

The Annual Work Plan (AWP) Monitoring Tool
Year 2011 (January-December)
UNDP/GF Project: "Purposeful strengthening and expanding of qualified services on TB diagnostics and treatment in Turkmenistan"

CP Component: 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
Implementing Partner: Ministry of Health and Medical Industry of Turkmenistan (MoH)
Funded: Global Fund to Fight AIDS, Tuberculosis and Malaria - Round 9

EXPECTED CP OUTPUTS AND INDICATORS INCLUDING ANNUAL TARGETS	PLANNED ACTIVITIES <i>List all the activities including monitoring and evaluation activities to be undertaken during the year towards stated CP outputs</i>	EXPENDITURE <i>List actual expenditures against activities completed</i>	RESULTS OF ACTIVITIES <i>For each activity, state the results of the activity</i>	PROGRESS TOWARDS ACHIEVING CP OUTPUTS Using data on annual indicator targets, state progress towards achieving the CP outputs. Where relevant, comment on factors that facilitated and/or constrained achievement of results including: <i>Whether risks and assumptions as identified in the CP M&E Framework materialized or whether new risks emerged</i> <i>Internal factors such as timing of inputs and activities, quality of products and services, coordination and/or other management issues</i>
OBJECTIVE 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment. INDICATOR 1.1 WITH TARGET FOR THE YEAR: Number of Regional (velayat) NTP Units' staff trained in supervision, monitoring and evaluation and other aspects of NTP management. <i>Target - 20.</i> <i>Implementation: 18</i> INDICATOR 1.2 WITH TARGET FOR THE YEAR: Number of staff from peripheral TB laboratories trained in microscopy techniques. <i>Target - 40.</i> <i>Implementation: 44</i> INDICATOR 1.3, WITH TARGET FOR THE YEAR:	<ul style="list-style-type: none"> Attendance of training courses in various aspects of NTP management and international conferences abroad (1.1.1) Training for staff of 5 Regional (velayat) NTP Units in supervision, monitoring and evaluation and other aspects of NTP management (organized by Sub-Recipient WHO) (1.1.2) Monitoring visits by the NTP Central Unit to 5 velayat centers and selected etraps (1.1.3 a and b) Monitoring visits by regional NTP units to etrap TB service and PHC facilities (1.1.4) Monitoring visits by Medical Department of the Ministry of Interior Affairs to the TB treatment sites in 	<p>\$14,128.08</p> <p>\$4,804.00</p> <p>\$12,724.70</p> <p>\$5,252.52</p> <p>\$498.71</p>	<p>Three specialists from NTP- Ms.Aynabat Seyitmedova, Deputy Director of TB Center; Ms.Gulnara Rahmanova, Head of pediatric department of TB Center; Mr.Toilymuhammet Akbayev, Head of TB hospital in Dashoguz participated in advanced training for MDR TB treatment and management the course at WHO Collaborating Centre for Research and Training in Management of MDR-TB, Riga, Latvia during period from 21 August till 02 September 2011.</p> <p>18 NTP managers of top and middle level advanced their managerial and supervision skills.</p> <p>Monitoring visits conducted quarterly, sometimes jointly by the NTP and GIU staff.</p> <p>All regional TB hospitals conducted quarterly monitoring visits to etrap level TB and PHC facilities.</p> <p>Monitoring team of the Ministry of Interior conducted quarterly. Main aim of the visit was assessment and then</p>	<p>I. Programme management:</p> <p>1) Operational framework for grant implementation: the PR updated major grant-related documents: Performance Framework, M&E Plan, PSM Plan, Country Profile, Risk Monitoring and Management matrix. SR Audit Plan and Capacity Assessment Plan was developed and presented to the GF.</p> <p>2) SR management: The reporting tools and procedures developed for each SR. The PR conducted extensive training for all SRs on programmatic and financial aspects of grant implementation.</p> <p>II. Programmatic performance:</p> <p>The PR reports on achievement of 11 indicators. 7 top-10; 6 indicators achieved by 90-110%, 1 - by 54.8% (food parcels), 4 none Top-10; 3 - achieved by 71-102%, 1 achieved by 33% (IC plan). Training plan is implemented by 90-110%. 8 planned TA missions were conducted by the WHO among which are: on PHC involvement into TB control, strengthening collaboration with</p>


