

**United Nations Development Programme
Country: Turkmenistan
Project Document**

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 is reduced through consolidation of the DOTS framework, introduction 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 and Medical Industry of Turkmenistan

Brief Description

The Project will implement Phase 2 of the TB grant of the Global Fund to fight AIDS, TB and Malaria. Phase 2 focuses on the management of drug-resistant tuberculosis. The targets for the grant have been set in line with the *National Strategy for Prevention and Control of Tuberculosis in Turkmenistan for Years 2008-2015* and current international strategies such as the revised *WHO Stop TB Strategy* and the *Global Plan to Stop TB 2006-2015*. Overall, the project contributes to implementation of the the *National Programme for Improvement of Social and Living Conditions of the Rural Population for the period up to 2020*. The impact of the grant will be measured through changes in the TB epidemiology over time, such as case notification rates and treatment success rates.

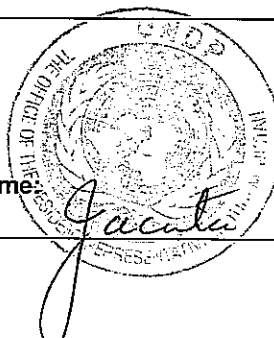
Programme Period:	01/10/2012 – 30/09/ 2015
Start date:	01/10/2012
End Date:	30/09/2015
Key Result Area (Strategic Plan):	MDG6
Atlas Award ID:	00075647
PAC Meeting Date	_____
Management Arrangements	_____

Total resources required	\$10,674,562.81
Total allocated resources:	\$10,674,562.81
• Regular	_____
• Other:	
o GFATM	\$10,674,562.81
o Donor	_____
o Donor	_____
o Government	_____
Unfunded budget:	_____
In-kind Contributions	_____

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

C. Elnur

Agreed by United Nations Development Programme:



Jacinta Borner

I. SITUATION ANALYSIS

Background:

Turkmenistan is a lower-middle income country with estimated high burden of multi-drug resistant tuberculosis (MDR-TB). The epidemiological data reported by the National TB Programme for 2011: incidence rate of new TB cases - 51, prevalence – 174.2, and mortality – 5.3 per 100,000 population. Treatment success rate among newly diagnosed smear-positive cases of 2010 cohort was 82% in the civil sector of TB control. Preliminary data from the on-going nationwide Drug Resistance Survey suggest that about quarter of all newly diagnosed and a half of all retreatment cases of TB are caused by drug-resistant strains of Mycobacterium Tuberculosis.

The Government is committed to fight the disease, allocating financial, human and infrastructural resources for TB control. However, substantial programmatic and financial gaps exist, especially in regard to the complex and costly interventions in management of drug-resistant TB. To sustain achievements of the NTP, improve quality of DOTS and expand its framework, the country applied for support from the Global Fund to Fight AIDS, TB and malaria in Round 9. Upon successful receipt of the grant from the Global Fund, the project "Purposeful Strengthening and Expanding of Qualified Services on TB Diagnostics and Treatment in Turkmenistan" was launched on 1 October 2010. Phase 1 of the Project completed on 30 September 2012.

The 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 grant is implemented by the Principal Recipient (PR) – UNDP Turkmenistan. The National TB Programme is a key implementing organization, and support to grant implementation is provided from the Ministry of Health and Medical Industry of Turkmenistan and the Ministry of Internal Affairs of Turkmenistan. Other SRs and implementing partners: WHO, National Red Crescent Society of Turkmenistan and the Health Information Centre.

By Phase 1 cut-off date (31 March 2012), the grant performance rating was A2 based on the average achievement of all indicators at 95%, not Top-10 indicators – 90%, and Top-10 indicators – 98%. Financial implementation rate for 18 months of implementation rate was 92% (expenditures-\$3,026,947 and commitments -\$932,304). The On-site Data Verification conducted by the Local Fund Agent in November 2011 did not indicate any major data quality issues and there were no major management issues during implementation of the grant.

Based on good grant performance, the Global Fund invited Turkmenistan Country Coordinating Mechanism (CCM) to apply for funding for Phase 2. The CCM submitted Request for Renewal which covers funding from 1 October 2012 to 30 September 2015. The Request was approved by the Global Fund Board for the amount \$10,674,562.81. The Grant Agreement was signed by the Global Fund and the UNDP Turkmenistan on 23 February 2013.

Beneficiaries and Target Groups

The TB grant in Turkmenistan is centered on the target population – TB patients. In Phase 2, focus on drug-sensitive TB patients will be maintained and further expanded to MDR-TB patients. TB patients in the current epidemiologic context are the sub-population which have significantly higher burden of TB and associated poorer quality of life, increased mortality, as well as being the reservoir for spreading infection. The most-at-risk population is prisoners who have higher risk of being infected and higher burden of TB. The grant envisages diagnostics, treatment and patient support initiatives in civil and penitentiary sectors of TB control. TB patients will also benefit from reduced stigma as the expected outcome of the activities on Advocacy, Communication and Social Mobilization.

