**United Nations Development Programme**

**Country: Turkmenistan**

**Project Document**

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| **Project Title** | Purposeful strengthening and expanding of qualified services on TB diagnostics and treatment in Turkmenistan |
| **UNDAF Outcome(s):**  | UNDAF Outcome 2.1: By 2015, more people, with a focus on children and women in rural areas, receive quality primary health care services from national and local authorities in accordance with international standards.  |
| **Expected CP Outcome(s):**  | The government ensures comprehensive socio-economic integration of all vulnerable groups including women, disabled and HIV+ persons |
| **Expected Output(s):**  | Burden of tuberculosis in Turkmenistan reduced by consolidation of DOTS framework, its expansion through introducing and scaling up the management of drug-resistant tuberculosis and strengthening the health system performance for effective TB control. |
| **Executing Entity:** | UNDP |
| **Implementing Agency:** | Ministry of Health Care and Medical Industry of Turkmenistan;**.**  |
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**Brief Description**

The Project will aim at reducing the burden of tuberculosis in Turkmenistan by consolidation of DOTS framework, its expansion by introducing and scaling up the management of drug-resistant tuberculosis and strengthening the health system performance for effective TB control.The project will contribute to reaching the TB control targets that have been set in line with the international strategies such as the revised WHO *Stop TB Strategy* and the *Global Plan to Stop TB 2006-2015,* and reiterated in the *National Strategy for Prevention and Control of Tuberculosis in Turkmenistan for Years 2008-2015.* The overall impact of the project is in line with the national goals, such as those identified in the proposal approved by the Global Fund for Round 9, in line with the *Strategy of Economic, Political and Cultural Development of Turkmenistan for the period of up to 2020* and sector national programmes, such as the *National Programme for Improvement of Social and Living Conditions of the Rural Population for the period up to 2020.*

Total resources required $6,536,361

Total allocated resources: $6,536,361

* Regular \_\_\_\_\_\_\_\_\_
* Other:
	+ GFATM $6,536,361
	+ Donor \_\_\_n/a\_\_\_
	+ Donor \_\_\_n/a\_\_\_
	+ Government \_\_\_n/a\_\_\_

Unfunded budget: \_\_\_\_\_\_\_\_\_

In-kind Contributions

Programme Period: 1 Oct 2010 – 30 Sep 2012

Key Result Area (Strategic Plan): Reach country’s MDG6 goal

Atlas Award ID: \_\_\_00075647\_\_\_\_

Start date: \_\_\_01/10/2010\_\_\_\_

End Date \_\_\_30/09/2012\_\_\_\_

PAC Meeting Date \_\_\_\_13/12/1010

Management Arrangements \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreed by Ministry of Health Care and Medical Industry of Turkmenistan:

Agreed by United Nations Development Programme:

# Situation Analysis

**Background:**

Turkmenistan has succeeded in application for the Round 9 grant of the Global Fund to Fight AIDS, Tuberculosis and Malaria (‘Global Fund’). The project “Purposeful strengthening and expanding of qualified services on TB diagnostics and treatment in Turkmenistan” is expected to be implemented during 5 years, divided in two phases of grant implementation: Phase I from October 1, 2010 to September 30, 2012 (subject of the Project Document): and Phase II from October 1, 2012 to September 30, 2015)Tuberculosis remains an important public health problem; the estimated incidence is 69 per 100,000 population. While DOTS is implemented country-wide including prisons and there are notable achievements in the National TB Programme during recent years, important challenges remain to be addressed. As in the other former Soviet Union republics, resistance to anti-TB drugs represents a serious obstacle to effective control of TB epidemic. The Government is committed to fight the disease and increasingly allocates financial, human and infrastructural resources for TB control. This commitment has been articulated in the *National Strategy for Prevention and Control of Tuberculosis in Turkmenistan for Years 2008-2015*,endorsed on 21 January 2008 and other legislative and regulatory acts and the Ministry of Health orders. However, substantial programmatic and financial gaps exist, especially in regard to the complex and costly interventions in drug-resistant TB (DR-TB) management. To sustain achievements of the National TB Programme (NTP), improve quality of DOTS and expand its framework, the country applied for support from the Global Fund in Round 9. The Round 9 proposal aims to address existing gaps and contribute to consolidation of the national DOTS-based TB control programme. At the same time, strengthening the overall health system will lead to ensure sustainability of TB control interventions in the future.

**Beneficiaries and Target Groups**

The primary beneficiaries of the project will be TB patients in both civilian and penitentiary sectors, who will have access to better TB care, social support during treatment, and benefit from reduced stigmatization related to TB. Within the TB patients, the project will also specifically target the most vulnerable group of TB patients in penitentiary system.

TB specialists and PHC providers will have opportunities to develop their professional capacities in quality TB case detection and management, and management of respiratory diseases.

The TB care facilities will get support with renovation of laboratories, drug warehouses, and with other technical needs.

The indirect beneficiaries of the project will be the people of Turkmenistan, who will benefit from better detection and treatment of tuberculosis, as well as from health promotion activities.

# Strategy

**Project objectives:**

The Project will be implemented within the context of the new United Nations Development Assistance Framework (UNDAF) for the period of 2010-2015, and contribute towards achievement of UNDAF Outcome 2.1: “By 2015, more people, with a focus on children and women in rural areas, receive quality primary health care services from national and local authorities in accordance with international standards”.

Gender aspects will be comprehensively addressed throughout the project interventions: in particular, all ACSM activities will have specific emphasis on gender equality. Patient and family oriented approaches bring special benefits for women, who are generally much more stigmatized and discriminated then men.

The overall **Goal of the Project is to reduce the burden of tuberculosis in Turkmenistan by consolidation of DOTS framework, its expansion by introducing and scaling up the management of drug-resistant tuberculosis and strengthening the health system performance for effective TB control.** The Goal is set in accordance with the international recommendations (laid down in the WHO Stop TB Strategy and the Global Plan to Stop TB 2006-2015). Three main Objectives have been identified for the Round 9 project:

1. **To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.** Activities under this Objective have been designed to sustain DOTS achievements in the country through strengthening NTP capacities in both civilian and penitentiary sectors; strengthening TB laboratory diagnosis; support to quality treatment of TB cases; advocacy, communication and social mobilisation; and initiating TB/HIV collaborative activities:
	1. Strengthening management, coordination, monitoring and evaluation of the National Tuberculosis Control Programme;
	2. Strengthening capacities for TB control in the penitentiary sector;
	3. Strengthening TB laboratory network;
	4. Improving TB case management;
	5. TB advocacy, communication and social mobilisation (ACSM);
	6. Collaborative activities for control of TB / HIV co-infection;
2. **To improve the health system performance for effective tuberculosis control.** Health system strengthening is an integral part of the project. Interventions to be supported under this Objective include supporting continuing involvement of Primary Health Care providers in TB case detection, treatment follow up and community and family work; building national capacities in improving the health system performance for effective TB control with emphasis on key health system functions – in particular, financing, human resources development and service delivery; and support to introduction of Practical Approach to Lung Heath (PAL) in the country. Activities under this objective:
	1. Strengthening Primary Health Care involvement in TB control;
	2. Strengthening key health system functions for effective TB control;
	3. Introducing Practical Approach to Lung Health (PAL);
3. **To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis.** Activities under this Objective aim at introducing and scaling up the DR-TB management programme in the country and expanding access to DR-TB diagnosis and treatment. This proposal will support the country’s first application to the Green Light Committee (GLC) which will be developed and submitted to the GLC by the end of Year 1 and the first patients will be enrolled in second line treatment in Year 3. The project will follow a comprehensive approach to DR-TB management; the proposed Activities are organized in five groups: strengthening capacities in DR-TB management; drug resistance surveillance and diagnosis of DR-TB cases; treatment of DR-TB cases; patient support programme for DR-TB patients; and operational research on DR-TB:

Strengthening national capacities for management of drug-resistant tuberculosis;

* 1. Drug resistance surveillance and diagnosis of drug-resistant tuberculosis cases;
	2. Treatment of drug-resistant tuberculosis cases;
	3. Patient support programme for drug-resistant tuberculosis patients;
	4. Operational research on drug-resistant tuberculosis.

**Planned activities:**

During the Phase I (October 1, 2010-September 30, 2012), the project will work to sustain priority TB control interventions that are currently implemented by the NTP. In addition, a number of new activities will be initiated, such as strengthening TB information system, provision of patient incentives and collaboration for control of TB/HIV co-infection. Measures to strengthening health system include continuing involvement of Primary Health Care providers in TB management; building national capacities in improving the health system performance for effective TB control with emphasis on financing, human resources development and service delivery; and introduction of Practical Approach to Lung Heath (PAL) in the country. From Year 3 (Phase II), the project aims at supporting introduction of a comprehensive DR-TB management programme. The accomplishment of this objective will be reached through strengthening the human and infrastructural capacities, conducting the first nation-wide representative Drug Resistance Survey and further establishment of routine DR-TB surveillance throughout the country, upgrading the laboratory services and provision of up-to-date treatment of DR-TB cases with comprehensive patient support to ensure adherence. Importantly, the proposal addresses the needs of prisoners – a group of high risk of TB infection and transmission – to sustain and expand the NTP interventions in the penitentiary sector, which has been recently included in DOTS programme. While the United Nations Development Programme (UNDP) office in Turkmenistan has been nominated by the CCM as the Principal Recipient of the grant, the NTP Central Unit (Centre of TB Prevention and Control) through the network of public health care institutions and providers, and in cooperation with the academia and civil society, will be responsible for implementation of the majority of the planned activities.

# Results and Resources Framework

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| **Intended Outcome as stated in the Country Programme Results and Resource Framework:** More people, with a focus on children and women in rural areas, receive quality primary health care services from national and local authorities in accordance withinternational standards |
| **Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:****Indicator:**Disaggregated data on vulnerable groups of society (by group, age, gender, others); Number of new policy initiatives; Number of social services available to vulnerable groups*.* **Baseline:** Capacity and institutional assessment of the situation of vulnerable groups not available.**Target:** Capacities and mechanisms for collection and analysis of data developed. Skills and capacities for informed policy making on vulnerable groups enhanced. New social services for vulnerable groups developed and implementation started. |
| **Applicable Key Result Area (from 2008-11 Strategic Plan):**  |
| **Partnership Strategy:** Ministry of Health and Medical Industry of Turkmenistan |
| **Project title and ID (ATLAS Award ID):** Purposeful strengthening and expanding of qualified services on TB diagnostics and treatment in Turkmenistan. ATLAS ID # 00075647 |
| **INTENDED OUTPUTS** | **OUTPUT TARGETS FOR Y1, Y2** | **INDICATIVE ACTIVITIES** | **RESPONSIBLE PARTIES** | INPUTS |
| **Objective 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.** **Indicators:** |
| Number of Regional (velayat) NTP Units' staff trained in supervision, monitoring and evaluation and other aspects of NTP management. *Baseline: 0* | *40* | 1. Strengthening management, coordination, monitoring and evaluation of the National Tuberculosis Control Programme;
2. Strengthening capacities for TB control in the penitentiary sector;
3. Strengthening TB laboratory network;
4. Improving TB case management;
5. TB advocacy, communication and social mobilisation (ACSM);
6. Collaborative activities for control of TB / HIV co-infection;
 | *MoH**UNDP**WHO**NRCS**NGOs* | *GFATM grant Rnd9*  |
| Number of staff from peripheral TB laboratories trained in microscopy techniques. *Baseline: 17* | *97* |
| Number of direct sputum microscopy investigations for TB diagnosis and treatment monitoring. *Baseline: 87,500*  | *231,000* |
| Number of culture investigations (manual technique) for confirmation of TB diagnosis and monitoring of 1st line treatment.*Baseline: 432* | *4,970* |
| Number of TB services staff trained and re-trained in DOTS, including drug management.*Baseline: 63* | *720* |
| Treatment success rate: new smear positive TB. Baseline: 83% | *80%* |
| Number of TB patients receiving incentives (food parcels) for better adherence to treatment during out-patient phase of 1st line treatment.*Baseline: N/a* | *7,490* |
| Number of community leaders / activists trained in TB control issues.*Baseline: 0* | *300* |
| **Objective 2: To improve the health system performance for effective tuberculosis control.** |
| Number of PHC providers (doctors and nurses) trained in TB control.*Baseline: 86* | 1200 | 1. Strengthening Primary Health Care involvement in TB control;
2. Strengthening key health system functions for effective TB control;
3. Introducing Practical Approach to Lung Health (PAL);
 |  | *GFATM grant Rnd9* |
| Number of infection controls plans developed for TB hospitals.*Baseline: 0* | 12/24 (50%) |
| **Objective 3: To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis.** |
| New and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB among the people eligible for drug susceptibility testing according to national policy (number and percentage) during the specified period of assessment.*Baseline: N/a* | 40% (1010/2530) | 1. Strengthening national capacities for management of drug-resistant tuberculosis;
2. Drug resistance surveillance and diagnosis of drug-resistant tuberculosis cases.
 |  | *GFATM grant Rnd9* |

# Annual Work Plans

Considering the approved length of the project from October 1, 2010 to September 30, 2012, the detailed Annual Work Plan is developed based on project quarter distribution (not calendar year). The AWPs are subject to revision according to consecutive programmatic arrangements with GFTAM.

