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| **TB CARE I**

# **DJIBOUTI**

**Year 1**

**Annual Report**

**October 1, 2010 – September 30, 2011**

**October 31, 2011**

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## **List of Abbreviations**

APA: Annual Plan of Action

DOTS: Directly Observed Treatment Short course

DST: Drug Susceptibility Testing

EMRO: Eastern Mediterranean Region Office

EXPAND TB: Expanding Access to New Diagnostics for TB

FIND: Foundation for Innovative New Diagnostics

GF: Global Fund

GLC: Green Light Committee

HIV: Human Immunodeficiency Virus

HSS: Health System Strengthening

IC: Infection Control

MDR: Multi Drug Resistant tuberculosis

MOH: Ministry of Health

NRL: National Reference Laboratory

NTP: National Tuberculosis Programme

PMDT: Programmatic Management of Drug Resistant TB

QA: Quality Assurance

R10: Round 10

STB: Stop TB

TB: tuberculosis

UN: United Nations

WHO: World Health Organization

## Executive Summary

TBCARE 1 in Djibouti has as lead partner WHO and the NTP and MOH as collaborating partners. The staff is limited to the country director although he works closely with the NTP central unit staff. The project covers the whole population of Djibouti.

As part of APA1, the project worked in the following technical areas with the total buy-in amount of 210,000 USD:

- Laboratories
- Infection Control
- Programmatic Management of Drug Resistant TB (PMDT)
- Health System Strengthening (HSS)

### Laboratories

TB CARE I worked in coordination and harmony with the Foundation for Innovative New Diagnostics (FIND), which is establishing an EXPAND TB project consisting of the introduction of new and rapid diagnostics in the National Reference Laboratory.

Complementing this project in the aim of establishing a modernized and state of the art National Reference Laboratory, TBCARE1 purchased reagents for identification of mycobacterium species and antibiogram kits.

With the reagents due to be available in October 2011 and the renovation process of the NRL being at its final stage, it is expected that culture and DST will be performed starting from December 2011.

A big challenge is the fact that the National Lab Supervisor was not able to carry out supervisory visits in the districts because of lack of transportation means as a result of the funding restrictions imposed by the GF. As a result, the percentage of laboratories performing TB microscopy where QA has been implemented was only 60%.

Expected Outcomes		Outcome Indicators	Target	Result
			Y1	Y1
2.1	Quality of smear microscopy maintained	Percentage of TB treatment and diagnostic centres performing TB microscopy with over 95% of correct microscopy results	90%	89%
2.2	All smear microscopy laboratories with QA in place	Percentage of laboratories performing TB microscopy where QA has been implemented according to newly developed national recommendations	100%	60%
2.3	National Reference Laboratory performing culture and DST	Culture and DST performed in the National Reference Laboratory	Yes	No

## **Infection Control**

N95 respirators for personal protection have been procured and delivered to the NTP for distribution and use by eligible health workers. This will allow lowering the risk of TB transmission from patients to health workers caring for and exposed to them.

It was not possible to develop the National Infection Control Plan before the end of the fiscal year with a problem in identifying a consultant. A consultant has been identified and the mission is scheduled to take place during the first week of December 2011.

<b>Expected Outcomes</b>		<b>Outcome Indicators</b>	<b>Target</b>	<b>Result</b>
			<b>Y1</b>	<b>Y1</b>
<b>3.1</b>	An updated national IC Plan	Presence of an updated IC Plan	Yes	No
<b>3.2</b>	Health workers dealing with TB patients in the National TB Reference Centre and lab technicians of the NRL provided with respirators for personal protection	Existence of a sufficient supply of respirators for personal protection for health workers dealing with TB patients in the National TB Reference Centre and lab technicians of the NRL	Yes	Yes

## **Programmatic Management of Drug Resistant TB (PMDT)**

Based on the specific context of Djibouti, guidelines for the treatment of retreatment cases and MDR cases have been developed. A diagnostic algorithm for TB and MDR TB has been developed after in depth discussions involving the NTP and national stakeholders, TB CARE I local technical assistance, WHO experts at HQ level, PMU and FIND.

The strategic directions of programmatic management of MDR TB have been identified after discussions with GLC consultants and national stakeholders.

