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Multiannual Work Plan

Revision year: 2020

Project Title: Support National HIV, Tuberculosis and Malaria Control Programs to Strengthen Treatment and Care Services Across the Country

Project number: 00125114

Realization partner: DPSP

Start date: 01 January 2021

End date: 31 December 2023

CAP meeting date:

Brief description of the project

This project, which is in line with the objectives established under the Action Plan for the implementation of the Global Grant.

The funding will be used to respond to the fight against HIV / AIDS, Tuberculosis and malaria.

1. The malaria

The Republic of Djibouti is a desert country with a hot and arid climate. The annual average temperature varies between 23 ° C in January and 39 ° C in August. Precipitation is low and irregular, with an average annual precipitation of 136 mm. If these climatic conditions (low rainfall and very high temperatures) are unfavorable to the growth of the *Anopheles* mosquito, vector of the parasite responsible for malaria, Djibouti has experienced an upsurge in malaria cases since 2013. Although Djibouti had just reached a pre-level level. -elimination in 2012 with only 24 confirmed malaria cases (<1 case per 1000 inhabitants), this figure reached 1674 in 2013, 13,804 in 2016, 25,319 in 2018 and 49,402 in 2019. In addition, 98% of cases of declared malaria are reported in Djibouti City, 90% of which is concentrated in three sub-zones (localities) of the Boulaos district. In addition, the country has experienced a trend for *Plasmodium falciparum*, which contributes to 73% of malaria cases observed in 2019 against 69% in 2017. According to the report of the MRP (mid-term review) of the national program to fight against malaria in 2019, various factors contributed to the resurgence of malaria cases, namely 1. Reduction in funding between 2009 and 2015, only government and WHO providing treatment; 2. limited preventive intervention for the period 2017-2019; 3. population movements across borders; 4. Appearance of *Anopheles stephensi*, a vector associated with the epidemic of malaria in urban areas; 5. The recent detection of HRP2 deletion that led to misdiagnosis of average 50% of the cases. In addition, the current program aims to strengthen the malaria control phase to achieve a 50% reduction by 2024. It will increase access to malaria screening and treatment across the country, and implement residual spraying indoors in the most affected areas of the Boulaos district.

The program will also strengthen epidemiological surveillance, with active case detection and emergency response to epidemics. It will also include entomological surveillance interventions to monitor insecticide resistance.

2.Goals, Strategies and Activities

Goal: Reduce malaria morbidity by 50% by 2024, compared to 2019 data, with the aim of reaching zero indigenous cases by the end of 2030.

Strategies:

- Vector control and Larval Source Management
- Accurate Diagnostic and Case management;
- Epidemic response;
- Strengthening the health system for monitoring and evaluation

2. The tuberculosis

According to the 2018 world report on tuberculosis in the Republic of Djibouti, we note: The incidence rate of TB in Djibouti is estimated by the WHO at 260 (199-329) cases per 100,000 inhabitants in 2018. Despite a decrease constant since 2010, the current estimated incidence remains high; it is greater than that of two neighboring countries [Ethiopia (151) and Eritrea (89)] and identical to that of Somalia (262). Programmatic interventions and non-programmatic factors likely contributed to the decline in TB incidence in the country:

- Improvement in the quality of TB diagnosis with a sharp decrease in pulmonary forms not proven bacteriologically (BPD-): decrease of 85% between 2010 and 2019),
- Decrease in the number of foreigners coming to Djibouti for treatment (not quantified but obvious to all caregivers),
- Decrease in the incidence of HIV from 9% in 2014 to 3% in 2018 among tuberculosis patients,
- High therapeutic success (> 80%) for several years.

The following factors would help maintain a high incidence:

- The extreme poverty rate at 1.90 dollars per day was estimated at 21.1% by DISED in 2017 and 16.3% in 2018 (Source: World Bank);
- Financial barriers to access to healthcare for a large segment of the population;
- The significant level of undernourishment: in 2019, the prevalence of global acute malnutrition is estimated at 10.3% and severe acute malnutrition at 2.6% at the national level; although improving, these figures classify the country in severe overall acute malnutrition (alert situation) and in emergency (critical) situation for severe acute malnutrition
- Low coverage of antiretroviral therapy among people living with HIV;
- accelerate urbanization.

The evaluation of the surveillance system carried out in April 2019 shows that there is an underdiagnosis of TB (patients who do not access care) as well as a probable underreporting (patients diagnosed but lost to follow-up before being placed treatment and therefore not declared). Children under 5 are underrepresented. The detection rate (notifications / incidence) is estimated at 80% (63-100). The gap of unreported cases is therefore relatively small.).

