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TB CARE I

TB CARE I - Djibouti

**Year 2
Quarterly Report
July-September 2012**

October 30, 2012

Quarterly Overview

Reporting Country	Djibouti
Lead Partner	WHO
Collaborating Partners	
Date Report Sent	
From	Ridha Jebeniani
To	Ahmed Mansour
Reporting Period	July-September 2012

Technical Areas	% Completion
1. Universal and Early Access	0%
2. Laboratories	100%
4. PMDT	25%
6. Health Systems Strengthening	88%
7. M&E, OR and Surveillance	100%
8. Drug supply and management	100%
Overall work plan completion	69%

Most Significant Achievements

GeneXpert has been performed starting from August 2012 with the following results:

- In August 34 tests were performed
 - o No TB detected=25;
 - o TB detected=5;
 - o RIF resistance detected=4;
 - o indeterminate=0.
- In September 102 tests were performed
 - o No TB detected=64;
 - o TB detected=25;
 - o RIF resistance detected=13; indeterminate=0;
 - o Erroneous results: 6 because of power failure.

The NTP managed to establish a functioning PMDT with decent rapid diagnostic technologies introduced by TB CARE I (GeneXpert)

A new tradition has been introduced to the NTP by TB CARE I with, for the first time ever, the NTP is sending feedback reports to lower levels.

The NTP now uses the epidemiological method to quantify drugs needs at TB basic management unit level.

Overall work plan implementation status

The overall work plan implementation status is good except for MDR TB for which the identification of a French speaking consultant took time.

The activity is scheduled in December 2012. Dr Arnaud Trebeck from the Union was identified who will only be available in December. A preparatory work took place consisting of the development of outlines for guidelines on programmatic management of MDR TB together with standard MDR treatment regimens after consultation with relevant national stakeholders.

The Djibouti team (TB CARE I and National TB Reference Hospital) attended a WHO training in Cairo on community MDR management.

Technical and administrative challenges

As shown above every time there is a need for a French speaking consultant in MDR the identification process takes too much more time than reasonably expected.

To overcome this challenge, WHO Regional office of Cairo, which is in charge of identifying consultants needed by WHO Country Office of Djibouti, liaised with the International Union Against Tuberculosis and Lung Diseases, and the problem was settled.

In-country Global Fund status and update

As mentioned in previous reports, GF R10 TB, which was approved with a 2 grade in November 2010 has yet to be signed because of the issue related to the mismanagement of previous GF funds by the current Principal Recipient of previous GF grants. The decision has been made that UNDP will be the PR for R10 TB.

The grant signature is scheduled for December with the grant implementation starting on the 1st of January 2013.

As usual TB CARE I local technical assistance was used in the finalization of the budget/work plan and the performance framework.

With the withdrawal of TB CARE from Djibouti there will be no role of TB CARE I in supporting the implementation of the grant if it is signed.

Quarterly Technical Outcome Report

Technical Area		1. Universal and Early Access					Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Y2			
		Data	Year	Data	Year				
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.x Central Team maintained with up to date NTP Manager, one Program Assistant, one M&E Officer, two DOTS supervisors, one lab supervisor and international technical assistance Description: Central Team maintained with up to date NTP Manager and international technical assistance. Indicator Value: Yes/No Level: Central Source: NTP records.	Yes	2011	Yes	2012	YES	The NTP Central Team is fully functional and composed as planned, of the NTP Manager, one Program Assistant, one M&E Officer, two DOTS supervisors, and one lab supervisor. TB CARE international technical assistance has been provided to the central team. The supervisions were conducted on a regular basis according to schedule by the Central Team.	The NTP Manager is expected to attend the UNION conference in next November (Mrs Hawa Guessod, hawahassangue@yahoo.fr)	

Technical Area		2. Laboratories					Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Y2			
		Data	Year	Data	Year				

