

The Annual Work Plan (AWP) Monitoring Tool
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 for Fight AIDS, Tuberculosis, Malaria through Round 9 funding for Tuberculosis disease

EXPECTED CP OUTPUTS AND INDICATORS INCLUDING ANNUAL TARGETS	PLANNED ACTIVITIES	EXPENDITURES	RESULTS OF ACTIVITIES	PROGRESS TOWARDS ACHIEVING CP OUTPUTS
	<i>List all the activities including monitoring and evaluation activities to be undertaken during the project implementation period</i>	<i>Planned Budget</i>	<i>List actual expenditures against activities completed</i>	<i>Using data on annual indicators targets, some progress towards achieving the CP outputs. Where relevant, comment on factors that facilitated more accelerated achievement of results including: - Whether risks and assumptions as identified in the CP M&E Framework materialized or whether new risks emerged; - The extent to which the quality of products and services, coordination under 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.	1.1.1 Training of NTP management staff by attending international conferences abroad (2 participants per year) 1.1.2 Training of NTP Regional Units' staff in supervision, monitoring and evaluation 1.1.3 a Quarterly supervision visits by the central NTP Unit, 1 round (3 specialists for 3 days in each of 5 regions) 1.1.3 b Quarterly monitoring meetings to discuss the results of monitoring visits 1.1.4 Support to regional (velayats) NTP supervision 1.1.6 custom clearance of computers for statistical units of regional TB hospitals 1.1.8 a Procurement of air conditioner for the regional training centers	9,604.00 2,620.00 12,240.00 4,440.00 0.00 0.00 668.00 17,100.00	In the reporting year NTP representatives did not attend any international events. This training is part of the WHO SR Agreement. The training was conducted at the end of November. NTP Central Unit conducted monitoring visits in accordance with the quarterly plans. Meetings were conducted quarterly. The costs of the meetings were incurred by the MoH. Regional NTP monitoring teams conducted quarterly monitoring visits to district level TB and PHC facilities. The visits were done using the vehicles procured by the project in 2011. The expenses are related to procurement of air-conditioner for the training facility in Lebap TB hospital, done at the end of 2012 but paid in March 2013 due to finalization of renovation works in that site. Refurbishment works in Lebap and Balkan Regional TB Hospitals have been finalized in mid-February 2013 (in Balkanabad on 13.02.2013 and in Turkmenabad on 15.02.2013).	Overall, the project is on track with regard to the achievement of key indicators. More details on achievement of the targets will be available by Feb 2014 when the project will submit the progress update report to the Global Fund, for which the MoH provides report on each indicator. The achievement of targets for MDR-TB is problematic because NTP delayed enrollment of patients. The project installed air ventilation system in the Akhal regional TB hospital for 50 beds, but the other renovation works (done by the government) have not been completed and the NTP has limited capacity to announce tender for renovation works in MDR-TB wards in four regional TB hospitals. The 2nd line TB drugs, lab reagents and lab services for monitoring side effects of MDR-TB treatment were provided by the project. 74 out of target 92 MDR-TB patients are currently enrolled into treatment.
INDICATOR 1.1: Number of new smear-positive TB cases notified to the national health authorities during the specified period Target 1,500. On track.	1.1.8 b Refurbishment of training centers at Lebap and Balkan Regional TB Hospitals to ensure basic conditions for training activities. 1.1.8 c Procurement of 5 printers for regional training facilities.	2,391.32 2,391.32	The printers were procured as part of UNDP CO consolidated procurement. The process was finalized at the beginning of April 2013. The printers were delivered by "Advizing IT" LTA supplier in May and custom cleared in June 2013. The project provided stationary and covered the cost of communication (Internet) for NTP managers at central and regional levels.	In the reporting year the project worked on signing the Grant Agreement with the Global Grant for Phase 2 of funding, and prepared SR Agreements for Phase 2 of the grant. The SR Agreement with the government entity Health Information Centre was signed in March 2013. The project staff conducted capacity assessment of the National Red Crescent Society and then submitted the value for money assessment. Both documents were approved by the UNDP PSO. Based on that approval, the SR Agreement was signed between UNDP and NRCS in June 2013. The SR Agreement with the WHO was signed in September 2013. Delays with signing the SR Agreement with the WHO posed risk for programmatic implementation because the WHO is responsible for various technical assistance missions and capacity building activities.