TB specialists and PHC providers will have opportunities to develop their skills on quality TB case detection and management, as well on management of other respiratory diseases.

The TB care facilities will be provided with quality reagents, TB drugs, laboratory equipment, and measures for infection control.

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 education activities.

II. STRATEGY

Project aim and objectives:

The Project will be implemented within the context of the 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, e.g. priority will be given to training of female health staff. Patient and family oriented approaches bring special benefits for women with TB, who are generally more stigmatized and discriminated than 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 Health (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. The project will follow a comprehensive approach to DR-TB management; the proposed Activities are organized in groups:
 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:

Phase 2 will focus on control of MDR-TB. In 2013-2015, 550 patients will be enrolled to 2nd line treatment (450 in the civil sector and 100 in the penal). Grant funds will be used for procurement of quality 2nd line anti-TB drugs, monitoring of side effects of 2nd line treatment, and patient support. The Project will also continue activities on management of drug-sensitive TB: procurement of 1st line TB drugs, reagents for diagnosis of TB and treatment monitoring, capacity building of national specialists, patient support.

Laboratories at national and regional level will be able to perform culture investigations on solid and liquid

media and drug susceptibility testing by manual and automated methods. From 2013 all regional TB laboratories will perform rapid molecular diagnosis of TB and resistance to Rifampicin. In addition to 2 regional laboratories upgraded in Phase 1 (Mary and Lebap), the Dashoguz regional TB Laboratory will be upgraded in 2013. It is expected that coverage of drug susceptibility testing will increase from 37% in 2012 to 70% by the end of the grant in 2015.

Infectious Control measures at laboratories and TB treatment sites will be ensured at administrative, personal and environmental levels. Grant will be used for basic renovation of MDR-TB management wards at regional TB hospitals. Capacity of medical staff, Sanitary-Epidemiological Services staff and Red Crescent Society on Infection Control will be built by trainings and technical assistance.

Quality Assurance Plan for TB drugs and External Quality Assurance for drug susceptibility testing will be implemented with involvement of independent laboratories. Activities aimed at improving TB control in the penitentiary sector will be continued and expanded to control of drug-resistant TB. Health Systems Strengthening activities will focus on involvement of Primary Health Care to control of TB, and will include broader cross-cutting technical assistance in health care financing and planning. A separate service delivery area will focus on Advocacy, Communication and Social Mobilization activities. M&E activities include development of National M&E Plan, monitoring visits, training for M&E specialists, provision of TB reporting and registration forms, introduction of electronic TB manager and electronic drug management software.

The expected impact of the grant will be evaluated through the NTP review in 2015. Sustainability of the grant achievements will be maintained by the NTP which develops capacity to continue quality detection and treatment of TB, and MDR-TB management.

III. RESULTS AND RESOURCES FRAMEWORK

<p>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 with international standards</p> <p>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.</p> <p>Applicable Key Result Area (from 2008-11 Strategic Plan):</p> <p>Partnership Strategy: Ministry of Health and Medical Industry of Turkmenistan</p> <p>Project title and ID (ATLAS Award ID): Purposeful strengthening and expanding of qualified services on TB diagnostics and treatment in Turkmenistan. ATLAS ID # 00075647</p>
--

	OUTCOME INDICATORS	BASELINE		TARGETS		
		VALUE	YEAR	2012	2013	2014
1	Notification rate of new smear positive TB cases: New smear positive TB, cases notified to the National Health authorities during a specified period per 100 000 population	21	2011	27	28	29
2	Notification rate of all TB cases: all TB, cases notified to the National Health authorities during a specified period per 100 000 population	64	2011	80	83	85
3	Treatment success rate: new smear positive TB cases; new smear positive TB cases successfully treated (cured plus completed) among new smear positive TB cases notified to the National Health authorities during a specified period (number and percentage)	74%	2010 cohort	80%	81%	82%
4	Treatment success rate, laboratory confirmed New MDR-TB cases: laboratory confirmed new MDR TB cases successfully treated (cured plus completed) among those enrolled in second-line treatment during the year of assessment (number and percentage)	N/A	-	-	-	70%

