| **Annex 3. Effectiveness of Phase II – Progress of Project Log Frame** | | | | | | | | |
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| **Objectives/**  **Outcome/**  **Output** | | **Source of Verification** | **Assumptions** | **Baseline** | **Target** | **Progress** | | **Met** |
| Objective 1 | Planning, surveillance, outbreak investigation, rapid response and containment systems are adequate and operational to be able to control avian influenza in Human and Animal | Surveillance reports collected by animal/human epidemiology units and national epidemiology consultants; 6 monthly project reports; animal/human epidemiology consultant reports; end of project report  Human: Disease outbreaks reports and surveillance and response reports, and end of project reports. | Sustained commitment of national government to strengthening pandemic preparedness | Animal: 0 percent of high risk townships involved in active animal surveillance. 100 percent of townships provide passive/routine surveillance reports; 0% of outbreaks investigated effectively and 100% of outbreaks responded to (three waves)  Human: Insufficient surveillance and response system at state/division and district level | Animal: 100 percent of high risk townships involved in active animal surveillance. 100 percent of other townships provide passive/routine surveillance reports; 100% of outbreaks investigated effectively and 100% of outbreaks responded to (unknown no. of waves)  Human: 100% surveillance and response system at state/division and district level | Animal: 100 percent of high risk townships involved in active animal surveillance takes place. 100 percent of other townships from where passive/routine surveillance reports regularly received; 64% of outbreaks investigated effectively and 100% of outbreaks responded to (five of waves)  Human:100% of state/division and district with capacity of surveillance and response system in place | | Animal: ALMOST MET  Human: MET |
| Objective 2 | Diagnostic systems are adequate and operational to support surveillance, investigation and response activities on AHI. | Diagnostic system analysis reports collected by national laboratory consultants; 6 monthly project reports; laboratory consultant reports; end of project report | Government commitment to AHI Control continues | Labs with diagnostic capacity  Human:2  Animal: 6 labs with serology capacity, 2 labs with virology diagnostic capacity  Estimated time between receiving samples and diagnosing  Animal: 2-3 day Human 1-3 days | Labs with diagnostic capacity  Human:2  Animal: 6 labs with serology capacity, 2 labs with virology diagnostic capacity  Estimated time between receiving samples and diagnosing Animal: 2-3 day Human 1-3 days | Labs with diagnostic capacity  Human:2; 4 with specimen storage and transport capacity  Animal: 6 labs with serology capacity, 2 labs with virology diagnostic capacity  Estimated time between receiving samples and diagnosing Animal: 2-3 day Human 1-3 days | | Animal: MET  Human: MET |
| Objective 3 | Case management and infection control within the health system can manage patients affected with AHI at a basic level and that planning is in place for surge capacity in the case of a pandemic. | 6 monthly project reports; laboratory consultant reports; end of project report | Government commitment to AHI Control continues | * 20 hospitals to manage severe cases, * 62 for moderate and * 325 for mild cases | * 70 hospitals to manage severe cases * 65 for moderate cases * 325 for mild cases | Number of hospitals with capacity to manage severe cases(30), moderate (65) and mild cases (325). | | MET |
| Objective 4 | Functional strategy analysis system is in place for AHI | 6 monthly project reports; consultant reports; end of project report | Government commitment to strategy review continues | 0 strategy modifications/new disease control activities instituted as a result of strategy analysis process | 5 strategy modifications/new disease control activities instituted as a result of strategy analysis process | 5 strategy modifications/new disease control activities instituted as a result of strategy analysis process | | MET |