**YEAR 1 (October 1, 2010 – September 30, 2011)**

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| **EXPECTED OUTPUTS** | **PLANNED ACTIVITIES** | **TIMEFRAME** | **RESPONSIBLE PARTY** | **PLANNED BUDGET** |
|  | *List activity results and associated actions*  | Q1 | Q2 | Q3 | Q4 | Funding Source | Budget Description | Amount |
| **Output 1:****To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.*****Indicator:***Number of Regional (velayat) NTP Units' staff trained in supervision, monitoring and evaluation and other aspects of NTP management. *Baseline: 0**Target:20****Indicator:***Number of staff from peripheral TB laboratories trained in microscopy techniques. *Baseline: 17**Target:57****Indicator:***Number of direct sputum microscopy investigations for TB diagnosis and treatment monitoring. *Baseline: 87,500* *Target:110,000****Indicator:***Number of culture investigations (manual technique) for confirmation of TB diagnosis and monitoring of 1st line treatment.*Baseline: 432**Target:1,860****Indicator:***Number of TB services staff trained and re-trained in DOTS, including drug management.*Baseline: 63**Target:340****Indicator:***Treatment success rate: new smear positive TB. *Baseline: 83%**Target: 80%****Indicator:***Number of TB patients receiving incentives (food parcels) for better adherence to treatment during out-patient phase of 1st line treatment.*Baseline: N/a**Target: 3,530****Indicator:***Number of community leaders / activists trained in TB control issues.*Baseline: 0**Target:150***Output 2:****To improve the health system performance for effective tuberculosis control.*****Indicator***:Number of PHC providers (doctors and nurses) trained in TB control.*Baseline: 86**Target:600****Indicator***:Number of infection controls plans developed for TB hospitals.*Baseline: 0**Target:12.5% (3/24)***Output 3:****To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis.*****Indicator:***New and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB among the people eligible for drug susceptibility testing according to national policy (number and percentage) during the specified period of assessment.*Baseline: N/a**Target: 20% (440/2180)* | Attendance of training courses in various aspects of NTP management and international conferences abroad (Warsaw and Sondalo training courses, European NTP managers' meetings, IUATLD conferences, etc.).  |  | x | x | x | **UNDP** | GFATM R9 | TRIA: UNDPIA Code:001981Account: 75700 | 16,000.00 |
| Training for staff of 5 Regional (velayat) NTP Units will be conducted at the NTP Central Unit in different aspects of NTP management (in particular in supervision, monitoring and evaluation) to strengthen capacities of NTP RUs and support decentralization.  |  |  | x | x | **SR** | GFATM R9 | TRIA: WHOIA Code:002066Account:75700 | 5,040.00 |
| Supervision visits will be conducted by the NTP Central Unit team to 5 velayat centres and selected districts (etraps | x | x | x | x | **UNDP** | GFATM R9 | MEIA: UNDPIA Code:001981Account:71600 | 17,400.00 |
| Supervision visits will be conducted by the GIU staff to 5 velayat centres and selected districts (etraps)-  | x | x | x | x | **UNDP** | GFATM R9 | MEIA: UNDPIA Code:001981Account:71600 | 14,700.00 |
| Regional (velayat level) supervision visits will be conducted by 5 Regional NTP Units to TB service and PHC facilities in peripheral districts. | x | x | x | x | **UNDP** | GFATM R9 | MEIA: UNDPIA Code:001981Account: 71600 | 8,400.00 |
| Procurement of 7 vehicles (2 for the NTP Central Unit and 5 for Regional (velayat level) NTP units)  |  | x |  |  | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account:72200 | 105,000.00 |
| Procurement of office equipment (a set of 2 desktop PCs, 1 laptop PC and 1 printer/copier/fax) for the NTP C U and NRL (4 sets), Regional NTP Units (1 seth velayat = 5 sets), totally 9 sets  |  | x |  |  | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account:72200 | 30,600.00 |
| Procurement of office equipment for the Educational Center that will be located in a newly established NTP Unit building of National TB Center in Ashghabat |  |  |  | x | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account:72200 | 12,800.00 |
| Procurement of office equipment and furniture for the training centres at 5 Regional (velayat) NTP Units, where the regional level training will be conducted (such as training of PHC providers).  |  |  | x |  | **UNDP** | GFATM R9 | IFIA:UNDP IA Code:001981Account:72200 | 39,000.00 |
| Operational expenses of the NTP Central Unit and Regional (velayat) Units (communication expenses, internet / e-mail stationary, printing, etc.). | x | x | x | x | **UNDP** | GFATM R9 | OVERIA: UNDPIA Code:001981Account: 72400 | 10,000.00 |
| Recording and reporting forms and registers will be printed in Year 1 in quantities sufficient for 2 years and distributed to all TB service delivery sites.  |   |   | x |   | **UNDP** | GFATM R9 | MEIA: UNDPIA Code:001981Account:74200 | 15,000.00 |
| External TA will be provided to the MOHMI and NTP in revising the existing regulations for TB control interventions and their update in line with the up-to-date international recommendations, in particular, revision of the current patient dispensary categories, indicators, for treatment, hospitalization, and discharge, immunization, contact tracing, preventive treatment, and other aspects of the Order #313. | x |  |  |  | **SR** | GFATM R9 | TAIA: WHOIA Code: 002066Account:71200 | 12,100.00 |
| Technical assistance (by an external consultant) will be provided to the Medical Department of the Ministry of Internal Affairs in situation assessment and planning interventions to improve accessibility of quality TB diagnosis and treatment. |  |  | x |  | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71200 | 10,470.00 |
| Attendance of training courses in various aspects of TB control in prisons, international conferences abroad and study tours.  |   |   |  | x | **SR** | GFATM R9 | TRIA: WHOIA Code:002066Account: 75700 | 7,600.00 |
| Quarterly supervision visits will be conducted by the Medical Department of the Ministry of Internal Affairs to the TB treatment site in the penitentiary sector. | x | x | x | x | **UNDP** | GFATM R9 | MEIA: UNDPIA Code:001981Account:71600 | 8,400.00 |
| A local consultant will be engaged to strengthen collaboration between the Medical Department of penitentiary institutions, NTP Central and Regional Units and TB service institutions in follow up of TB (and DR-TB) patients who start treatment in prisons |  |  | x | x | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account: 71300 | 3,000.00 |
| Procurement of 2 vehicles for the Medical Department of penitentiary institutions for monitoring and supervision of TB control interventions in prisons and related operational costs |   |  x |  |  | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account:72200 | 30,000.00 |
| Procurement of office equipment (a set includes 2 desktop PCs, 1 laptop PC and 1 printer/copier/fax) for the Medical Department of the Ministry of Internal Affairs (2 sets) and TB department of the Central Prison Hospital (1 set) |   | x |   |   | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account:72200 | 10,200.00 |
| Procurement of one mobile MMR unit for the Medical Department of the Ministry of Internal Affairs to be used for active TB case finding in detention institutions and pre-trial isolators Including overhead expenses ( transportation and other logistics requirements) |   |   |   | x | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 150,000.00 |
| Training and re-training of staff of peripheral microscopy laboratories using standard DOTS microscopy modules will be conducted at the NRL  |  |  | x | x | **SR** | GFATM R9 | TRIA: WHOIA Code: 002066Account:75700 | 15,600.00 |
| Procurement of glassware, reagents and other supplies for direct sputum smear microscopy (DSM) investigations for TB diagnosis and treatment monitoring. Including overhead expenses ( transportation and other logistics requirements) | x |   |   |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code: 001981Account:72300 | 33,000.00 |
| Culture investigations (manual technique on solid media) will be performed by the NRL in Ashgabat for confirmation of diagnosis in TB patients (including smear negative ones) at the beginning of treatment and in patients with no smear conversion at the end of treatment. Including overhead expenses ( transportation and other logistics requirements) | x |   |   |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code001981:Account:72300 | 10,416.00 |
| Procurement of light-emitting diode (LED) microscopes for 5 regional (velayat) TB laboratories (in Year 1. Including overhead expenses ( transportation and other logistics requirements) |   |   | x |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code001981:Account:72300 | 61,111.11 |
| Renovation of 28 microscopy laboratories at district / etrap level, including minor engineering works to meet essential working conditions and infection control requirements).  |   | x | x | x | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account: 72100 | 105,000.00 |
| Supervision visits of 28 microscopy laboratories at district/etrap level , conducted by construction specialist and GIU member | x | x | x | x |  **UNDP** | GFATM R9 | IFIA: UNDP IA Code:001981Account:71600 | 4,432.00 |
| Procurement of laboratory furniture (the set includes three tables, three chairs, two drawers and two cold boxes) for 54 peripheral (etrap level) microscopy laboratories etrap and 5 regional (velayat) laboratories (1 sets per each peripheral laboratory and 3 sets per each velayat laboratory, totally 69 sets), in Year 1. Including overhead expenses ( transportation and other logistics requirements) |   |   |   |  x | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 44,160.00 |
| Procurement of N95, 3M respirators for staff of TB laboratories (NRL, velayat and peripheral laboratories including penitentiary sector), totally for 150 persons. Including overhead expenses ( transportation and other logistics requirements) |  x |  |   |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 20,800.00 |
| Training of doctors from all TB service institutions using standard DOTS modules will be conducted by the national team of trainers at the regional (velayat)  | x | x | x | x | **UNDP** | GFATM R9 | TRIA: UNDPIA Code: 001981Account: 75700 | 33,200.00 |
| DOTS initial training and refreshing training of nurses from TB service institutions (with emphasis on ensuring patients' adherence to treatment and drug management) will be conducted at the regional (velayat)  | x | x | x | x | **UNDP** | GFATM R9 | TRIA: UNDPIA Code:001981Account:75700 | 19,000.00 |
| Technical assistance by local consultant in mentoring the process of strengthening NTP drug management system including forecasting, ordering, storage, stock monitoring, distribution, monitoring and management of side effects).  |   |   | x | x | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71300 | 3,000.00 |
| Technical assistance (by an external consultant) will be provided to the NTP to strengthen the drug management system including forecasting, ordering, storage, stock monitoring, distribution, monitoring and management of side effects). |  x |   |  |   | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71200 | 10,970.00 |
| Renovation works of drug storage facilities are planned in 7 drug storage facilities (at the central and regional level and in the penitentiary sector) to ensure sufficient space and proper conditions for 1st and 2nd line drugs' storage including temperature  |   | x |  x | x | **UNDP** | GFATM R9 | IFIA: UNDP IA Code:001981Account:72100 | 90,000.00 |
| Supervision visits to monitor renovation works of drug storage facilities are planned in 7 drug storage facilities (at the central and regional level and in the penitentiary sector), conducted by construction Specialist and GIU member | x | x | x | x | **UNDP** | GFATM R9 | IFIA: UNDP IA Code:001981Account:71600 | 3,953.00 |
| 1st line anti-TB drugs procurement, including overhead expenses ( transportation and other logistics requirements Estimated number of Category I and III patients to be treated (breakdown by civilian and penitentiary sectors is given in brackets: Year 1 - 3,700 (3,400+300);  |   | x |   |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 80,983.75 |
| 1st line anti-TB drugs procurement, including overhead expenses ( transportation and other logistics requirements) Year 1 - 1,000 (700+300)  |   | x |   |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 83,577.50 |
| TB patients will receive monthly incentives (food parcels) for better adherence to treatment during out-patient phase of treatment, on average 4 parcels per patient. Estimated number of patients to start regular treatment in the civilian and penitentiary sectors: Year 1 - 4,700.The needs' calculations take into account that about 25% of patients will not require incentives, will not complete treatment or will be diagnosed with MDR-TB and transferred to 2nd line treatment;  |   | x | x | x | **UNDP** | GFATM R9 | LSIA:UNDP IA Code:001981Account:72300 | 225,920.00 |