<p>2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans</p>	<p>2.3.1 New technologies have been introduced Indicator Value: Number for each technique below by Central, Provincial, district and Peripheral levels</p> <ol style="list-style-type: none"> 1. TB culture 2. First line DST 3. Second-line DST 4. HAIN MTBDRplus 5. GeneXpert 6. LED microscopy 	<p>1</p>	<p>2011</p>	<p>5 (GeneXpert will be introduced by TB CARE I while TB culture, first line DST and Hain will be introduced by FIND; LED microscopy being already present at the baseline)</p>	<p>2012</p>	<p>5</p>	<p>A 5-day training for setting up and using the GeneXper device (only one is available in Djibouti as planned) conducted by an expert from Cepheid was held in July 2012. GeneXpert tests have been performed without problem.</p> <p>In August 34 tests were performed (No TB detected=25; TB detected=5; RIF resistance detected=4; indeterminate=0).</p> <p>In September 102 tests were performed (No TB detected=64; TB detected=25; RIF resistance detected=13; indeterminate=0; erroneous results: 6 because of power failure).</p> <p>Moreover, Djibouti participated in September in the WHO global piloting of the new TB definitions and Recording and Reporting system based on GeneXpert.</p>	
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Technical Area 4. PMDT		Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Data	Year	Data	Year	Y2		
		4.1 Improved treatment success of MDR	4.1.x Percentage of MDR TB patients enrolled on second line treatment according to the national protocol Description: Indicator Value: percentage Level: National Source: MDR recording and reporting system Means of Verification: regular supervision Numerator: number of MDR TB patients enrolled on second line treatment according to the national protocol among those diagnosed Denominator: Number of MDR TB patients diagnosed	0/8=0%	2010	37%	2012	

Technical Area 6. Health Systems Strengthening		Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
Expected Outcomes	Outcome Indicators					

		Data	Year	Data	Year	Y2		Target
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1 Supervisory visits conducted according to country supervisory standards Indicator Value: Percent Numerator: Number of annual supervisory visits conducted disaggregated by three levels. Denominator: Number of annual supervisory visits planned disaggregated by three levels.	National: 120/140= 86%	2010	National:140 /140=100%	2012	135/140= 96%	The supervisions were carried out using the TBCAP developed supervision guide and checklist. Although the visits conducted during Q1 and Q2 are not tied to TB CARE I (they were conducted on other funding sources pending the availability of TB CARE I funds) they are included in the related TB CARE I performance indicator.	The target for the year is 140 visits. However 5 planned visits to the districts during the first quarter colud not be conducted for reasons of lack of funds at that time. Therefore 135 visits out 140 were conducted. This type of indicator cannot be caught up as the 5 visits were supposed to be conctued in the first quarter.

Technical Area		7. M&E, OR and Surveillance					Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target					
		Data	Year	Data	Year				
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.2 NTP provides regular feedback from central to lower levels Indicator Value: Percent per quarter Numerator: Number of quarterly feedback reports prepared and disseminated disaggregated by three levels. Denominator: Total number of recipient units/facilities at each level	0/16=0%	2010	16/16=100%	2012	=16/16=100%	The annual analysis of the main TB indicators for 2011 and for Q1 2012, which was part of a national quarterly report was sent to the 10 DOTS centers of the capital and is being distributed, by the time of reporting to the 5 other districts (The districts constitute the lower and lowest level in respect to the national level. This level include the 16 TB management units. The analysis focuses on the districts' results compared with the national level and between districts. The analysis also highlights achievements and challenges at national level and by district. Tthis the first time ever that these quarterly reports have been distributed	The distribution of the reports to the rural districts took time because of logistical limitations faced by the NTP.	

Technical Area		8. Drug supply and management					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y2		
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.4 Quarterly quantification and order based on the epidemiological method implemented by all DOTS centers Indicator Value: Number and percentage Level: National Source: NTP records Means of Verification: NTP Central Pharmacy records Numerator: Number of DOTS centers performing quarterly quantification and order based on the epidemiological method Denominator: Total number of DOTS centers	0/15=0%	2010	15/15=100%	2012	15/15=100%	The training on drug management for DOTS personnel on charge of TB drugs took place on 4 and 5 August 2012. After this, the NTP is now using the epidemiological method to quantify and order drugs.	

Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.1.1	Participation of the NTP Manager in an international conference on TB	WHO	5.277	 0%	Sept	2012	Planned for November. The Union Conference will take place in Kuala Lumpur from 13 to 17 November 2012.

 0%

2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1	Purchase of one 4-module instrument for GeneXpert	WHO	22.600	 100%	Jan	2012	The 4 module GeneXpert instrument was procured.
	2.3.2	Purchase of cartridges for GeneXpert	WHO	46.556	 100%	Jan	2012	800 cartridges were procured as part of the first installment of the total 2060 cartridges ordered. Savings will be considered for funding the purchase of more cartridges.

