



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

TB CARE I - Djibouti

**Year 2
Quarterly Report
October-December 2011**

January 30, 2012

Quarterly Overview

Reporting Country	Djibouti
Lead Partner	WHO
Collaborating Partners	
Date Report Sent	27/01/2012
From	Ridha Jebeniani
To	Ahmed Mansour
Reporting Period	October-December 2011

Technical Areas	% Completion
1. Universal and Early Access	0%
2. Laboratories	7%
4. PMDT	0%
6. Health Systems Strengthening	15%
7. M&E, OR and Surveillance	0%
8. Drug supply and management	50%
Overall work plan completion	12%

Most Significant Achievements

While some activities were not directly financed by TB CARE I, they required the local technical assistance provided and financed by TB CARE I.

An algorithm for TB and MDR diagnoses and management of MDR using GeneXpert was developed and submitted for technical advice. Discussions were held with FIND experts on the practical modalities of introducing GeneXpert in the National Reference Laboratory.

The treatment regimens have been updated to be in line with the new WHO guidelines with notably the reliance on DST for treating retreatment cases and the establishment of an MDR standard regimen.

A one week training on M&E and the recording and reporting system (including quarterly drug order form and the GDF drug calculation sheet) was held in Djibouti with the participation of DOTS personnel and doctors.

Overall work plan implementation status

Despite the fact that TB CARE I funds were not made available for the quarter, activities were held with other financial sources. This is especially the case for GeneXpert introduction preparatory work, both technical and administrative. This preparatory work involved local technical assistance provided and financed by TB CARE I.

Supervisions in the capital were regularly conducted as scheduled. The financial cost entailed only fuel (not per diems) as the activities were held only in the capital and were conducted by the NTP Central Unit Staff. It is proposed that discussions be held with the Mission to consider reimbursement if this is eligible.

Technical and administrative challenges

The NTP unit was not able to conduct regular supervisions in the districts because of lack of financial resources (The Global Fund took the decision to freeze funds dedicated to supervision including fuel and fees until the vehicle purchased by the GF for the NTP is given back by the MOH to the NTP for supervision activities). Only one visit out of 5 was conducted.

In-country Global Fund status and update

Round 6 is functioning with major restrictions; in addition to the fact that only essential services are financed, other restrictions are imposed such as the issue of supervision activities described in the box above.

R10 is in the negotiation phase with TB CARE locally based technical assistance used to assist in developing the relevant technical documents. The PR (FHI360) is struggling with the budget necessitating cuts relative to what has been approved. This is because some activities were scheduled in the final year of R6, which corresponds to Year 1 of R10. Since R6 was cancelled in its normal form (leaving the way to Continuity Of Services) the essential activities scheduled in year 5 of R6 have to be added in R10.

Quarterly Technical Outcome Report

Technical Area		1. Universal and Early Access					Highlights of the Quarter	Challenges and Next Steps to Reach the
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y1		
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 Programm 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		The Central Team is functioning with a new NTP manager, appointed in December, one Program Assistant, one M&E Officer, two DOTS supervisors, one lab supervisor and international technical assistance provided by TBCARE.	The NTP Manager is expected to attend the UNION conference in next September/October.

Technical Area		2. Laboratories					Highlights of the Quarter	Challenges and Next Steps to Reach the
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y1		
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1 New technologies have been introduced Indicator Value: Number for each technique below by Central, Provincial, district and Peripheral levels 1. TB culture 2. First line DST 3. Second-line DST 4. HAIN MTBDRplus 5. GeneXpert 6. LED microscopy	1	2011	(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)	2012		An algorithm for TB and MDR diagnoses and management of MDR using GeneXpert was developed and submitted for technical advice. Discussions were held with FIND experts on the practical modalities of introducing GeneXpert in the National Reference Laboratory.	As soon as TBCARE funds will be made available the procurement will be initiated.

