

Building Foundation for Sustainable HIV Response in Kazakhstan

Funding Request Tailored to Material Change

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| SUMMARY INFORMATION |
| Applicant | Kazakhstan Country Coordinating Mechanism |
| Component(s) | HIV/AIDS |
| Principal Recipient(s) | Republican Center on Prevention and Control of AIDS of the Ministry of Health of the Republic of Kazakhstan  |
| Envisioned grant(s) start date | 01.01.2018 | Envisioned grant(s) end date | 31.12.2020 |
| Allocation funding request | *US$4,500,000* | Prioritized above allocation request | n/a |

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| SECTION 1: CONTEXT |
| 1.1 Background: Material Change triggers |
| Indicate below the area(s) of change that most accurately describes the need for revising the programming of certain areas. Refer to the *Instructions* and the [*Operational Policy Note on Access to Funding and Grant-making*](http://www.theglobalfund.org/en/operational/)(*forthcoming*)for material change definition and triggers.  |
| 1. Epidemiological contextual updates
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| Are there any relevant changes in the country’s epidemiological context as compared to the previous funding request (e.g. important changes in trends in incidence/notification rates or prevalence, key drivers of the epidemics, emerging high risk behaviors, drug/insecticide resistance, or coverage of interventions in the general population or specific key populations based on the latest surveys or other data sources)?  | [x]  Yes[ ]  No |
| 1. National policies and strategies revisions and updates
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| Are there new approaches adopted within the national policy or strategy for the disease program (e.g. Test and Treat guidelines for HIV, short-term regimens for MDR-TB, shift in interventions from Malaria control to pre-elimination, expanded role of the private sector)?  | [ ]  Yes[x]  No |
| 1. Investing to maximize impact towards ending the epidemics
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| Referring to available evidence and inputs from technical partners and key stakeholders, does the current program continue to be relevant, and is it progressing and generally on track to achieve results and impact? | [x]  Yes[ ]  No |
| 1. Alignment with 2017 – 2022 Global Fund Strategy Objectives 2 and 3
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| Objective 2 to Build Resilient and Sustainable Systems for Health |
| Are changes in Resilient and Sustainable Systems for Health (RSSH) investments needed in order to maximize Reproductive Maternal Neonatal and Child Health impact, (RMNCH) or other RSSH areas? | [ ]  Yes [x]  No |
| Objective 3 to Promote and Protect Human Rights and Gender Equality |
| Is there a need for intensifying efforts to address human rights and gender-related barriers to services and to ensure appropriate focus on interventions that respond to key and vulnerable populations?  | [ ]  Yes [x]  No |
| 1. Effectiveness of implementation approaches
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| Are the current implementation arrangements effective to deliver on the program objectives and anticipated impact (including the Principal Recipient and the main sub-recipients)? | [x]  Yes [ ]  No |
| 1. Sustainability, transition and co-financing
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| Are there changes in domestic or international financing (e.g. due to withdrawal of a major donor or significant increase in domestic allocation/funding), resulting in material impact on funding availability for programmatic interventions and sustainability?  | [ ]  Yes [x]  No |
| Is your country’s 2017-2019 Global Fund allocation for the disease component is significantly lower as compared to the current grants’ spending levels[[1]](#footnote-2)?  | [ ]  Yes [x]  No |
| 1. Others: n/a
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| 1.2. Summary of country context |
| Given the above, 1. Describe the reasons for programmatic changes which form the basis of your funding request, as applicable (e.g. refocusing to high impact interventions, epidemiological changes, alignment with the latest normative guidelines, changes to funding landscape, etc.)
2. As applicable, specify how these changes relate to key and vulnerable populations and human-rights and gender considerations;
3. Describe how the request builds on lessons-learned from existing and other donors’ programs.
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| The Republic of Kazakhstan gained independence after the break-up of the Soviet Union in 1991 and has experienced strong economic growth since 2000. In less than two decades, as the national economic situation improved, Kazakstan has transitioned from lower-middle-income to upper-middle-income country (UMIC) in 2006. The Gross National Income (GNI) reached USD 11,390 per capita in 2015 (source: World Bank), surpassing many countries in EECA region and suggesting Kazakhstan is in a strong position to take over financing of HIV response. With a total population of 17.5 million (2015 estimate) and a territory of 2,727,300 km², Kazakhstan has a land area equal to that of Western Europe but one of the lowest population density (6 people per square kilometer). Administratively, the country comprises 16 territorial units, including 14 regions (oblasts) and two cities (Astana and Almaty). Since 2011, Kazakhstan was not eligible to apply for The Global Fund (TGF) HIV grant because it was classified UMIC with low HIV prevalence in KAP (less than 5%). However, given increased disease burden in key populations (KP) (8.46% HIV prevalence in PWID), Kazakhstan became eligible for TGF 2017-2019 allocation. In December 2016, TGF has invited Kazakhstan to apply for support on the condition that the funding request for the HIV activities should be focused on strengthening legal framework, funding mechanisms and implementation arrangements for the delivery of HIV activities to KP such as people who inject drugs (PWID), men who have sex with men (MSM) and sex workers (SW), including social contracting schemes for non-governmental organizations (NGOs). Kazakhstan has a concentrated HIV epidemic, with an estimated prevalence in adult general population of 0.2.[[2]](#footnote-3) The epidemic continues to be concentrated among key populations, mostly PWID in civilian and prison sectors, with an increasing contribution of MSM. According to national statistics, by the end of 2016, Republican AIDS Center (RAC) registered a cumulative number of 27,126 HIV cases. From them, 8,013 persons died. The number of people living with HIV (PLHIV) as of 1 January 2017 was 19,113, with a national prevalence of 108.9 per 100,000 population. The 5 most affected administrative-territorial units are Pavlodar oblast (216,5), Karaganda oblast (202.1), Almaty city (200.7), East Kazakhstan oblast (173.0) and Kostanay oblast (148.7) (see Figure 1). *Important to note, that the current funding request is focused on earlier implementation for social contracting to boost HIV service coverage in two most affected territories, Karaganda oblast and Almaty city (along with Astana city starting Year 3). Additional information and arguments are elaborated under Section 2.1. below.* *Figure 1. HIV prevalence, per regions, 2016.* Picture1.pngThe annual number of people newly diagnosed with HIV increased from 1,988 in 2010 to 2,725 in 2016, with an increasing trend in recent years (398 in 2016 versus 2015), due to scale up of HTC uptake (12% of the population annually). Among all HIV registered cases, men are still predominant (64.8%); however, the proportion of men among those newly diagnosed declined over the last decade and the proportion of women increased from 29% in 2006 to 42.1% in 2016. Injecting drug use is still a major factor in the transmission of HIV, accounting for 56.4% of all reported cases; however, transmission through heterosexual sex increased over last decade and by 2011, heterosexual sex has surpassed injecting drug use as the primary mode of HIV transmission accounting for 62.5% of new cases in 2016. Part of sexual transmissions are suspected to be from risk behaviors that are not disclosed due stigma and reluctance to share these behaviors. The majority of PLHIV are in age group 25-39 years. The last size estimations conducted in 2015-2017 shows a population of 120,500 PWID, 19,000 SWs and 61,966 MSM (see Table 1). *Table 1: Size estimation of key populations, 2015/2017 Republic of Kazakhstan[[3]](#footnote-4)*