	2.3.3	Technical assistance for the introduction of GeneXpert including training	WHO	8.475	 100%	Jan	2012	A 5-day training for setting up and using the GeneXpert instrument by Cepheid was held from 16-20 July 2012. The training was conducted on the web with the participation of all staff from the NRL (5 technicians including one female).
	2.3.4	Training of NRL staff on GeneXpert	WHO	407	 100%	Jan	2012	As shown above, the training of the NRL was conducted on the web by CEPHEID. A training of doctors on the use of the TB CARE I developed algorithm based on GeneXpert was conducted in July 2012 with the involvement of TB CARE I local technical assistance and the National TB Reference Hospital in the facilitation.
	2.3.5	Complementary equipment for GeneXpert	WHO	661	 100%	Jan	2012	The equipment was procured.
	2.3.6	Refrigerator for GeneXpert	WHO	2.260	 100%	Jan	2012	The refrigerator was procured.
					 100%			

4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	4.1.1	Technical assistance for training on MDR case management	WHO	8.475	 25%	July-Sept	2012	The activity is scheduled in December 2012 as it was difficult to identify a French speaking consultant. Dr Arnaud Trebuck from the Union was identified who will only be available in December 2012. A preparatory work took place consisting of the development of outlines for guidelines on programmatic management of MDR TB together with standard MDR treatment regimens after consultation with relevant national stakeholders (February 2012).
	4.1.2	Training on MDR case management	WHO	2.441	 25%	July-Sept	2012	The activity is scheduled in December 2012. Some preparatory work took place as shown above.
					 25%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	Supervision in the capital	WHO	2.915	 100%	DOTS Ce	2012	The supervision activities in the capital have been carried out on a regular basis (monthly in the capital and quarterly in the districts for every DOTS structure) as scheduled during the whole APA2 term.
	6.2.2	Supervision in the districts by the Central Team	WHO	13.180	 75%	h of the f	2012	The supervision activities in the districts (supervisory visits to the DOTS structures in the districts) have been fully implemented during the three last quarters, after the challenges resulting from the lack of funds experienced during the first quarter. During the first quarter only supervision in the capital took place.
					 88%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.2 Improved capacity of NTPs to analyze and	7.2.1	Desktop computers	WHO	7.571	100%	Apr	2012	The three computers were procured
	7.2.2	Laptop PC	WHO	2.260	100%	Apr	2012	The laptop PC was procured
					100%			

8. Drug supply and management			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1	Training of DOTS personnel on the use of the NTP quarterly drug order form	WHO	4.882	100%	Jun	2012	The training on drug management for DOTS personnel on charge of TB drugs took place on 4 and 5 August 2012.
					100%			

Quarterly MDR-TB Report

Country	Djibouti
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Period	JULY-SEPTEMBER 2012
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	8	8
Jan-Sep 2011		
Oct-Dec 2011		
Total 2011	73	12
Jan-Mar 2012		
Apr-Jun 2012	41	16
Jul-Sep 2012	30	10
To date in 2012	71	26

CUMULATIVE DATA FROM 1st January 2012. By sex: 23M and 18F

Quarterly GeneXpert Report

Country	Djibouti
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Period	JULY-SEPTEMBER 2012
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Table 1: GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan- Jun 2012	Cumulative total		
# GeneXpert Instruments	0	1	1	0	
# Cartridges	0	800	800	1260	October 2012 (800) and May 2013 (460)

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
Procured	1	4	NRL	USAID	WHO
	2				
	3				
	4				
	5				
	6				
	7				
	8				

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
Procured	1	800	NRL	USAID	
Planned	2	1260	NRL	USAID	
	3				
	4				
	5				

*There are 10 cartridges per kit, but we need the total # of cartridges (not kits)
Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

Djibouti participated in September in the WHO global piloting of the new TB definitions and Recording and Reporting system based on GeneXpert. The aim of the exercise was to collect comments from the field on the use of this new system. The comments and suggestions worldwide will be taken into consideration by WHO HQ in finalizing the system.

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

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Please describe technical assistance or evaluation of implementation activities performed and planned.

Technical assistance was provided in the development of the algorithm (TB CARE I permanent technical assistance in the country) and in the use of the machine (Cepheid). Beyond this there is no TB CARE I technical assistance planned for implementation as TB CARE I project will close at the end of 2012.