| Objective 5 | The project is effectively managed in a context of good intra- and inter-sectoral coordination in the AHI programme | 6 monthly project reports;  Summary reports on intra- and inter-sectoral coordination arrangements; WHO/FAO Independent Evaluations | WHO/FAO can recruit and maintain quality staff and consultants | Animal: 0% of activities carried out according to project plan, 0% percentage of budget implemented.  Human: 0% of activities carried out according to project plan, 0% of budget implemented. | Animal:100% of activities carried out according to project plan, 100% percentage of budget implemented.  Human: 100% of activities carried out according to project plan, 100% of budget implemented. | Animal:100% of activities carried out according to project plan, 100% percentage of budget implemented.  Human: 100% of activities carried out according to project plan, 100% of budget implemented. | | Animal: MET  Human: MET |
| ***H1*** | ***AHI surveillance, outbreak investigation, rapid response, and containment, pandemic planning and IHR Implementation*** | | | | | | | |
| **Outcome H1** | There is an understanding of the epidemiology of AHI in Myanmar and a capacity to control and respond to the disease. | Quarterly review meetings reports | Central Epidemiology Unit is committed to managing the system | Human functional SRRT in 0% of high-risk townships; 0 joint investigations/responses conducted; 0 summary epidemiology reports from Epidemiology Unit | Human: functional SRRT in 100% of high risk townships;100% joint investigations/ responses conducted; 6 summary epidemiology reports from Epidemiology Unit | SRRT is functioning 100% at high risk townships. Joint investigations for all poultry outbreaks & some zoonoses. 6 quarterly reports from epidemiology unit | | MET |
| H1.1 | Joint SRRT working group established and operating | 6 monthly project reports; SRRT working group meeting minutes written by group secretary | Animal/human sides agree on joint group | 17 state/divisions joint working group were established. | 17 state/division and district level and selected townships to be established. | 1 joint meeting with FAO and WHO Oct 26 2010. Joint working group at 17 state/division/  district level and some township are established | | MET |
| H1.2 | SRRT teams surveying and responding to AHI incidents | 6 monthly project reports; investigation/outbreak reports by national epidemiology consultant | Staff available for training | 17 SRRT are trained at state/division level | 130 SRRT to be trained at state/division/district and selected townships | 130 SRRT are trained organized at state/division /district level.  65 investigations/  responses carried out since January 2010. | | MET |
| H1.3 | Field staff and basic health workers, health assistants and general practitioners detecting and reporting 17 other diseases under national surveillance including Acute Respiratory Infection | 6 monthly progress report; training report and human resource development database managed by project team | Basic Health Workers agree to join training | 17 diseases under national surveillance are reported | More field staff and basic health workers, health assistances and GPs to be trained for 17 diseases including ARI | All 130 districts reporting 17 diseases including ARI  All districts trained (130) plus 17 states in 2009 trainings | | MET |
| H1.4 | 3 week FETP training was conducted jointly with DoH and LBVD | FETP training report by national epidemiologist/project team | Staff available for training | 2 FETP trainings were conducted | 3 FETP training to be conducted | 4 joint FETP DoH & LBVD trainings conducted. | | MET |
| H1.5 | A contingency plan for the health sector | Draft of Plan | Key staff available for production | 0 contingency plan | 1 contingency plan to be developed | “Yellow book” translates WHO’s pandemic phases, with recommended actions (only in Myanmar language). However, contingency plan in classic sense not available for human health sector. | | NOT MET |
| H1.6 | Cross-border disease control improved through IHR implementation | workshop report | Key staff available for workshop | 2 cross border disease control were improved through IHR implementation | 3 cross border meeting to be organized | 3 cross border meetings were conducted | | MET |
| H1.7 | International epidemiologist in place | 6 monthly consultant reports; | Staff available | 1 international epidemiologist in place for 12 months | 1 international epidemiologist for 28 months | 1 international consultant for 6 months completed | | MET |
| H1.8 | National epidemiologist(s) in place | consultant reports | No significant delays in recruitment | 1 national epidemiologist in place | 1 national epidemiologist 28 months to be completed | 1 national epidemiologist in place 12 months and 1 international consultant 6 months completed | | MET |
| ***H2*** | ***Laboratory Support*** | | | | | | | |