INDICATOR 1.2: Number of all TB cases notified to the national health authorities during the specified period Target 4,500; On track.	1.1.9 Operational expenses of the NTP Central Unit and Regional Units, 5 % price increase is forecasted starting from Y4 1.1.11 Training of NTP and TB service staff in upgraded TB recording and reporting system 1.1.12 Recruitment of national IT specialist for the management of the national TB database 1.1.13 Printing of recording and reporting national TB forms	9,436.50 4,269.00 2,800.00 16,465.38	This training is part of the WHO SR Agreement. The training was conducted in mid-December 2013. This recruitment is part of the WHO SR Agreement. The recruitment process has been finalized early December. RFQ has been announced, evaluation of bids is being finalized. This is a WHO activity. The training materials were revised and made available in Turkmen and Russian languages. This training is part of the WHO SR Agreement. The training was conducted in mid-December 2013. More details will be available in Jan after the WHO submits the SR report. In the reporting year the project printed out 395 copies of the Order 109 and transferred to the NTP. This is a WHO activity. The National M&E Plan is being finalized. More details will be available in Jan 2014 after the WHO submits the SR report.	In 2012 the project completed upgrade of regional TB laboratories in Mary and Lebap. However the lab in Mary is still not functioning because the local government is not able to provide stable electricity supply. There were also problems affecting programme implementation: the MoH's affiliated agency Turkmenmedtekhnika has limited capacity to install the modern lab equipment procured by the project for two regional TB labs in Mary and Lebap. As a result, the labs could not function and conduct culture investigations and drug susceptibility tests as planned. In order to resolve the issue, the project was granted approval of reallocation of the grant funds for contracting a local private company to install the equipment.
INDICATOR 1.3: Number of staff from district and regional TB laboratories trained in microscopy techniques and culture methods. Target : 20. On track.	1.1.14 Cost of revision and Russian-Turkmen translation of training materials 1.1.15 a Conduct M&E training session for TB specialists from 5 velayats and Ashgabat at central level 1.1.15 b Printing of Ministry of Health order #109, which is a key document regulating all aspects of TB control in Turkmenistan 1.1.17 a Development of the National TB M&E Plan 1.1.17 b Printing of the National TB M&E Plan	5,050.00 5,100.00 12,000.00 9,490.00 3,940.00 2,400.00 2,400.00	This is a WHO activity. The training materials were revised and made available in Turkmen and Russian languages. This training is part of the WHO SR Agreement. The training was conducted in mid-December 2013. More details will be available in Jan after the WHO submits the SR report. In the reporting year the project printed out 395 copies of the Order 109 and transferred to the NTP. This is a WHO activity. The National M&E Plan is being finalized. More details will be available in Jan 2014 after the WHO submits the SR report.	In 2012 the project completed upgrade of regional TB laboratories in Mary and Lebap. However the lab in Mary is still not functioning because the local government is not able to provide stable electricity supply. There were also problems affecting programme implementation: the MoH's affiliated agency Turkmenmedtekhnika has limited capacity to install the modern lab equipment procured by the project for two regional TB labs in Mary and Lebap. As a result, the labs could not function and conduct culture investigations and drug susceptibility tests as planned. In order to resolve the issue, the project was granted approval of reallocation of the grant funds for contracting a local private company to install the equipment.
INDICATOR 1.4: Number of direct sputum microscopy investigations for TB diagnosis and treatment monitoring. Target : 94,040. On track.	1.1.18 a Development of monitoring check-lists for in-patient and out-patient TB facilities 1.1.18 b Development of separate check-lists for monitoring of peripheral (district level) and regional (velayat level) laboratories 1.1.19 Technical assistance in revising definitions and reporting forms in accordance to the latest WHO recommendations 1.2.1 Recruitment of international consultant to provide technical assistance to improve accessibility of quality TB diagnosis and treatment for detainees in Y3. 1.2.2 Attendance of training courses in various aspects of TB control in prisons, international conferences abroad and study tours. (3 participants, 1 event in Y4 and in Y5) 1.2.3 Conduct quarterly supervision visits by the Medical department of MIA to the TB treatment site in the penitentiary sector. (Mary Prison hospital MRK-15)	0.00 0.00 0.00 9,090.00 8,896.00 0.00 2,550.00	This printing will be done by UNDP after implementation of the activity 1.1.17a This is a WHO activity. The check-lists are being finalized. This is a WHO activity. The check-lists are being finalized. This is a 2014 WHO activity completed before budgeting year This is a 2014 WHO activity completed before budgeting year Leftovers from WHO Phase 1 expenses Medical Department of the Ministry of Internal Affairs conducted quarterly monitoring visit to the Central Prison Hospital in Mary.	In May 2013 the project organized GeneXpert training for lab specialists from the National Reference Lab and regional TB labs in Mary, Turkmenabad and Dashoguz. GeneXpert is a new technology for rapid detection of tuberculosis and its drug-resistance. Availability of this method in Turkmenistan will help to timely diagnose and start treatment for MDR-TB. So far, four GX devices have been installed and become operational in Turkmenistan. In addition, in September 2013 the project