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|  | PWID/2016 | SW/2015 | MSM/2017 |
| Republic of Kazakhstan  | 120,500 | 19,100 | 61,966 |
| *Karaganda oblast* | *15,100* | *1,100* | *4,860* |
| *Almaty city* | *9,200* | *6,200* | *6,007* |
| *Astana city* | *5,000* | *1,600* | *3,354* |

According to Behavioral Surveillance Survey (BSS) conducted in 2015/2016, the HIV prevalence among PWID is 8.46% in Kazakhstan, showing a slight increase compared to BSS in 2014 (8.4%)[[4]](#footnote-5). The prevalence of HIV in SW presents an insignificant decrease from 1.49% in 2013 to 1.27% in 2015; HIV prevalence in MSM was much higher in 2015 compared to 2013 (3.16% versus 1.16%) (see Table 2). *Table 2: HIV prevalence among key populations, BSS 2013/2014 and 2015/2016*

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| --- | --- | --- | --- |
|  Site | PWID | SW | MSM |
| 2014 | 2016 | 2013 | 2015 | 2013 | 2015 |
| Republic of Kazakhstan | 8.4 | 8.46 | 1.49 | 1.27 | 1.16 | 3.16 |
| *Karaganda oblast* | *12.9* | *8.4* | *1.76* | *1.75* | *n/a* | *0.97* |
| *Almaty city* | *7.1* | *8.6* | *0.69* | *0.46* | *0.58* | *2.34* |
| *Astana city* | *5.6* | *8.8* | *0.80* | *1.92* | *2.0* | *3.0* |

The key behavioral indicators show that using sterile syringe has not yet become a standard behavior in PWID (52.79% of respondents used a clean syringe at last injection in 2016, versus 47% in 2014). Progress has not been seen in adopting safer sexual behaviors: condom use at last sex among PWID averaged 47.72% (46% in 2014). In SW, the reported condom use with commercial partners at last sex was 95.44% in 2015 (95.49% in 2013). Condom use in MSM at last anal sex as receiving partner decreased from 89.01% in 2013 to 70.68% in 2015. The coverage with HIV testing was the following - PWID: 54.99% in 2016 (including Karaganda Oblast – 40.9%; Almaty city – 66.4% and Astana city – 39.4%) versus 63.6 in 2014; SW: 79.93% in 2015 (including Karaganda Oblast – 78.17%; Almaty city – 88.89% and Astana city – 55.77%) versus 89.09% in 2013, and MSM: 62.65% in 2015 (including Karaganda Oblast – 60.19%; Almaty city – 88.89% and Astana city – 87.0%) versus 74.40% in 2013 (BSS 2015/2016).Based on previous experience, a series of lessons learned in relation to HIV control have been identified as following. * HIV control continues to be one of the highest public health priority in Kazakhstan, and is set forth in the key strategic documents of the Government of Kazakhstan, including the Kazakhstan 2050 Strategy. Following three subsequent national HIV programs (1996-2010), HIV activities for key populations (KP) became integral part of the State Healthcare Development Program of the Republic of Kazakhstan "Salamatty Kazakhstan" for 2011-2015, the Healthcare Development State Program of the Republic of Kazakhstan “Densaulyk” for 2016-2019 in line with the sustainable development goals of UNAIDS Agenda for Accelerated Country Action. Since the end of 2016 KP targeted activities are part of the National Program of Accelerated Measures for Prevention of new HIV-infection cases in the Republic of Kazakhstan, and the implementation roadmap for 2017-2020 (see Annex 1). Consistent with the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, adopted in June 2016, the Program goal is elimination of HIV in Kazakhstan by 2030. It is based on four strategic directions: (i) HIV prevention among vulnerable groups and populations, (ii) Testing for HIV infection, (iii) Providing PLHIV with antiretroviral therapy and (iv) Strengthening the capacity of AIDS services, and provides ambitious targets for 2020 and 2030 (see Table 3).

*Table 3. Program implementation results by 2020 and 2030*

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|  | 2020 | 2030 |
| Prevalence of HIV infection in the 15-49 age group (%) | 0,2-0,6 | 0,2-0,4 |
| Incidence of HIV infection per 100 thousand population | 17,0 | 2,0 |
| Coverage of PWIDs with preventive programs (%) | 60 | 60 |
| Coverage of SW with preventive programs (%) | 80 | 80 |
| Coverage of MSM with preventive programs (%) | 10 | 20 |
| PLHIV should know their HIV status (%) | 90 | 95 |
| The level of perinatal transmission (%) | ≤ 2,0 | 0 |
| Coverage of ART (%) | 90 | 95 |
| In PLHIV receiving ART will be suppression of viral load (%) | 90 | 95 |
| AIDS mortality per 100 thousand population | ≤ 0,1 | ≤ 0,01 |