| **Outcome H2** | **Myanmar can identify AHI viruses affecting Human and diagnose infection at 3 referral laboratories (NIC, DMR, Public Health Laboratory)** | Diagnostic system analysis reports collected by national laboratory consultants; 6 monthly project reports; laboratory consultant reports; end of project report | Developed capacity is maintained | 0 lab capacity to identify AHI virus | 3 labs capacity to diagnose H5N1, 4 labs with capacity to store and transport specimens | 3 labs with capacity to diagnose H5N1 NIC, DMR, Mandalay  4 labs with capacity to store and transport specimens | MET | |
| H2.1 | Staff have more capacity and better regional linkages through regional networking activities | Travel/workshop report from participants | Staff motivated to network | 0 regional networking activities | 5 regional meetings | June 2010: Switzerland Meeting on Influenza Vaccine, (1 person)  August 2010: India Regional Meeting on Research Agenda for Influenza in South East Asia Region (2 person)  December 2010: Geneva Pandemic Preparedness for Influenza, Geneva Switzerland (2 person)  29 May 2012 – NIC to Vietnam | NOT MET | |
| H2.2 | Lab personnel can diagnose AHI and send samples internationally, through international and in-country training | Laboratory training report | International training site agree | 0 lab personnel to diagnose AHI | More lab trainings for AHI through international and in country trainings | International and national experts provided the training to **4** lab personnel for RT PCR and RNA Extractor. 3 staff can do in NHL, 2 are in NIC, 1 in Mandalay also trained in PCR | MET | |
| H2.3 | Quality assurance system is in place at labs as a result of missions from NIH Thailand laboratory experts | Lab expert report | Quality assurance system sustained | 0 mission for quality assurance system | 2 lab missions/expert to be organized | Labs in country are assessed every year for QA, send sample & results to NHL, which assesses  NIH Thailand came 3 times to NHL for QC | MET | |
| H2.4 | Regional Laboratories can manage storage and transportation of AHI specimen, using supplied equipment and consumables | Laboratory report | Adequate tracking of inventory report | 0 regional lab capacity to manage AHI specimen storage and transport.. | 4 regional lab capacity to manage AHI specimen | 4 regional labs & NHL can manage to transport AHI specimen to NIC. In 2009 had training under RRT training for specimen collection, storage & transport | MET | |
| ***H3*** | ***Case Management and Infection Control*** | | | | | | | |
| **Outcome H3** | **Morbidity and Mortality among AHI cases is reduced, and spread within hospital environment is prevented.** | Hospital reports | Capacity for management sustained | 2 hospitals for AHI cases to manage in Yangon and Mandalay | To support 25 hospitals for ICU equipments and isolation wards to be upgraded to manage AHI cases including severe cases | All 17 state/division hospitals had ICU equipment, but not all up to date or fully stocked, so WHO assessed these 17 hospitals & where there were gaps supported with AUSAID funding. At end of project 24 were provided support by WHO/AUSAID | | MET |
| H3.1 | 5 second-line hospitals are upgraded through provisions of equipment and supplies | Upgrade evaluation reports from hospital system and inventory for assets. | Relevant authorities approve upgrading of laboratories | 0 second line hospital are upgraded and provided equipments | 5 second line hospitals to be upgraded and provided equipments | 4 second line hospitals provided ICU equipments & supplies  Pakkoukhu, Meikhtila, Muse, and Taungoo received all, Nyung Oo received some. | | MET |
| H3.2 | Health staff can refer to guidelines for a AI case management, and infection control when treating cases | Copies of guidelines | Qualified translators available | 2 guidelines for AI clinical management and infection control | 3 guidelines/manuals to be developed for health system | 3 guidelines have been updated: patient safety, hospital care management and infection control, all of which are used during training | | MET |
| H3.3 | Staff can manage AHI cases, and control infection in the hospital environment | Workshop/  Training report | Staff available for training | 2 infection control trainings are in placed | 3 infection control trainings to be conducted | 2 infection control trainings conducted and total (337 staff in all 17 divisions and some townships) | | NOT MET |
| H3.4 | International (short-term) and national experts in place | consultant reports | No significant delays in recruitment | 1 national expert in place | 1 national expert 28 months to be completed | 1 National Consultant for 24 months completed | | MET |