INTENDED OUTPUTS	OUTPUT TARGETS FOR			INDICATIVE ACTIVITIES	RE-SPON-SIBLE PAR-TIES	INPUTS
	2013	2014	2015			
Objective 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.						
Number of new smear-positive TB cases notified to the national health authorities during the specified period. <i>Baseline: 2011 – 1,137</i>	1,500	1,550	1,575	<ul style="list-style-type: none"> Quarterly supervision visits by the NTP central and regional specialists Trainings for lab specialists 	MoH UNDP WHO NRCS	GFATM grant Rnd9 \$3,219,751
Number of all TB cases notified to the national health authorities during the specified period <i>Baseline: 2011 – 3,038</i>	4,500	4,600	4,600	<ul style="list-style-type: none"> Development of the National TB M&E Plan Training of NTP Regional Units' staff in supervision, monitoring and evaluation 		
Number of staff from district and regional TB laboratories trained in microscopy techniques and culture methods. <i>Baseline: 2012 - 29</i>	20	30	20	<ul style="list-style-type: none"> DOTS trainings for TB doctors and nurses TB/HIV training for doctors 		
Number of direct sputum microscopy investigations for TB diagnosis and treatment monitoring. <i>Baseline: 2011 – 85,755</i>	94,040	95,040	103,760	<ul style="list-style-type: none"> Procurement of laboratory reagents Procurement of quality 1st line TB drugs 		
Number of culture investigations (manual technique) for confirmation of TB diagnosis and monitoring of treatment. <i>Baseline: 2011 - 2,198</i>	6,600	10,800	14,600	<ul style="list-style-type: none"> Technical assistance on TB/HIV Electronic TB drug management 		
Treatment success rate: new smear positive TB cases (number and percentage of new smear-positive TB cases successfully treated [cured + treatment completed] under DOTS to the total number of new smear-positive TB cases registered in a given period) <i>Baseline 2010 – 74%</i>	81%	82%	85%	<ul style="list-style-type: none"> Provision of patient support (monthly food parcels) Development of information materials KAP survey World TB Day campaign 		
Number of TB patients receiving incentives (food parcels) for better adherence to treatment during out-patient phase of 1st line treatment. <i>Baseline 2011 – 2,274</i>	2,805	2,890	2,975	<ul style="list-style-type: none"> Training for community leaders External assessment of the TB surveillance system NTP review in 2015 		

Objective 2: To improve the health system performance for effective tuberculosis control

<p>Number of TB and PHC services staff (doctors and nurses) trained and re-trained in DOTS, drug management and MDR-TB management. Baseline: 2011 – 1,168</p>	300	480	330	<ul style="list-style-type: none"> • DOTS trainings for PHC and nurses • Monitoring of training effectiveness • Technical assistance on strengthening PHC involvement into TB control • National workshop on PHC involvement into TB control • Printing of TB suspect logbooks • Technical assistance in health system performance • Technical assistance in human resource development 	<p>MoH UNDP</p> <p>GFATM grant Rnd9 \$370,297</p>
<p>Objective 3: To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis.</p>					
<p>TB cases with results for diagnostic drug susceptibility testing for MDR-TB among those eligible for drug susceptibility testing according to national policy during the specified period of assessment (number and percentage) Baseline: 2011 – 40.5%</p>	48%	63%	68%	<ul style="list-style-type: none"> • Introducing PAL • Technical assistance and Trainings on MDR-TB management • MDR-TB patient counseling • MDR-TB patient support (food parcels) • Upgrade of Dashoguz regional reference lab • Introduction of Infection Control measures • Procurement of 2nd line drugs • Quality assurance of TB drugs • External quality assurance of DST • Technical assistance to the National Reference Laboratory • Procurement of equipment and reagents for detection of drug resistance 	<p>MoH UNDP WHO NRCS</p> <p>GFATM grant Rnd9 \$5,100,443</p>
<p>Confirmed MDR-TB cases enrolled on treatment: Laboratory-confirmed MDR-TB cases enrolled on 2nd line anti-TB treatment during the specified period of assessment (number) Baseline: N/a</p>	92	210	248		
<p>Number of MDR-TB patients on out-patient treatment receiving patient support (food incentives) for better adherence to treatment. Baseline: N/a</p>	17	128	236		
<p>Interim results: culture conversion at six months: MDR-TB cases initiated on a 2nd line anti-TB treatment who have a negative culture at the end of six months of treatment during the specified period of assessment (number and percentage) Baseline: N/a</p>	-	76%	77%		

IV. ANNUAL WORK PLANS

Considering the approved duration of the project from 1 October 2012 to 30 September 2015, the detailed Annual Work Plan is developed based on project quarter distribution (not calendar year). The AWP are subject to revision according to consecutive programmatic arrangements with GFTAM. The AWP in Excel format are attached in Annex 2, for Y3 (01.10.12 – 30.09.13), Y4 (01.10.13 – 30.09.2014), and Y5 (01/10.2014 – 30.09.2015).