<p>TARGET FOR THE YEAR: Number of TB patients receiving incentives (food parcels) for better adherence to treatment during out-patient phase of 1st line treatment. <i>Target 3,530</i> <i>Implementation: 1,935</i></p> <p>INDICATOR I.9 WITH TARGET FOR THE YEAR: Number of community leaders / activists trained in TB control issues. <i>Target 150</i> <i>Implementation: 153</i></p>	<p>for detainees, in line with the human right approach. (1.2.1)</p> <ul style="list-style-type: none"> 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. (1.2.4) 	<p>\$0.00</p>	<p>consideration of the Mol.</p> <p>This is the activity is under implementation by the WHO. ToR for the local consultant and the report format was developed, however the MoH refused to provide the report due to sensitivity of data. Contract with the local consultant was cancelled. Upon further consultations with MoH it was decided that the activity should be cancelled and funds re-programming requested.</p>	<p>V. ACSM: 1) The PR noted concerns on the quality of the training on social mobilization for community leaders, therefore organized a 5-day ToT conducted by an international expert on TB ACSM. 18 potential trainers (15 women) from the National Red Crescent Society and Health Information Centre certified.</p> <p>2) Web-site was set up by the Health Information Centre to provide TB-related information and the GF grant in Turkmenistan: www.sag.lykhm.gov.tm/hoth</p>
<ul style="list-style-type: none"> 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 (in Year 1). (1.2.8) 	<p>\$574,929.48</p>	<p>The order for stationary x-ray was placed; delivery is expected in January 2012.</p>	<p>VI. Procurement: 1) The PR implemented 79 % of procurement amount (\$1 569 980) granted for the Y1 under the approved PSM plan. 31 contracts were made for the total amount of \$ 1,242,634, of which for health products - \$714,876 or 57%; non-health products and services - \$527,758.</p>	
<ul style="list-style-type: none"> Training of staff of peripheral microscopy laboratories using standard DOTS modules (1.3.1) 	<p>\$13,642.56</p>	<p>In Jan-March the activity was implemented by the project, since March 2011 - by the WHO.</p> <p>Total number of the trained staff is 44, which is in accordance with the target set for Y1 (40).</p> <p>The training was based on the WHO modules, and conducted by the certified lab doctors from the National Reference Laboratory, who were trained by the Project HOPE, WHO and by visiting specialists from the Supra-National Reference Laboratory (the Netherlands).</p>	<p>2) Procurement of 1st line TB drugs: the first order for the projected 5,280 patients of the Y2 was placed taking into account the last GDF supply in April 2011. The drugs are due in November-December 2011. Quantification of the drugs was discussed with the NTP (warning was given that the actual number of TB patients will be less than the projected). To avoid over stocking and based on quantification methods proposed by the UNDP PSO, the PR ordered drugs with a 2-month buffer. In addition, the PR ensured that the expiry dates of the medicines valid until August 2013: the excess amount of the drugs will be consumed in 2013. HP Insurance was arranged with the Hugh Wood Insurance Company for "Turkmenpharmacy" and "Turkmenmedtehnika": health products and equipment supplied under the grant will be stored and insured for the period of customs clearance.</p>	
<ul style="list-style-type: none"> Procurement of glassware, reagents and other supplies for direct sputum smear microscopy, reagents and consumables for culture investigation, BACTEC reagents, reagents for PCR testing. (1.3.2, 1.3.3, 2.8.3, 2.9, 3.2.10) Procurement of light-emitting diode (LED) microscopes for 5 regional (velayat) TB laboratories. (1.3.4) Renovation of drug storages at the central and regional level and in the penitentiary sector (1.4.6) 	<p>\$238,357.79+ \$6,584.40 (PO)</p> <p>\$14,274.30+ \$20.70 (PO)</p> <p>\$69,584.17</p>	<p>All reagents were delivered to the country in May 2011 and were distributed to the end users in August-September 2011. The amount of the reagents is sufficient to cover annual needs.</p> <p>LED microscopes and reagents were delivered to all 5 regional TB laboratories.</p> <p>Renovation was done in 5 regional laboratories and Central Prison Hospital. Warehouses of the Centre for TB Treatment and Prophylaxis and Turkmenpharmacy were upgraded by</p>	<p>3) Laboratory supplies and equipment:</p>	