| H4 | **Project Management and Coordination** | | | | | | | |
| **Outcome H4** | **Effective project management, intersectoral and interagency coordination for AHI control** | 6 monthly progress reports | WHO relationship with government partners remains good | 0% percent activities carried out according to project plan, 0 percentage of budget implemented | 100% percent activities carried out according to project plan, 100% percentage of budget implemented | 100% percent activities carried out according to project plan, 100% percentage of budget implemented | | MET |
| H4.1 | AHI Coordinator and support staff in place | 6 monthly progress reports | Suitable candidate available | 0 AHI coordinator | 1 joint coordinator to be placed | Coordinating support staff hired at WHO | | MET |
| H4.2 | Office operating effectively | 6 monthly progress reports | Adequate tracking of inventory report | 17 months office operation completed | 28 months office operation | Officer operating effectively | | MET |
| H4.3 | Effective coordination with FAO | Meeting minutes collected by meeting secretary; 6 monthly progress reports | Commitment of government to common approach on zoonoses | 0 meetings on joint approach to zoonoses | 3 meetings on joint approach to zoonoses | 3 meeting on joint approach to zoonoses  28/11/2011  26/10/2010  5/2/2010 | | MET |
| H4.4 | Joint meetings between government health/animal sectors | Meeting report | Suitable staff available | 1 joint meeting with animal and health sectors | 3 joint meetings to be conducted | 5 meetings conducted  11/8/2011  21/1/2011  10/6/2010  17/12/2009  11/5/2009 | | MET |
| H4.5 | Project is coordinated with regional initiatives and programs on AHI | Meeting/  workshop reports | Increased regional coordination for AHI | 2 regional coordination are in place | 3 regional coordination meetings to be completed. | 3 regional meetings conducted in 2012 in BKK, and Vietnam and 2009 Feb Laos | | MET |
| H4.6 | Project evaluated through joint WHO-FAO mission | TOR completed by project team; Mission report; final report | Suitable national candidate available | 0 joint WHO-FAO project evaluation | 1 joint WHO-FAO project evaluation to be completed. | 1 consultant recruited/completed | | MET |
| **Animal Sector** | | | | | | | | |
| **A1** | **Surveillance, extension, outbreak investigation, rapid response** | | | | | | | |
| **Outcome A1** | **There is an understanding of the epidemiology of AI in Myanmar and a capacity to control and respond to the disease.** | Active/passive Surveillance reports collected by Epidemiology Unit and national epidemiology consultant; investigation/outbreak reports; 6 monthly project reports; consultant reports; end of project report | LBVD Epidemiology Unit is committed to managing the system | Animal: functional SRRT in 0% of high-risk townships; 0 joint investigations/responses conducted; 0 summary epidemiology reports from Epidemiology Unit | Animal: functional SRRT in 100% of high risk townships;100% joint investigations/responses conducted; 7 summary epidemiology reports from Epidemiology Unit | Animals: 187 functional SRRT in 100% of high-risk townships (187 townships); 100% joint investigations/responses conducted; 6 summary epidemiology reports from Epidemiology Unit (as informed at National Steering committee Meetings) | | MET |
| A1.1 | Joint SRRT working group established and operating | 6 monthly project reports; SRRT working group meeting minutes written by group secretary | Animal/human sides agree on joint group | 0 joint SRRT working group meetings;0 joint SRRT guidelines | 3 joint SRRT working group meetings;1 joint SRRT guidelines | 1 joint SRRT working group meetings;0 joint SRRT guidelines | | NOT MET |
| A1.2 | Trained and equipped SRRT | 6 monthly project reports; SRRT working group meeting minutes written by group secretary | Procurement can be based on real needs | 0 trainings for SRRT at the state and divisional, and district level; 78 Outbreak investigation and rapid response teams equipped Logistical support provided. 100% of investigations/responses on suspected outbreaks carried out | 16 trainings for SRRT at the state and divisional, and district level; 100% of Outbreak investigation and rapid response teams equipped Logistical support provided. 100% of investigations/responses on suspected outbreaks carried out | 16 trainings for SRRT at the state and divisional, and district level; 78 Outbreak investigation and rapid response teams equipped Logistical support provided. 13 investigations/responses carried out | | MET |