number of culture investigations (manual technique) for confirmation of TB diagnosis and monitoring of treatment Target – 6,600 On track.	1.2.8 a, b	Monitor for stationary X-ray machine for Mary Prison Hospital and the related PSM costs.	17,299.46	17,253.83	The X-Ray monitor has been transferred to the Ministry of Internal Affairs and delivered to the Central Prison Hospital.	organized training on culture investigations and drug susceptibility testing training for the staff of laboratories in Mary and Lebap.
	1.3.1 a	Conduct training of TB peripheral laboratory staff on standard DOTS microscopy modules.	2,620.00	2,617.00	This training is part of the WHO SR Agreement. The training was conducted at the end of Nov 2013.	There were delays with customs clearance of lab reagents. To speed up the procurement process, the project delivered the reagents as diplomatic cargo, but it turned out that one of the reagents (lyso) is not allowed for diplomatic import. The customs clearance of the TB kits has been delayed and finally solved in Dec 2013.
	1.3.1 b	Conduct training of TB regional laboratory staff on conducting culture investigations	7,862.00	2,617.00	This training is part of the WHO SR Agreement. The training was conducted in mid-December 2013.	
	1.3.2 a, c	Procurement of Reagents for Ziel-Nelsen and LED Microscopy and the related PSM costs.	20,951.83	37,080.04	During reporting period the reagents for 2013 needs arrived in the country, but there were delays with customs clearance by UNDP due to a dangerous reagent lyso. The reagents will be finally delivered to the NTP by 31 Dec 2013. As for 2014 needs, the project finalized the order and expects the delivery in March 2014.	
INDICATOR 1.6 : Treatment success rate: new smear positive TB cases Target 77% On track.	1.3.3 a, b	Procurement of Reagents for Culture investigations (manual technique) and the related PSM costs.	48,626.49	22,225.44	During reporting period the reagents for 2013 needs arrived in the country and delivered to the NTP. As for 2014 needs, the project finalized the order and expects the delivery in March 2014.	Major issue affecting the budget utilization was that the MoH changed the site for the regional TB lab in Dashoguz. The project prepared design of the regional TB laboratory for the site previously allocated by the MoH. Due to change of the site the project needs to start the design works anew.
	1.3.2 b, d	Procurement of Reagents for LED Microscopy (Sputum smear microscopy investigations)	11,237.49	20,382.15	Completed	
INDICATOR 1.7 : Number of TB patients receiving incentives (food parcels) for better adherence to treatment during out-patient phase of 1st line treatment Target 2,805 On track.	1.3.7 a, b	Procurement of respirators for staff of TB laboratories (individual measures for infection control) and the related PSM costs.	36,863.75	36,740.00	During reporting period the respirators for 2013-2014 needs arrived in the country and delivered to the NTP.	In Nov 2013 the Global Fund conducted on-site data verification. There were no major issues with the data quality. Overall the implementation of the grant was rated by the Global Fund as B1.
	Translating Obj.1	Translation of customs documents related to the HP under Objective 1	1,200.00	0.00	These expenses relate to cost of translation of various customs documents for health products procured under Objective 1.	
	1.3.8 a	Development of Standard Operating Procedures (SOPs) for cultural and molecular diagnostic tests and Drug Susceptibility Testing.	0.00	0.00	This is the WHO activity. Due to late signing of the SR Agreement, it was shifted to 2014.	
	1.3.8 b	Printing of Standard Operating Procedures (SOPs) for cultural and molecular diagnostic tests and Drug Susceptibility Testing	5,500.00	0.00	This activity should be implemented after act. 1.3.8a by WHO. Due to shifting the act. 1.3.8a to 2014 printing is also shifted.	