| Food packages related costs for delivery of packages and logistics of their distribution |   | x | x | x | **SR** | GFATM R9 | LSIA: UNDPIA Code:001981Account:72300 | 56,480.00 |
| Knowledge, Attitude, and Practices (KAP) survey to assess the baseline situation and identify key challenges, directions for action, priority target audiences, communication channels and assist developing TB advocacy.  |   |   | x | x  |  **SR** | GFATM R9 | MEIA: WHOIA Code:002066Account:72100 |  7,000.00 |
| Procurement of various infrastructure equipment, upgrading of TV studio, cosmetic renovation for a TB Resource Centre with library, internet access that will be organized at the MOH Information Centre and will serve for health professionals, mass media, NGOs, etc |   |   |   | x | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account:72300 | 11,200.00 |
| Administrative support of TB Resource Centre with library, internet access and organization of different informational and educational events, which includes consumables, running costs, website, printing etc |   |   | x | x | **SR** | GFATM R9 | OVERIA: Information Resource CenterIA Code:004520Account:72400 | 600.00 |
| Different informational and educational events at the national and local levels will be organized by the NTP and MOH Information Centre with participation of national and international NGOs on occasions of World TB Day 24 March. |   |   | x |   | **SR** | GFATM R9 | COMIA: Information Resource CenterIA Code:004520Account:74200 | 5,000.00 |
| Trainings workshops for community activists will be held to generate public awareness and raise social commitment at community level for fighting TB, with emphasis on reducing TB-related stigmatization and using community and family levers to motivate patients for treatment.  | x | x | x | x | **UNDP** | GFATM R9 | TRIA:UNDP IA Code:001981Account:75700 | 15,200.00 |
| A working group will be established by the Ministry of Health in Year 1 that will include representatives of TB service and HIV/AIDS service and other stakeholders to improve collaborative activities for control of TB/HIV co-infection.  |   |   |  x | x | **SR** | GFATM R9 | TAIA:WHO IA Code:002066Account:71300 | 3,060.00 |
|  |  |  |  |  |  |  |  |  |
| **Sub-total of Objective 1. To consolidate DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment** |  |  |  |  |  | GFATM R9 |  | 1,449,373.37 |
| External technical assistance will be provided to assist the Ministry of Health and NTP in strengthening the framework of PHC involvement in TB control, including legal and regulatory framework, development of national TB guidelines for PHC providers |   | x |   |   | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71200 | 8,800.00 |
| The national team of trainers will be strengthened by conducting in-depth training at the NTP Central Unit for selected TB specialists from the regions (velayats) who will further conduct training for PHC providers on TB control.  |  | x |  x |   | **SR** | GFATM R9 | TRIA: WHOIA Code:002066Account:75700 | 6,760.00 |
| Training for PHC doctors from all regions in TB control (re-training of staff in service and training of new staff) to strengthen participation in it with emphasis on case detection, treatment follow up and community work.  | x | x | x | x | **SR** | GFATM R9 | TRIA:UNDP IA Code:001981Account:75700 | 40,950.00 |
| Training for PHC nurses from all regions and penitentiary sector in TB control (re-training of staff in service and training of new staff) to strengthen participation in it with emphasis on case detection, treatment follow up and community | x | x | x | x | **SR** | GFATM R9 | TRIA:UNDP IA Code:001981Account:75700 | 40,950.00 |
| TB suspects' logbooks (form TB-15) for family doctors will be printed and distributed among PHC institutions (14,000 copies)  |   |   | x |   | **UNDP** | GFATM R9 | MEIA: UNDPIA Code:001981Account:74200 | 14,000.00 |
| Comprehensive review of NTP by WHO experts  | x |  |  |  | **SR** | GFATM R9 | TAIA:WHO IA Code:002066Account:71200 | 58,575.00 |
| Costs of conducting MESS Workshop for local TB specialists  | x |  |  |  | **UNDP** | GFATM R9 | TRIA:UNDP IA Code:001981Account:75700 | 4,100.00 |
| Monitoring and Evaluation Plan implementation costs | x |  | x | x | **UNDP** | GFATM R9 | MEIA: UNDPIA Code:001981Account:75700 | 53,394.00 |
| A Working Group will be established by the Ministry of Health that will include representatives of key stakeholders within the health system, NTP and external partners to address aspects of the health system strengthening and TB control |  |  | x | x | **SR** | GFATM R9 | TAIA:WHO IA Code: 002066Account:71300 | 5,460.00 |
| **Sub-total for Objective 2. To improve the health system performance for effective tuberculosis control** |  |  |  |  |  | GFATM R9 |  | 232,989.00 |
| Technical assistance (by external consultants) in development of the GLC application and selected aspects of the DR-TB management, such as laboratory diagnosis, clinical management of DR-TB cases, organization of treatment and follow-up during continuation phase, DR-TB treatment in the penitentiary sector, infection control planning |   |  |  x |   | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71200 | 14,040.00 |
| A working group will be established at the beginning of the project that will undertake key tasks related to introduction and scaling up surveillance, diagnosis and treatment of DR-TB cases including development of the application(s) to the GLC, national  |   |   |  x | x | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71200 | 4,260.00 |
| Training and study tours in priority issues of DR-TB management in Latvia (WHO Collaborative Centre), Tomsk/Novosibirsk, Russian Federation (Partners in Health project) and other sites;. |  | x |  | x | **SR** | GFATM R9 | TRIA: WHOIA Code:002066Account:75700 | 16,000.00 |
| Training in managerial, clinical and laboratory aspects of DR-TB management for TB service staff DR-TB treatment delivery sites (by external trainers  |   |   |   | x | **SR** | GFATM R9 | TRIA: WHOIA Code:002066Account:75700 | 11,180.00 |
| Limited support is requested for infrastructure rehabilitation at two MDR-TB in-patient treatment sites (Central TB Hospital in Ashgabat (50 beds) for the civilian sector and Central Prison Hospital in Turkmenbashi settlement of Mary velayat) for installation of the external negative pressure ventilation system, patient separation measures and ensuring proper drug storage conditions. Total area to be rehabilitated 1800 sq.m (during Years 1-2 in the civilian sector). |   |  | x |  | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account:72100 | 60,000.00 |
| Technical assistance by external consultant will be provided to the NTP in setting up practical arrangements for the nation-wide Drug Resistance Survey (DRS) including finalization of the study protocol;, training of key staff and planning of training of providers, involved, setting up and testing sputum transportation scheme, survey database management | x |  |  |  | **SR** | GFTAM R9 | TAIA: WHOIA Code:002066Account:71200 | 11,140.00 |
| A nation-wide representative DRS will be conducted according to WHO standards and based on the protocol, which will be developed prior to the start of the survey with the assistance of the Supranational Reference. |  |  |  | x | **SR** | GFTAM R9 | MEIA: WHOIA Code:002066Account:71200 | 6,276.00 |
| Small-size refrigerators will be procured for 40 peripheral microscopy laboratories where they are missing for specimens' storage for further transportation for culture and DST within the routine drug resistance surveillance system. | x |   |   |   | **UNDP** | GFATM R9 | IFIA; UNDP IA Code ;001981Account:72200 | 16,000.00 |
| Consumables (reagents) for culture and DST to 1st line drugs (automated MGIT). Including overhead expenses ( transportation and other logistics requirements) | x |   |   |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 27,040.00 |
| DST to 1st line drugs will be performed in culture-positive cases using manual technique on solid media, for quality assurance of automated MGIT technique. Estimated number of tests to be performed by the NRL (from the project beginning) and newly established regional reference laboratories in Mary (mid-Year 2) Including overhead expenses ( transportation and other logistics requirements)  | x |   |   |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 |  6,240.00 |
| Identification of strains and express testing for R/H resistance to be performed by the NRL (from the project beginning) and newly established regional reference laboratories in Mary (mid-Year 2). Including overhead expenses ( transportation and other logistics requirements) | x |   |   |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 6,160.00 |
| Visits of SRL (National Mycobacteriology Reference Laboratory, National Institute of Public Health and the Environment, Bilthoven, The Netherlands) to the NRL with the scope of technical assistance and external laboratory quality assurance.  |   |  | x |   | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71200 | 7,700.00 |
| NRL specialists will visit the SRL in Bilthoven, Netherlands, for in-depth on-site training on new techniques  |   |   |   | x | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:75700 | 11,200.00 |
| With the scope of external laboratory quality assurance of DST to 1st line and 2nd line TB drugs in support of the DR-TB management programme, strains will be shipped quarterly to the Supranational Reference Laboratory (SRL) in Bithoven, Netherlands. | x | x | x | x | **UNDP** | GFATM R9 | PSMIA: UNDPIA Code: 001981Account:72300 | 4,800.00 |
| **Sub-total for Objective 3. To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis** |  |  |  |  |  | GFATM R9 |  | 202,036.00 |
| Coordination of the grant by grants implementation unit staff (Remuneration to Grant Manager, TB Specialist, Procurement Specialist, Head of Business Unit, M&E Specialist, Construction specialist, Finance Specialist, Administrative Assistant, Driver. | x | x | x | x | **UNDP** | GFATM R9 | HRIA: UNDPIA Code:001981Account:71400 | 190,234.56 |
| Procurement of PR GIU vehicle | x |   |   |   | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account:72200 | 31,900.00 |
| Procurement of IT and office equipment for setting up of the GIU unit, minor renovation works | x |   |   |   | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account:72200 | 53,762.14 |
| Technical assistance to the PR, training for PR staff in grant management, procurement, monitoring and evaluation; external grant monitoring and assessment; grant audit | x | x | x |  | **UNDP** | GFATM R9 | TAIA: UNDPIA Code:001981Account:71200 | 23,775.00 |
| Operational expenses of the PR grants implementation unit (communication expenses, IT support, internet / e-mail, stationery, printing, office cleaning, gas, etc.). | x | x | x | x | **UNDP** | GFATM R9 | OVERIA: UNDPIA Code:001981Account:72400 | 42,600.00 |
| External audit for the verification of sub-recipients records, SR capacity assessment |   | x |   | x | **UNDP** | GFATM R9 | PAIA: UNDPIA Code:001981Account:74100 | 18,000.00 |
| Capacity building of grants implementation unit and country office staff involved in the grant management process- participation in various conferences, seminars, educational workshops for effective grant implementation | x | x | x | x | **UNDP** | GFATM R9 | TRIA: UNDPIA Code:001981Account:75700 | 36,000.00 |
| Quality assurance of procured first line TB drugs in line with GF policy and UNDP regulations |   |   | x | x | **UNDP** | GFATM R9 | PSMIA: UNDPIA Code:001981Account:72300 | 30,000.00 |
|  | Coordination of the grant by GIU during 3-month pre-implementation phase  | x |  |  |  | **UNDP** | GFATM R9 | HRIA: UNDPIA Code:001981Account:71400 | 26,030.00 |
| Operational expenses of the PR grant implementation unit during 3-month pre-implementation phase | x |  |  |  | **UNDP** | GFATM R9 | OVERIA: UNDPIA Code:001981Account:72400 | 8,400.00 |
| SR assessment during 3-month pre-implementation phase  | x |  |  |  | **UNDP** | GFATM R9 | PAIA: UNDPIA Code:001981Account:71200 | 2,600.00 |
| Training of PR personnel during 3-month pre-implementation phase | x |  |  |  | **UNDP** | GFATM R9 | TRIA: UNDPIA Code:001981Account:75700 | 21,500.00 |
|  Project coordination, administration, reporting, monitoring and evaluation (Information Resource Center TB Project Coordinator)  |  |  | x | x | **SR** | GFATM R9 | HRIA: Information Resource CenterIA Code:004520Account:71400 | 1,200.00 |
| WHO overhead charges 7% | x | x | x | x | **SR** | GFATM R9 | OVERIA: WHOIA Code:002066Account:75100 | 12,645.92 |
| **Sub-total for Project management and administration** |  |  |  |  |  | GFATM R9 |  | 498,647.62 |
| UNDP administrative charges 7% for pre-implementation costs  | x |  |  |  | **UNDP** | GFATM R9 |  OVERIA: UNDPIA Code:001981Account:75100 | 166,813.22 |
| **TOTAL:**  | **2,549,859.21** |