	<ul style="list-style-type: none"> • 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). (1.4.4 b) • 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 including the delivery to regional centers and monitoring of their distribution to patients.(1.4.8) • 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.(1.5.1) • Procurement of 1st line anti-TB drugs (1.4.7) • A TB Resource Centre with library, internet access and organisation of different informational and educational events will be organised at the MOH Information Centre including limited renovation works and procurement of furniture and office equipment (1.5.6) • Nation-wide informational campaign dedicated to the World TB Day 24th March 2011 and Informational and educational events and activities, including seminars and round-tables for public associations, media and educators (1.5.7) 	<p>\$11,370.00</p> <p>\$117,525,37+ \$61,696.39 (PO)</p> <p>\$0.00</p> <p>\$13,780.32+ \$147,666.05 (PO's)</p> <p>\$18,611.28</p> <p>\$8,067.52</p>	<p>cancelled and funds re-programming requested.</p> <p>The activity is implemented by the WHO.</p> <p>First mission of the WHO expert took place during 21-28 May 2011. Second mission was performed on 15-22 July 2011. Drug management system was assessed, registers were reconsidered and updated. Training on drug management is conducted for 13 specialists.</p> <p>1,729 civil patients and 206 penitentiary patients received altogether 4,083 parcel as means of motivation for treatment adherence.</p> <p>Ashgabat – 234 patients, Ahal – 182, Balkan – 235, Dashoguz – 378, Lebap – 451, Mary – 249.</p> <p>The activity is under implementation by the WHO. An international expert was selected, the study design is developed.</p> <p>1st line TB drugs were ordered for the 2012 for estimated 5280 TB patients. The drugs are expected in Dec-Jan 2012.</p> <p>Renovation works were done for the room, furniture and office equipment was procured. A web-page is opened for providing information on TB. A coordinator for the centre will be selected soon, to implement the activities.</p> <p>Operational costs are also covered by the project (internet, stationery etc).</p> <p>The World TB Day involved various activities, which were organized by the Health Information Centre in cooperation with other SRs and the NTP Central Unit. Among the activities were: scientific conference for TB specialists, conference for medical students, and quiz for soldiers on TB knowledge, followed by the lecture on TB issues. At all secondary schools in Ashgabat, the schoolchildren were given basic information about coughing symptoms. 10,000 copies of communication materials (booklets,</p>	<p>Vimta Labs Limited (India) as a back-up.</p> <p>7) 4,083 food parcels procured for 1,935 patients in civil and penal TB facilities.</p> <p>8) Office equipment: 24 sets of PC, laptops, printers, 67 faxes were delivered to TB facilities for administration, monitoring and training needs; IT equipment and furniture procured for SRs.</p> <p>9) Engineering measures of infection control: design of bacteriological laboratories in Turkmenabat and Mary are developed, design for MDR-TB Department of the TB Hospital Dushak city and MDR-TB Department of the Central Prison Hospital is expected in December 2011.</p> <p>10) 7 vehicles were delivered to 5 regional and 2 central TB facilities.</p> <p>11) Stationary X-ray for the Ministry of Interior is procured and to be delivered in January 2012.</p> <p>12) Catering services were arranged for training needs.</p> <p>Several issues needed to be addressed by the PR:</p> <p>1) Timely customs clearance by national consignees;</p> <p>2) Waiver for payment of fee for registration of medicines;</p> <p>3) Capacity gaps of the national specialists in calculation of needs in TB drugs and reagents.</p> <p>VII. Finance:</p> <p>The total PR grant implementation rate within the reporting period with commitments comprises 137 % (expenditures - \$1,218,048 and commitments -\$819,315), while for the cumulative period the implementation rate is 102% (expenditures-\$1,762,626 and commitments -\$819,315). The burn</p>
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<p>OBJECTIVE 2: To improve the health system performance for effective tuberculosis control.</p> <p>Indicator 2.2 INDICATOR 2.2. WITH TARGET FOR THE YEAR: Number of infection control plans developed for TB hospitals. <i>Target 3</i> <i>Implementation: 1</i></p>	<ul style="list-style-type: none"> • Technical assistance in strengthening the framework of PHC involvement in TB control. • 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 (2.1.1) • Training of the national team of trainers to strengthen the NTP Central Unit training capacity for TB specialists from the regions who will further conduct training for PHC providers. (2.1.3) • Training for PHC doctors from all regions in TB control.(2.1.4) 	<p>\$0.00</p>	<p>This activity is delegated to the WHO and was implemented on the 3-7 May by the WHO expert. Recommendations were given on further improvement of TB control in PHC.</p>	<p>training for MDR TB treatment and management” in the WHO Collaborating MDR-TB center in Riga, Latvia.</p> <p>IX. CCM: No CCM meetings were held in the reporting period. One CCM meeting was called for 27 July 2011, but it was postponed to December 2011 despite the PR’s efforts to call it as early as possible. The PR assisted the CCM with application to the basic CCM funding in the amount of \$50,000. The funding proposal was forwarded to the CCM through the WHO CO which temporary acts as the CCM Secretariat. The decision on application has not been yet communicated back to the PR.</p>