	1.4.2	Conduct refreshing training for TB doctors using standard DOTS modules	3,705.00	0.00	This training activity was cancelled in view of more importance of MDR-TB trainings.	
	1.4.3	Conduct training for TB nurses using standard DOTS module	2,515.00	1,397.35	In accordance with the training plan the PIU organized training for 15 TB nurses in Ahal region.	
	1.4.4	Recruitment of international consultant to provide technical assistance to NTP in strengthening TB drugs' management in Y3	11,652.00	0.00	This is the WHO activity. Due to availability of experts, the mission is shifted to 2014.	
	1.4.5	Conduct training in TB drugs' management by the NTP Central Unit for TB specialists, key staff and drug managers from the regional level	3,705.00	0.00	This is the WHO activity. Due to availability of trainers, the training is shifted to 2014.	
	1.4.6	Procurement of air conditioners for drug storage spaces at the DOTS cabinets to ensure adequate temperature for storage of TB drugs.	50,400.00	37,091.08	In the reporting year UNDP project procured air-conditioners for all DOTS facilities in need.	
	1.4.7 a, b	Procurement of First Line Anti-TB Drugs and related PSM costs	149,055.52	260,430.24	All 1st line TB drugs for 2013 and 2014 needs were procured for the NTP.	
	1.4.8 a	Procurement of food parcels for TB patients, as incentives (support to treatment adherence), 5 % price increase is forecasted starting from Y4	302,940.00	313,266.35	Monthly provision of food parcels is in accordance with the work plan. Procurement of food parcels for 2014 is announced (ITB) and is being submitted for RACP review.	
	1.4.8 b	Salary of NRCS personnel (project coordinator, project assistant, 5 patronage nurses) 10% increase forecasted compared to Y3 in Y4, and in Y5 compared to Y4. [delivery of food packages to DOTS cabinets and monitoring]	37,764.26	36,402.93	In accordance with the work plan and SR Agreement.	
	1.4.8 c	Transportation of parcels to DOTS cabinets. [delivery of food packages to DOTS cabinets]	41,943.12	35,754.39	In accordance with the work plan and SR Agreement.	
	1.4.8 d	Quarterly monitoring visits by central NRCS [delivery of food packages to DOTS cabinets and monitoring]	8,622.25	5,196.52	In accordance with the work plan and SR Agreement.	
	1.4.8 e	Monthly monitoring visits by regional NRCS [delivery of food packages to DOTS cabinets and monitoring]	16,804.42	10,225.00	In accordance with the work plan and SR Agreement.	
	1.4.8 f	Procurement of 2 PCs for patronage nurses in Dashoguz and Mary regions [delivery of food packages to DOTS cabinets and monitoring]	3,665.66	3,665.67	PCs were procured through UNDP CO consolidated procurement. The process was finalized at the beginning of April 2013. The PCs were delivered by "Advizing IT" LTA supplier in May and custom cleared in June 2013.	
	1.4.8 g	Internet and telephone communication for NRCS personnel at 5 velayats and Ashgabat. [delivery of food packages to DOTS cabinets and monitoring]	1,684.21	1,625.00	In accordance with the work plan and SR Agreement.	
	1.4.8 h	Procurement of furniture for NRCS patronage nurses offices	1,755.00	2,192.98	Furniture (1 desk and 1 cabinet) is procured for the central and 4 regional offices of the NRCS.	
	1.4.8 i	Printing of journals for registration of TB patients receiving parcels	2,684.70	8.72	This is to be done along with printing of TB R&R forms (activity 1.1.13). The project is finalizing RFQ offers.	
	1.4.9 a, b	Procurement of medical scales for TB facilities.	47,508.35	46,152.86	The project delivered 77 medical scales for TB facilities in the civil and penal sectors. The equipment is currently undergoing customs clearance by the state agency Turkmenmedtekhnikla.	
insurance costs Obj.1	insurance costs	Insurance costs (PSO insurance on product cost of health products procured under Objective 1	3,267.76	0.00	This includes various PSO insurance costs, including freight costs and warehouse insurance premiums by LTA supplier Willis at Turkmenmedtekhnikla and Turkmenpharmacia storages).	