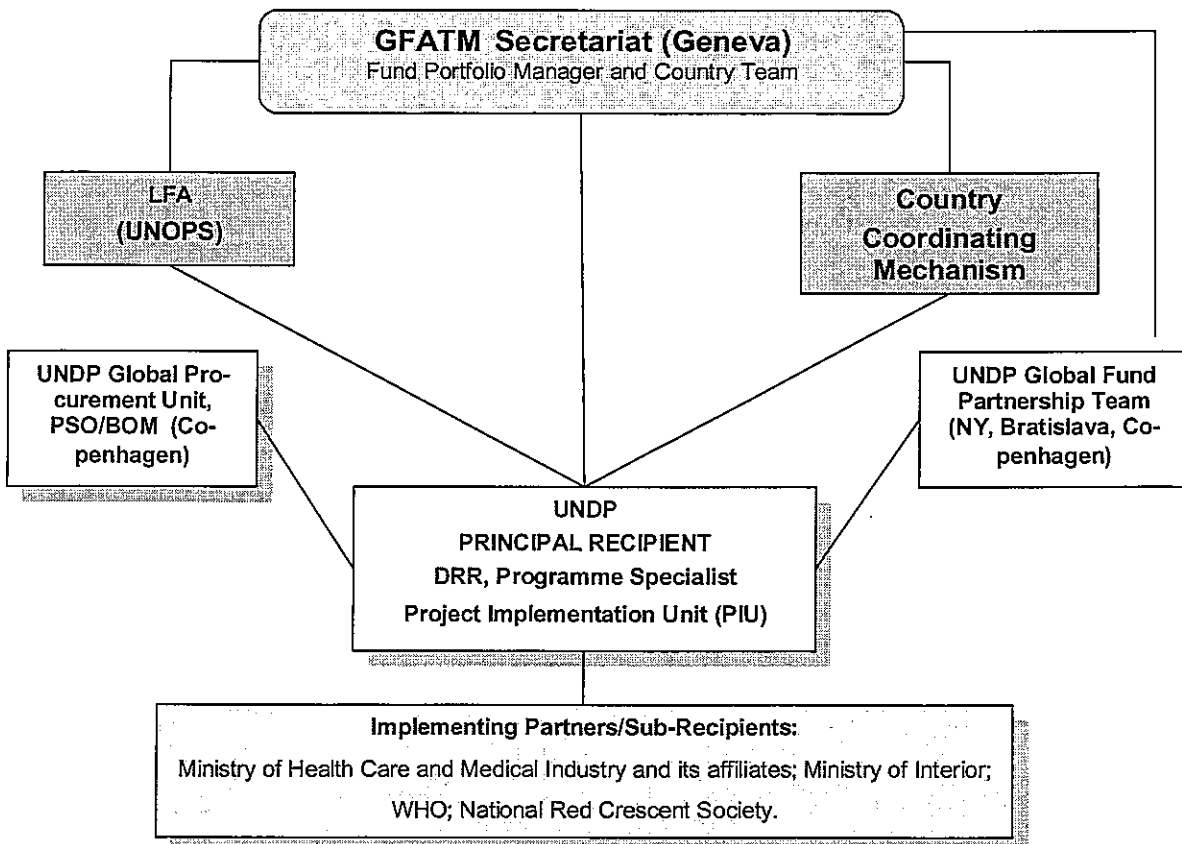
V. MANAGEMENT ARRANGEMENTS

Programme management Level

As a Principal Recipient of the GFATM TB grant, UNDP in Turkmenistan is the implementing organization at the Programme Management level, which, in its turn, closely cooperates with the Country Coordinating Mechanism (CCM) and the Ministry of Health 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 grant using the well-developed and transparent financial and procurement tools, and project management that facilitates the implementation of a variety of projects managed by UNDP in the country.

Operational chart for UNDP-GF TB Project:



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 conduct 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; evaluate the performance of the programs.

UNDP is the UN agency nominated by the Turkmenistan Country Coordination Mechanism (CCM) as **Principal Recipient** of GFATM grants in Turkmenistan for the period of 2010-2015. As a Global Fund Principal Recipient (PR), UNDP is legally accountable for programme performance, including the activities and effectiveness of its employees, Sub-recipients (SRs), all subcontractors, sub-subcontractors, as well as commercial suppliers (including those for pharmaceuticals). UNDP's role as Principal Recipient is an interim arrangement that lasts until one or several national entities (Government entities and/or NGOs) is/are ready and able to take over grant implementation. While supporting countries in implementing grants and ensuring timely delivery of services, UNDP also helps develop the capacity of national entities to take over this PR role. UNDP also integrates human rights, gender, sexual diversity in GF programmes as part of UNDP's substantive engagement and mandate as UNAIDS co-sponsor.

UNDP Global Procurement Unit PSO/BOM (Copenhagen) is an agency to support UNDP Country Office in procurement processes and operations-related procurement aspects.

The UNDP Global Fund Partnership Team (Global Fund Partnership Team) is housed within the HIV/AIDS Group of the Bureau for Development Policy (BDP) and works under the UNDP HIV/AIDS Service Delivery Model. The specific Service Delivery Area (SDA) framing the work of the Global Fund Partnership Team is implementation support where UNDP is a Global Fund PR; and capacity development of the national PR(s) and SRs to effectively implement Global Fund-financed programmes.