**YEAR 2 (October 1, 2011 – September 30, 2012)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EXPECTED OUTPUTS** | **PLANNED ACTIVITIES** | **TIMEFRAME** | **RESPONSIBLE PARTY** | **PLANNED BUDGET** |
| *And baseline, associated indicators and annual targets* | *List activity results and associated actions*  | Q5 | Q6 | Q7 | Q8 | Funding Source | Budget Description | Amount |
| **Output 1:****To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.*****Indicator:***Number of Regional (velayat) NTP Units' staff trained in supervision, monitoring and evaluation and other aspects of NTP management. *Baseline: 0**Target:20****Indicator:***Number of staff from peripheral TB laboratories trained in microscopy techniques. *Baseline: 17**Target:40****Indicator:***Number of direct sputum microscopy investigations for TB diagnosis and treatment monitoring. *Baseline: 87,500* *Target:121,000****Indicator:***Number of culture investigations (manual technique) for confirmation of TB diagnosis and monitoring of 1st line treatment.*Baseline: 432**Target:3,110****Indicator:***Number of TB services staff trained and re-trained in DOTS, including drug management.*Baseline: 63**Target:380****Indicator:***Treatment success rate: new smear positive TB. *Baseline: 83%**Target: 80%****Indicator:***Number of TB patients receiving incentives (food parcels) for better adherence to treatment during out-patient phase of 1st line treatment.*Baseline: N/a**Target: 3,960****Indicator:***Number of community leaders / activists trained in TB control issues.*Baseline: 0**Target:150***Output 2:****To improve the health system performance for effective tuberculosis control.*****Indicator***:Number of PHC providers (doctors and nurses) trained in TB control.*Baseline: 86**Target:600****Indicator***:Number of infection controls plans developed for TB hospitals.*Baseline: 0**Target: 50%* **Output 3:****To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis.*****Indicator:***New and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB among the people eligible for drug susceptibility testing according to national policy (number and percentage) during the specified period of assessment.*Baseline: N/a**Target: 20% (440/2180)* | Attendance of training courses in various aspects of NTP management and international conferences abroad (Warsaw and Sondalo training courses, European NTP managers' meetings, IUATLD conferences, etc.).  |   | x |  | x | **UNDP** | GFATM R9 | TRIA: UNDPIA Code:001981Account: 75700 | 16,000.00 |
| Training for staff of 5 Regional (velayat) NTP Units will be conducted at the NTP Central Unit in different aspects of NTP management (in particular in supervision, monitoring and evaluation) to strengthen capacities of NTP RUs and support decentralization.  | x |  |  | x | **SR** | GFATM R9 | TRIA: WHOIA Code:002066Account:75700 | 5,040.00 |
| Supervision visits will be conducted by the NTP Central Unit team to 5 velayat centres and selected districts (etraps) | x | x | x | x | **UNDP** | GFATM R9 | MEIA: UNDPIA Code:001981Account:71600 | 17,400.00 |
| Supervision visits will be conducted by the GIU staff to 5 velayat centres and selected districts (etraps) | x | x | x | x | **UNDP** | GFATM R9 | MEIA: UNDPIA Code:001981Account:71600 | 14,700.00 |
| Regional (velayat level) supervision visits will be conducted by 5 Regional NTP Units to TB service and PHC facilities in peripheral districts. | x | x | x | x | **UNDP** | GFATM R9 | MEIA: UNDPIA Code:001981Account: 71600 | 8,400.00 |
| Operational expenses of the NTP Central Unit and Regional (velayat) units (communication expenses, Internet/email, stationary, printing, etc.)  |  |  | x |  | **UNDP** | GFATM R9 | OVERIA: UNDPIA Code:001981Account: 72400 | 10,000.00 |
| External technical assistance to be provided to the NTP in revision of TB recording and reporting forms in accordance to international recommendations (i.e. incorporate the needs of DR-TB diagnosis and treatment) | x |  |  |  |  **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71200 | 8,800.00 |
| Attendance of training courses in various aspects of TB control in prisons, international conferences abroad and study tours  |  |  |  | x | **SR** | GFATM R9 | TRIA: WHOIA Code:002066Account: 75700 | 7,600.00 |
| Quarterly supervision visits will be conducted by the Medical Department of the Ministry of Internal Affairs to the TB treatment site in the penitentiary sector jointly with GIU team  |  |  | x |  | **UNDP** | GFATM R9 | MEIA: UNDPIA Code:001981Account:71600 | 8,400.00 |
| A local consultant will be engaged to strengthen collaboration between the Medical Department of penitentiary institutions, NTP Central and Regional Units and TB service institutions in follow up of TB (and DR-TB) patients who start treatment in prisons | x | x | x | x | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account: 71300 | 6,000.00 |
| Training and re-training of staff of peripheral microscopy laboratories using standard DOTS microscopy modules will be conducted at the NRL (5-day training course,10 participants per training). |  x |  x | x |  x | **SR** | GFATM R9 | TRIA: WHOIA Code:002066Account:75700 | 15,600.00 |
| Procurement of glassware, reagents and other supplies for direct sputum smear microscopy (DSM) investigations for TB diagnosis and treatment monitoring, including overhead expenses ( transportation and other logistics requirements) | x |  |  |  | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 38,115.00 |
| Culture investigations (manual technique on solid media) will be performed by the NRL in Ashgabat for confirmation of diagnosis in TB patients (including smear negative ones) at the beginning of treatment and in patients with no smear conversion at the end of treatment | x |  |  |  | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 17,416.00 |
| Renovation of 28 microscopy laboratories at district / etrap level, including minor engineering works to meet essential working conditions and infection control requirements (during Years 1-2).  |  x |  x | x |  | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account: 72100 | 105,000.00 |
| Supervision visits of 28 microscopy labaratories at district/etrap level , conducted by construction specialist and GIU member | x | x | x |  | **UNDP** | GFATM R9 | IFIA: UNDP IA Code:001981Account:71600 | 2,577.00 |
| Procurement of N95, 3M respirators for staff of TB laboratories (NRL, velayat and peripheral laboratories including penitentiary sector) |   | x |   |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 20,800.00 |
| Training of doctors from all TB service institutions using standard DOTS modules will be conducted by the national team of trainers at the regional (velayat) level  | x | x | x | x | **UNDP** | GFATM R9 | TRIA: UNDPIA Code:001981Account:75700 | 33,200.00 |
| DOTS initial training and refreshing training of nurses from TB service institutions (with emphasis on ensuring patients' adherence to treatment and drug management) will be conducted at the regional (velayat) level  | x | x | x | x | **UNDP** | GFATM R9 | TRIA: UNDPIA Code:001981Account:75700 | 19,000.00 |
| Technical assistance by local consultant in mentoring the process of strengthening NTP drug management system including forecasting, ordering, storage, stock monitoring, distribution, monitoring and management of side effects).  |  x |  x | x | x | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71200 | 6,000.00 |
| Training in anti-TB drugs’ management will be provided by the NTP central Unit for TB specialists and drug managers from the Regional (velayat level) NTP units and staff of key TB service  |   |  x | x |   | **SR** | GFATM R9 | TRIA: WHOIA Code:002066Account: 75700 | 8,400.00 |
| 1st line anti-TB drugs procurement. Estimated number of Category I and III patients to be treated (breakdown by civilian and penitentiary sectors is given in brackets): Year 2 - 4,070 (3,570+500); , including overhead expenses ( transportation and other logistics requirements) |   | x |   |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 93,559.13 |
| 1st line anti-TB drugs. Procurement Estimated number of Category II patients to be treated: Year 1 - 1,000 (700+300); Year 2 - 1,210 (710+500); , including overhead expenses ( transportation and other logistics requirements) |   | x |   |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 106,183.55 |
| TB patients will receive monthly incentives (food parcels) for better adherence to treatment during out-patient phase of treatment, on average 4 parcels per patient. Total estimated number of patients to start regular treatment in the civilian and penitentiary sectors: Year 1 - 4,700; Year 2 - 5,280 The needs' calculations take into account that about 25% of patients will not require incentives, will not complete treatment or will be diagnosed with MDR-TB and transferred to 2nd line treatment;  |  x | x | x | x | **UNDP** | GFATM R9 | LSIA:UNDP IA Code:001981Account:72300 | 253,440.00 |
| Food packages related costs for delivery of packages and logistics of their distribution |  x | x | x | x | **UNDP** | GFATM R9 | LSIA:UNDP IA Code:001981Account:72300 | 63,360.00 |
| Knowledge, Attitude, and Practices (KAP) survey to assess the baseline situation and identify key challenges, directions for action, priority target audiences, communication channels and assist developing TB advocacy. | x | x |  |  | **SR** | GFATM R9 | MEIA: WHOIA Code:002066Account:72100 | 7,000.00 |
| Technical assistance by external consultant t o be provided to the NTP in situation analysis and development of a national TB advocacy, social mobilization strategy, planning of relevant campaigns and other activities and development of informational and educational materials  |   |  x |  |   | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71200 | 10,600.00 |
| Various informational and educational materials (posters, booklets, leaflets, calendars, etc.) for different target groups will be developed, printed and distributed during national and local information campaigns |  x |   |   |  | **SR** | GFATM R9 | COMIA: Information Resource CenterIA Code:004520Account:74200 | 40,000.00 |
| A series of audio- and video spots and programmes will be designed, produced and broadcasted that will aim at increasing public awareness and social mobilization for better TB control |  x |   |  |  | **SR** | GFATM R9 | COMIA: Information Resource CenterIA Code:004520Account:74200 | 30,000.00 |
| Administrative support of TB Resource Centre with library, internet access and organization of different informational and educational events, which includes consumables, running costs, website, printing etc |  x | x  | x | x  | **SR** | GFATM R9 | OVERIA: Information Resource CenterIA Code:004520Account:72400 | 1,200.00 |
| Different informational and educational events at the national and local levels will be organized by the NTP and MOH Information Centre with participation of national and international NGOs on occasions of World TB Day 24 March. |  |  | x |  | **SR** | GFATM R9 | COMIA: Information Resource CenterIA Code:Account:74200 | 5,000.00 |
| Trainings workshops for community activists will be held to generate public awareness and raise social commitment at community level for fighting TB, with emphasis on reducing TB-related stigmatization and using community and family levers to motivate patients for treatment | x | x | x | x | **UNDP** |  | TRIA:UNDP IA Code:001981Account:75700 | 15,200.00 |
| A working group will be established by the Ministry of Health in Year 1 that will include representatives of TB service and HIV/AIDS service and other stakeholders to improve collaborative activities for control of TB/HIV co-infection.  |  x |  x |  x | x | **SR** | GFATM R9 | TAIA:WHO IA Code:002066Account:71300 | 6,120.00 |
| An operational research study will be initiated jointly by the NTP and AIDS Centre to determine the burden of TB/HIV co-infection in Turkmenistan, in particular HIV prevalence among patients with active TB under treatment. Recommendations will be developed |   |   | x |   | **SR** | GFATM R9 | MEIA: WHOIA Code:002066Account:72100 | 30,000.00 |
| External technical assistance will be provided to the NTP and National AIDS Prevention Centre in situation assessment and planning interventions to initiate HIV diagnostic counseling and testing (DCT) among TB patient  |  x |  |   |   | **SR** | GFATM R9 | TAIA:WHO IA Code:002066Account:71200 | 7,700.00 |
| **Sub-total for Objective 1. To consolidate DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment** |  |  |  |  |  |  |  | 1,037,810.68 |
| The new national guidelines on TB control for PHC providers will be printed at the beginning of Year 2 and further distributed during training (number of copies needed: 6,000). |  |  | x |  | **UNDP** | GFATM R9 | OVERIA: UNDPIA Code:001981Account:74200 | 18,000.00 |
| Trainingfor PHC doctors from all regions in TB control (re-training of staff in service and training of new staff) to strengthen participation in it with emphasis on case detection, treatment follow up and community work. | x | x | x | x | **SR** | GFATM R9 | TRIA:UNDP IA Code:001981Account:75700 | 40,950.00 |
| Training for PHC nurses from all regions and penitentiary sector in TB control (re-training of staff in service and training of new staff) to strengthen participation in it with emphasis on case detection, treatment follow up and community, | x | x | x | x | **SR** | GFATM R9 | TRIA:UNDP IA Code:001981Account:75700 | 40,950.00 |