* Health care reform has been steadily progressing, including health finance reform for PHC to allow reimbursement for the service based on capitation approach and promote further decentralization of services.
* Human rights evidence based and gender-sensitive approaches are increasingly used in Kazakhstan during development of different national policies, regulations and programs, including disease specific. The national program for accelerated measures and the roadmap implementation included specific activities in addressing potential legal barriers to care, communication and de-stigmatization through innovative patient-centered approaches. It is based on respect of human rights, gender equality and non-discrimination and promotes participation of civil society and communities. The national M&E framework include gender desegregated data for most affected populations, thus ensuring gender is quantified, measured and used to plan and design focused interventions.
* There is strong NGOs potential in Kazakhstan, 49 active NGOs, including 5 international, were involved in HIV field in 2016, including KP focused HIV prevention and care (PWID-19, SW-7, MSM-2, detainees-6, PLHIV-16) predominantly supported from external funding. The role and contribution of the civil society to deliver HIV prevention, care and support remains insufficiently valued by the Government; this is applicable to both civil and the penitentiary sectors.
* Despite economic uncertainty, the Government has made strong political and budgetary commitments and significantly increased domestic HIV funding, being the major source of funding for the HIV response (>80%). As result, Government took responsibility for 100% ART funding by 2009. However, high cost of ART primarily driven by the exclusion of Kazakhstan from voluntary license agreements due UMIC status, diminishes countries economic efforts and remains one of the major concern. In 2016, the Government pledged to procure ART through UNICEF to cover more people with the same budget. Aiming 90% of PLHIV in treatment by 2020, the country committed to further explore low-cost UN mechanisms, while updating its national protocols to the ‘Test and Treat’ strategy.
* The number of PLHIV in treatment increased more than 30 folds over last decade, reaching 7,994 in 2016. From the estimated number of 23,000 PLHIV, 83% (19,113) know their HIV status and 42% of them are on ART. At an average 80% retention rate at 12 months after initiating treatment, out of those in ART (7,994) - 59% (4,731) are virally suppressed. The streamlining of current clinical protocol (CD4>500) to the ‘Test and Treat’ strategy, is only one of the strategic measures the government is committed to put in place under its 90-90-90 national efforts, along with provision of fixed dose combination, scale up of testing in KP, linkage to and retention in care through increasing role on NGOs, etc.
* The country has achieved unique success in the region in transitioning governmental funding for KP though procurement of basic consumables for preventive services, direct contracting of outreach workers under the AIDS Centers, trust based HTC points including rapid testing etc. Still, existing mechanisms do not allow the country to scale-up evidenced-based interventions for key populations and fully address their needs for effective fight against the disease. Preventive services for PWID and SW are available in all territorial units, while services for MSM only in 9 territorial units out of 16.
* Social contracting mechanism for NGOs exist. However, it is cumbersome and accompanied by countless difficulties generated by the constraints of existing legal and regulatory framework (damping provisions, payment conditions, insensitive selection criteria, contracting periods, etc.), thus barely used. Only 6 NGOs out of 44 national NGO received social contracts from domestic resources in 2016.

The epidemic specifics, experience and lessons learned described above served as basis to develop current request for funding. The proposed interventions are focused on building ground for sustainability through social contracting mechanisms in hot spot geographic areas and further catalyze fight against the disease in Kazakhstan. TGF allocation for next allocation period is less by about 12% per year (from US$5,164,638 to US$4,500,000). As implied, the request for funding is not oriented towards development of HIV prevention, care and support services, but rather focused on development and institutionalization of sustainable social contracting mechanism to scale up access of KP to these services. It promotes participation of NGOs, PLHIV, key populations in provision of services, building supportive environment and monitoring quality of services. |

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| SECTION 2: FUNDING REQUEST (Within Allocation) |
| This section should describe and provide a rationale for the program elements proposed for this funding request. Attach and refer to completed Programmatic Gap Table(s), Funding Landscape Table(s), Performance Framework and Budget. To respond, refer to additional guidance provided in the *Instructions.* |