Sub-Recipient is as an entity to which UNDP provides funding in order to carry out activities contemplated under the programme. In UNDP terms, an SR is a 'responsible entity' or 'contractor'. In the context of this project the overall coordination will be done by the Ministry of Health and Medical Industry (MOHMI). Implementation of the project activities will be done by the NTP Central Unit, represented by the Centres for Infectious Diseases and its Centre for TB Prevention and Control, the Health Information Centre, and the TB Department of the Turkmen State Medical University. The MOHMI will also liaise with the Ministry of Internal Affairs (Medical Department for penitentiary institutions) for the activities implemented in the penitentiary sector of TB control. The National Red Crescent of Turkmenistan will implement patient support programme and social mobilization trainings.

Project Management Level

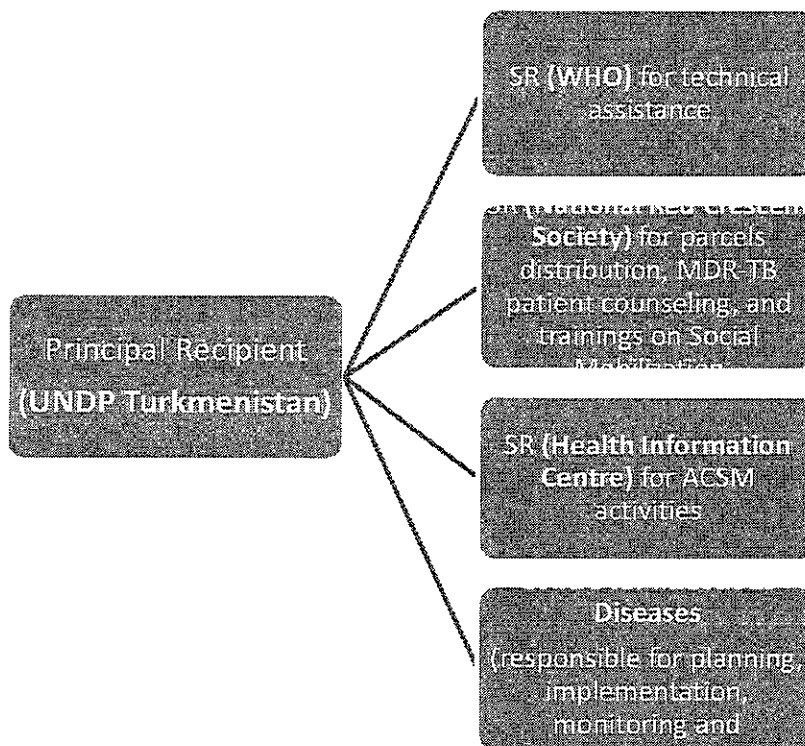
In accordance with UNDP procedures, UNDP DRR will be in charge of the Local Project Appraisal Committee (LPAC) consisting of UNDP programme/project staff drawn from a cross-section of the programme units, operations units, representatives of other UN system organizations, national institutions benefitting 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.

The project will be under supervision of the UNDP Programme Specialist (Democratic Governance Portfolio).

UNDP will implement the grant through its **Project Implementation Unit (PIU)**. PIU consists of Grant Manager, Senior TB Specialist, M&E Specialist, Procurement Specialist, Financial Specialist, Construction Specialist, Admin & Finance Assistant, Admin & Logistics Assistant, and Driver.

Implementation arrangements for Sub-Recipients

Details of the procedures for selection of SRs are available in Operation Manual for projects financed by the GFATM for which UNDP is Principal Recipient (2011). The following partners have been identified as Sub-Recipients:



- **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 in 2010. Based on the positive performance evaluation for Phase 1 and considering that the Terms of Reference does not substantially change for Phase 2, a new SR capacity assessment is not required. The planned budget for the WHO implementation in Phase 2 is \$995,777 (9% of the total Phase 2 budget).

- **Health Information Centre of the Ministry of Health and Medical Industry** is a governmental entity responsible for conducting TB advocacy, communication and social mobilization activities. This SR will run the TB Resource Centre with a library, Internet access and premises for organization of various TB-related informational and educational events. The Information Health Centre will produce printed, audio- and video materials, and will broadcast TV and radio programmes with the aim of increasing public awareness for TB control. UNDP CO conducted capacity assessment of the Information Health Centre in 2010. Based on the positive performance evaluation for Phase 1 and considering that the Terms of Reference does not substantially change for Phase 2, a new SR capacity assessment is not required. The tentative budget for the SR for Phase 2 is \$60,899 (1% of the total Phase 2 budget).

- **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 regions of Turkmenistan. The CCM identified the NGO as the SR to provide TB patient support (counselling services and provision of food parcels). Additionally, NRCS will conduct trainings on social mobilization. The UNDP CO conducted Capacity Assessment and Value for Money analysis in 2010, and Capacity Assessment for Phase 2 – in January 2013. Based on positive performance evaluation for Phase 1, and positive Capacity Assessment for Phase 2 activities, the NRCS will be awarded contract. Value for Money analysis will be submitted to the PSO after the LPAC. The tentative budget for the NRCS for Phase 2 is \$581,776 (5% of the total Phase 2 budget).