Technical Area 4. PMDT								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year			
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	100%	2012		An algorithm for TB and MDR diagnoses and MDR management using GeneXpert was developed and submitted for technical advice. Discussions were held with FIND experts on the practical modalities of introducing GeneXpert in the National Reference Laboratory. The treatment regimens have been updated to be in line with the new WHO guidelines with notably the reliance on DST for treating retreatment cases and the establishment of an MDR standard regimen.	The relevant TBCARE activities are scheduled for Q4 2012

Technical Area 6. Health Systems Strengthening								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	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 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		Supervisions in the capital were regularly conducted. This amounted to 30 visits out of the 30 planned during the quarter in the capital.	The NTP unit was not able to conduct regular supervisions in the districts because of lack of financial resources (The Global Fund took the decision to freeze funds dedicated to supervision including fuel and fees until the vehicle purchased by the GF for the NTP is given back by the MOH to the NTP for supervision activities). Only one visit

Technical Area 7. M&E, OR and Surveillance								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y1		
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		A one week training on M&E and the recording and reporting system (including quarterly drug order form and the GDF drug calculation sheet) was held in Djibouti with the participation of DOTS personnel and doctors.	

Technical Area 8. Drug supply and management								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y1		
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.x [Quarterly quantification and order based on the epidemiological method implemented by all DOTS centres] Indicator Value: Number and percentage Level: National Source: NTP records Means of Verification: NTP Central Pharmacy records Numerator: Number of DOTS centres performing quarterly quantification and order based on the epidemiological method Denominator: Total number of DOTS centres	0/15=0%	2010	15/15=100%	2012		A one week training on M&E and the recording and reporting system (including quarterly drug order form and the GDF drug calculation sheet) was held in Djibouti with the participation of DOTS personnel and doctors.	The workshop was financed by WHO regular budget. As soon as TBCARE funds will be made available the specific training on the use of the NTP quarterly drug order form will be held.

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	
					 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	 10%	Jan	2012	Algorithm for diagnostic use of GeneXpert was developed and submitted for technical advice to lab and MDR experts in WHO, FIND and KNCV. Discussions held with FIND experts on the practical modalities of introducing GeneXpert in the National Reference Laboratory.
	2.3.2	Purchase of cartridges for GeneXpert	WHO	46,556	 10%	Jan	2012	The same as above applies regarding the preparatory technical work with the development of the algorithm.
	2.3.3	Technical assistance for the introduction of GeneXpert including training	WHO	8,475	 10%	Jan	2012	Before technical assistance will take place once funds will be available, one of the requirements of training and introduction of GeneXpert, namely the development of a diagnostic algorithm, was addressed.

	2.3.4	Training of NRL staff on GeneXpert	WHO	407	10%	Jan	2012	The training will be based among others on the national diagnostic algorithm, which has been developed during this quarter. As soon as funds will be made available, the training will be conducted based on the algorithm.
	2.3.5	Complementary equipment for GeneXpert	WHO	661	0%	Jan	2012	
	2.3.6	Refrigerator for GeneXpert	WHO	2,260	0%	Jan	2012	
					7%			

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	0%	July-Sept	2012	Mission for developing the guidelines on programmatic management of MDR TB scheduled for the week ending 26 January 2012. The consultant identified is Dr Ignacio Monedero, UNION expert.	
	4.1.2	Training on MDR case management	WHO	2,441	0%	July-Sept	2012	Mission for developing the guidelines on programmatic management of MDR TB scheduled for the week ending 26 January 2012.	
					0%				

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	6.2.1	Supervision in the capital	WHO	2,915	25%	DOTS Ce	2012	Supervisions in the capital regularly conducted with other financial sources.	

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	6.2.2	Supervision in the districts by the Central Team	WHO	13,180	 5%	h of the	2012	The NTP unit was not able to conduct regular supervisions in the districts because of lack of financial resources (The Global Fund took the decision to freeze funds dedicated to supervision including fuel and fees until the vehicle purchased by the GF for the NTP is given back by the MOH to the NTP for supervision activities). Only one visit out of 5 was held (that is 20% of 25%=5%)
					 15%			

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 use quality data for management of the TB	7.2.1	Desktop computers	WHO	7,571	 0%	Dec	2012	Awaiting funds
	7.2.2	Laptop PC	WHO	2,260	 0%	Dec	2012	Waiting for funds to be available
					 0%			

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	 50%	Dec	2012	A one week training on M&E and the recording and reporting system (including quarterly drug order form and the GDF drug calculation sheet) was held in Djibouti with the participation of DOTS personnel and doctors. The workshop was financed by WHO regular budget. The involvement of TB CARE I was through local technical assistance, used for preparation and contribution to the facilitation of the workshop. As soon as TBCARE funds will be made available the specific training on the use of the NTP quarterly drug order form will be held.
					 50%			

