ANNEX 3. EFFECTIVENESS OF PHASE II – PROGRESS OF PROJECT LOG FRAME

Objectives/ Outcome/		SOURCE OF	Assumptions	BASELINE	TARGET	PROGRESS	Мет
Objective 1	OUTPUT Planning, surveillance, outbreak investigation, rapid response and containment systems are adequate and operational to be obla to control arging	VERIFICATION Surveillance reports collected by animal/human epidemiology units and national epidemiology consultants; 6 monthly project reports; animal/human epidemiology consultant reports; end of	Sustained commitment of national government to strengthening pandemic	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	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	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	Animal: ALMOST MET Human: MET
	able to control avian influenza in Human and Animal	project report Human: Disease outbreaks reports and surveillance and response reports, and end of project reports.	preparedness	(three waves) Human: Insufficient surveillance and response system at state/division and district level	(unknown no. of waves) Human: 100% surveillance and response system at state/division and district level	waves) Human:100% of state/division and district with capacity of surveillance and response system in place	
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	Government commitment to AHI Control continues	Labs with diagnostic capacity Human:2 Animal: 6 labs with serology capacity, 2 labs with virology diagnostic capacity	Labs with diagnostic capacity Human:2 Animal: 6 labs with serology capacity, 2 labs with virology diagnostic capacity Estimated time	Labs with diagnostic capacity Human:2; 4 with specimen storage and transport capacity Animal: 6 labs with serology capacity, 2	Animal: MET Human: MET

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		consultant reports; end of project report		Estimated time between receiving samples and diagnosing Animal: 2-3 day Human 1-3 days	between receiving samples and diagnosing Animal: 2- 3 day Human 1-3 days	labs with virology diagnostic capacity Estimated time between receiving samples and diagnosing Animal: 2-3 day Human 1-3 days	
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, OUTB	REAK INVESTIGATION, R	APID RESPONSE, AND	CONTAINMENT, PANDEM	C PLANNING AND IHR IMPLE	MENTATION	
Outcome H1	There is an understanding of the epidemiology of AHI in Myanmar and a capacity to control	Quarterly review meetings reports	Central Epidemiology Unit is committed to managing the	Human functional SRRT in 0% of high-risk townships; 0 joint investigations/resp	Human: functional SRRT in 100% of high risk townships;100% joint investigations/ responses conducted;	SRRT is functioning 100% at high risk townships. Joint investigations for all poultry outbreaks &	MET

	and respond to the disease.		system	onses conducted; 0 summary epidemiology reports from Epidemiology Unit	6 summary epidemiology reports from Epidemiology Unit	some zoonoses. 6 quarterly reports from epidemiology unit	
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/out break 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/p roject 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)	NOT MET				

						29 May 2012 – NIC to Vietnam	
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	МЕТ
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	МЕТ
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
НЗ	CASE MANAGEMENT AND I	NFECTION 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	MET

						WHO/AUSAID	
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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
НЗ.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
Н3.3	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	Meeting minutes	Commitment	0 meetings on joint	3 meetings on joint	3 meeting on joint	MET

	coordination with FAO	collected by meeting secretary; 6 monthly progress reports	of government to common approach on zoonoses	approach to zoonoses	approach to zoonoses	approach to zoonoses 28/11/2011 26/10/2010 5/2/2010				
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, extensio	on, outbreak invest	igation, rapid res	ponse						
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/out break 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/resp onses conducted; 0 summary epidemiology reports from Epidemiology Unit	Animal: functional SRRT in 100% of high risk townships;100% joint investigations/respon ses 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	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			
		secretary								

		working group meeting minutes written by group secretary	on real needs	and divisional, and district level; 78 Outbreak investigation and rapid response teams equipped Logistical support provided. 100% of investigations/resp onses on suspected outbreaks carried out	divisional, and district level; 100% of Outbreak investigation and rapid response teams equipped Logistical support provided. 100% of investigations/respon ses on suspected outbreaks carried out	and district level; 78 Outbreak investigation and rapid response teams equipped Logistical support provided. 13 investigations/responses carried out	
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/feedbac k/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	Direction statements by	LBVD commitment to	0 types of new disease control	7 types of new disease control activities	6 type of new disease control activities	MET

	application of new	project team and	strategy	activities		(National Cross Sectional	
	control activities	endorsed by	analysis			Study, National	
	based on findings of	LBVD; 6 monthly	process			Commercial farm	
	studies on AI and	project reports				database, Monthly	
	coherent policy					report database, Cohort	
	development					studies, National H5N1	
	process					Surveillance Programme,	
						Risk Assessment Studies)	
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/meeti ng 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/meeti ng 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	6 monthly progress reports	No significant delays in	0 months (CTA) and 2 months	4 months (CTA) and 2 months (IOO)	4 months (CTA) and 2 months (IOO) completed	MET

	Adviser, International Operations Officer), National staff (National Operations Officer, National Finance and Admin Officer)		recruitment	(IOO) completed	completed		
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/complet ed	1 Mission recruited/completed	1 Mission recruited/completed	MET