- **Centres for Infectious Diseases**, to which the National Centre for TB Prevention and Control belongs administratively and financially, will act in the capacity of the NTP Central Unit 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 Centres for Infectious Disease (as NTP Central Unit) will be involved in local training of NTP staff, PHC providers and TB service staff. The Centre will be responsible for the monitoring and evaluation of the grant activities in the civil and penitentiary sectors of TB control. The Centre will collect and submit the required programmatic reports to the PR. The Centres will facilitate the fulfillment of the conditions for the grant set forth by the Global Fund, as well as fulfillment of management actions recommended by the Global Fund every reporting period.

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

Audit will be done in accordance with the procedure set forth in Article 7(b) of the Standard Terms and Conditions (STCs), which states: "The PR shall have financial audits conducted of Programme expenditures in accordance with its internal and external auditing practices. The PR agrees to provide to the Global Fund a copy of biennial financial statements, as audited by its external auditors, the UN Board of Auditors." Under this clause, there is no deviation from standard UNDP procedure. The Office of Audit and Investigations (OAI) audits the PR in accordance with its standard procedures. The report is issued to the Administrator, not the Global Fund. No special audit arrangements are necessary.

The PR is required to submit to the Global Fund and carry out a plan for the audit of Sub-recipients. The audit plan should be the same as that prepared for the regular non-governmental organization/National Implementation (NGO/NIM) audit plan submitted each year to OAI. Final reports on the audit of SRs should be submitted to OAI for review. If requested by the Global Fund, the CO can give the final audit report of the SRs to the Global Fund.³³ If the Global Fund requests a report pertaining to the audit of UNDP as the PR, this request should be communicated to OAI, who will address it as appropriate.

VI. 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 framework outlined in the M&E Plan developed in line with the GFATM requirements. Monitoring of programmatic progress will be done semi-annually by analysing achievement of the targets set for outcome and output level indicators of the Performance Framework approved by the Global Fund.

- On 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.

- Issues and Risks Logs were activated in Atlas in Phase 1, and will be updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change.
- Based on the above information recorded in Atlas, Project Progress Reports will be submitted by the Project Manager on quarterly and annual basis.
- Monitoring Schedule Plan to be activated in Atlas and updated to track key management actions/events
- As for reporting to the Global Fund, the project will submit semi-annual Progress Update and Disbursement Request (PUDR) covering key programmatic achievements and data quality issues, financial performance, procurement update, and management issues.

According to the GFATM policies, project evaluation will be conducted in Year 5.

Quality Management for Project Activity Results:

The table below summarizes plan for management of the quality results. More details on the indicators (definitions, interpretation, data collection, method of measurement and data quality assurance) are provided in the M&E Plan and its Annexes approved by the Global Fund.

OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.		
Activity Result 1:	<i>Number of new ss+ TB cases detected per year increases from 1,137 in 2011 to 1,575 in 2015.</i>	Start Date: 01.10.12 End Date: 30.09.2015
Purpose:	<i>Strengthen national capacity in TB detection</i>	
Description	<i>Number of new smear-positive pulmonary TB cases registered and reported to the national health authority in the reporting period.</i>	
Quality Criteria <i>Correct TB case detection, registration and reporting</i>	Quality Method <i>- Verification and cross-check of TB case notification and registration forms; - On-site data verification by the LFA; - External assessment of quality of TB surveillance.</i>	Date of Assessment <i>quarterly, annually</i>

OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.		
Activity Result 2:	<i>Number of all TB cases detected per year increases from 3,038 in 2011 to 4,600 in 2015.</i>	Start Date: 01.10.12 End Date: 30.09.2015
Purpose:	<i>Strengthen national capacity in TB detection</i>	
Description	<i>Number of all TB cases registered and reported to the national health authority in the reporting period.</i>	
Quality Criteria <i>Correct TB case detection, registration and reporting</i>	Quality Method <i>- Verification and cross-check of TB case notification and registration forms; - On-site data verification by the LFA; - External assessment of quality of TB surveillance.</i>	Date of Assessment <i>quarterly, annually</i>

OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.		
Activity Result 3:	<i>By the end of grant, 70 lab specialists are trained or re-trained on microscopy and culture techniques</i>	Start Date: 01.10.12 End Date: 30.09.2015
Purpose:	<i>Strengthen national capacity in TB lab diagnostics.</i>	
Description	<i>Grant will support training of 70 specialists of peripheral TB labora-</i>	

<i>ories on microscopy techniques and culture investigations</i>		
Quality Criteria <i>Lab specialists' knowledge and practical skills</i>	Quality Method - Pre- and post- training assessment of skills of the trainees. - Internal quality assurance measures (blinded rechecking of slides during monitoring visits). - Inspection of lab journals during M&E visits. - On-site data verification	Date of Assessment quarterly, annually

OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.		
Activity Result 4:	<i>Number of microscopy tests for diagnostic purposes and monitoring of treatment of TB increases from 85,755 in 2011 to 103,760 tests in 2015.</i>	Start Date: 01.10.12 End Date: 30.09.2015
Purpose:	<i>Improve TB diagnostics</i>	
Description	<i>Number of microscopy tests for diagnostic purposes and monitoring of treatment of TB is in accordance with the National Standards for TB care (in 2013 – 94,040 tests, in 2014 – 95,040 and in 2015 – 103,760 tests).</i>	
Quality Criteria <i>Adequate number of microscopy tests for the given number of TB cases and suspects</i>	Quality Method - Inspection of lab journals - Internal quality assurance measures (blinded rechecking). - On-site data verification	Date of Assessment quarterly, annually

OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.		
Activity Result 5:	<i>Number of culture investigations increases from 2,298 in 2011 to 14,600 tests in 2015.</i>	Start Date: 01.10.12 End Date: 30.09.2015
Purpose:	<i>Improve TB diagnostics and treatment</i>	
Description	<i>Number of culture investigations performed in accordance with the National Standards of TB care (2013 – 6,600 tests, in 2014 – 10,800 and in 2015 – 14,600 tests)</i>	
Quality Criteria <i>Adequate number of culture tests for the given number of TB cases and suspects</i>	Quality Method - Inspection of lab journals - Internal quality assurance measures - On-site data verification	Date of Assessment quarterly, annually

OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.		
Activity Result 6:	<i>TB patients better adhere to treatment as a result of receiving monthly incentives (food parcels)</i>	Start Date: 01.10.12 End Date: 30.09.2015
Purpose:	<i>Quality DOTS</i>	
Description	<i>About 85% of TB patients receive monthly food parcels, and as result treatment default rate decreases from 5% to below 5%.</i>	
Quality Criteria <i>TB treatment default rate is correctly defined and reported</i>	Quality Method - Quarterly monitoring of number of TB patients receiving food parcels - Verification during monitoring visits, - Interview with TB patients. - Checking food distribution lists. - NTP reports on treatment success	Date of Assessment quarterly, annually

	and default rates. - On-site data verification	
--	---	--

OUTPUT 1: To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.		
Activity Result 7:	<i>Improved treatment success rate for new smear-positive TB cases (reaching 85% in 2015 cohort vs. 74% in 2010 cohort)</i>	Start Date: 01.10.12 End Date: 30.09.2015
Purpose:	Quality DOTS	
Description	<i>Treatment success rate improved through quality case management (training for TB and PHC staff), provision of quality TB drugs and treatment adherence by provision of monthly incentives</i>	
Quality Criteria <i>TB treatment success rate is correctly defined and calculated.</i>	Quality Method - Treatment success rates as reported in the quarterly TB08 forms and verified through cross-check of other TB forms (TB07, TB04, TB03) and TB treatment cards (TB01) - Monitoring visits by PR, NTP - On-site data verification	Date of Assessment quarterly, annually

OUTPUT 2: To improve the health system performance for effective tuberculosis control.		
Activity Result 8:	<i>By the end of grant, 1,110 TB and PHC specialists are trained on DOTS, drug management and management of MDR-TB</i>	Start Date: 01.10.12 End Date: 30.09.2015
Purpose:	Strengthen Health System involvement into TB control	
Description	<i>Number of TB and PHC staff trained on DOTS: in 2013 – 300, in 2014 – 480 and in 2015 – 330.</i>	
Quality Criteria <i>Trainee's knowledge and practice as compared to the national standards of TB care</i>	Quality Method - Pre- and post-training assessment. - Semi-annual monitoring of training effectiveness - Monitoring visits by PR and NTP - On-site data verification	Date of Assessment quarterly

OUTPUT 3: To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis.		
Activity Result 9:	<i>Increased coverage with testing for drug resistance from 40% in 2011 to 68% in 2015</i>	Start Date: 01.10.12 End Date: 30.09.2015
Purpose:	Quality DOTS and MDR –TB management	
Description	<i>By 2015 the coverage with DST will reach 68% and will be available in Ashgabat and 3 regions of the country.</i>	
Quality Criteria <i>Correct DST results as reported by the external quality assurance</i>	Quality Method - Inspection of lab journals. - NTP records on MDR patients. - External quality assurance measures (by the Supra National Reference Laboratory in the Netherlands).	Date of Assessment quarterly, annual