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| 2.1 Funding request |
| Describe the funding request for the disease program(s) by specifying the changes to the current funded program, taking into account the existing programmatic and financial gaps that now need to be addressed, and how the changes in certain program areas affect the scope/scale of the Global Fund investments.Additionally, outline in particular:1. The changes to the (i) Performance Framework such as impact on targets, geographic coverage, or the diversity/quality of the service packages, (ii) budget
2. How the proposed revisions will ensure:
	1. continued scale up where feasible;
	2. effective and efficient use of Global Fund investments;
	3. maximum impact for ending epidemics HIV/AIDS, TB and malaria;
3. How the proposed investment ensures appropriate focus on building resilient and sustainable systems for health, and key and vulnerable population programs as applicable.
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| The Republic of Kazakhstan has been invited by the Global Fund to submit a tailored funding request, customized to specific conditions announced in the allocation letter. As result, CCM decided to focus activities on strengthening legal framework, funding mechanisms and implementation arrangements for the delivery of HIV activities to key populations with focus on social contracting schemes for non-governmental organizations. *The overall Goal of ‘Building Foundation for Sustainable HIV Response in Kazakhstan’ funding request is to institutionalize social contracting system to scale up access of KAP to evidence based HIV prevention, care and support services.* The Funding Request principles and priorities are consistent with UNAIDS 2016 - 2021 Strategy on the Fast-Track to end AIDS and it is integrated in the National Program of Accelerated Measures for Prevention of new HIV-infection cases in the Republic of Kazakhstan and the implementation roadmap (Annex 1). It covers development of legal framework and enforcement of normative regulations for sustainable financing, HIV prevention, treatment and care in KP, integrated inter-sectoral approach to health and social services and development of resilient and sustainable systems for health. It is also aligned with TGF HIV and TB Strategy and Investment Framework for EECA 2014-2017.The funding request is built on lessons learned from previous TGF grants (described in Section 1.2. above) as well as on the existing capacity to fully address programmatic and financial gaps (see Programmatic Gap and Funding Landscape enclosed). The *Building Foundation for Sustainable HIV Response in Kazakhstan* Funding Request is an integral element to the National HIV response and involve Governmental and non-governmental organizations (NGOs). The Funding Request is constructed around two main Objectives, listed below with 6 key Modules as following:Objective 1. To institutionalize an innovative social contracting system for sustainable national HIV responseModule 1.1. RSSH: Community responses and systemsObjective 2. To scale-up evidence-based HIV prevention, care and support for key populationsModule 2.1. Comprehensive prevention programs for PWID and their partnersModule 2.2. Comprehensive prevention programs for sex workers and their clientsModule 2.3 Comprehensive prevention programs for MSMModule 2.4. Treatment, care and supportModule 3.1. Program managementGiven the nature of this funding request and following TGF guidelines for Kazakhstan, the module ‘RSSH-Community responses and systems’ has been selected as principal to focus activities primarily on building resilient and sustainable systems for health, strengthening legal framework for sustainable funding and delivery of HIV preventive, care and support service to KP. Having as primary purpose institutionalization of a robust social contracting mechanism to scale up coverage of KP with essential services, it addresses (1) the legal and regulatory shortcomings of existing social contracting system, (2) institutional capacity building, (3) preparation for KP services’ sustainable transition, (4) community system strengthening aiming to make NGOs a natural part of the health system to deliver services for hard to reach population, and (5) improving linkage of services for KP. The national-wide replication of social contracting mechanisms is targeted as an ultimate goal towards efficient HIV response. A new approach based on matching funds for services that are genuine to NGOs (described under Objective 2) will be subject to social contract supported by this request of funding in earlier intervention sites. The funding request is focused on two most affected earlier intervention territorial-administrative units: Karaganda oblast and Almaty city, with an HIV prevalence among PWID well above national level: 11.8% and 9.4% respectively. There is a strong commitment from AIDS Centers and political support from local authorities (Akimats) for bold HIV response to institutionalize and roll-out the social contracting mechanisms for NGOs based on matching funds. A third unit - Astana city - will join the earlier intervention sites starting Year 3, initiating the process of gradual expansion of the improved mechanism to other regions after the TGF funding phase out. With PEPFAR contribution in Pavlodar and East Kazakhstan most of high-burden regions are supported to scale up essential services to KP. Based on accumulated experience, specific roadmap for social contracting model replication will be developed by RAC, as part of Transition plan, and will be discussed widely with the relevant stakeholders.The on-going grant will come to an end in December 2017, therefore there is no duplication or overlap of the activities between the previous grant and the resources allocated by the Government to HIV control. The activities included in this funding request have been planned considering the increasing contribution of the Government in taking over some key financial needs of the programs. The funding request will be implemented through one principal recipient (PR), Republican AIDS Center having three sub-recipients (Karaganda AIDS Center, Almaty AIDS Centers and Astana AIDS Center starting Year 3). A brief description of proposed Interventions by each Objective is given below.Objective 1. To institutionalize an innovative social contracting system for sustainable national HIV responseThe existing social contracting system has a series of legal and procedural shortcoming and cannot be properly used to provide vital services to KP through NGOs, including but not limited to (1) damping provisions (drop price) up to 75% from initial price offer that directly impact the volume and quality of services, (2) post factum payment provision (50% to 70%) that significantly jeopardize implementation, (3) insensitive selection criteria that leave room for unqualified providers, (4) one year based contracting that puts continuity of services at risk, etc. The interventions under this Objective are oriented to intensify country efforts aimed at ensuring sustainable funding and delivery mechanisms for efficient HIV prevention, care and support delivery to KP, through development, roll-out and institutionalization of a robust and viable social contracting mechanism in earlier intervention sites, with the final goal to scale-up and replicate the mechanism throughout the country for an efficient HIV response. Community based advocacy and monitoring are at the heart of this Objective and instrumental for successful implementation and scale-up of social contracting mechanism. This will also ensure services described under Objective 2 are human rights- and gender equity-based. It is deemed that the successful practices generated as result of these interventions will be expanded beyond TGF support and be further scaled up and supported by the Government.Module 1.1. RSSH: Community responses and systems*Intervention 1.1.1. Other community responses and systems interventions.* The activities under this intervention are oriented towards assessment of existing normative and regulatory framework, including Law on procurement, and development of a robust and sustainable contracting framework for efficient social contracting, including non-government service providers’ evaluation criteria, terms of reference for service providers, operating procedures and tools that will be used by AIDS Centers in earlier intervention sites for selection and social contracting of NGO to scale-up HIV prevention, care and support services to KP. The NGO Aman-Saulyk will lead the process, including re-evaluation and activities improvement, with inclusive consultation of Akimats and Technical Working Groups. Two workshops will be conducted in Year 1, followed by four in two following years. To boost social contracting sustainable implementation, Technical Working Groups (TWG) created in earlier intervention sites under Akimats umbrella will meet regularly to build the ground for development, implementation and institutionalization of social contracting mechanism. Specific Memorandums of Understanding (MOU) will be signed to join efforts and ensure consistent sectoral coordination (MOH, earlier intervention sites Akimats’ public health departments, Republican and Regional AIDS Center, NGOs and beneficiaries). TGF is requested to support two meetings per region per year, while Akimats will provide expertise and technical assistance for groups coordination. *Intervention 1.1.2. Community led advocacy.* TGF will support effective advocacy and communication campaigns to promote and scale-up social contracting for community-based HIV response sustainability as well as budget advocacy for HIV prevention, care and support services to KP. In this respect, a series of advocacy meetings will be conducted through NGO Aman-Saulyk at central and local level to increase awareness about social contracting and commitment of public authorities (MOH, Akimats, AIDS Centers) in earlier intervention sites and to scale-up and replicate the mechanism in other regions. In parallel, the Kazakh Union of PLHIV will conduct communication campaigns with involvement of partner NGOs, to increase awareness about community role in HIV services for KP, promote social contracting mechanisms, advocate for budget increase and sustainability al regional level and replication of social contracting national wide. Also, advocacy meetings will be organized to promote institutionalization of OST as integral part of HIV prevention services for PWID developed under previous TGF grant. The client centered approach will be promoted for services integration by linking services around clients need in earlier intervention regions, while advocating for increased public authorities’ commitment for sustainability of OST. To further scale-up and lay the foundation for replication of social contracting mechanism beyond the period covered by this funding request, experience exchange visits will be organized for other oblasti. *Intervention 1.1.3. Institutional capacity building, planning and leadership development.