1.4.9 c	Development of guidance on quantification and inventory for sputum smear microscopy reagents and consumables.	0.00	0.00	This is the WHO activity. Due to late signing of the SR Agreement, it was shifted to 2014.
1.4.9 d	Printing of guidance on quantification and inventory for sputum smear microscopy reagents and consumables.	2,500.00	0.00	This activity should be implemented after act. 1.3.8a by WHO. Due to shifting the act. 1.3.8a to 2014 printing is also shifted.
1.5.3	Conduct training workshops for mass media representatives on priority issues of TB control.	910.00	612.03	This activity was conducted on 28.06.2013 by the Health Information Centre.
1.5.4	Development and printing of TB informational and educational materials.	30,000.00	0.00	This is to be done following the tender for printing of TB R&R forms (activity 1.1.13), for which the project is finalizing RFQ offers.
1.5.5	Design, produce and broadcast TB informational and educational materials: video (10% increase forecasted starting from Y4)	3,000.00	0.00	This activity is to be implemented by the SR - Health Information Centre. The development is in progress. More details and expenses will be available in Jan 2014 after the SR submits its SR report.
1.5.6	Operational costs for TB Resource Center at the Ministry of Health Information Centre (5 % increase is forecasted starting from Y4)	8,383.50	6,612.00	In accordance with the work plan and SR Agreement. The expenses relate to Jan-Sep 2013. Expenses for Oct-Dec will be available in Jan 2014 after verification and approval of the SR report.
1.5.7	World TB Day informational campaigns at national and local levels	4,721.93	1,456.14	World TB Day was marked through TB conference held at the Ashgabat City Department of Health and participation of TB and primary health care specialists of Ashgabat. There were also various informational events, printing and distribution of items with the World TB Day message.
1.5.8	Training workshops for community leaders on TB control	19,755.43	5,081.25	This is the NRCS activity. In the reporting year the NRCS trained 61 community leaders across the country. The SR also conducts regular follow-up meetings with the previously trained people.
1.6.3	Recruitment of international consultant to evaluate the progress of interventions in strengthening diagnostic counselling and testing (DCT) for HIV among TB patients in Y4	10,126.00	0.00	This is the WHO activity. Due to availability of experts, the mission is shifted to 2014.
1.6.4	Training of TB service staff in diagnostic counselling and testing (DCT) for HIV	3,469.00	0.00	This is the WHO activity. Due to availability of trainers, the training is shifted to 2014.
2.1.2	Printing of national guidelines on TB control for PHC providers	18,000.00	0.00	The draft guidelines developed by SR WHO are being considered by the MoH. Printing is shifted to the later periods when the final document will be submitted by the WHO to the project.
2.1.3	Conduct training of trainers for further training of PHC providers on TB control (20 participants in Y3)	12,178.00	0.00	This is the WHO activity. Due to availability of trainers, the training is shifted to 2014.
2.1.4	Conduct training of PHC doctors from all regions in TB control (8 days, 20 participants).	12,652.00	11,491.19	In the reporting period the project supported training of 118 PHC doctors.
2.1.5	Conduct training of PHC nurses from all regions and penitentiary sector in TB control (3 days, 20 participants)	15,615.00	10,348.62	In the reporting period the project supported training of 89 PHC nurses.
2.1.6 a	Printing TB suspects' logbooks for PHC institutions (TB 15)	3,621.05	8.72	This is to be done along with printing of TB R&R forms (activity 1.1.13). The project is finalizing RFQ offers.
2.1.6 b	Printing of algorithm for PHC doctors (standard plan of treatment of TB patient)	5,150.00	8.72	This is to be done along with printing of TB R&R forms (activity 1.1.13). The project is finalizing RFQ offers.
2.1.6	Monitoring of effectiveness of PHC trainings on DOTS	2,946.00	0.00	This is the WHO activity. It is implemented in accordance with the SR work plan.
2.2.3	Recruitment of international consultant to provide technical assistance to the MOHMI and NTP in improving hospital performance in TB control in Y3	14,670.00	0.00	This is the WHO activity.
2.3.2	Recruitment of local consultant to provide technical assistance in monitoring and evaluation of PAL implementation in the pilot area in Y4	2,500.00	0.00	This is the WHO activity.
2.3.3	Printing of national PAL guidelines	8,008.86	0.00	This printing will be done by UNDP after the PAL guidelines developed in 2012 will be approved by the MoH.
2.3.4	Organize national workshops for the introduction of PAL in pilot regions, evaluation and further planning	9,724.00	0.00	This is the WHO activity.
2.3.5	Conduct training of general health service doctors in PAL in the pilot regions (20 participants), Y4-7 trainings, Y5- 3 trainings)	7,764.00	0.00	This is the WHO activity.
3.1.1	Support to the Green Light Committee operations (GLC Fee)	25,000.00	0.00	The Global Fund paid the fee to the Green Light Committee in accordance with the corporate agreement.
3.1.2	Recruitment of international consultant to provide technical assistance in DR-TB management in Y3	15,064.00	0.00	This is the WHO activity.
3.1.4	Conduct TOT on DR-TB management	11,658.00	10,754.00	This is the WHO activity.
3.1.5	Conduct local training in managerial, clinical and laboratory aspects of DR-TB management for TB service staff from DR-TB treatment delivery sites	10,420.00	7,444.57	In the reporting period the project organized training on MDR-TB for 30 TB specialists from Ashgabat, Akhal and Mary TB facilities.
3.1.6	Conduct local training in MDR-TB management for Primary Health Care services, who will be involved in follow-up of DR-TB patients	13,160.00	10,036.72	In the reporting period the project organized training on MDR-TB for 72 PHC doctors from Ashgabat, Akhal, Mary, Lebap regions.
3.1.7	Conduct training for staff from MDR-TB treatment sites and regional laboratories for infection control	4,394.00	0.00	This is the WHO activity.
3.1.11	Recruitment of international consultant for the development of infection control (IC) plans for MDR-TB sites and bacteriological laboratories in Y3 -Mary and Turkmenabad, Y4- Dashoguz	15,064.00	0.00	This is the WHO activity.
OBJECTIVE 2: To improve the health system performance for effective tuberculosis control.				
INDICATOR 2.8: Number of TB and PHC services staff (doctors and nurses) trained and re-trained in DOTS, drug management and MDR-TB management. Target 300 On track.				
OBJECTIVE 3: To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis. INDICATOR 3.9: TB cases with results for diagnostic drug susceptibility testing Target 45% On track.				