	<ul style="list-style-type: none"> • Training for PHC doctors from all regions in TB control.(2.1.4) 	<p>\$7,807.79</p>	<p>This activity was implemented in March 2011: 2 ToT conducted, and 20 national trainers trained (2 from each velayat). Those trainers already contracted by the UNDP for conducting trainings in the velayats.</p>	<p>X. Success stories and lessons learned: The PR successfully addressed the under-achievement of the previous semester through the development of an escalation plan. The MoH provided full support to the plan and facilitated its implementation. The majority of the targets are achieved or surpassed up to date. Social Mobilization: important that the community activists trained under the work plan work following the training: since March 2011 they referred 18 people for TB check-up, and provided TB-related information to 4 ex-prisoners and 6 family members of TB patients. Some progress is seen in cooperation with the Ministry of Interior: the drug storage facility at the Central Prison Hospital is renovated with in-kind contribution of the Ministry of Interior, and GIU staff was able to review the works. Also, the GIU staff and an international expert were able to pursue on-site assessments of the MDR department for further development of the renovation design. One day M&E training for TB specialists from all penitentiary institutions is another example of closer cooperation. Strengthening lab services: all laboratories are provided with reagents for Ziehl-Neelsen microscopy sufficient</p>
	<ul style="list-style-type: none"> • Training for PHC nurses from all regions and penitentiary sector in TB control (2.1.5) 	<p>\$35,544.17</p>	<p>All training courses were conducted by the certified trainers from the TB Department of the Medical University and the local trainers trained during the ToT. Standard DOTS modules were used for training.</p> <p>From January to December 2011, the project along with the TB Department of the Medical University conducted 16 training courses for 339 PHC doctors: (104 in Ashgabat, 63 in Ahal, 25 in Dashoguz, 46 in Balkan, 50 in Lebap and 51 in Mary).</p>	<p>All training courses were conducted by the certified trainers from the TB Department of the Medical University and the local trainers trained during the ToT. Standard DOTS modules were used for training.</p> <p>From January to June 2011, the project along with the TB Department of the Medical University conducted 16 training courses for 331 PHC nurses: 97 in Ashgabat, 65 in Ahal, 25 in Dashoguz, 43 in Balkan, and 50 in Lebap. All training courses were conducted by the certified trainers from the TB Department of the Medical University and the local trainers. Standard DOTS modules were used for training.</p>
	<ul style="list-style-type: none"> • Printing of TB-15 form (2.1.6) • Comprehensive review of NTP by WHO experts (2.1.7 a) • A Working Group will be established by the Ministry of Health that will 	<p>\$27,794.52</p>	<p>3,000 copies of the TB-15 were printed for all family doctors in the country.</p>	
		<p>\$1,448.42</p>		
		<p>\$31,147.00</p>		
		<p>\$4,073.00</p>		

<p>external negative pressure ventilation system, patient separation measures and ensuring proper drug storage conditions.(3.1.8)</p> <ul style="list-style-type: none"> • 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 (3.2.1) 	<p>\$6,663.00</p>	<p>tuberculosis control: WHO report 2011). Despite continuing work with the Ministry of Health and the Ministry of Interior, the PR cannot confirm the trend in the penitentiary system. It is unlikely that in the next year the projected number of patients (4,280 civil and 1,000 penitentiary) will be detected.</p> <p>Data quality issues: The GIU takes full responsibility for verification of the reports by the NTP and the sub-recipients. The reported data are verified during monitoring visits to TB facilities.</p>	<p>On-site data verification was conducted by the LFA in November 2011 on 3 indicators (food parcels, number of microscopy tests and number of culture investigations) in Balkan and Ahal regions and at the central level. The mistakes in the reported numbers were estimated to be within 5% that is considered a good level of data quality.</p>