The challenge was the identification of the consultant who will be in charge of putting the programmatic management of MDR TB guidelines into a national manual. The most appropriate consultant taking into consideration his previous work on the topic in the country as GLC consultant, will only be available from 23 to 27 January 2012.

<b>Expected Outcomes</b>		<b>Outcome Indicators</b>	<b>Target</b>	<b>Result</b>
			<b>Y1</b>	<b>Y1</b>
<b>4.1</b>	Improved capacity of the doctors of the National TB Reference Centre in managing MDR TB and of the Central Unit of the NTP in Programmatic Management of MDR TB	Manual on Programmatic Management of MDR TB is available	Yes	No

## **Health System Strengthening (HSS)**

The supervision activities were carried out regularly in the capital where 10 out of a total of 16 Diagnostic and Treatment Centers in the whole country are located.

The update of the NTP manual is at its final stage before editing and approval by national stakeholders. The development of the manual was made after (i) a review of existing

treatment and diagnostic guidelines while taking into consideration the current introduction of innovative and new rapid diagnostics tests, namely Line Probe Assay and Liquid Culture (in addition to Strip Speciation), and the planned introduction of GeneXpert as part of TBCARE1 APA2; and (ii) the development of a draft algorithm which was discussed with the NTP staff and experts in WHO, FIND and KNCV.

The recording and reporting forms are being reproduced at the time of reporting.

The process of updating of the NTP manual was longer than expected because of more complex treatment requirements and the advent of new rapid diagnostic tools, which made it more complex to develop screening and diagnostic algorithms. As a result the manual will only be ready during the first quarter of fiscal year 2012.

On the other hand, the Central Unit staff was not able to carry out supervisory visits in the districts because of lack of transportation means as a result of the funding restrictions imposed by the GF. Thus, the percentage of supervisory visits performed by the Central Unit out of supervisory visits planned to DOTS facilities was slightly less than the 90% target, that is 86%.

Expected Outcomes		Outcome Indicators	Target	Result
			Y1	Y1
6.1	DOTS facilities regularly supervised	Percentage of supervisory visits performed by the Central Unit out of supervisory visits planned to DOTS facilities	90%	86%
6.2	All public health facilities providing DOTS services	Percentage of public health facilities providing DOTS services	100%	100%

### **Other technical areas**

In addition to the specific technical areas addressed in the APA, TB CARE I has been providing local international WHO technical assistance to the National Tuberculosis Programme embracing all the STB Strategy components with involvement in the technical aspects of all other projects and programs addressing TB in the country.

The technical assistance goes beyond TB control to include technical management of public health programs supported by WHO in the country and contribution to the development of national health policies and strategies and to UN support to the national response to priority health problems.

## **Introduction**

TB CARE I in Djibouti has as lead partner WHO and the NTP and MOH as collaborating partners. The staff is limited to the country director who works closely with the NTP central unit staff. The project covers the whole population of Djibouti.

As part of APA1, the project worked in the following technical areas with the total buy-in amount of 210,000 USD:

- Laboratories
- Infection Control
- Programmatic Management of Drug Resistant TB (PMDT)
- Health System Strengthening (HSS)

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The technical assistance goes beyond TB control to include technical management of public health programs supported by WHO in the country and contribution to the development of national health policies and strategies and to UN support to the national response to priority health problems.

## Laboratories

### Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Base line	Target Y1	Result Y1	Comments
2.1	Quality of smear microscopy maintained	Percentage of TB treatment and diagnostic centres performing TB microscopy with over 95% of correct microscopy results	Numerator: Number of laboratories with over 95% correct microscopy results Denominator: Total number of laboratories performing TB microscopy	100 %	90%	89%	Quality control was performed only in the capital because of lack of transportation means as a result of the funding restrictions imposed by the GF. The next step is to consider filling the financial gap in TB CARE 1 APA2 before GF Round 10 will take over, knowing that the grant signing is due in next December.
2.2	All smear microscopy laboratories with QA in place	Percentage of laboratories performing TB microscopy where QA has been implemented according to newly developed national recommendations	Numerator: Number of laboratories performing QA activities for TB microscopy according to national recommendations Denominator: Total number of laboratories performing TB microscopy	100 %	100%	60%	The National Lab Supervisor was not able to carry out supervisory visits in the districts because of lack of transportation means as a result of the funding restrictions imposed by the GF. The next step is to consider filling the financial gap in TB CARE 1

							APA2 before GF Round 10 will take over, knowing that the grant signing is due in next December.
2.3	National Reference Laboratory performing culture and DST	Culture and DST performed in the National Reference Laboratory		No	Yes	No	With the reagents due to be available in October 2011 and the renovation process of the NRL being at its final stage, it is expected that culture and DST will be performed starting from December 2011.