Quarterly Photos (as well as tables, charts and other relevant materials)









Calcul de la commande

	D Besoins du dernier trimestre	E Stock tampon requis	F Stock au dernier jour du trimestre précédent	G Commande totale
	$D = A+B+C$	$E=D$	F	$G=D+E - F$

Plaquettes thermoformées³

(R150/H75/Z400/E275)				
(R150/H75)				
(R150/H75/E275)				

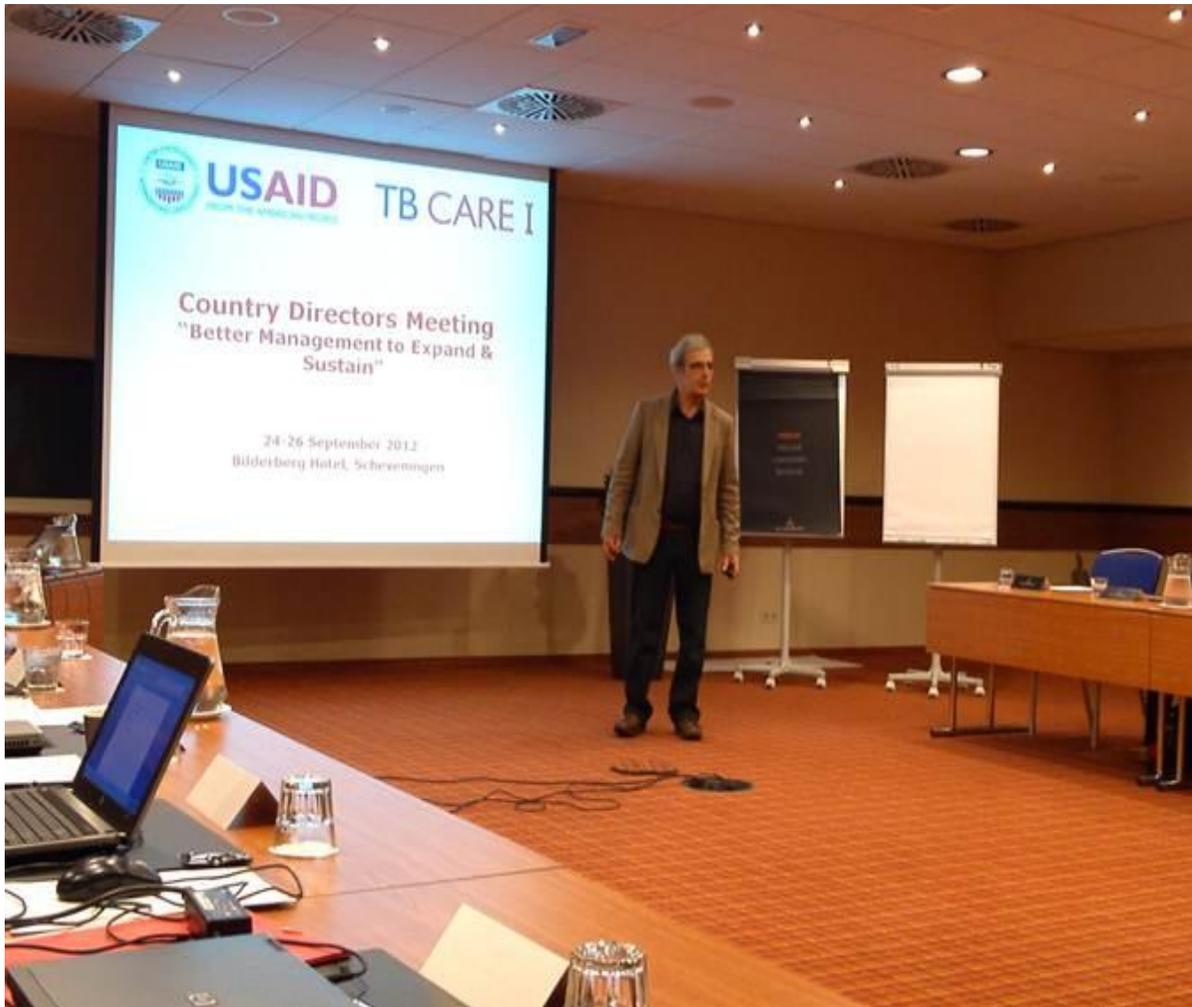
Comprimés à l'unité/flacons

Z400				
S1g				
Seringues et aiguilles				
Eau pour préparations injectables				

FORMES PEDIATRIQUES (0-14 ans) CAT III

	D	E=D	F	G=D+E - F
(R60/H30/Z150)				
(R60/H30)				





Training workshop on GeneXpert algorithm, Djibouti, 18 July 2012



CEPHEID training of NRL lab technicians on GeneXpert, Djibouti, July 2012