Quarterly MDR-TB Report

Country	Djibouti
---------	----------

Period	October-December 2011
--------	-----------------------

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

Quarterly GeneXpert Report

Country	Djibouti
---------	----------

Period	October-December 2011
--------	-----------------------

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-Sep 2011	Oct-Dec 2011	Jan-Dec 2011		
# GeneXpert Instruments	0	0	0	1	When funds are available
# Cartridges	0	0	0	2060	When funds are available

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
Planned	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
Planned	1	2060	NRL	USAID	
	2				
	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

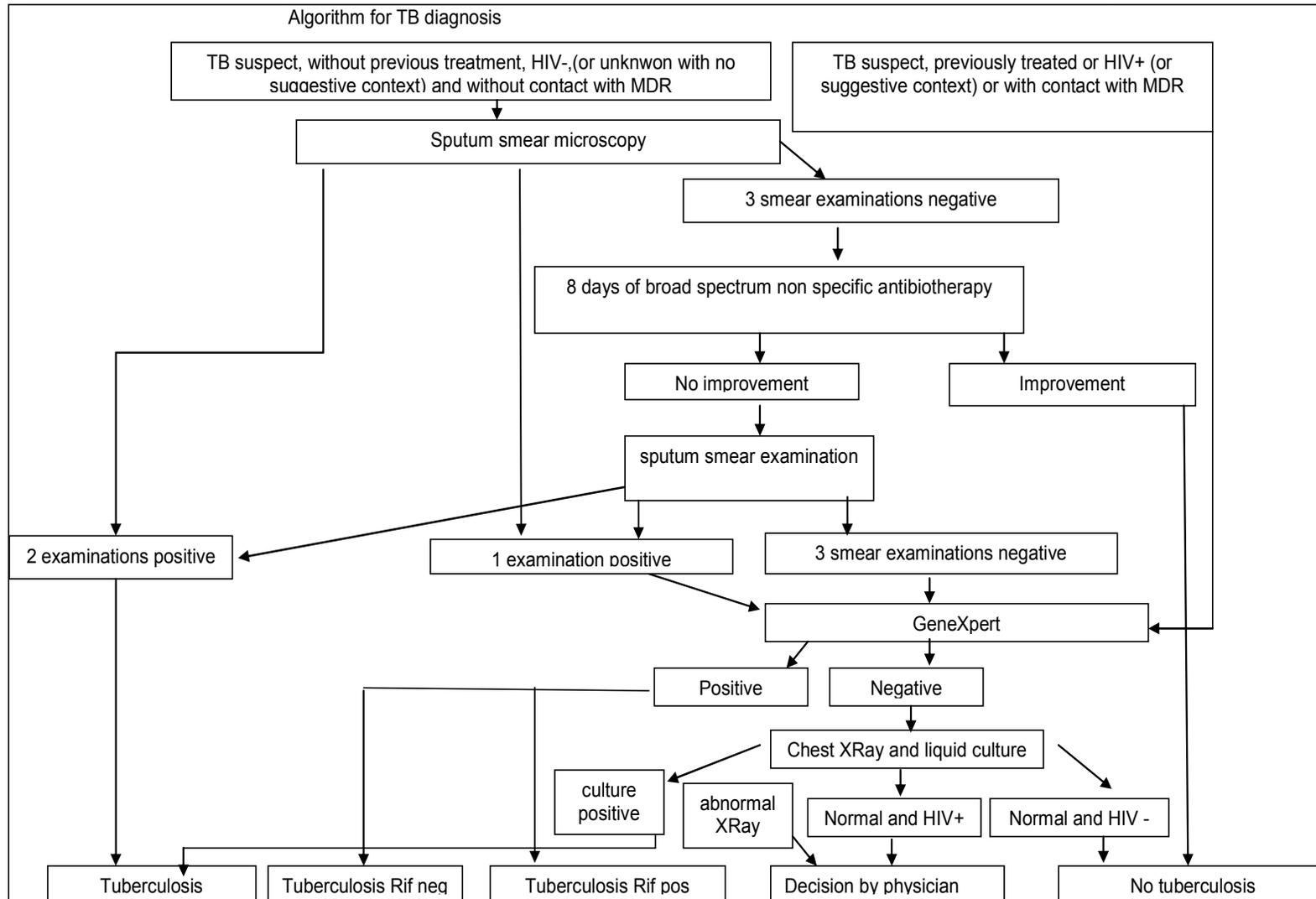
Any additional information/clarifications to the above (optional)

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

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

Technical assistance for training of NRL staff on GeneXpert is planned.

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



Algorithm for diagnosis and case management of MDR TB