### Key Achievements

The National Lab Supervisor performed regularly supervisions and quality control in the capital Djibouti.

TB CARE I worked in coordination and harmony with the Foundation for Innovative New Diagnostics (FIND), which is establishing an EXPAND TB project consisting of the introduction of new and rapid diagnostics in the National Reference Laboratory.

Complementing this project in the aim of establishing a modernized and state of the art National Reference Laboratory, TB CARE I budget was used to purchase reagents for identification of mycobacterium species and antibiogram kits.

### Challenges and Next Steps

The National Lab Supervisor was not able to carry out supervisory visits in the districts because of lack of transportation means as a result of the funding restrictions imposed by the GF. The next step is to consider filling the financial gap in TB CARE I APA2 before GF Round 10 will take over, knowing that the grant signing is due in December 2011.

With the reagents due to be available in October 2011 and the renovation process of the NRL being at its final stage, it is expected that culture and DST will be performed starting from December 2011.

## Infection Control

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments	
				Y1	Y1		
3.1	An updated national IC Plan	Presence of an updated IC Plan	If present YES; if not present NO	No	Yes	No	A consultant has been identified by the EMRO WHO Regional Office with the mission scheduled to take place during the first week of December 2011. The IC plan is expected to be ready in December 2011
3.2	Health workers dealing with TB patients in the National TB Reference Centre and lab technicians of the NRL provided with respirators for personal protection	Existence of a sufficient supply of respirators for personal protection for health workers dealing with TB patients in the National TB Reference Centre and lab technicians of the NRL	If present YES; if not present NO	Yes	Yes	Yes	

### Key Achievements

N95 respirators for personal protection have been procured and delivered to the NTP for distribution and use by eligible health workers. This will allow lowering the risk of TB transmission from patients to health workers caring for and exposed to them.

### Challenges and Next Steps

It was not possible to develop the National Infection Control Plan before the end of the fiscal year with a problem in identifying a consultant.

A consultant has been identified by the EMRO WHO Regional Office with the mission scheduled to take place during the first week of December 2011. The consultant is expected

to develop with the assistance of local TB CARE I technical assistance a comprehensive National Infection Control Plan.

## Programmatic Management of Drug Resistant TB (PMDT)

### Technical Outcomes

	Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
					Y1	Y1	
4.1	Improved capacity of the doctors of the National TB Reference Centre in managing MDR TB and of the Central Unit of the NTP in Programmatic Management of MDR TB	Manual on Programmatic Management of MDR TB is available	Manual on Programmatic Management of MDR TB is available	No	Yes	No	A consultant has been identified by the EMRO WHO Regional Office with the mission scheduled to take place from 23 to 27 January 2012. The manual will only be available by the first quarter of the calendar year 2012

### Key Achievements

Based on the specific context of Djibouti guidelines for the treatment of retreatment cases and MDR cases have been developed. A diagnostic algorithm for TB and MDR TB has been developed after in depth discussions involving the NTP and national stakeholders, TB CARE I local technical assistance, WHO experts at HQ level, PMU and FIND.

The strategic directions of programmatic management of MDR TB have been identified after discussions with GLC consultants and national stakeholders.

The process of identification of the consultant who will be in charge of putting the programmatic management of MDR TB guidelines in a national manual was not easy. The most appropriate consultant taking into consideration his previous work on the topic in the country as GLC consultant will only be available from 23 to 27 January 2012.

### Challenges and Next Steps

As stated in the section above, the manual will only be available by the first quarter of the calendar year 2012.

