of counseling and testing services and to help ensure that such services are safe places for MARPs and actively encourage marginalized populations to use these services. The USG will also assist in assessing the current status of drug treatment efforts and policy environments. Where possible and appropriate, the USG will also engage with governments to advocate for changes in policies and legislation that hinder the prevention of HIV among MARPs.

Throughout the region, coverage rates for all prevention services remain very low. There remains an enormous level of unmet need for critical services to the highest-risk groups in the region, which are important for achieving real impact on the epidemic. Of the estimated 304,100 IDU (32,531 of whom are projected to be HIV-positive), only 721 are currently receiving MAT. Utilization figures for other services to CSW and other risk groups are similarly low. Expert opinion estimates that at least 40% of IDU must be reached with MAT to meaningfully interrupt the epidemic within this group and prevent propagation to the general population. This will require reaching 6,700 IDU with MAT. The estimated number of IDUs in need of needle exchange and at least a minimal package of services is 211,000.

MAT for injecting drug users is being provided in the Kyrgyz Republic and until recently in Uzbekistan, funded by the GFATM grants in both countries. In Uzbekistan, the program remained in a pilot phase well past the scheduled timeframe for expansion, due to political resistance at high levels to the use of methadone. The pilot site, which treated 330 people, has now been closed. The Kyrgyz MAT program successfully completed its pilot phase, and has expanded throughout the country to seventeen sites, including three sites in prison system, currently serving 700 patients or 1.08% of IDU. Kazakhstan

currently operates a MAT pilot site and is currently serving 50 patients.

In addition to MAT, IDUs must be reached with needle/syringe exchange programs (NSPs). Expert opinion estimates that at least 60% of IDUs must use clean needles and syringes consistently to meaningfully interrupt the epidemic within this group, and experience from Estonia is now showing a marked impact of NSP as a stand-alone intervention. Instituting NSP broadly will be the primary and earliest intervention among IDUs for PEPFAR. NSPs are inexpensive, and USG believes it can achieve significant coverage for less than $2,000,000.

The USG will also target nosocomial infection. HIV outbreaks in 2006 and 2007 were discovered among hospitalized children in Kazakhstan and the Kyrgyz Republic. USG investigations of the outbreaks determined that major risks included multiple blood transfusions and re-use of medical equipment for invasive procedures. The USG has partnered with World Bank to assess injection safety and infection prevention and control practices in four Central Asian Countries to leverage greater resources and achieve results beyond those available with the modest PEPFAR funds. The World Bank also plans to partner with the CDC in a $10 million blood safety and infection prevention program in the region. Other non-PEPFAR USG health activities will provide support to integrated infection prevention and control (IPC) programs with the MOH in all CAR countries.

2. Care and Support

USG will work to improve access of counseling and testing for HIV infection to MARPSs, and has a goal of improving knowledge of sero-status among MARPs. USG will work with outreach and laboratory services to improve high-quality HIV counseling and testing services.

Through technical assistance and mentoring, the USG will improve and extend the reach of non-ARV care services to persons identified as having HIV infection “persons living with HIV/AIDS”--PLWHAs. This will include training caregivers in counseling and inter-personal skills. It will also include strengthening referral linkages and systems and working with governments to make clinical service provision more accessible to MARPs.

Assistance to governments for care and treatment of HIV-infected patients, other than providing ARV via GFATM, has not been a priority for any donor. USG will focus on identifying and providing care and services to HIV-infected IDUs as a critical means of reducing the spread of HIV. USG will support a narrow range of interventions, including outreach and peer education, to ensure that MARP have access to social support, referral and follow-up to care and treatment services. USG will work on improving access to quality counseling and testing services and linking newly identified HIV-positive people in coping with their status through Prevention with Positives (PwP) programs. The program will closely target a modest level of effort at assessing and advising MOH and GFATM ART programs on the application of improved treatment and quality control guidelines based on WHO standards.

3. Treatment

ART coverage remains low in the region. Of the total 70,500 estimated PLWHA in the region, only about 3,500 are currently on ART. In Tajikistan, only 6% of the eligible are on ART. The coverage rate for other countries also remains low – with 20% in Kazakhstan, 14% in Kyrgyzstan, and 24% in Uzbekistan.

However, the USG will not engage in directly providing ART to those in need. Instead, the PEPFAR program will help to update ART protocols and supervision based on WHO standards. Focusing on HIV prevention among MARPs groups and promoting the capacity of state health systems to respond to the HIV/AIDS pandemic will assist in arresting the spread of the pandemic and create a more sustainable, country-led approach.