| National workshop will be organized to review performance of PHC services in relation to TB control and plan future actions. |  |  | x |  | **SR** | GFATM R9 | TRIA: WHOIA Code:002066Account: 75700 | 9,620.00 |
| Monitoring and Evaluation Plan implementation costs | x |  | x | x | **UNDP** | GFATM R9 | MEIA: UNDPIA Code:001981Account:75700 | 11,916.00 |
| A Working Group will be established by the Ministry of Health that will include representatives of key stakeholders within the health system, NTP and external partners to address aspects of the health system strengthening and TB control | x | x | x | x | **SR** | GFATM R9 | TAIA:WHO IA Code:002066Account:71300 | 10,920.00 |
| Technical assistance (by an external and a local expert) will be provided to the Ministry of Health and NTP in assessment of mid-term financial needs of the National TB Control Programme (NTP costing) and, further, in development of a financial sustainability plan for TB control, e.g. in view of the need of take over by the Government beyond the Global Fund and other external support |  |  | x |  | **SR** | GFATM R9 | TAIA:WHO IA Code:002066Account:71200 | 9,200.00 |
| Technical assistance (by an external and a local expert) will be provided to the Ministry of Health and NTP in situation assessment and improving effectiveness, efficiency and safety (with particular emphasis on infection control in TB hospitals for preventing cross-contamination and development of drug resistance) in in-patient TB hospitals and departments. | x |  |  |  | **SR** | GFATM R9 | TAIA:WHO IA Code:002066Account:71200 | 12,040.00 |
| Training by an international expert will be organised for key staff from the Ministry of Health and NTP to develop competence in addressing health system issues in relation to TB control and in improving service delivery at national, regional and institutional level. The training will use using the modular assessment tool "Health Systems Assessment Approach: A How-to Manual" (PHR Plus, RPM Plus), WHO Framework for Action with six building blocks and other tools. |  |  | x |  | **SR** | GFATM R9 | TRIA:WHO IA Code:002066Account:75700 | 9,030.00 |
| Technical assistance (by an external consultant) will be provided to conduct situation assessment and assist the Ministry of Health and NTP in PAL introduction starting with a pilot project (preliminarily proposed in Ashgabat city and Ahal velayat) |  | x |  |  | **SR** | GFATM R9 | TAIA:WHO IA Code:002066Account:71200 | 8,300.00 |
| Technical assistance (by a local consultant) will be provided to develop the national PAL guidelines and further monitor and evaluate their implementation in the pilot area (preliminarily proposed in Ashgabat city and Ahal velayat). |  |  | x | x | **SR** | GFATM R9 | TAIA:WHO IA Code:002066Account:71300 | 3,000.00 |
| **Sub-total for** **Objective 2. To improve the health system performance for effective tuberculosis control** |  |  |  |  |  |  |  | 173,926.00 |
| Technical assistance (by external consultants) in development of the GLC application and selected aspects of the DR-TB management, such as laboratory diagnosis, clinical management of DR-TB cases, organization of treatment and follow-up during continuation phase, DR-TB treatment in the penitentiary sector, infection control planning |   | x |   |   | **SR** | GFATM R9 | TAIA:WHO IA Code:002066Account:71200 | 14,040.00 |
| A working group will be established at the beginning of the project that will undertake key tasks related to introduction and scaling up surveillance, diagnosis and treatment of DR-TB cases including development of the application(s) to the GLC |  x |  x |  x | x | **SR** | GFATM R9 | TAIA:WHO IA Code:002066Account:71200 | 8,520.00 |
| Training and study tours in priority issues of DR-TB management in Latvia (WHO Collaborative Centre), Tomsk/Novosibirsk, Russian Federation (Partners in Health project) and other sites |  | x |  | x | **SR** | GFATM R9 | TRIA:WHO IA Code:002066Account:75700 | 16,000.00 |
| Training in managerial, clinical and laboratory aspects of DR-TB management for TB service staff DR-TB treatment delivery sites by national trainers who have been trained abroad  |   |  x |   | x | **SR** | GFATM R9 | TRIA:WHO IA Code:002066Account:75700 | 15,140.00 |
| Training in managerial, clinical and laboratory aspects of DR-TB management for TB service staff DR-TB treatment delivery sites (by external trainers): 10 persons (1 training course, by external trainer) |  | x |  |  | **SR** | GFATM R9 | TRIA:WHO IA Code:002066Account:75700 | 11,180.00 |
| Limited support is requested for infrastructure rehabilitation at two MDR-TB in-patient treatment sites (Central TB Hospital in Ashgabat (50 beds) for the civilian sector and Central Prison Hospital in Turkmenbashi settlement of Mary velayat) for installation of the external negative pressure ventilation system, patient separation measures and ensuring proper drug storage conditions. Total area to be rehabilitated 1800 sq.m (during Years 1-2 in the civilian sector). |   | x |  | x | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account:72100 | 840,000.00 |
|  Supervision visits for monitoring of works for limited support is requested for infrastructure rehabilitation at two MDR-TB in-patient treatment sites (Central TB Hospital in Ashgabat (50 beds) for the civilian sector and Central Prison Hospital in Turkmenbashi settlement of Mary velayat), conducted by construction specialist and GIU member | x | x | x | x | **UNDP** | GFATM R9 | IFIA: UNDP IA Code:001981Account:71600 | 2,893.00 |
|  Support to infrastructure rehabilitation of the newly established regional reference laboratories which will be involved in DR-TB surveillance and diagnosis: in Mary, Turkmenabat for ensuring proper workflow amd infection control including installation of the external negative pressure ventilation system. Total area to be rehabilitated in Y2: 360 sq.m (180 sq.m. per laboratory). | x | x |  |  | **UNDP** | GFATM R9 | IFIA: UNDPIA Code:001981Account:72100 | 234,000.00 |
| Supervision visits to monitor infrastructure rehabilitation of the newly established regional reference laboratories which will be involved in DR-TB surveillance and diagnosis: in Mary, Turkmenabat  | x | x |  |  | **UNDP** | GFATM R9 | IFIA: UNDP IA Code:001981Account:71600 | 2,106.00 |
| A standard set of laboratory equipment and furniture will be procured for the newly established regional reference laboratories in Mary, Turkmenabat  |  |   |   | x  | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 332,039.56 |
| A nation-wide representative Drug Resistance Survey will be conducted Phase I of the grant, according to WHO standards and based on the protocol, which will be developed prior to the start of the survey with the assistance of the Supranational Reference | x | x  | x | x | **SR** | GFATM R9 | MEIA: WHOIA Code:002066Account:72100 | 56,484.00 |
| Procurement of a deep freezer for storage of resistant strains: for NRL and 3 regional reference laboratories in Mary, Turkmenabat and Dashoguz |  | x  |   |   | **UNDP** | GFATM R9 | IFIA; UNDP IA Code ;001981Account:72200 | 32,000.00 |
| Procurement of automated MGIT technology equipment for rapid isolation of strains and liquid culture for accelerated DST to 1st line drugs (BD Bactec MGIT 960 System instrument), , including overhead expenses ( transportation and other logistics requirements) | x |   |   |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 130,000.00 |
| Procurement of laboratory equipment for rapid identification of R/H resistance for MDR-TB diagnosis (PCR machine, HAIN Life Science systems), , including overhead expenses ( transportation and other logistics requirements) |  x |  |  |   | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 47,938.88 |
| Procurement of laboratory equipment for automated sample processing, DNA amplification and detection of M. tuberculosis and screening for R resistance (GeneXpert device), , including overhead expenses ( transportation and other logistics requirements) |   | x  |   |  | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 110,000.00 |
| Consumables (reagents) for culture and DST to 1st line drugs (automated MGIT), including overhead expenses ( transportation and other logistics requirements) |  | x |  |  | **UNDP** |  | HPIA: UNDPIA Code:001981Account:72300 | 62,920.00 |
| DST to 1st line drugs will be performed in culture-positive cases using manual technique on solid media, for quality assurance of automated MGIT technique. Estimated number of tests to be performed by the NRL, including overhead expenses ( transportation and other logistics requirements) | x |  |  |  | **UNDP** |  | HPIA: UNDPIA Code:001981Account:72300 | 14,520.00 |
| Identification of strains and express testing for R/H resistance to be performed by the NRL (from the project beginning) and newly established regional reference laboratories in Mary, including overhead expenses (transportation and other logistics requirements) | x |  |  |  | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 14,140.00 |
| Procurement of supplies for tests by automated sample processing, DNA amplification and detection of M. tuberculosis and screening for R resistance (GeneXpert technology), to be performed by the NRL and newly established regional reflab, including overhead expenses (transportation and other logistics requirements) |  | x |  |  | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 4,100.00 |
| Visits of SRL (National Mycobacteria Reference Laboratory, National Institute of Public Health and the Environment, Bilthoven, The Netherlands) to the NRL with the scope of technical assistance and external laboratory quality assurance. |  | x | x |  | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71200 | 7,700.00 |
| NRL specialists will visit the SRL in Bilthoven, Netherlands, for for in-depth on-site training on new techniques  |  |  |  | x | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:75700 | 11,200.00 |
| With the scope of external laboratory quality assurance of DST to 1st line and 2nd line TB drugs in support of the DR-TB management programme, strains will be shipped quarterly to the Supranational Reference Laboratory (SRL) in Bithoven, Netherlands. | x | x | x | x |  **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71200 | 4,800.00 |
| Procurement of UV lamps for two in-patient DR-TB treatment sites in the civilian and penitentiary sectors, NRL and reference laboratories, including overhead expenses ( transportation and other logistics requirements) |  |  | x |  | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 3,500.00 |
| Procurement of two stationary X-ray units for the in-patient DR-TB treatment sites in the civilian and penitentiary sectors, including overhead expenses ( transportation and other logistics requirements) |  |  |  | x | **UNDP** | GFATM R9 | HPIA: UNDPIA Code:001981Account:72300 | 160,000.00 |
| Technical assistance will be provided by an external expert to establish, supervise and evaluate a comprehensive patient support programme to strengthen adherence to treatment of MDR-TB patients. |  |  |  | x | **SR** | GFATM R9 | TAIA: WHOIA Code:002066Account:71200 | 10,770.00 |
| **Sub-total for Objective 3. To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis** |  |  |  |  |  |  |  | 2,145,991.44 |
| Coordination of the grant by grants implementation unit staff (Remuneration to Grant Manager, TB Specialist, Procurement Specialist, Head of Business Unit, M&E Specialist, Construction specialist, Finance Specialist, Administrative Assistant, Driver. | x | x | x | x | **UNDP** | GFATM R9 | HRIA: UNDPIA Code:001981Account:71400 | 190,234.56 |
| Technical assistance to the PR, training for PR staff in grant management, procurement, monitoring and evaluation; external grant monitoring and assessment; grant audit |  | x |  |  | **UNDP** | GFATM R9 | TAIA: UNDPIA Code:001981Account:71200 | 12,470.00 |
| Operational expenses of the PR grants implementation unit (communication expenses, IT support, internet / e-mail, stationery, printing, office cleaning, gas, etc.). | x | x | x | x | **UNDP** | GFATM R9 | OVERIA: UNDPIA Code:001981Account:72400 | 42,600.00 |
| External audit for the verification of sub-recipients records, SR capacity assessment |   | x |   | x | **UNDP** | GFATM R9 | PAIA: UNDPIA Code:001981Account:74100 | 18,000.00 |
| Capacity building of grants implementation unit and country office staff involved in the grant management process- participation in various conferences, seminars, educational workshops for effective grant implementation | x | x | x | x | **UNDP** | GFATM R9 | TRIA: UNDPIA Code:001981Account:75700 | 18,000.00 |
| Quality assurance of procured first line TB drugs in line with GF policy and UNDP regulations |   | x  |  | x | **UNDP** | GFATM R9 | PSMIA: UNDPIA Code:001981Account:72300 | 30,000.00 |
| Project coordination, administration, reporting, monitoring and evaluation (Information Resource Center TB Project Coordinator) | x | x | x | x | **SR** | GFATM R9 | HRIA: Information Resource CenterIA Code:004534Account:71400 | 2,400.00 |
| WHO TB Project management, coordination, administration costs  | x | x | x | x | **SR** | GFATM R9 | HRIA: Information Resource CenterIA Code:004534Account:71400 | 29,000.00 |
| WHO overhead charges 7% | x | x | x | x | **SR** | GFATM R9 | OVERIA: WHOIA Code:002066Account:75100 |  25,270.28 |
| **Sub-total for Project management and administration** |  |  |  |  |  |  |  |  367,974.84 |
| UNDP administrative charges 7% | x | x | x | x | **UNDP** | GFATM R9 | OVERIA: UNDPIA Code:001981Account:75100 | 260,799.21 |
| **TOTAL:**  | **3,986,502.17**  |