<ul style="list-style-type: none"> • 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. (3.2.1) 	<p>\$0.00</p>	<p>The DRS design and protocols are developed, the activity is in the progress.</p>	<p>On-site data verification was conducted by the LFA in November 2011 on 3 indicators (food parcels, number of microscopy tests and number of culture investigations) in Balkan and Ahal regions and at the central level. The mistakes in the reported numbers were estimated to be within 5% that is considered a good level of data quality.</p>
<ul style="list-style-type: none"> • 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. (3.2.12) 	<p>\$6,197.00</p>	<p>Series of visits were conducted to provide technical assistance with the Drug Resistance Survey, routine tests, and on-site training. Lab algorithm for GeneXpert method of TB diagnosis was developed prior to procurement of 2 GeneXpert machines.</p>	<p>On-site data verification was conducted by the LFA in November 2011 on 3 indicators (food parcels, number of microscopy tests and number of culture investigations) in Balkan and Ahal regions and at the central level. The mistakes in the reported numbers were estimated to be within 5% that is considered a good level of data quality.</p>
<ul style="list-style-type: none"> • NRL specialists will visit the SRL in Bilthoven, Netherlands, for for in-depth on-site training on new techniques (3.2.13) 	<p>\$0.00</p>	<p>2 lab specialists are trained in the SRL in December 2011.</p>	<p>On-site data verification was conducted by the LFA in November 2011 on 3 indicators (food parcels, number of microscopy tests and number of culture investigations) in Balkan and Ahal regions and at the central level. The mistakes in the reported numbers were estimated to be within 5% that is considered a good level of data quality.</p>
<ul style="list-style-type: none"> • Study tour to the best practice MDR facility in Vladimír, Russian Federation (3.1.4) 	<p>\$3,820.74</p>	<p>4 specialists (2 TB doctors and 2 engineers) were trained on MDR-TB management and infection control in April 2011 in Vladimír regional TB dispensary (Russia).</p>	<p>On-site data verification was conducted by the LFA in November 2011 on 3 indicators (food parcels, number of microscopy tests and number of culture investigations) in Balkan and Ahal regions and at the central level. The mistakes in the reported numbers were estimated to be within 5% that is considered a good level of data quality.</p>
<ul style="list-style-type: none"> • Procurement of 40 refrigerators for peripheral microscopy laboratories (3.2.3) 	<p>\$7,808.77</p>	<p>All trap level laboratories were equipped with refrigerators.</p>	<p>On-site data verification was conducted by the LFA in November 2011 on 3 indicators (food parcels, number of microscopy tests and number of culture investigations) in Balkan and Ahal regions and at the central level. The mistakes in the reported numbers were estimated to be within 5% that is considered a good level of data quality.</p>
<ul style="list-style-type: none"> • 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) and for rapid identification of R/H resistance for MDR-TB diagnosis (PCR machine, 	<p>\$126,556/00 (PO)</p>	<p>The order is placed, the delivery of the equipment is expected in Feb-March 2012.</p>	<p>On-site data verification was conducted by the LFA in November 2011 on 3 indicators (food parcels, number of microscopy tests and number of culture investigations) in Balkan and Ahal regions and at the central level. The mistakes in the reported numbers were estimated to be within 5% that is considered a good level of data quality.</p>

<p>Project Management:</p> <ul style="list-style-type: none"> • Coordination of the grant by GIU; • Capacity Building of the GIU staff members by participation in the: <ul style="list-style-type: none"> • UNDP Procurement Training (Copenhagen, February 2011); • Training on Infection Control in Vladimir, Russia (April, 2011) • GF Workshop for PRs (Geneva, June 2011); • UNDP Procurement Workshop (Tashkent, September 2011) • GIU Operational expenses, procurement of IT and office equipment for setting up of the GIU unit, • Technical assistance to the PR, training for PR staff, external audit for the verification of sub-recipients records, SR capacity assessment • Coordination, organization, reporting, monitoring and evaluation of project activities by WHO and Health Information Center • Overhead charges WHO, Health Information Center and National Red Crescent Society • UNDP GMS fees (7%) 	<p>\$163,241.23 – remuneration for 9 staff members</p> <p>\$35,625.77</p> <p>\$43,779.87 –costs of communication, IT support, stationery, GIU office equipment and furniture \$7,343.00</p> <p>\$2,354.11</p> <p>\$14,395.47</p> <p>(\$99,996.90) to be confirmed in January</p> <p>\$2,657,044.25</p>	
<p>Total amount of expenditures</p>		

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