## Health System Strengthening (HSS)

### Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Comments
6.1	DOTS facilities regularly supervised	Percentage of supervisory visits performed by the Central Unit out of supervisory visits planned to DOTS facilities	Numerator: Number of supervisory visits performed during a specified time period by the Central Unit Denominator: Number of supervisory visits by the Central Unit planned according to the annual work plan during the same period	86%	90%	86%	The Central Unit staff was not able to carry out supervisory visits in the districts because of lack of transportation means as a result of the funding restrictions imposed by the GF. The next step is to consider filling the financial gap in TB CARE I APA2 before GF Round 10 will take over, knowing that the grant signing is due in next December.
6.2	All public health facilities providing DOTS services	Percentage of public health facilities providing DOTS services	Numerator: Number of public health facilities providing DOTS services Denominator: Total number of public health facilities in urban and rural districts	100%	100%	100%	

### Key Achievements

The supervision activities were carried out regularly in the capital where 10 out of a total of 16 Diagnostic and Treatment Centers in the whole country are located. The supervisions were carried out by DOTS supervisors and the national lab supervisor, who also performed external quality control of TB microscopy.

The update of the NTP manual involves several activities. A review of existing treatment and diagnostic guidelines including new pediatric treatment guidelines was carried out. Diagnostic guidelines took into consideration the current introduction as part of an EXPAND TB project technically led by FIND of innovative and new rapid diagnostics tests, namely Line Probe Assay and Liquid Culture (in addition to Strip Speciation) and the planned introduction of GeneXpert as part of TB CARE I APA2.

Based on that, a draft algorithm was developed and then discussed with the NTP staff and experts in WHO, FIND and KNCV.

At the time of reporting the draft manual is at the stage of editing before it will be submitted to national stakeholders for final adoption.

The process of updating of the NTP manual was longer than expected because of more complex treatment requirements shifting the focus from a mere public health approach targeting smear positive cases with unified treatment regimens to more diversified options required by a patient centered approach taking into consideration relatively new challenges notably HIV, MDR TB and the renewed requirements of special situations. Furthermore the advent of new rapid diagnostic tools make it more complex to develop screening and diagnostic algorithms where potential benefits of the new tools are to be considered in the framework of the existing health system with its strengths and limits.

The manual will be ready during the first quarter of fiscal year 2012.

The recording and reporting forms are being reproduced at the time of reporting as part of a DFC contract concluded between WHO and the Ministry of Health.

### **Challenges and Next Steps**

The Central Unit staff was not able to carry out supervisory visits in the districts because of lack of transportation means as a result of the funding restrictions imposed by the GF. The next step is to consider filling the financial gap in TB CARE I APA2 before GF Round 10 will take over, knowing that the grant signing is due in next December.

### **Other Technical Areas**

In addition to the specific technical areas addressed in the APA, TB CARE I has been providing local international WHO technical assistance to the National Tuberculosis Programme embracing the full STB Strategy components with involvement in the technical aspects of all other projects and programs addressing TB in the country. After the approval of the GF R10 TB proposal, TB CARE I technical support was also provided in the development of the technical documents for the grant negotiation phase. These are the Performance Framework, the Workplan-Budget, and the Technical Assistance Plan.

The technical assistance goes beyond TB control to include technical management of public health programs supported by WHO in the country and contribution to the development of national health policies and strategies and to UN support to the national response to priority health problems.

## Overall Project Implementation

Taking into consideration the fact that APA1 started in the third quarter of the fiscal year, the implementation is fair and with a catch up during the first quarter of FY 2012, almost all activities will have been implemented except PMDT guidelines, which will be developed during the second quarter of the fiscal year 2012.

## Financial Overview

**Table 1: Financial summary for TB CARE I <DJIBOUTI> for Year 1 (October 2010 - September 2011)**

<b>Country</b>	DJIBOUTI
<b>Year</b>	2011
<b>Lead Partner</b>	WHO
<b>Coalition partners</b>	
<b>Other partners</b>	
<b>Total obligated amount</b>	210,000
<b>Total budgeted amount</b>	<b>210,000</b>

Total Expenditures	Budgeted Amount	Expenditures this Quarter	Accruals this Quarter	Cumulative Expenditures	Remaining Amount	Level of Spending
ATS						
JATA						
FHI						
KNCV						
MSH						
The Union						
WHO	<b>210,000</b>	96,567	0	166,661	43,339	79%
ACF						
<b>TOTAL</b>	<b>210,000</b>	<b>96,567</b>	<b>0</b>	<b>166,661</b>	<b>43,339</b>	<b>79%</b>

Under spending is related to the activities which will be implemented after the end of fiscal year 2011 as explained in the technical sections in addition to the fact that the purchase of the bench top refrigerated centrifuge was made by FIND.