4. Women and Girl-Centered Approaches

The HIV pandemic in Central Asia is concentrated in MARPs, in which women and girls comprise a significant proportion. However, IDUs constitute the largest number of new HIV infections. While drug users in Central Asia are predominately male, their sex partners play an important role in the potential of moving the Central Asian HIV pandemic from one concentrated among MARPs to a more generalized, society-wide phenomena. It is necessary to not only reach out to IDUs, but to involve their sex partners and potential sex partners. Sex workers are a growing source of HIV infection and also an avenue for HIV to spread more broadly into the general population. The USG will focus on women and girls involved in both sex work and injecting drug use.

Women and men have different needs and challenges in the context of the regional HIV pandemic. Understanding these differences and responding to them appropriately is a key guiding principle of the USG's approaches to HIV/AIDS in Central Asia. The recent USAID Gender Assessment for Central Asia highlights how women suffered additional challenges as the social safety net crumbled rapidly after the fall of the Soviet Union. Economic hardships and the growth of migrant labor put an increasingly difficult stress on women's roles in the family and have turned some to commercial sex work. Men have felt consequences too leading to increased drug-use, suicide and other illegal behavior.

Human trafficking, too, plays an increasingly devastating role in Central Asia. The region is a source, transit and destination point of human trafficking, fueled by economic desperation and the inferiority of women's social status. The vulnerable and marginalized of society constitute most of the victims of human trafficking (both women and men). Economically vulnerable women too often turn to drug use and commercial sex out of desperation and despair.

Migrant labor has a significant impact on Central Asian communities. Two million of Tajikistan's able-bodied men have regularly leave their country in search of seasonal jobs, leaving whole communities with no men. As a result, women are left vulnerable and may be at greater risk of HIV and other STIs, whether through their own the sexual behavior or by their partners returning home with STIs.

Competing socio-political models of "womanhood" characterize women's struggles in Central Asian society. The Soviet legacy, the reemerging influence of Islam, and the redefinition of a historically-based national identity all offer unique challenges to women's struggle to retain previously-achieved progress toward equality. An approach to addressing HIV/AIDS must take into account the local context of the roles of women and girls in society. Outreach activities, policy advocacy, and training methods of care-givers will be designed with these realities in mind.

5. Other Programs

In addition to HIV/AIDS, tuberculosis (TB) is a major health problem in Central Asia. Multi-drug resistant TB (MDRTB) levels are among the highest in the world (23% for Kazakhstan, 18% for Uzbekistan). Among the 53 countries in the European region, Tajikistan has the highest TB incidence and twice the TB mortality rate of the next highest country in the region. The other countries in the region follow closely behind. The USG is actively addressing TB and MDRTB in the region, including cases among incarcerated populations and HIV co-infected patients, through the use of non-PEPFAR funds, and the USG is providing TA to the Global Fund to Fight AIDS, Tuberculosis and Malaria and other large programs to increase their success. Given the modest amount of PEPFAR funds available to Central Asia and significant USG and other non-PEPFAR TB funds already mobilized in the region, no PEPFAR resources will support TB interventions under this ROP. USG staff will continue to directly advise other TB programs to leverage improvements. In FY10, USG will collect more epidemiological information on HIV/TB co-infection.

New Procurements

REDACTED

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Time Frame
October 2011 to September 2012

Population and HIV StatisticsKazakhstan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	13,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of	297,000	2007	UNICEF State of			

pregnant women in the last 12 months			the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	600	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Number of people living with HIV/AIDS	13,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	3,800	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			

Women 15+ living with HIV	7,700	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsKyrgyzstan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	9,700	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	115,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a			

			proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	300	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	9,800	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	1,900	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	2,800	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsTajikistan

Population and HIV		Additional Sources

Statistics	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	8,900	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	186,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women	300	2009	Towards Universal			

living with HIV needing ART for PMTCT			Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	9,100	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	3,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	2,700	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsTurkmenistan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						

Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	109,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsUzbekistan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	28,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	623,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a			

			proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	28,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV	8,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