* Consistent capacity building will be provided for AIDS Centers staff and NGOs in earlier intervention sites with the aim to ensure efficient implementation and management of social contracting mechanisms and smooth transition to new operating modalities. Four events per year are planned, with participation of representatives from other progressive regions starting Year 2. Additionally, a distance learning portal with digitalized materials will be developed to facilitate training and capacity building for social contracting and use beyond earlier intervention sites. Attendance of international events on priority issues of HIV control and sustainability will be supported for Akimats, AIDS Centers and civil society leaders from selected regions to share social contracting experience. Also, a national HIV conference will be organized in third year to discuss results and future prospects in the context of social contracting for scale-up of KP access to essential prevention, care and support services. TGF will support transition readiness assessment and development of transition plan with focus on national social contracting for HIV prevention, care and support to KP through inclusive and participative country dialogue.*Intervention 1.1.4. Community-based monitoring.* The Global Fund will support monitoring visits in earlier intervention sites through Kazakh Union of PLHIV to assess social contracting implementation, quality of services, users’ satisfaction and identify barriers to efficient work of NGOs under AIDS Centers social contracting. Four monitoring visits will be conducted in first year, followed by six in the two following years. The findings will be widely discussed, with Akimats, Republican AIDS Centers and AIDS Centers from earlier intervention sites, NGOs and beneficiaries, under the lead of Aman-Saulyk, to identify measures to remove barriers for efficient community-based service provision to KP and feed further strengthening of social contracting mechanism. Two meetings will be organized in year one and four in subsequent years. Objective 2. To scale-up evidence-based HIV prevention, care and support for key populationsThe design of current prevention program in Kazakhstan is largely consistent with the needs of the key populations, but requires scale up in coverage and sustainable and efficient implementation mechanisms through NGOs that are instrumental for hard to rich populations and key to successful HIV control efforts. The activities under this Objective are focused on the needs of KP in HIV prevention, care and support in earlier intervention sites (Karaganda Oblast, Almaty city and Astana city starting year 3) with the aim to roll-out and institutionalize social contracting mechanism for NGO-based service delivery (described under Objective 1 above). Most vulnerable PWID, SW, MSM engaged in unsafe sex and PLHIV who need psycho-social support will be targeted by NGOs based on social contracts from AIDS Centers. The centers will match TGF budget and manage directly all facets of social contracts implementation in earlier intervention sites. Human rights and gender equity will govern the NGOs response to KP needs. TGF is requested to co-finance low-threshold NGO services under social contracts to roll-out and institutionalize the mechanism, while supplies for HIV preventive activities, HTC, including rapid testing will be fully covered by AIDS Centers from domestic budgets (see Annex 2 – Work plan and budget) based on the mechanisms described under Objective 1 above. The government also fully support ART, pre-ART and ART monitoring, PMTCT, blood safety, OI management, STI testing and treatment, M&E systems, including BSS in KAP, human resources and infrastructure for HIV services. Module 2.1. Comprehensive prevention programs for PWID and their partners*Intervention 2.1.1. Needle and Syringe programs for PWID and their partners.* Sterile syringe use has not yet become consistent, and safer sexual behaviors have not been fully adopted by PWID in Kazakhstan. TGF is requested to support scale-up of quality harm reduction services under coordination of the Republican AIDS Center through social contracting for selected NGOs in Karaganda oblast, Almaty city and Astana city (starting Year 3). A comprehensive package of evidence based harm reduction services will be provided to PWID: distribution of needles and syringes, IEC counseling, condoms, water for injection, post-injection plaster, alcohol swabs and containers for used syringes, overdose prevention, counseling and referral to HTC, counseling and linkage to OST, ART, Hepatitis, STI and other medical services, with emphasize on gender and age specific needs. To address the perpetuation of unsafe injection and unsafe sexual behaviors in PWID, a mobile application will be developed with informational and educational content tailored to specific needs of PWID to support behavior change activities and increase sterile syringes use and condom acceptability and promote safer behaviors.Basic harm reduction training to NGO staff to ensure quality service provision and minimal standards of services, including HTC counseling and linkage to OST will be provided by Kazakh Union of PLHIV. Harm reduction supplies (needle and syringes, condoms, injection paraphernalia, etc.) will be procured by AIDS Centers from domestic sources and provided to NGO for further distribution by outreach workers. 60% of estimated number of PWID in earlier intervention sites will be reached with harm reduction services by 2020, in line with national road map on accelerated HIV response. HIV testing services for PWID will be further scaled-up by NGOs in collaboration with AIDS Centers to reach 90% of covered PWID. The Government will ensure necessary HIV testing supplies as part of social contracting mechanism described under Objective 1 above. Module 2.2. Comprehensive prevention programs for sex workers and their clients*Intervention 2.2.1. Behavioral interventions for sex workers.* The Global Fund support will scale-up preventive services among sex workers coordinated by the Republican AIDS Centers and implemented based on social contracting by NGOs in selected sites (Karaganda oblast, Almaty city and Astana city (starting Year 3)). HIV prevention in sex work settings will be directed to ensure increased condom use and safer sex, and reduced STI burden through an approach able to adapt to changing needs. A comprehensive range of well-coordinated and flexible services will be provided to SW, using community and peer outreach: easy access to condoms, easy access to information, communication and education; risk reduction counseling; peer education; referral system for HIV testing and counseling, as well as health services, HIV care, management of STI. Condoms for SW will be provided from domestic resources by the AIDS Centers. The Global Fund will support consistent capacity building for NGOs staff through Kazakh Union of PLHIV and develop a mobile IEC application with informational and educational content tailored to specific needs of SW to be promoted through outreach activities. Based on improved social contracting mechanism, 80% of estimated number of SW in earlier intervention sites will be reached with preventive services by 2020, in line with national road map on accelerated HIV response. HIV testing services for SW will be further scaled-up by NGOs in collaboration with AIDS Centers to reach 95% of SW covered with preventive services. The Government will match TGF support and cover all necessary HIV testing, including rapid testing and other supplies.Module 2.3 Comprehensive prevention programs for MSM*Intervention 2.3.1. Behavioral interventions for MSM.* The Global Fund support will scale-up HIV preventive services to MSM under coordination of the Republican AIDS Center through social contracting of selected NGOs in Karaganda oblast, Almaty city and Astana city (starting Year 3). Service provision includes outreach work, provision of IEC, condoms and lubricants, counseling services and peer support, counseling and referral to THC and health services. Condoms with increased resistance and lubricant for preventive activities will be procured by AIDS Centers from domestic sources and supplied to NGO to be distributed by outreach workers. A series of training for service will be provided by Kazakh Union of PLHIV to NGOs staff to ensure quality service provision and minimal standards of services. To increase efficiency of IEC efforts, a mobile application with informational and educational content tailored to specific needs of MSM (HIV, safe sex, HTC, preventive services and HIV care, etc.) will be developed and promoted free of charge among target group through outreach activity. The application will be accessible beyond earlier intervention sites contributing to overall IEC effort for MSM. Due to improved social contracting mechanism (described in Objective 1) the coverage will be boosted by reaching 40% of estimated number of MSM with preventive services by 2020. It is well beyond targets settled by the national road map on accelerated HIV response (10%) due funding request geographic focus on big cities where MSM are concentrated more and NGOs access to target group. HIV testing services for MSM will be further scaled-up by NGOs in collaboration with AIDS Centers to reach 90% of covered MSM with testing. The Government will match TGF budget and cover costs for HIV testing, including rapid testing and other supplies. Module 2.4. Treatment, care and support*Intervention 2.4.1. Counseling and psycho-social support.* TGF is requested to support scale-up of community based outreach to PLHIV under coordination of the Republican AIDS Center through social contracting of NGOs in Karaganda oblast, Almaty city and Astana city (starting Year 3). A comprehensive support package for PLHIV in care (pre-ART and ART) will be promoted, including psycho-social support, mentoring and support for enrolment and retention in HIV care, case-management, linkage to other services (including OST, TB/HIV). TGF will support capacity building for HIV case management to ensure quality of service provision through Kazakh Union of PLHIV and IEC efforts using developed mobile application with informational and educational content tailored to specific needs of PLHIV to be promoted free of charge among target group. The Government will fully support ART, pre-ART and ART monitoring and update the clinical protocols to the Test and Treat Strategy starting year 2018 with the aim to reach 90% of PLHIV in ART and 90% viral suppression among them by 2020. Module 3.1. Program management*Intervention 3.1.1. Grant management.* The program management component includes staffing, office management, communication and other relevant activities and program related costs of the nominated Principal Recipients – the Republican Center on Prevention and Control of AIDS of the Ministry of Health of the Republic of Kazakhstan. |