| A1.3 | Understanding of prevalence of disease through national active surveillance | Lab submission forms; 6 monthly Active surveillance reports by Epidemiology Unit and national epidemiology consultant; 6 monthly progress reports | Staff have available time for surveillance activities | 0 serum, 0 oro-pharyngeal samples delivered to the laboratory with correct labeling and accompanied by correct data | 43 101 serum, 3 810 oro-pharyngeal samples delivered to the laboratory with correct labeling and accompanied by correct data | 50 962 serum, 3 772 oro-pharyngeal samples delivered to the laboratory with correct labeling and accompanied by correct data | | MET |
| A1.4 | Understanding of disease prevalence through national passive surveillance | 3 monthly passive surveillance reports by Epidemiology Unit and national epidemiology consultant; 6 monthly progress reports | Staff have available time for surveillance activities | 0 reports from the passive surveillance system processed by the Epidemiology Unit | 9 reports from the passive surveillance system processed by the Epidemiology Unit | 9 reports from the passive surveillance system processed by the Epidemiology Unit | | MET |
| A1.5 | Farmers with increased knowledge and understanding of AI | Gender Report; End of contract reports by Division SRRT; 6 monthly progress reports | Farmers motivated to join meetings | 0 farmers/traders participating in awareness/feedback/biosecurity events; | 5 000 farmers/traders participating in awareness/feedback/biosecurity events; | 6,694 farmers/traders participating in awareness/feedback/ biosecurity events | | MET |
| A1.6 | Staff of epidemiology unit applying epidemiological principles through FETPV training | FETPV training reports; project HR database; 6 monthly reports | Staff available for training | 0 staff participating in FETPV training | 3 staff participating in FETPV training | 3 staff participating in FETPV training | | MET |
| A1.7 | National consultant epidemiology (full-time in the programme, only 15 months charged under this project) | 6 monthly progress reports; consultant reports | No significant delays in recruitment | 0 national consultants months completed | 15 national consultants months completed | 21 national consultants months completed | | MET |
| A1.8 | International epidemiologist (3 months) | 6 monthly progress reports; consultant reports | No significant delays in recruitment | 0 International consultants months completed | 2 International consultants months completed | 2 International consultants months completed | | MET |
| **A2** | **Laboratory Support** | | | | | | | |
| **Outcome A2** | **Myanmar can identify circulating AI viruses, and identify Animal that have been exposed to the virus or have been vaccinated, through samples processed from Yangon and Mandalay labs, and 6 regional labs** | Lab data collected by lab staff; 6 monthly Active surveillance reports by Epidemiology Unit and national epidemiology consultant; 6 monthly progress reports | Lab capacity in virology is maintained even if positive samples are few | 70,859 serum tests, 0 oro-pharyngeal samples processed at labs. | 120 000 serum, 600 oro-pharyngeal samples processed at labs. | * 122,821 serum tests (poultry and pigs), 3,772 virology tests (poultry and pigs) * 10 SOPs (serology test procedure x 4, virology test procedure x 4, data management x 2) | | MET |
| A2.1 | Laboratories equipped and supplied | Inventory lists collected by lab and national lab consultant; 6 monthly reports | Procurement can be based on real needs | 0 equipment and 0 supplies provided by the project | Equipment and supplies adequate for lab operations | 0 equipment and large amount of supplies (25,000 syringes, 5,000 masks, 14,000 gloves and a large amount of lab reagents) delivered and in operation | | MET |
| A2.2 | Staff able to process samples | Lab training reports; project HR database; 6 monthly reports | Staff available for training | 52 staff trained in laboratory techniques (diagnosis only) | 52 staff re-trained in laboratory techniques (improved diagnostic capacity)  1 staff trained in data management | 52 staff re-trained in laboratory techniques (improved diagnostic capacity)  1 staff trained in data management | | MET |
| A2.3 | International, National laboratory consultants | 6 monthly progress reports; consultant reports | Suitable candidates can be recruited | 0 International/ 0 national consultants months completed | 2 International/ 7 national consultants months completed | 2 International/ 7 national consultants months completed | | MET |