REDACTED

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
Assessment of Health Care Related Injection Practices in Kazakhstan	Evaluation	General Population	Data Review
Assessment of Health Care Related Injection Practices in Kyrgyzstan	Evaluation	General Population	Data Review
Assessment of Health Care Related Injection Practices in Tajikistan	Evaluation	General Population	Data Review
Care and Treatment Assessment in Kazakhstan	Evaluation	Other	Implementation
Care and Treatment Assessment in Kyrgyzstan	Evaluation	Other	Implementation
Care and Treatment Assessment in Tajikistan	Evaluation	Other	Implementation
IBBS Among MSM in Tajikistan	Sentinel Surveillance (e.g. ANC Surveys)	Men who have Sex with Men	Implementation
IBBS Assessment for FCSW in Kazakhstan	Evaluation	Female Commercial Sex Workers	Data Review
IBBS Assessment for FCSW in Kyrgyzstan	Evaluation	Female Commercial Sex Workers	Data Review
IBBS Assessment for IDUs in Kazakhstan	Evaluation	Injecting Drug Users	Data Review
IBBS Assessment for IDUs in Kyrgyzstan	Evaluation	Injecting Drug Users	Data Review
TRaC surveys for IDUs for Uzbekistan	Population-based Behavioral Surveys	Injecting Drug Users	Publishing
TRaC surveys for MSM for Uzbekistan	Population-based Behavioral Surveys	Men who have Sex with Men	Data Review
TraC surveys for SW for Uzbekistan	Population-based Behavioral Surveys	Female Commercial Sex Workers	Data Review

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
HHS/CDC		560,000	7,229,299		**7,789,299**
PC			250,000		**250,000**
USAID			6,774,701	1,000,000	**7,774,701**
Total	**0**	**560,000**	**14,254,000**	**1,000,000**	**15,814,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency				Total
	HHS/CDC	PC	USAID	AllOther	
HBHC	184,190		526,115		**710,305**
HLAB	850,920				**850,920**
HMBL	509,000				**509,000**
HMIN	129,530		108,000		**237,530**
HTXS	290,145		35,550		**325,695**
HVCT	187,289		527,641		**714,930**
HVMS	3,023,148	83,000	1,993,851		**5,099,999**
HVOP	573,586	167,000	1,354,042		**2,094,628**
HVSI	609,153		208,418		**817,571**
IDUP	1,432,338		2,783,357		**4,215,695**
	7,789,299	**250,000**	**7,536,974**	**0**	**15,576,273**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

REDACTED

Policy Tracking Table

Kazakhstan

(No data provided.)

Policy Tracking Table

Kyrgyzstan

(No data provided.)

Policy Tracking Table

Tajikistan

(No data provided.)

Policy Tracking Table

Turkmenistan

(No data provided.)

Policy Tracking Table

Uzbekistan

(No data provided.)

Policy Tracking Table

Central Asia Region

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	710,305	
HTXS	325,695	
Total Technical Area Planned Funding:	**1,036,000**	**0**

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	509,000	
HMIN	237,530	
IDUP	4,215,695	
Total Technical Area Planned Funding:	**4,962,225**	**0**

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	714,930	
Total Technical Area Planned Funding:	**714,930**	**0**

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount

HLAB	850,920	
Total Technical Area Planned Funding:	**850,920**	**0**

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	5,099,999	
Total Technical Area Planned Funding:	**5,099,999**	**0**

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVOP	2,094,628	
Total Technical Area Planned Funding:	**2,094,628**	**0**

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	817,571	
Total Technical Area Planned Funding:	**817,571**	**0**

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets

REDACTED

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12024	Population Services International	NGO	U.S. Agency for International Development	GHCS (State)	3,310,994
12027	Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	541,610
12772	United Nations Office on Drugs and Crime	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	320,000
12841	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	Redacted
12930	Columbia University	University	U.S. Department of Health and Human	GHCS (State)	386,133

			Services/Centers for Disease Control and Prevention		
13004	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	Redacted
13055	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	2,232,129
13217	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	Redacted
13323	Ministry of Health	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,916,620
13499	Ministry of Health	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	509,000
13500	TBD	TBD	U.S. Agency for	GHCS (State)	Redacted

			International Development		
13501	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	167,000

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 12024	**Mechanism Name: Health Outreach Project (HOP)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 3,310,994	
Funding Source	**Funding Amount**
GHCS (State)	3,310,994

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

Mobile Population

TB

Budget Code Information

Mechanism ID:	**12024**		
Mechanism Name:	**Health Outreach Project (HOP)**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	526,115	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	362,641	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	1,033,711	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	IDUP	1,388,527	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12027	**Mechanism Name: Strategic Information**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 541,610	
Funding Source	**Funding Amount**
GHCS (State)	541,610