<p>INDICATOR 3.10: Confirmed MDR-TB cases enrolled on treatment Target 92 On track.</p>	<p>Installation of doors and windows in 4 MDR TB sites in 4 regions - Mary, Turkmenabad, Balkanabad, Dashoguz.</p>	<p>151,155.81</p>	<p>78.96</p>	<p>The project designs were developed for all 4 regions and verified by Local Fund Agent (LFA). In accordance with the Condition Precedent for the current grant, all set of the documents were submitted for GF approval. After the approval obtained in Nov 2013 the project started preparation of the documents for TB.</p>
<p>3.1.12</p>	<p>Training of NRCs personnel in infection control (IC)</p>	<p>2,244.00</p>	<p>1,528.97</p>	<p>In the reporting period the project organized 2 IC trainings for the NRCs staff who are involved into support of MDR-TB patients.</p>
<p>3.1.13</p>	<p>PCR Genotype equipment 12 month service contract</p>	<p>1,333.49</p>	<p>0.00</p>	<p>This is a contract for maintenance of PCR equipment procured by the project in 2012 for Mary and Lebap regional labs.</p>
<p>3.2.6 b</p>	<p>Procurement of GeneXperts for Balkan and Ahal regional TB laboratories and the relevant PSM costs.</p>	<p>56,808.65</p>	<p>49,606.98</p>	<p>The Xpert equipment was delivered in September 2013 and customs cleared. The equipment is transferred to NTP.</p>
<p>3.2.7 a,c</p>	<p>GeneXpert 12 month service contract</p>	<p>13,285.98</p>	<p>0.00</p>	<p>This is a contract for maintenance of GeneXpert equipment procured by the project.</p>
<p>3.2.8 a, b</p>	<p>Culture and DST to 1st line drugs for DR-TB diagnosis (automated MGIT technique), including PSM costs</p>	<p>106,962.53</p>	<p>39,005.44</p>	<p>Received and delivered to NTP</p>
<p>3.2.9 a, b</p>	<p>DST to 1st line drugs (manual technique), including PSM costs</p>	<p>2,605.10</p>	<p>1,912.72</p>	<p>Received and delivered to NTP</p>
<p>3.2.10 a, b</p>	<p>Tests for rapid identification of R/H resistance, including PSM costs</p>	<p>68,713.95</p>	<p>27,327.86</p>	<p>Received and delivered to NTP</p>
<p>3.2.11 a, b</p>	<p>Tests for rapid detection and MDR screening, GeneXpert technology, including PSM costs</p>	<p>86,359.33</p>	<p>56,052.65</p>	<p>Received and delivered to NTP</p>
<p>3.2.12</p>	<p>Cost of missions of SRL experts to the NRL in Ashgabat.</p>	<p>10,368.00</p>	<p>0.00</p>	<p>This is the WHO activity.</p>
<p>3.2.14</p>	<p>External laboratory quality assurance: shipment of strains to the Supranational Reference Laboratory</p>	<p>13,750.00</p>	<p>8,250.00</p>	<p>In the reporting year the project organized 3 shipments of the strains to the SNRL.</p>
<p>3.3.1 a, b</p>	<p>Procurement of reagents for culture investigations for MDR-TB patients on treatment (manual technique) and related PSM costs.</p>	<p>10,047.23</p>	<p>842.55</p>	<p>Received and delivered to NTP. Expenses are reflected in 1.3.3a,b</p>
<p>3.3.2 a, b</p>	<p>Procurement of reagents for DST to 2nd line drugs for DR-TB patients on treatment (manual technique) and related PSM costs</p>	<p>39,253.04</p>	<p>0.00</p>	<p>In the reporting year reagents for DST to 2nd line drugs were not procured because the NRL does not have the capacity to conduct such tests. The budget was re-allocated for procurement of other lab reagents with the deficient budget.</p>
<p>3.3.3 a, b</p>	<p>Procurement of 2nd line anti-TB drugs for MDR-TB patients and the related PSM and registration costs.</p>	<p>498,183.00</p>	<p>399,566.53</p>	<p>All 2nd line TB drugs for 2013 and 2014 arrived in accordance with the work plan.</p>
<p>3.3.5 a, b, c</p>	<p>Cost of clinical investigations to monitor side effects of the 2nd line TB treatment.</p>	<p>7,104.31</p>	<p>247.60</p>	<p>In the reporting period UNDP signed contract with the Centre for Infectious Disease (Ashgabat) and all regional diagnostic centres, which conduct now clinical investigations for monitoring of side effects of the 2nd line TB treatment.</p>
<p>3.3.5 d, e</p>	<p>Procurement of electrolyte analyzers and the related PSM costs.</p>	<p>42,500.00</p>	<p>0.00</p>	<p>This procurement was cancelled and the budget was re-allocated for procurement of lab reagents.</p>
<p>3.3.7 a, b, c, d</p>	<p>Procurement of respirators for MDR-TB sites and BK+ departments, NRCs staff, masks for MDR-TB sites</p>	<p>209,624.36</p>	<p>93,734.10</p>	<p>In the reporting year the project delivered high protection respirators for NRCs and the staff of MDR-TB and BK+ care sites. Individual masks for MDR-TB patients were supplied for the needs of 2013-2015.</p>
<p>3.3.9 a, b</p>	<p>Procurement of respirator fit-testers and the related PSM costs.</p>	<p>7,875.16</p>	<p>0.00</p>	<p>This procurement was cancelled and the budget was re-allocated for procurement of lab reagents.</p>
<p>Insurance costs obj. 3</p>	<p>Insurance costs (PSO insurance on product cost of health products procured under Objective 3</p>	<p>4,230.54</p>	<p>0.00</p>	<p>These expenses relate to insurance costs for health products procured under Objective 3.</p>
<p>3.4.3 a</p>	<p>MDR-TB patient patient education and counselling sessions by adherence counsellors.</p>	<p>3,237.47</p>	<p>777.19</p>	<p>This activity is part of the SR Agreement with the NRCs. The SR conducted patient education and counselling sessions (1 in each of the regions). Implementation of this activity was delayed due to delays with enrollment of patients by the NTP.</p>
<p>3.4.3 b</p>	<p>Salary for 5 patronage nurses engaged in counselling sessions and DOT supporting 10% increase forecasted compared to Y3 in Y4, and in Y5 compared to Y4.</p>	<p>18,090.58</p>	<p>5,058.50</p>	<p>In the reporting period the NRCs hired nurses in all regions. The recruitment process was long and the nurses started working later than it was planned.</p>
<p>3.4.4 a</p>	<p>Procurement of incentives (food parcels) for DR-TB patients, 5 % price increase is forecasted starting from Y4 (Support to treatment adherence)</p>	<p>61,560.00</p>	<p>0.00</p>	<p>In the reporting year MDR-TB patients did not receive parcels because NTP started enrollment late. The budget was used to procure higher needs in parcels for patients with drug-sensitive TB (obj.1, act. 1.4.8 a).</p>
<p>3.4.5</p>	<p>Visits to MDR-TB patients (Support to treatment adherence)</p>	<p>2,736.84</p>	<p>1,484.21</p>	<p>This activity is part of the SR Agreement with the NRCs. The SR conducted visits to MDR-TB patients and their families. Implementation of this activity was delayed due to delays with enrollment of patients by the NTP.</p>
<p>3.4.3 a</p>	<p>Procurement of printers for 5 regional NRCs offices</p>	<p>923.55</p>	<p>933.13</p>	<p>The printers were procured as part of UNDP CO consolidated procurement. The process was finalized at the beginning of April 2013. The printers were delivered by "Adverting IT" LTA supplier in May and custom cleared in June 2013.</p>