# Management Arrangements

**Programme management Level**

As a Principal Recipient of the GFATM TB grant, UNDP in Turkmenistan is considered to be an implementing organization at the Programme Management level, which, in its turn, closely cooperates with the Country Coordinating Mechanism (CCM) and the Ministry of Health Care and Medical Industry of Turkmenistan, representing host-Government in the project. Such involvement will foster national ownership and ensure UNDP’s accountability for programming activities and results and the use of resources.

The project will be implemented by UNDP through its Project Implementation Unit for GFATM grants using well-developed and transparent financial, accountability, procurement and supply chain management tools, and project management that facilitate the implementation of a variety of projects managed by UNDP in the country.

Operational chart for UNDP-GF TB Programme:

**Country Coordinating Mechanism**

**UNDP**

Principal Recipient,

Deputy Resident Representative (overall guidance and coordination of

the Local Project Appraisal Committee)

**Implementing Partners/Sub-Recipients:**

Ministry of Health Care and Medical Industry and its affiliates; Ministry of Interior; WHO; NRCS; Other NGOs

**GFATM Secretariat (Geneva)**

Grant Portfolio Manager

**Project Implementation Unit (PIU)**

(Grant Manager,Head of Business Unit, Senior TB Specialist, M&E Specialist, Procurement Specialist, Finance Specialist, Construction Specialist, Administrative and Logistics Assistant, Driver)

**LFA**

**(UNOPS)**

**UNDP Global Procurement Unit, PSO/BOM (Copenhagen)**

**The Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM)** is a public-private foundation based in Geneva, Switzerland, created as a financing and not an implementing entity. Projects financed by the GFATM are implemented through a partnership in which the key structures are the Country Coordination Mechanism (CCM), the Principal Recipient (PR) and its Implementing Partners, and the Local Fund Agent (LFA).

**The Local Fund Agent (LFA)** is an entity entrusted by the GFATM to assist in its oversight functions. For Turkmenistan GFATM contracted UNOPS as in-country agency to oversee, verify and report on grant performance. LFA will play the role of project assurance, implementing independent periodical review of grant implementation and verification of financial and programmatic reports and data submitted by UNDP to GFATM.

The GFATM projects in Turkmenistan will be coordinated through **the Country Coordination Mechanism (CCM)**, which includes representatives from government, multilateral or bilateral agencies, non-governmental organizations, academic institutions, and people living with TB. CCM will coordinate and oversee implementation of the approved grant and submit requests for continued funding; approve any reprogramming and submit requests for continued funding; ensure linkages and consistency between Global Fund grants and other national health and development programs; evaluate the performance of the programs, including of Principal Recipient.

**UNDP** is a key partner to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) and is the UN agency nominated by Country Coordination Mechanism (CCM) as **Principal Recipient** of GFATM grants in Turkmenistan for the period of 2010-2012 (Phase I). UNDP‘s management role consists of implementing grants, ensuring financial accountability, and training of national and international counterparts on programme management, financial accountability and timely programmatic reporting to CCM and Global Fund (GF) Secretariat. All programmatic, logistical, administrative and finance support for project implementation will be provided with the existing programme, finance and administration structure of the UNDP Country Office. **UNDP Global Procurement Unit PSO/BOM (Copenhagen)** is an agency to support UNDP Country Office in procurement processes and operations-related procurement aspects.

The selection of governmental and UN agency as **Implementing Partner/Sub-Recipient** is considered a programming decision and is therefore governed by the Programme and Project Management provision in UNDP’s Programme and Operations Policies and Procedures**. For this project, this will include WHO, Central Administration Department of Infectious Disease and the Information Health Center of the Ministry of Health Care and Medical Industry. I**n the context of this project it is the Ministry of Health and Medical Industry (MOHMI) that has the overall responsibility for TB control in the country. MOHMI undertakes this function through the NTP Central Unit, represented by the Central Administration Department of Infectious Diseases and its Center for TB Prevention and Control, and Health Information Centre and involves the Turkmen State Medical University and the Ministry of Internal Affairs (Medical Department for penitentiary institutions) and other governmental and academic entities as beneficiaries of the project. UNDP also collaborates with non-governmental organizations (such as Turkmenistan Red Crescent Society) and international partners in planning, implementation, monitoring and evaluation of activities, achieving project outputs, and for the effective use of UNDP resources. UNDP is responsible for conducting capacity assessment and audit of Implementing Partners should they be considered Sub-Recipients of the grant funding by independent parties.

**Project Management Level**

In accordance with UNDP procedures, appropriate management arrangements and oversight of project activities will be established for making management decisions on a consensus basis under overall guidance and coordination by the UNDP Deputy Resident Representative (DRR). UNDP DRR will be in charge of the Local Project Appraisal Committee (LPAC) consisting of UNDP programme/project staff drawn from a cross-section of the programme units, operations units, representatives of other UN system organizations, national institutions benefitting from the project, independent specialists. LPAC provides a forum for discussion and review of the Project Document for approval process, and appraise the project in terms of clarity in definitions of measurable and achievable results, appropriate designation of implementing partners, achievable project approach and plans, including capacity development activities, realistic and justifiable project budget, identification of project risks and selected actions and strategy to manage those risks.

UNDP will manage the grant through its **Project Implementation Unit (PIU).** PIU is managed by the Grant Manager who has the authority to run the project on a day-to-day basis on behalf of the UNDP. Grant Manager is responsible for the formulation, management and monitoring of the Global Fund grant activities and provides strategic direction for the development of project. The Grant Manager ensures the achievement of planned targets and the effective and transparent execution of the financial resources of the project. The PIU staff includes M&E Specialist, TB Specialist, Head of Business Unit, Procurement Specialist, Financial Specialist, Construction Specialist, Office Assistant, and Driver.

**Implementation arrangements for Sub-Recipients**

The proposal to Round 9 GFATM grant submitted by the Country Coordination Mechanism (CCM) identified WHO and National Red Crescent Society as potential sub-recipients, which are proposed to act as responsible parties during implementation of the project. The procedures for selecting SRs depend on the type of SR (governmental entity, UN agency, non-governmental or private sector organization) and thus must be looked at individually.

The selection of governmental and UN agency SRs is considered a programming decision and is therefore governed by the Programme and Project Management provisions in UNDP’s Programme and Operations Policies and Procedures. The UNDP Country Office must conduct technical and financial capacity assessment of the proposed SR (including an assessment of procurement capacity, if applicable) and adopt appropriate measures to address any weakness in capacity. The selection and the capacity assessment are reviewed by the Local Project Appraisal Committee (LPAC). Once approved, the Country Office enters into a model Letter of Agreement tailored for GFATM projects.

The procedures in the Contract, Asset and Procurement management section of UNDP’s Progrmme and Operations Policies and Procedures govern the selection of NGOs and private sector entities. However, the selection of NGOs that have been named a potential SRs in the grant proposal approved by the Global Fund and have been named as SR in the Project Document signed by UNDP will be governed by the same procedures applicable for the selection of Government entities subject to some additional safeguard measures, including:

* Detailed capacity assessment of SR.
* Value for Money assessment of SR proposal cleared by PSO in Copenhagen.
* Approval by LPAC.

More detailed description of the procedures for selection of SRs is available in Operation Manual for projects financed by the GFATM for which UNDP is Principal Recipient (2008).

The following partners have been identified as Sub-Recipients:

* At the time of proposal approval the National Center of TB Prevention and Control supposed

to act in the capacity of the NTP Central Unit. ThePresidential Decree #11034 of April 15, 2010 established ***the Central Administration Department of Infectious Disease*** that through re-organization and merge consolidated the National Centre for TB Prevention and Control, National AIDS Centre, Blood Bank, Infectious Disease Hospital, and Dermatological Dispensary. Therefore, the Central Administration Department of Infectious Disease as a subsequent proprietor of the National Center of TB Prevention and Control will act in the capacity of the NTP Central Unit and is entrusted by the Ministry of Health Care and Medical Industry with the responsibility of planning, implementation, monitoring and evaluation of the national programme, health product selection, introduction of Management Information Systems, health product inventory and distribution management. The Central Administration Department of Infectious Disease (as NTP Central Unit) will be involved in such activities as supervision, local training of NTP staff, PHC providers and TB service staff. *The Central Administration Department of Infectious Disease* through the network of public health care institutions and providers will be responsible for implementation of the majority of planned activities with support of other international partners active in area and in cooperation with the academia and civil society. *The Central Administration Department of Infectious* Disease is a programmatic decision governmental implementing partner.