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12027**		
Mechanism Name:	**Strategic Information**		
Prime Partner Name:	**Columbia University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	541,610	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12772	**Mechanism Name: UNODC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: United Nations Office on Drugs and Crime	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan

Total Funding: 320,000	
Funding Source	**Funding Amount**
GHCS (State)	320,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

Budget Code Information

Mechanism ID:	**12772**		
Mechanism Name:	**UNODC**		
Prime Partner Name:	**United Nations Office on Drugs and Crime**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	IDUP	320,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12841	**Mechanism Name: Injection Safety**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: Kazakhstan, Kyrgyzstan, Tajikistan

Total Funding: Redacted	
Funding Source	**Funding Amount**
GHCS (State)	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12841**		
Mechanism Name:	**Injection Safety**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12930	**Mechanism Name: Columbia University**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 386,133	
Funding Source	**Funding Amount**

GHCS (State)	386,133

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

Key Issues

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

Budget Code Information

Mechanism ID:	**12930**		
Mechanism Name:	**Columbia University**		
Prime Partner Name:	**Columbia University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	184,190	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	141,068	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	22,289	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	38,586	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13004	**Mechanism Name: Laboratory Support**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: Redacted	
Funding Source	**Funding Amount**
GHCS (State)	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13004**		
Mechanism Name:	**Laboratory Support**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13055	**Mechanism Name: Quality Health Care Project (formerly Health Improvement Project -HIP)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 2,232,129

Funding Source	Funding Amount
GHCS (State)	1,232,129
GHCS (USAID)	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000

Key Issues

Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13055**		
Mechanism Name:	**Quality Health Care Project (formerly Health Improvement Project -HIP)**		
Prime Partner Name:	**Abt Associates**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	35,550	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	165,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	208,418	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	108,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	320,331	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	1,394,830	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13217	**Mechanism Name: TBD -- Republican AIDS Center Kyrgyzstan**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: Redacted	
Funding Source	**Funding Amount**
GHCS (State)	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13217**		
Mechanism Name:	**TBD -- Republican AIDS Center Kyrgyzstan**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	IDUP	Redacted	Redacted

Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13323	Mechanism Name: Support to MoH
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 1,916,620	
Funding Source	**Funding Amount**
GHCS (State)	1,916,620

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

Key Issues

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services
Mobile Population

Budget Code Information

Mechanism ID:	13323		
Mechanism Name:	Support to MoH		
Prime Partner Name:	Ministry of Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	149,077	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	165,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	67,543	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	535,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	IDUP	1,000,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13499	**Mechanism Name: Strengthen Blood Services**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: Kazakhstan, Kyrgyzstan, Tajikistan

Total Funding: 509,000	
Funding Source	**Funding Amount**
GHCS (State)	509,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	65,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13499		
Mechanism Name:	Strengthen Blood Services		
Prime Partner Name:	Ministry of Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	509,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13500	**Mechanism Name: Global Fund TA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: Redacted	
Funding Source	**Funding Amount**
GHCS (State)	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13501	**Mechanism Name: Peace Corps**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: Kyrgyzstan

Total Funding: 167,000	
Funding Source	**Funding Amount**
GHCS (State)	167,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13501**		
Mechanism Name:	**Peace Corps**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	167,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				443,650		443,650
Non-ICASS Administrative Costs				566,884		566,884
Staff Program Travel				320,859		320,859
USG Staff Salaries and Benefits				662,458		662,458
Total	**0**	**0**	**0**	**1,993,851**	**0**	**1,993,851**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		443,650
Non-ICASS Administrative Costs		GHCS (State)		566,884

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				63,040		63,040
Computers/IT Services				30,000		30,000
ICASS				742,400		742,400
Management Meetings/Professional Developement				4,000		4,000
Non-ICASS Administrative Costs				316,188		316,188
Staff Program Travel				260,000		260,000
USG Staff Salaries and Benefits			560,000	1,047,520		1,607,520
Total	**0**	**0**	**560,000**	**2,463,148**	**0**	**3,023,148**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		63,040
Computers/IT Services		GHCS (State)		30,000
ICASS		GHCS (State)		742,400
Management		GHCS (State)		4,000

Meetings/Professional Developement				
Non-ICASS Administrative Costs		GHCS (State)		316,188

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				8,300		8,300
USG Staff Salaries and Benefits				74,700		74,700
Total	**0**	**0**	**0**	**83,000**	**0**	**83,000**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		8,300