3.4.8 b	Operational expenses- stationery, telephone communication for NRCs staff working with the MDR-TB patients.	1,021.05	480.00	These costs are part of the SR Agreement with the NRCs. The expenses will be available in Jan 2014 when the SR submits the SR report.
4.1 a	Salaries for Principal Recipient's PIU staff	169,099.20	174,863.51	In the reporting year the PIU had to allocate additional budget to extend contract with the Construction Specialist, because the construction works were not completed by Oct 2013 as initially planned. Other staff salaries were paid in accordance with the work plan and individual contracts.
4.1 b	Monitoring visits by GIU plan	7,688.00	5,408.88	M&E Specialist and Senior TB Specialist conducted regular monitoring visits to TB and PHC facilities. Monitoring visits were done for construction sites by Construction Specialist and Grant Manager.
4.2 a	Cost of GIU unit operational expenses (office rent, internet, telephone communication)	52,302.25	57,624.44	In accordance with the project work plan and budget.
4.2 b	Cost of GIU unit operational expenses (office supplies, bank and translation charges)	7,613.33	5,540.92	In accordance with the project work plan and budget.
4.4 a	Cost of external SR audit	2,000.00	0.00	SR Audit will not be conducted for 2012 fiscal year, in view of the country's risk profile and the amount of SR budgets.
4.4 b	SR capacity assessment by international consultant	5,410.00	0.00	SR Capacity Assessment was conducted by the GIU in January 2013. The report is cleared by the UNDP PSO. The budgeted amount are classified as savings and reallocated to procurement of lab reagents.
4.5 a	PR capacity building by attending various conferences, seminars, educational workshops for effective grant implementation			In the reporting period the PR staff attended the following capacity development events: - In May 2013 Senior TB Specialist of the project along with 2 NRCs staff were on a study visit to Arkhangelsk region (Russia) to learn MDR-TB management practice and patient support. - In Nov 2013 Grant Manager attended the IUATLD annual conference in Paris. - In Nov 2013 M&E Specialist attended the GF regional consultation on TB priorities in the region of East Europe and Central Asia, and the following WHO Results-based programme management, in Copenhagen. - In Dec 2013 4 project staff members participated in the UNDP RBEC/AP workshop for PRs.
4.5 b	SR capacity building by participation in seminars, educational workshops for effective grant implementation	22,812.00	22,630.43	
4.5 c	SR (NRCs) staff capacity building by conducting study visit to MDR TB patient support (Belgrad or Tomsk, Russia)	8,964.00	1,218.67	Training by GIU staff was conducted for NRCs staff from central and regional offices (patronage nurses and accountants) of NRCs on distribution of food parcels to TB patients and financial reporting. The training was conducted on 30.01-01.02.2013 in Ashgabat.
4.5 d	Capacity development activities for national entities to implement national disease response	8,808.00	4,218.46	In the reporting period 2 NRCs staff went on a study visit to Arkhangelsk region (Russia) to learn MDR-TB management practices and patient support. The visit took place in May 2013. The reflected expenses are related to the travel costs (per-diems, tickets, visa, terminals).
4.6	Quality assurance of the 1 and 2 line TB drugs	10,000.00	0.00	This budget was not utilized in 2013. The capacity development discussions have been only started recently. The scope and activities will be determined later when the country will know its eligibility to the new funding by Global Fund. After consultation with the UNDP/GF Partnership Team, the CO will develop CD and transition plan.
4.11	WHO-remuneration for NPO (management and coordination) for 3 years	12,475.89	1,519.19	In the reporting period the project organized 2 shipments of a sample of 1st line TB drug (RHZE and Ethambutol) for quality assurance test in analytical lab Chemipharm (Belgium).
4.12	WHO- administrative charges-7%	14,666.67	7,495.10	In accordance with the SR Agreement the WHO CO hired NFO.
4.16	NRCs- administrative charges	14,132.51	2,061.00	In accordance with the SR Agreement the WHO CO charges 7% admin fees.
4.18	UNDP Administrative charges - 7% according to the agreement between GF and UNDP	2,283.72	509.47	In accordance with the SR Agreement the NRCs charges admin fees based on actual bills. The expenses will be available in Jan 2014 after the SR submits its SR report.
	Grand Total	216,062.98	109,675.20	Administrative charges by GMS for the reporting period (not fully charged in the Atlas system).
		3,249,730.78	2,105,720.64	