* ***The Information Health Center of the Ministry of Health Care and Medical Industry***

is a programmatic decision governmental implementing partner for conducting TB advocacy, communication and social mobilization activities. The proposal includes establishing a TB Resource Center with a library, Internet access and premises for organization of different informational and educational events, organized by the MOHMI, NTP Central Unit and other national and international entities. The Information Health Center will produce various informational and educational materials for different target groups, as well as a series of audio and video spots and programmes will be produced and broadcasted with the aim of increasing public awareness for TB control. UNDP CO conducted capacity assessment of the Information Health Center that identified area for the SR’s strengthening.

* ***The World Health Organization (WHO)*** is a specialized agency of the United Nations in

the area of health and health care. Through the WHO Country Office in Turkmenistan, it will render technical expertise for the project overall and will be sub-recipient for a number of activities that involve technical assistance, international training and some other interventions at country level. UNDP CO conducted capacity assessment of the WHO CO as a programmatic decision SR.

* ***National Red Crescent Society of Turkmenistan (NRCS)*** is a national NGO which has a

unique mission and experience to carry out the health care related programmes, including public health advocacy campaigns, providing social support to the most vulnerable population, prevention of various diseases, including TB, HIV/AIDS and drug use, in all territories of Turkmenistan. The CCM pre-identified the NGO as potential SR to implement activities aimed at social mobilization, advocacy and information, as well as for improving adherence to treatment, preventing default and further development of drug resistance through incentives to TB patients in the form of food parcels during out-patient phase of standard 1st line treatment. The UNDP CO conducted Capacity Assessment and Value for Money analysis.

In the process of programme implementation selection of additional sub-recipients may be required. Selection of SRs will be implemented according to policies and operation procedures of UNDP and will follow the principles of competitiveness, transparency and efficiency. The decision on the selection of SRs will be taken by the Evaluation Committee. Then, UNDP CO will conduct an assessment. Prior the entering into formal agreement, selected SRs will get approval of LPAC.

**Partnership with other stakeholders and technical agencies**

For effective coordination aimed at non-duplication of activities, technical support and communication, UNDP CO will continue building partnership with key agencies both from the Government and international community. Wherever feasible, UNDP will also utilize existing implementation capacities available with other UNDP programmes, as well as capacities of other projects of UNDP working in cross cutting areas.

**Audit arrangements**

UNDP shall have financial audits conducted of project expenditures in accordance with its internal and external auditing practices. UNDP as PR provides GFATM with a copy of biennial financial statements, as audited by its external auditors, the UN Board of Auditors. All Sub-Recipients, except UN agencies, should be audited pursuant to UNDP procedures for implementing partners.

# Monitoring Framework and Evaluation

In accordance with the programming policies and procedures provided in the UNDP User Guide and Handbook on Planning, Monitoring and Evaluating for Development Results (2009), the project will be monitored and evaluated through the following framework outlined in the M&E Plan developed in line with the GFATM requirements:

|  |  |  |
| --- | --- | --- |
|  | **Outcome level (annual)** | **Output level (quarterly)** |
| **Monitoring** | AWPsAnnual Project ReportProject delivery reports and combined delivery reportsStandard Progress Reports on outcomes | Progress and quarterly reports on achievement of outputs |
| **Evaluation** | Phase 1 evaluation | Quarterly progress against specified output indicators |

Within the annual cycle:

* On a quarterly basis, implementation of the activities detailed in the annual work plan will be assessed, taking into consideration quality criteria and methods captured in the Quality Management table below. Any deviations from the annual work plan will be subject to analysis.
* An Issue Log shall be activated in Atlas and updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change.
* Based on the initial risk analysis submitted (see annex 1), a risk log will be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
* Based on the above information recorded in Atlas, a Project Progress Reports (PPR) will be submitted by the Project Manager to LPAC and CCM, using the standard report format available in the Executive Snapshot.
* “Lesson-learned” log to be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the project
* Monitoring Schedule Plan to be activated in Atlas and updated to track key management actions/events

Annually:

* **Annual Review Report**. An Annual Review Report will be prepared by the Project staff and shared with the LPAC and the CCM. As minimum requirement, the Annual Review Report consists of the Atlas standard format for the QPR covering the whole year with updated information for each element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.
* **Annual Project Review**. Based on the above report, an annual project review will be conducted during the fourth quarter of the year or soon after, to assess the performance of the project and appraise the Annual Work Plan (AWP) for the following year. In the last year, this review will be a final assessment. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.

*According to the GFATM policies, project evaluation will be conducted at the end of Year 2. Thorough financial and programmatic report will be prepared for evaluation. Progress towards the indicators (outcome and output) will be assessed, any deviation will be analysed and explained.*

**Quality Management for Project Activity Results**

|  |
| --- |
| **OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.** |
| **Activity Result 1:**  | *Training in M&E and NTP Management* | Start Date: 01.10.2010 |
|  | End Date: 30.09.2012 |
| **Purpose:**  | 40 Regional NTP Units' doctors trained in supervision, monitoring and evaluation and other aspects of NTP management as means of strengthening programme management and supervision skills. |
|
| **Description** | *Training course for the NTP staff* *in supervision, monitoring and evaluation and other aspects of NTP management (40 specialists).*  |
|
| **Quality Criteria** | **Quality Method** | **Date of Assessment** |
| *Improved knowledge of M&E specialists in WHO TB indicators, data collection and analyses methods.**Improved quality of TB recording and reporting.**Use of TB data for strategic planning.**Better quality M&E visits (fully and correctly completed check-lists).**Improved quality reports submitted after M&E visits.*  | *Pre- and post- training assessment of skills of the trainees.* *Direct observation during M&E visits.* *Feedback from NTP management.**Random check of TB forms.*  | *Continuously* |
|  |  |  |  |
| **OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.** |
| **Activity Result 1:**  | *Training TB lab staff in microscopy techniques* | Start Date: 01.10.2010 |
|  | End Date: 30.09.2012 |
| **Purpose:**  | *Strengthen national capacity in TB lab diagnostics.* |
|
| **Description** | *Number of staff from peripheral TB laboratories trained in microscopy techniques (97 specialists)* |
|
| **Quality Criteria** | **Quality Method** | **Date of Assessment** |
| *Higher quality of TB lab diagnostics (accurate, reliable and timely laboratory results), confirmed by internal and external quality assurance measures.*  | *Pre- and post- training assessment of skills of the trainees.* *Internal quality assurance measures (blinded rechecking).**External quality assurance measures (panel testing at the Supra National Reference Laboratory in the Netherlands).**NTP feedback.**Random inspection of lab journals during M&E visits.*  | *quarterly* |
|  |  |  |  |
| **OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.** |
| **Activity Result 1:**  | *Direct sputum microscopy investigations*  | Start Date: 01.10.2010 |
|  | End Date: 30.09.2012 |
| **Purpose:**  | *Improve TB diagnostics*  |
|
| **Description** | *Number of direct sputum microscopy investigations for TB diagnosis and treatment monitoring (231,000)* |
|
| **Quality Criteria** | **Quality Method** | **Date of Assessment** |
| *Higher quality of TB lab diagnostics (accurate, reliable and timely laboratory results), confirmed by internal and external quality assurance measures.*  | *Inspection of lab journals**Internal quality assurance measures (blinded rechecking).**External quality assurance measures (panel testing at the Supra National Reference Laboratory in the Netherlands).* | *quarterly* |
|  |  |  |  |
| **OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.** |
| **Activity Result 1:**  | *Culture investigations performed* | Start Date: 01.10.2010 |
|  | End Date: 30.09.2012 |
| **Purpose:**  | *Improve TB diagnostics and treatment* |
|
| **Description** | *Number of culture investigations (manual technique) performed for confirmation of TB diagnosis and monitoring of 1st line treatment (4,970 investigations).*  |
|
| **Quality Criteria** | **Quality Method** | **Date of Assessment** |
| *Higher quality of TB lab diagnostics (accurate, reliable and timely laboratory results), confirmed by internal and external quality assurance measures.*  | *Inspection of lab journals* *Internal quality assurance measures (blinded rechecking).**External quality assurance measures (panel testing at the Supra National Reference Laboratory in the Netherlands).* | *quarterly* |
|  |  |  |  |
| **OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.** |
| **Activity Result 1:**  | *Food incentives to TB patients* | Start Date: 01.10.2010 |
|  | End Date: 30.09.2012 |
| **Purpose:**  | *Quality DOTS* |
|
| **Description** | *Number of TB patients receiving incentives (food parcels) for better adherence to treatment during out-patient phase of 1st line treatment (7,490 parcels)* |
|
| **Quality Criteria** | **Quality Method** | **Date of Assessment** |
| *Increased adherence of TB patients to treatment (improved treatment success rate).**Decreased treatment default rate.* | *Audit of the procurement documents.* *On-site verification during monitoring visits, e.g. interview with TB patients.**Checking food distribution lists.* *Checking calorie content of the food packages.* *NTP reports on treatment success and default rates.* | *quarterly* |
|  |  |  |  |
| **OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.** |
| **Activity Result 1:**  | *Training for community leaders*  | Start Date: 01.10.2010 |
|  | End Date: 30.09.2012 |
| **Purpose:**  | *Strengthen community involvement into TB care* |
|
| **Description** | *Number of community leaders / activists trained in TB control issues (300 trainees).*  |
|
| **Quality Criteria** | **Quality Method** | **Date of Assessment** |
| *Improved understanding of community leaders of TB care (KAP survey).* | *Pre- and post- training assessment of skills of the trainees.* *Involvement of community leaders into TB care.* *Findings of the KAP survey.* | *quarterly* |
|  |  |  |  |
| **OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.** |
| **Activity Result 1:**  | *Training for TB staff in DOTS*  | Start Date: 01.10.2010 |
|  | End Date: 30.09.2012 |
| **Purpose:**  | *Strengthen Health System involvement into TB control* |
|
| **Description** | *Number of TB services staff (TB doctors and nurses) trained and re-trained in DOTS, drug management and TB control: 280 TB doctors and 400 TB nurses)* |
|
| **Quality Criteria** | **Quality Method** | **Date of Assessment** |
| *Treatment success rate.**Improved drug management (no out-stock of TB drugs; no over-stock of TB drugs; storage condition requirements met).* | *Pre- and post- training assessment.* *NTP reports on treatment success rate.**Drug management reports from the monitoring visits.**Interview with the TB patients.* | *quarterly* |
|  |  |  |
| **OUTPUT 2: To improve the health system performance for effective tuberculosis control.** |
| **Activity Result 1:**  | *TB Trainings for PHC staff*  | Start Date: 01.10.2010 |
|  | End Date: 30.09.2012 |
| **Purpose:**  | *Strengthen Health System involvement into TB control* |
|
| **Description** | *Number of TB services staff (TB doctors and nurses) trained and re-trained in DOTS, drug management and TB control: 600 family doctors and 600 family nurses trained.*  |
|
| **Quality Criteria** | **Quality Method** | **Date of Assessment** |
| *Number of TB patients diagnosed at PHC**Number of lab tests requested by the PHC* | *Pre- and post- training assessment.* *Interview with the PHC providers and TB patients.* *NTP reports on TB diagnosis at PHC.*  | *quarterly* |
|  |  |  |
| **OUTPUT 3: To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis.** |
| **Activity Result 1:**  | *Infection control plans developed.*  | Start Date: 01.10.2010 |
|  | End Date: 30.09.2012 |
| **Purpose:**  | *To introduce and expand infection control standards in TB care* |
|
| **Description** | *Number of infection control plans developed for TB hospitals with the purpose of setting up effective administrative infection control measures: in 12 TB institutions* |
|
| **Quality Criteria** | **Quality Method** | **Date of Assessment** |
| *Infection control plan is adopted by TB institution.**Infection control standards are met.* | *On-site verification during M&E visits* | *quarterly*  |
|  |  |  |  |
| **OUTPUT 3: To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis.** |
| **Activity Result 1:**  | *Diagnostic drug susceptibility testing for MDR-TB* | Start Date: 01.10.2010 |
|  | End Date: 30.09.2012 |
| **Purpose:**  | *Quality DOTS and MDR management* |
|
| **Description** | *New and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB: target is 40%.*  |
|
| **Quality Criteria** | **Quality Method** | **Date of Assessment** |
| *Increased percentage of diagnostic drug susceptibility testing conducted for MDR-TB.* *Higher quality of TB lab diagnostics, confirmed by internal and external quality assurance measures.*  | *Inspection of lab journals.* *NTP records on MDR patients.* *Internal quality assurance measures (blinded rechecking).**External quality assurance measures (panel testing at the Supra National Reference Laboratory in the Netherlands).* | *quarterly*  |
|  |  |  |  |
|  |  |  |  |

# Legal Context

This project document shall be the instrument referred to as such in Article 1 of the SBAA between the Government of Turkmenistan and UNDP, signed on 3 October 1993.

Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the executing agency and its personnel and property, and of UNDP’s property in the executing agency’s custody, rests with the executing agency.

The executing agency shall:

1. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
2. assume all risks and liabilities related to the executing agency’s security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

The executing agency agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document. The legal arrangements of this project are also based on the UNDP-GFATM Grant Agreement for the Grant # TKM-910-G01-T. Standard Grant Agreement is supplemented by the face sheet of the grant agreement for the grant, which indicated programme start and end days, total amount approved, dates for conditions precedent to disbursement. The Agreement with GFATM also includes number of attachments such as Annex A to the Agreement is the Programme Implementation Abstract that provides general description of goals, objectives, targeted beneficiaries and planned activities, as well as conditions precedent to disbursement; Performance-based framework (PBF) for year 1 and 2 and sets forth the main objectives of the programme, baseline, indicators and targets to be achieved as well as reporting periods. PBF serves as a basis for performance assessment of UNDP and decisions for next disbursements. Consolidated work plan and budget is in inalienable part of the Grant Agreement and provides detailed description of project expenditures for the first two years as of Phase I of the project proposal.

Agreements with Sub-Recipients will be based on standard UNDP agreements tailored for GFATM funded projects. Form of the agreement will depend on the type of the SR entity (Letter of Agreement for Government and UN agencies, Project Cooperation Agreement for NGOs.) Legal arrangements with other government, private and non-government entities benefitting from or providing services for the project will be regulated in accordance with UNDP rules and regulations.

# ANNEXES

**Attachment 1: Grant Agreement between UNDP and GFATM with attachments (Annex A, Performance Framework, and Work Plan)**

**Attachment 2: Risk Analysis**

**Attachment 3: Procurement Items List**

**Annex 2: Risk Analysis**

|  |  |  |
| --- | --- | --- |
| **Project Title: Purposeful Strengthening and Expanding of Qualified Services on Tuberculosis diagnostics and Treatment in Turkmenistan** | **Award ID:** **TKM-910-G01-T** | **Date: October 1, 2010-Septemner 30, 2012** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Description** | **Date Identified** | **Type** | **Impact &****Probability** | **Countermeasures / Mngt response** | **Owner** | **Submitted, updated by** | **Last Update** | **Status** |
| 1 | Insufficient budget for procurement of planned health and non-health goods as a result of increase of prices and/or inflation of US Dollar due to the global and in-country economic conditions  | October 2010 | Financial | Lack of budget resources can result in decreased number of goods and services procured and insufficient coverage of project needs. P = 2 I = 2 | The UNDP management intends to plan all procurement cases in advance and estimate the prices and priorities TB project needs within the budget  | PM | PM | Q 4 2010 |  |
| 2 | Insufficient leadership role of the Government and Country Coordination Mechanism could result in weakened country coordination processes, duplication of donor funds, and lack of national ownership of the TB programme | October 2010 | Organizational | The funds need to be re-programmes in case the activities are duplicatedP = 3I = 2 | UNDP intends to strengthen collaboration and communication lines with Ministry of Health Care and Medical Industry, and other stakeholders involved in TB programme.  | PM | PM | Q 4 2010 |  |
| 3 | Lack of qualified human resources in TB service may result in under-achievement of outcome for case detection and successful treatment | October 2010 | Organizational | Lack of qualified medical workers may result in poor performance of TB service and result in low case funding of TB and coverage of TB-MDR patients P = 3I = 3 | UNDP continues supporting training of lab specialists, PHC and TB service providers at the national and regional level. Comprehensive learning strategies will be developed and adopted jointly with the Ministry of Health and NTP Central Unit to have qualified human resources for TB control both at national and regional level. | PM | PM | Q 4 2010 |  |
| 4 | The penitentiary sector management as a closed system barriers to timely implementation of activities planned for patients in prison  | October 2010 | Strategic  | It will be complicated to organize TB programme management, including case finding, treatment monitoring, etc.P = 3I = 4 | UNDP will facilitate development and adoption of joint MIA and MoHCMI inter-sectoral strategy for diagnosis, treatment, follow up of TB patients in and outside of prison settings. | PM | PM | Q 4 2010 |  |

**Annex 3: Procurement Items**

|  |  |  |
| --- | --- | --- |
| **Project Title: Purposeful Strengthening and Expanding of Qualified Services on Tuberculosis diagnostics and Treatment in Turkmenistan** | **Award ID:** **TKM-910-G01-T** | **Date: October 1, 2010-Septemner 30, 2012** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Product Category** | **Product** | **Activity, final budget** | **Measurement unit** | **Estimated unit cost (US$)**  | **Y1 Estimated Quantity** | **Y2 Estimated Quantity** | **Y1 TOTAL** | **Y2 TOTAL** |
| **MED**  | 1st line anti-TB drugs procurement. Estimated number of Category I and III patients  | **1** | per full course patient treatment | 17.51 | 3700 | 4070 |  **64,787.00**  |  **74,828.99**  |
| **MED**  | 1st line anti-TB drugs. Procurement Estimated number of Category II  | **1** | per full course patient treatment | 66.86 | 1000 | 1210 |  **66,862.00**  |  **84,945.63**  |
| **HP** | Mobile MMR Unit for penitentiary system | **1** | EA | 135,000.00 | 1 |   |  **135,000.00**  |  **-**  |
| **HP** | Consumables for smear microscopy/bacterioscopy | **1** | kit | 0.27 | 110000 | 121000 |  **29,700.00**  |  **34,303.50**  |
| **HP** | Reagents for culture investigations (manual technique on solid media) | **1** | kit | 5.04 | 1860 | 3110 |  **9,374.40**  |  **15,674.40**  |
| **HP** | Light Emitting Deode microscopes | **1** | EA | 11,000.00 | 5 |   |  **55,000.00**  |  **-**  |
| **HP** | Procurement of laboratory furniture (the set includes three tables, three chairs, two drawers and two cold boxes) | **1** | EA | 576.00 | 69 |   |  **39,744.00**  |  **-**  |
| **HP** | High protection respirators, N35, 3M for infection control | **1** | EA | 1.20 | 15600 | 15600 |  **18,720.00**  |  **18,720.00**  |
| **HP** | Bactec MGIT machine | **3** | EA | 58,500.00 |   | 2 |  **-**  |  **117,000.00**  |
| **HP** | PCR machine, HAIN Life Science systems | **3** | EA | 43,144.99 |   | 1 |  **-**  |  **43,144.99**  |
| **HP** | GenExpert System | **3** | EA | 49,500.00 |   | 2.00 |  **-**  |  **99,000.00**  |
| **HP** | Consumables, reagents, and component parts for BACTEC MGIT 960, PSM excluded | **3** | TEST/KIT | 46.80 | 520 | 1210 |  **24,336.00**  |  **56,628.00**  |
| **HP** | Reagents for DST investigations (manual proportion method) | **3** | TEST/KIT | 10.80 | 520 | 1210 |  **5,616.00**  |  **13,068.00**  |
| **HP** | Consumables (reagents) for rapid PCR tests for R/H resistance | **3** | TEST/KIT | 12.60 | 440 | 1010 |  **5,544.00**  |  **12,726.00**  |
| **HP** | GeneXpert technology tests | **3** | TEST/KIT | 9.00 |   | 410 |  **-**  |  **3,690.00**  |
| **HP** | UV-lamps | **3** | TEST/KIT | 31.50 |   | 100 |  **-**  |  **3,150.00**  |
| **HP** | Stationary X-ray units  | **3** | TEST/KIT | 144,000.00 |   | 1 |  **-**  |  **144,000.00**  |
| **HP** | Centrifuge 3000G | **3** | EA | 6,948.00 |   | 10 |  **-**  |  **69,480.00**  |
| **HP** | Biologic safety cabinet, II class | **3** | EA | 6,480.00 |   | 10 |  |  **64,800.00**  |
| **HP** | Culture incubator (thermostat), 700 l | **3** | EA | 4,197.02 |   | 10 |  **-**  |  **41,970.24**  |
| **HP** | Autoclaves | **3** | EA | 6,113.79 |   | 10 |  |  **61,137.90**  |
| **HP** | Drying and sterilizing cabinet | **3** | EA | 3,384.00 |   | 10 |  |  **33,840.00**  |
| **HP** | Exhaust/draft hood (dry box) | **3** | EA | 2,760.75 |   | 10 |  **-**  |  **27,607.50**  |
| **IF** | Personal Computer (basic complectation) for both civil and penitentiary sectors | **1** | EA | 1,000.00 | 24 |   |  **24,000.00**  |  **-**  |
| **IF** | Laptop PC for both civil and penitentiary sectors | **1** | EA | 1,200.00 | 12.00 |   |  **14,400.00**  |  **-**  |
| **IF** | Printer/Fax/Copier for both civil and penitentiary sectors | **1** | EA | 200.00 | 12.00 |   |  **2,400.00**  |  **-**  |
| **IF** | Furniture, chairs, desks, office equipment, closets, shelves, blinders, stands, dashboard for National TB Trainings Center | **1** | lumpsum | 12,800.00 | 1.00 |   |  **12,800.00**  |  **-**  |
| **IF** | Furniture, chairs, desks, office equipment, closets, shelves, blinders, stands, dashboard for Regional Training Centers at 5 velayats. | **1** | lumpsum | 7,800.00 | 5 |   |  **39,000.00**  |  **-**  |
| **IF** | Procurement of vehicles for the TB Service | **1** | EA | 15,000.00 | 9 |   |  **135,000.00**  |  **-**  |
| **IF** | Infrastructure equipment, upgrading of TV studio of the Health Information Center Resource Library. | **1** | lumpsum | 11,200.00 | 1 |   |  **11,200.00**  |  **-**  |
| **LS** | Living support in the form of food packages to be distributed among TB patients | **1** | package | 16.00 | 14120 | 15840 |  **225,920.00**  |  **253,440.00**  |
| **IF** | Small size refrigerator | **3** | EA | 400 | 40 |   |  **16,000.00**  |  **-**  |
| **IF** | Deep Freezer | **3** | EA | 8000 |   | 4 |  **-**  |  **32,000.00**  |
| **IF** | IT and office equipment for setting up of the GIU. The set includes 12 desktop PCs, 5 laptop PCs, network printer / copier workstation, printers, LCD projector, air conditioners, telephones, tables, chairs, etc | **4** | lumpsum | 46000 | 1 |   |  **53,762.14**  |  **-**  |
| **IF** | Procurement of vehicle for GIU | **4** | Pcs | 25000 | 1 |   |  **31,900.00**  |  **-**  |
| TOTAL | **1,021,065.54** | **1,305,155.15** |
|  |  |  |  |  |  |  |  |   |