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| SECTION 3: OPERATIONALIZATION AND RISK MITIGATION |
| This section describes the planned implementation arrangements and foreseen risks for the proposed program(s). To respond, refer to additional guidance provided in the *Instructions*. |

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| 3.1 Implementation arrangements summary |
| Do you propose major changes from past implementation arrangements, e.g. in key implementers or flow of funds or commodities? | [ ]  Yes [x]  No |
| If yes, 1. Outline the reasons and the key changes from past implementation arrangements to give an understanding of grant operationalization. You can provide an updated Implementation Arrangements Map;
2. Detail how representatives of women's organizations, key populations and people living with the disease(s) as applicable will actively participate in the implementation of this funding request;
3. Include a description of procurement mechanisms for the grant(s).
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| The Country Coordination Mechanism (National Coordination Council for TB and HIV/AIDS) oversees the overall implementation of the grant and ensures proper coordination between different sectors as well as different programs implemented by other external partners. The CCM will monitor the grant progress to ensure that the activities are carried out according to the work plan and indicators of programmatic and financial performance are accomplished. It will make the key financial and programmatic decisions and will have the responsibility to address the main problems and challenges related to the grant. The CCM meetings will be convened quarterly or more frequently if necessary. Technical working groups for each component will work with the stakeholders between the CCM meetings and prepare the documentation to be endorsed by the CCM. The CCM and the MOH will carry out the role of coordination with other programs and development initiatives. The CCM will ensure practical coordination and collaboration. The CCM assigned Republican Center on Prevention and Control of AIDS of the Ministry of Health of the Republic of Kazakhstan to continue with its current role as the Principal Recipients for HIV grant. The Principal Recipients will execute its functions and apply procedures in accordance to TGF requirements and in compliance with the national legislation. The grant funds will be transferred to the special accounts of the PR. The PR will be responsible for all practical issues related to the grant implementation including oversight of the Sub-recipients (SRs) and Sub-contractors. The PR will undertake the functions of procurement (equipment, civil works and services), financial management, grant-related monitoring, evaluation and reporting to TGF. No health and non-health products are envisaged to be procured by the PR under this funding request. The PR will develop the work plans for grant implementation and will present grant performance reports to the CCM. Financial and activity progress reports will be forwarded to the CCM members for review. The CCM will annually review the grant performance and proposed work plans for the upcoming year and will approve additional disbursements. The implementation structure has been discussed during the CCM meetings and the Principal Recipient has been nominated by the CCM in accordance with the Global Fund recommendations (see enclosed Annex 3 CCM Eligibility Requirements). Based on the goal of the funding request and its focus on earlier intervention sites, the following 3 SRs have been identified for the grant to implement social contracting to NGOs in earlier intervention sites to scale up HIV prevention, care and support to KAP: (i) Almaty Regional Center of Prevention and AIDS Control, (ii) Karaganda Regional Center for the Prevention and Control of AIDS, and (iii) Astana Center for Prevention and Control of AIDS starting Year 3. Two non-government sub-contractors have been identified to deliver specific activities under Objective 1, under Principle Recipient umbrella: (i) NGO Aman-Saulyk – for assessment and development of legal and normative framework for social contracting, and (ii) Union of Legal Entities Kazakh Union of PLHIV – for community based advocacy and monitoring and HIV prevention, care and support to KAP service providers’ capacity building. The CCM Secretariat and the PR will communicate with the Global Fund on the grant progress. Progress Updates and Disbursement Requests will be forwarded to TGF FPM on a semi-annual basis or as otherwise agreed; other documentation will be provided as requested by TGF. The Local Fund Agent (currently Price Waterhouse Coopers, PWC) will act within the Terms of Reference agreed upon with the Global Fund, including on-site verifications (OSV) of grant performance. External audits evaluating the grant performance and financial management are an integral part of the proposed management arrangements. |