Prepared by: Rustam Alymov, Project Manager



Approved by: Cao Lin, UNDP DRR

OFFLINE ISSUES LOG

(See Deliverable Description for the Issues Log regarding its purpose and use.)





Date: 06.01.2014

Award ID: 00060163

Project Title: Diagnostics and Treatment of TB in Turkmenistan

No. as in previous log	Description (Enter a brief description of the issue) (In Atlas, use the Description field. Note: This field cannot be modified after first data entry)	Date Identified (When was the issue first identified) (In Atlas, select date. Note: date cannot be modified after initial entry)	Type (In Atlas, select from list)	Impact & Priority (Describe the potential effect on the project) Priority = 5 (Enter priority on a scale from 1 (low) to 5 (high) Priority =) (In Atlas, use the Management Response box)	Countermeasures / Mngt response (What actions have been taken/will be taken to address this issue) (In Atlas, use the Management Response box)	Owner (Who has been appointed to address this issue) (In Atlas, use the Management Response box)	Submitted/updated by (Who submitted the issue) (In Atlas, automatically record)	Last Update (When was the status of the issue last checked) (In Atlas, automatically recorded)	Status (In Atlas, use the Management Response box. If solved, check the "Solved" box)
2	Long customs clearance of drugs and reagents	Apr-12	Problem	P=5	UNDP notifies the MoH on the arrival of drugs and reagents in advance, and provides full support with customs clearance (translation of documents, logistical support) to speed up the customs clearance process. However, this issue is beyond the UNDP control.			Update 06 Jan 2014: This issue remains valid. The Project communicated to the MoH the importance of timely customs clearance and requested support from the MoH. The MOH promised assistance to speed up customs clearance.	Not solved.
4	Long customs clearance of medical equipment due to new regulation requiring that all imported equipment should be certified by the state standardization agency.	Feb-13	Problem	P=5	A new regulation came into force end of 2012 requiring that any imported equipment must be registered by the state standardization agency. This takes additional time for already long customs clearance. Consequently, programmatic activities related to the use of medical equipment (e.g. lab investigations) are delayed.			Update 06 Jan 2014: This issue remains valid. The Project communicated to the MoH the importance of timely customs clearance and requested support from the MoH. The MOH promised assistance to speed up customs clearance.	Not solved.
5	The state agency Turkmenmedtekhnika has limited capacity to install the lab equipment procured by the project. As result, the upgraded labs cannot start proper functioning.	Jun-13	Problem	P=5	The project procured modern lab equipment for two regional TB laboratories, which had to be installed by the state agency Turkmenmedtekhnika. The agency, however, has limited capacity, especially at regional level, to install any modern lab equipment because of lack of relevant experience. For that reason the labs which had been renovated and supplied with the equipment were not fully functioning. As agreed with the Global Fund, the project allocated budget to contract a private company for installation of the equipment in both regional laboratories.			Update 06 Jan 2014: As of Sep 2013 the issue was solved.	Solved

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 Approved by:  Cao Lin, UNDP DRR

OFFLINE RISK LOG

(see Deliverable Description for the Risk Log regarding its purpose and use)



Project Title: Diagnostics and Treatment of TB in Turkmenistan		Award ID: 00060163		Date: 26/06/2013					
No	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt. response	Owner	Submitted, updated by	Last Update	Status
	Enter a brief description of the risk. (In Atlas, use the Description field. Note: This field cannot be modified after first data entry)	When was the risk first identified. (In Atlas, select date. Note: date cannot be modified after initial entry)	Environmental Financial Operational Organizational Political Regulatory Strategic Other Subcategories for each risk type should be consulted to understand each risk type (see Deliverable Description for more information) (In Atlas, select from list)	Describe the potential effect on the project if this risk were to occur. Enter probability on a scale from 1 (low) to 5 (high) P = Enter impact on a scale from 1 (low) to 5 (high) I = (In Atlas, use the Management Response box. Check "critical" if the impact and probability are high)	What actions have been taken/will be taken to counter this risk (In Atlas, use the Management Response box. This field can be modified at any time. Create separate boxes as necessary using "+", "-", for instance to record updates at different times)	Who has been appointed to keep an eye on this risk (In Atlas, use the Management Response box)	Who submitted the risk (In Atlas, use the Management Response box)	When was the status of the risk last checked (In Atlas, automatically recorded)	e.g. dead, reducing, increasing, no change (In Atlas, use the Management Response box)
4	The penitentiary sector management as a closed system. The reports are provided, but the verification of reports is not possible.	03-Dec-10	STRATEGIC	P=4 I=2	Update 06 Jan 2014: UNDP with support from the MoH continues to communicate with the Ministry of Internal Affairs through the Ministry of Health. In addition, the GF accepts the country's specificity and reduced the requirement for data verification, in view of the generally good quality reporting by NTP.				Reducing
9	Delays with signing SR Agreement with the WHO	26-Jun-13	STRATEGIC	P=5 I=4	Update 06 Jan 2014: SR agreement was signed in Sep 2013				Dead
10	Delays with start of the MDR-TB treatment	26-Jun-13	STRATEGIC	P=2 I=4	Update 06 Jan 2014: the target on MDR-TB patient enrollment is currently on track. The project is closely monitoring the process.				Dead
11	Shortage of staff at the National Reference Lab. The work load on the NRL poses risk for implementation of the targeted number of culture investigations and drug susceptibility testing.	26-Jun-13	STRATEGIC	P=5 I=4	Update 06 Jan 2014:				No change

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