OUTPUT 3: To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis.		
Activity Result 10:	<i>Confirmed MDR-TB cases enrolled on treatment: Laboratory-confirmed MDR-TB cases enrolled on 2nd line anti-TB treatment (550 by 2015)</i>	Start Date: 01.10.12 End Date: 30.09.2015
Purpose:	<i>MDR –TB management</i>	
Description	<i>MDR-TB patients are enrolled into treatment without delay, in accordance with the enrolment plan: 92 in 2013, 210 in 2014, and 248 in 2015.</i>	
Quality Criteria <i>MDR-TB patients enrolled on treatment in accordance with the national definition of MDR-TB case.</i>	Quality Method <i>- NTP records on registered MDR patients. -Data on drug resistance testing</i>	Date of Assessment <i>quarterly, annual</i>

OUTPUT 3: To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis.		
Activity Result 11:	<i>MDR-TB patients better adhere to treatment as a result of receiving monthly incentives (food parcels)</i>	Start Date: 01.10.12 End Date: 30.09.2015
Purpose:	<i>MDR-TB management</i>	
Description	<i>About 85% of MDR-TB patients receive motivation (monthly food parcels) and as result the treatment default rate is below 30%.</i>	
Quality Criteria	Quality Method	Date of Assessment
<i>TB treatment success rate for MDR-TB cases is correctly defined and reported</i>	<i>- Quarterly monitoring of number of MDR-TB patients receiving food parcels - Verification during monitoring visits, - Interview with TB patients. - Checking food distribution lists. - NTP reports on treatment success and default rates for MDR-TB cases - On-site data verification</i>	<i>quarterly, annually</i>

OUTPUT 3: To introduce and expand access to diagnosis and treatment of drug-resistant tuberculosis.		
Activity Result 12:	<i>Improve interim results of MDR-TB treatment (culture conversion at six months is 77% by 2015)</i>	Start Date: 01.10.12 End Date: 30.09.2015
Purpose:	<i>MDR –TB management</i>	
Description	<i>Procurement of quality 2nd line TB drugs Training of TB specialists MDR-TB management Infection Control at MDR-TB facilities Provision of monthly incentives to MDR-TB patients Monitoring of side effects of the 2nd line treatment</i>	
Quality Criteria <i>Interim treatment success rate for MDR-TB cases is correctly defined and reported</i>	Quality Method <i>- Inspection of lab journals. - External quality assurance measures (by the Supra National Reference Laboratory in the Netherlands).</i>	Date of Assessment <i>quarterly, annual</i>

VII. 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.

Legal aspects for grant implementation are provided in the Grant Agreement (Standard Terms and Conditions) signed by the Global Fund, UNDP Turkmenistan and Ministry of Health and Medical Industry of Turkmenistan.

Legal aspects for Sub-recipients and Implementing Partners are provided in the SR Agreements developed on the UNDP template, and signed by the UNDP Turkmenistan and the SR. For more details, please see the SR Management Tool for UND-GF grants.

VIII. ANNEXES

- Annex 1:** Grant Agreement between UNDP and GFATM with attachments (Annex A, Work Plan with budget, Performance Framework)
- Annex 2:** Annual Work Plans for Y3, Y4 and Y5
- Annex 3:** Risk Analysis

Annex 3: 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: 01 October 2012 – 30 September 2015					
#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	Delays with scheduled arrival of the 2 nd line drugs due to current high demand in the world and limited number of pre-qualified manufacturers	June 2012	Programmatic	Achievement of MDR-TB enrollment plan is hindered P = 4 I = 5	Procurement of the 2 nd line TB drugs started as early as possible (May 2012) Procurement of drugs for 50 patients is already initiated (arrival is expected in Feb 2013). The PMU closely controls the delivery.	PM	PM	December 2012	
2	Long customs clearance of laboratory reagents and TB drugs	October 2010	Organizational	Delays with attaining the targets set for case detection and treatment P = 3 I = 4	The Ministry of Health, as a superior organ to the Turkmenpharmacy (consignee for the items procured by the grant) is requested to closely monitor the customs clearance and provide support.	PM	PM	December 2012	
3	Fee is required for registration of 2 nd line TB drugs.	June 2012	Financial	The project has to allocate savings to pay the registration fee (\$1,400 per drug) P = 5 I = 2	Earlier the project sent the letter to the MIFA requesting waiver for registration fee for TB drugs procured by the project, but the response has not been received to date. Be-	PM	PM	December 2012	

4	Obtaining reports from the penitentiary sector and verification of those reports		October 2010	Strategic	<p>The Ministry of Internal Affairs (responsible for TB control in prisons) is reluctant to provide reports on related to TB detection and treatment. Access to the project staff for verification of those reports is not granted.</p> <p>P=5 I=5</p>	<p>cause it is time to register the drugs, the project started to look for possibilities to pay for registration from the funds of UNDP or other agency.</p>	<p>UNDP will continue work with the Ministry of Health and the CCM to liaise with the Ministry of Internal Affairs for reporting on grant activities and access for verification.</p>	PM	PM		December 2012		PM		PM
---	--	--	--------------	-----------	--	--	---	----	----	--	---------------	--	----	--	----