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| 3.2 Key implementation risks |
| Using the table below, outline key risks foreseen, including those that were provided in the *Key Program Risks* table shared by the Global Fund during the Country Dialogue process. You can also add key operational and implementation risks, which you identified as outstanding from the previous implementation period, and the specific mitigation measures planned to address each of these challenges/risks to ensure effective program performance in the given context.  |
| Risk Category(Functional area) | Key Risk | Mitigating actions | Timeline |
| Programmatic / monitoring and evaluation risks | Services volume and quality | The AIDS Center in earlier intervention sites obtain new role to contract NGO for service provision to KP; serious attention should be paid to prevent possible delays in implementation and decrease in expected service coverage and quality. The funding request include strong community monitoring and advocacy efforts designed to ensure that social contracting mechanisms are efficiently applied to provide services through NGOs in the volume and quality required.  | Continuous monitoring and advocacy over entire grant life.  |
| Programmatic / monitoring and evaluation risks | Sustainability  | There is risk that the Government will not fully institutionalize the social contracting mechanism for NGO-based service provision to KP within grant life. This will put at risk the continuation of social contracting beyond 2020 and replication of the mechanism in other oblast. To mitigate the risk, the TWG under Akimat umbrella will meet regularly to build the ground for development, implementation and institutionalization of social contracting mechanism and replication to other oblasts. The transition readiness will be assessed and a transition plan with main focus on KP service, social contracting and other mechanisms of provision of services will be developed. In addition, the community will exercise community control function over the planning and implementation and advocacy function to promote social contracting through consolidated advocacy effort at central and local level.  | Continuous over grant life. Transition readiness assessment and transition plan development are scheduled for Y2 and 3.  |
| Procurement and supply management risks due matching of funds from domestic resources for prevention supplies | Services utilization  | AIDS Centers will procure from domestic funds and provide health products for NGOs-based service provision. The main risk related to PSM from domestic matched funds are linked to prevention commodities (syringes and other injecting equipment, condoms and lubricants) for focused prevention activities among KPs. The relevant AIDS Centers personnel need to be sensitized regarding the specific quality requirements by key populations to the procured prevention commodities. Ignoring these requirements may lead to a significant decrease in service utilization. This risk can be eliminated through involvement of NGO service delivery organizations in development of technical specifications and knowledge transfer to AIDS Centers, continuous monitoring of users’ satisfaction and signalling of sub-optimal quality that is part of the community-based monitoring design provided by the funding request.  | Continuous users’ satisfaction community based monitoring, discussion of finding with decision makers and share of knowledge and learning during grant life.  |
| Governance and program management risks | KPs involvement | The risk of poor KPs involvement in issue related to access, equity and quality of services under social contracting mechanism. This will be eliminated through the community based monitoring that will target social contracting implementation, quality of services and users' satisfaction, and bring the messages voiced by KP to decision maker from Akimats, RACs and feed identification of measures to remove barriers for efficient community based service provision to KAP through social contracting. | Continuous over grant life. |

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| SECTION 4: FUNDING LANDSCAPE, CO-FINANCING AND SUSTAINABILITY |
| This section details trends in overall health financing, government commitments to co-financing, and key plans for sustainability. Refer the Funding Landscape Table(s) and supporting documents as applicable. To respond, refer to additional guidance provided in the *Instructions.* |

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| 4.1 Funding Landscape and Co-financing  |
| 1. Are there any current and/or planned actions or reforms to increase domestic resources for health as well as to enable greater efficiency and effectiveness of health spending? If yes, provide details below.
 | [x]  Yes [ ]  No |
| 1. Is this current application requesting Global Fund support for developing a health financing strategy and/or implementing health-financing reforms? If yes, provide a brief description below.
 | [ ]  Yes [x]  No |
| 1. Have previous government commitments for the 2014-16 allocation been realized? If not, provide reasons below.
 | [x]  Yes [ ]  No |
| 1. Do current co-financing commitments for the 2017-19 allocation meet minimum requirements to fully access the co-financing incentive, as set forth in the Sustainability, Transition and Co-financing Policy?[[5]](#footnote-6) If not, provide reasons below.
 | [x]  Yes [ ]  No |
| 1. Does this application request Global Fund support for the institutionalization of expenditure tracking mechanisms such as National Health Accounts? If yes or no, specify below how realization of co-financing commitments will be tracked and reported.
 | [ ]  Yes [x]  No |
| The public expenditure for health has been stable and was 2.4% of the GDP along with significant level of private spending up to 45.6% of total health expenditure in 2014 (see Table 4) The spending for health in the general government budget was 10.9% in 2014 (source: WHO, Health for all database) and kept unchanged in 2015-2016 (source: MOF). These indicators show that in comparison with other countries of the Eastern Europe and Central Asia there is satisfactory government commitment to distribute fair share of the government budget to the health system. *Table 4. Trends in health expenditures, Kazakhstan, 1995-2014*

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| --- | --- | --- | --- | --- | --- | --- |
| Indicators |  1995 |  2000 |  2005 |  2010 |  2013 | 2014 |
| GDP (PPP$ per capita) | 1288 | 1229 | 3771 | 9071 | 14310 | 13155 |
| GGE as percent of GDP | 25.7 | 23.2 | 27.0 | 22.1 | 20.1 | 21.7 |
| GGHE as percent of GGE | 11.5 | 9.2 | 9.3 | 11.4 | 10.9 | 10.9 |
| THE (PPP$ per capita) | 270 | 319 | 555 | 849 | 994 | 1068 |
| THE as percent of GDP | 4.6 | 4.2 | 4.1 | 4.4 | 4.3 | 4.4 |
| GGHE as percent of GDP | 3.0 | 2.1 | 2.5 | 2.5 | 2.2 | 2.4 |
| GGHE as percent of THE | 64.0 | 50.9 | 62.0 | 57.2 | 50.9 | 54.4 |
| PvHE as percent of THE | 30.0 | 49.1 | 38.0 | 42.8 | 49.1 | 45.6 |
| Out of pocket expenditure as percent of PvHE | 98.6 | 98.9 | 98.6 | 98.9 | 99.0 | 98.9 |
| Out of pocket expenditures as percent of THE | 35.5 | 48.5 | 37.5 | 42.3 | 48.6 | 45.1 |
| GGEH (PPP$ per capita) | 173 | 162 | 344 | 486 | 506 | 581 |