| **A3** | **Strategy analysis and development** | | | | | | | |
| **Outcome A3** | **Improved disease control through the application of new control activities based on findings of studies on AI and coherent policy development process** | Direction statements by project team and endorsed by LBVD; 6 monthly project reports | LBVD commitment to strategy analysis process | 0 types of new disease control activities | 7 types of new disease control activities | 6 type of new disease control activities (National Cross Sectional Study, National Commercial farm database, Monthly report database, Cohort studies, National H5N1 Surveillance Programme, Risk Assessment Studies) | | MET |
| A3.1 | Recommendations from socio-economic assessments | Study final reports by study teams; 6 monthly reports | Government continues to support strategy studies | 0 Socio-economic studies completed | 1 Socio-economic studies completed | 1 Socio-economic studies completed (Gender Study) | | MET |
| A3.2 | Recommendations from supply chain analysis | Study final reports by study teams; 6 monthly reports | Government continues to support strategy studies | 0 Supply chain studies completed | 5 Supply chain studies completed | 5 Supply chain studies completed | | MET |
| A3.3 | List of Strategic options and choices | Workshop/meeting reports collected by project team; 6 monthly reports | Government continues to support strategy analysis | 7 Workshops and meetings on strategy options and choices | 8 Workshops and meetings on strategy options and choices | 7 Workshops and meetings on strategy options and choices | | MET |
| A3.4 | Agreed new control activities through policy development process | Workshop/meeting reports collected by project team; 6 monthly reports | Government continues to support policy development process | 0 policy development workshops and meetings; 0 agreed new control activities | 10 policy development workshops and meetings; 10 agreed new control activities | 10 policy development workshops and meetings; 5 agreed new control activities | | MET |
| A3.4 | International consultants ( 2 months) | 6 monthly progress reports; consultant reports | No significant delays in recruitment | 1 International consultants months completed (GIS) | 1 International consultants months completed (GIS) | 1 International consultants months completed (GIS) | | MET |
| **A4** | **Project Management and Coordination** | | | | | | | |
| **Outcome A4** | **The project is effectively managed and coordinated within the AHI country programme by FAO, and evaluated independently** | 6 monthly progress reports | Fao relationship with government partners remains good | 0% percent activities carried out according to project plan, 0 percent percentage of budget implemented | 100% percent activities carried out according to project plan, 100% percentage of budget implemented | 97% percent activities carried out according to project plan, 97% percentage of budget implemented. as of March 2011 | | MET |
| A4.1 | Recruit International (Chief Technical Adviser, International Operations Officer), National staff ( National Operations Officer, National Finance and Admin Officer) | 6 monthly progress reports | No significant delays in recruitment | 0 months (CTA) and 2 months (IOO) completed | 4 months (CTA) and 2 months (IOO) completed | 4 months (CTA) and 2 months (IOO) completed | | MET |
| A4.2 | Office Operations | 6 monthly progress reports | Government continues to provide office space | 17 months operation completed | 17 months operation completed | 17 months operation completed | | MET |
| A4.3 | Effective coordination with WHO | Meeting minutes collected by meeting secretary; 6 monthly progress reports | Commitment of government to common approach on zoonoses | 0 meetings on joint approach to zoonoses | 3 meetings on joint approach to zoonoses | 3 meeting on joint approach to zoonoses  28/11/2011  26/10/2010  5/2/2010 | | MET |
| A4.4 | Joint meetings between government health/animal sectors | Meeting minutes collected by meeting secretary; 6 monthly progress reports | Commitment of government to common approach on zoonosis | 0 meeting |  | 5 meetings conducted  11/8/2011  21/1/2011  10/6/2010  17/12/2009  11/5/2009 | | MET |
| A4.5 | Project evaluated through joint WHO-FAO mission | TOR completed by project team; Mission report; final report | Suitable candidate available | 0 Mission recruited/completed | 1 Mission recruited/completed | 1 Mission recruited/completed | | MET |