The prevalence of MDR-TB is high because it is estimated at 4.7% (2.8-7.7) among new cases (pharmaco-resistance survey, 2015) and at 9.7% (4.5-18 , 0) among reprocessing cases (WHO estimates for 2018). In 2019, 9 cases of MDR-TB (including 4 XDR-TB) were detected. Populations at risk of tuberculosis are not clearly identified in Djibouti because poverty is high and affects all neighborhoods. Active research efforts in neighborhoods known to be particularly disadvantaged have reported virtually no cases of tuberculosis.

Concerning Co-infected patients, HIV screening is systematically offered to all tuberculosis patients in the Community Health Center (CSC) where the diagnosis and treatment of TB (CDT) are made. More than 80% of TB patients are tested for HIV.

Information on the HIV test is not systematically entered in the TB registers and is collected from an HIV test register reserved for TB patients and available in the HIV department.

Of the 23 services providing care for HIV, 96% had the diagnostic capacity for TB in PLHIV Screening for TB in PLHIV was about 39% in the 2nd half of 2016. No data for the period 2017-2019 (indicator not monitored by the PLSS).

There has been a decrease in the rate of HIV positivity among TB patients since 2016, dropping from 5% (118/2251) in 2016 and 2017 (84/1762), to 4% (65/1792) in 2018 and 3.3% (50/1524) in 2019.

2.Goals, Strategies and Activities

Goals,

Identify at least 9,000 cases of drug-susceptible TB and at least 300 MDR-TB by the end of 2024.

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Prevention of tuberculosis

Strategies:

- Detection, Treatment, follow-up and prevention of tuberculosis;
- Management of multidrug resistant tuberculosis;
- Management of TB / HIV co-infection;
- Community systems strengthening
- Health information management system and monitoring and evaluation.

2. The HIV

The HIV epidemic in Djibouti seems to have a heterogeneous character the high prevalence of HIV in the general population, classifying the country in a generalized epidemic level, i.e. a rate of 1.2% [1.0-1.5] in 2019 and shows a trend declining since 2002, when the prevalence rate was twice as high (2.9%).

The incidence of HIV is estimated at 0.8 per 1000 [0.49-1.2] in 2016, which was not modified in 2018 (0.8 per 1000) [0.53-1.22] but it is still higher than at the level of neighboring countries (Ethiopia 0.4; Somalia 0.04; Eritrea 0.2 or Yemen 0.07).

The estimate of new infections by Spectrum v 5.8 (UNAIDS), shows a reduction from 358 cases in 2010 to 174 in 2016 and 132 [69-275] in 2019 (Figure HIV 1.1), including 42 in children aged 0 -14 years old

The estimated number of deaths increased from 822 in 2010 [568-1129] to 348 [192-630] in 2019.

The incidence of HIV fell from 0.44 in 2010 to 0.14 per 1000 [0.07-0.29] in 2019.

Estimates by the Spectrum software, based on data validated in March 2020, showed that there would have been 6,799 people living with HIV (PLHIV), including 3,807 women (56%) and less than 700 children aged 0 at 14 years old (i.e. 645 [504-843]).

With regard to the Prevention of Mother-to-Child Transmission of HIV (PMTCT), in 2015, Djibouti adopted option B + promoted by the WHO in order to eliminate all transmission of HIV from mother

to child. Child (eMCT): Treat any pregnant woman diagnosed with HIV + and keep her on ART. (MS / PLSS)

The coverage rate of pregnant women with the first antenatal consultation (CPN1) has not changed (62% in 2016 and 60% in 2019). The number of pregnant women tested during ANC1 increased slightly from 13,609 in 2016 to 16,599 in 2019. The rate of HIV positivity in pregnant women has been declining steadily since 2015, dropping by 0.9%. (126/14113) to 0.12% (21/16599) in 2019.

2. Goals, Strategies and Activities

Goal: At least 90% of PLHIV know their HIV status by 2022.

Retention rates at 12, 24 and 36 months are 95%, 93% and 90%, respectively, by 2022.

Strategies

- Diagnostic, Treatment, Care Monitoring, follow-up and support
- Differentiated HIV testing services
- Human Rights (RTTR-DH) strategy
- Reduction of human rights barriers that hinder access to HIV services /

Effect contributing to the project (UNDAF / DPP, DPR or DPM): Access to basic social services for the most vulnerable populations and groups in particular is improved. Indicative product (s): <ol style="list-style-type: none"> 1. Vector control 2. Case management 3. Prevention related to tuberculosis 4. Diagnosis, management and prevention of tuberculosis 5. Multidrug-resistant tuberculosis 6. TB / HIV integration, 7. HIV prevention 8. Treatment, care and support, 9. Prevention of parent-to-child transmission with involvement of men 	Total resources needed:	10 896 526 USD		
	Total resources allocated:			
		TRAC du PNUD :		
		Donateur : Fonds mondial	10 896 526	
		Donateur :		
		Gouvernement :		
		En nature :		