GDP = Gross Domestic ProductGGE = General Government ExpenditureGGHE = General Government Health ExpenditurePvHE = Private Health ExpenditureTHE = Total Health ExpenditureThe total estimated costs of the National HIV Response, based on the current level of spending and taking into account the need to expand essential services to KAP, ART coverage as per established targets is estimated to US$149,845,768 for 2018-2020. This represents a financing gap of US$6,051,734. The costs of the program are expected to increase on average 10% percent annually. The donor landscape for HIV in Kazakhstan is limited and include, along with TGF, PEPFAR team (USAID, CDC) with contribution to KP targeted services in Pavlodar and East Kazakhstan by 2018, UN Agencies with technical support and few other international organizations with insignificant contribution for HIV response. National AIDS Spending Assessment (NASA) findings indicate that over last years (2011-2016), donors provided over US$23M as external aid or about 11% from total AIDS Spending with fluctuations from 20% (in 2012) to 4% (in 2015). 2016 NASA results revealed that donor funding comprises only 14 percent of the country’s spending on HIV. The majority of funding [86%] is from public sources: Government with 51% percent of the overall spending and local budgets – 49% percent of overall spending. In 2016, almost 44% percent of domestic public funds were spent on ART treatment and 13% percent on prevention. Focused prevention (among KP, including prisoners) accounts for 6% of domestic spending and 9% percent of the overall country’s spending on HIV. This request for funding has been developed in line with the counterpart financing requirements of the Global Fund, which are set forth in the Policy on Eligibility Criteria, Counterpart Financing Requirements, and Prioritization. The Funding Landscape Table have been completed (see enclosed). As seen from the tables, the co-financing contribution have been met and there is a slight increasing in government contribution to the overall health sector over the next implementation period. The tables present an overall funding gap of 4% percent for HIV of total expected program cost in 2018-2020, even when investing in the most cost-effective interventions. The information used to complete the funding landscape table has been obtained from the MOF, MOH, RAC – for domestic sources; PRs for TGF support (resources disbursed in previous period of implementation and disbursement planned); country offices or implementing organizations – for other external contributions (previous, current and anticipated). Calculations of financial needs for the National HIV Response are based on the current level of spending, taking into account the need to expand essential services to KAP, ART coverage as per the National Program of Accelerated Measures for Prevention of new HIV-infection cases in the Republic of Kazakhstan and the implementation roadmap. For the previous years, data on domestic resources are from data reported in the UNAIDS National AIDS Spending Matrix as part of the UNGASS Country Report for Monitoring the Declaration of Commitment on HIV/AIDS. The financial data presented are considered to be largely complete and reliable.The current grant is a round-base and was not subject to willingness to pay. |

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| 4.2 Sustainability |
| Describe below how the government will increasingly take up health program costs, and actions to improve sustainability of Global Fund financed programs. Specifically,1. Explain the costs, availability of funds and the funding gap for major program areas. Specify in particular how the government will increasingly take up key costs of national disease plans and/or support health systems; including scaling up investments in programs for key and vulnerable population, removal of human rights and gender-related barriers and enabling environment interventions.
2. Describe actions to improve sustainability of Global Fund financed programs. Specifically, highlight key sustainability challenges of the program(s) covered by the funding request, and any current and/or planned actions to address them.
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| Kazakhstan has a country led, financed, managed and implemented HIV response. The government has full ownership of the HIV response that is coordinated by the Republican AIDS Center which develops, oversees and implements the national response through a strong network of oblast and city AIDS Centers in partnership with civil society. Understanding the importance of sustainability and continuation of consistent, evidence-based and impact oriented national HIV responses, the Government of Kazakhstan is committed to further increase efficiency of implementation mechanisms and the level of domestic funding in order to bridge the gaps and take over the funding of all priority interventions included in the National HIV response. The Government fully covers HIV surveillance, ART, pre-ART and ART monitoring, PMTCT, blood safety, management of opportunistic infections, STIs testing and treatment, laboratory operation, M&E systems, including BSS in KAP, human resources and infrastructure for HIV services, including trust point for KP. Focused preventive programs for KP are also largely covered from domestic sources, including preventive activities supplies (syringes, condoms, lubricants, etc.), HTC, including rapid testing for KP, outreach workers for HIV prevention, care and support to KP and even a small scale social contracting of NGOs for KP targeted services, etc. Starting 2018 Kazakhstan will overtake the support and scale up of OST services developed under current TGF grant. The country made strong political and budgetary commitments in support of HIV response and kept the domestic expenditure increasing year by year, despite economic downturn. Governing its commitment by evidence, including Optima, the country aims to maximize impact and achieve the greatest yield from investments. The MOH put forward several strategies: further increase effectiveness of HIV response, introducing Mandatory Health Insurance and including services related to diagnosis and treatment of HIV/AIDS, prioritization of MOH funding under public health programs, national road map on accelerated HIV response and focusing on priority HIV interventions. The Government is committed to further optimize ART costs and quality by utilizing UN procurement mechanisms, less expensive fixed dose combinations and increase ART uptake by streamlining its clinical protocols to WHO ‘test and treat strategy’ towards reaching 90% coverage with ART by 2020. The Government is committed to increase its share for focused HIV interventions to 9.8% by 2020 (from 6% in 2016) and optimize investments using NGOs social contracting as a critical part for sustainable and efficient rights-based HIV prevention, care and support services to KP. The *Building Foundation for Sustainable HIV Response in Kazakhstan funding request* aims at filling the gaps and assisting the National HIV response to transition towards Government funding and efficient implementation for major intervention such as: * Strengthen resilient and sustainable systems for health - community response and systems
* Scale-up needle and syringe programs (NSP) as part of programs for PWID and their partners based on social contracting of NGOs
* Scale-up behavioral change as part of programs for sex workers and their clients based on social contracting of NGOs
* Scale-up behavioral change as part of programs for MSM based on social contracting of NGOs
* Provide counselling and psycho-social support, as part of care and support programs for PLHIV based on social contracting of NGOs
* Improve program management.

A total of 22% from the allocation are invested into RSSH – community response and system under the funding request strategic objective towards institutionalization of viable and sustainable NGOs’ social contracting system for financing and scale up access of KP to evidence based HIV prevention, care and support services.  |

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| SECTION 5: PRIORITIZED ABOVE ALLOCATION REQUEST / UPDATE |

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| Prioritized Above Allocation Request |
| n/a |
| Relevant Additional Information (optional) |
| *n/a* |

1. We suggest to compare the new allocation amount with the current spending on a yearly basis, past and/or forecasted. For example, using the last year spending multiplied by 3. [↑](#footnote-ref-2)
2. UNAIDS, 2015 Report on the Global Epidemic. [↑](#footnote-ref-3)
3. Source: Republican AIDS Center [↑](#footnote-ref-4)
4. For 2016 round the sampling methodology changed from snow ball to RDS. [↑](#footnote-ref-5)
5. Refer to the [Sustainability, Transition and Co-Financing Policy](http://www.theglobalfund.org/en/fundingmodel/process/cofinancing/) [↑](#footnote-ref-6)