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10. SRPS			
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Read and approved by (signatures) :

United Nations Development Program Implementing	Partner : Ministry of Health or representative
Fatima F. Elsheikh Resident Representative	Name in capitals:
Date :	Date :



I. Results Framework¹

Expected outcome, as indicated in the National [or global / regional] / UNDAF Program Results and Resources Framework:

Access to basic social services for the most vulnerable populations and groups in particular is improved

Impact indicators, as specified in the National [or Global / Regional] Program Results and Resources Framework, including baselines and targets:

HIV I-6 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months : The baseline is e 17,61% , SThe targets 2021 : 11,43% , 2022 : 10,14% et 2023 8,46%

TB I-2 TB incidence rate per 100,000 population:According to the WHO's 2020 global TB report, the estimated incidence of tuberculosis is 234 cases per 100,000 inhabitants. It will decline in the coming years, with a reduction of 4% per year over the period 2021-2023. This indicator and the targets are those of the NSP TB 2020-2024 (230 in 2021, 221 in 2022 and 212 in 2023). The country is moving towards the new global targets by reducing the incidence rate of Tuberculosis. The NTP will measure this indicator to monitor the trend of Tuberculosis. The result of this indicator will be available in October of each year when the Global Tuberculosis Report is published.

¹ UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

TB I-3^(M) : TB mortality rate per 100,000 population: These targets are those of TB NSP 2020-2024. This indicator measures the TB mortality rate in the general population.

Data source: WHO World Report published annually. To reduce the mortality rate, the NTP will strengthen the monitoring of patients to reduce the risk of patients being lost to follow-up and increase treatment success, for which the following activities will be put in place: a new system for tracing patients referred through the telephone fleet and a systematic follow-up of irregular patients will be effective to recover patients. In addition, there will be early detection of suspected cases through the identification of contact subjects of index cases.

The WHO 2019 report reports a rate of 25 deaths per 100,000 inhabitants in 2019 (www.who.int/tb/data). The NSP aims to reduce the number of TB-related deaths by 11% per year (i.e. per 100 000 inhabitants 20 in 2021, 18 in 2022 and 16 in 2023). The NTP will measure this indicator to monitor the trend of Tuberculosis. The result of this indicator will be available in October of each year when the Global Tuberculosis Report is published.

Malaria I-1^(M) Reported malaria cases (presumed and confirmed) : The Baseline is derived from the NMCP's programmatic reports for the four quarters of 2019. The numbers of cases recorded are malaria cases confirmed by rapid diagnostic tests.

Given the sharp increase in recorded cases for 2019, with 49,402 cases notified and also with 15,000 cases notified in January 2020, which represents 30% of the expected cases in 2020.

The NMCP has revised its targets for the years 2021, 2022 and 2023 to meet the needs of the program, particularly in anti-malarial drugs, vector control, care, epidemiological surveillance and capacity building.

To determine the 2021 target, a 5% increase rate was applied to the base value of 49402. Consequently, it is estimated that the number of confirmed malaria cases will be 51872 for the period 2021.

However, in 2022 and 2023 the NMCP estimates a decrease in malaria cases of 3% and 5%. Indeed, taking into account the implementation of targeted activities such as: mass distribution of LLINs in high-risk areas in 2022; as well as for refugees and migrants on a continuous basis during the three years of the program implementation on a continuous basis and IRS for 2021, 2022 and 2023 the strengthening of surveillance and management of larval sources. The NMCP estimated targets are 50316 in 2022 and 47800 in 2023.

A slowdown in the increase in the number of cases is realistic because the effects explaining this sharp rise (in part the of HRP2 deletion and therefore the delay in diagnosis and treatment, as well as the reduced quality of indoor spraying due to climatic events) will be addressed by the program in addition to an extension of the IRS to all of the most affected neighborhoods with government funding.

Malaria I-3.1^(M) :In-patient malaria deaths: rate per 100,000 persons per year: Currently the country only has data from the first quarter of 2020 on cases of death due to malaria. The NMCP in order to collect this indicator held a meeting with the Secretary General of the Ministry of Health in February 2020. The latter undertook to make a note of the reference hospitals and 5 CMHs with a view to notifying the case of death in the hospitalization register already made available to them by the DIS (Direction de l'information sanitaire).

However, the programme in the current grant will cater for :

- Meetings with the various directors, hospital doctors and the Ministry of Waqfs Muslims affairs/property for the collection of data on deaths (whose main function is to register number of deaths in reference hospitals).
- Engage multisectorally by integrating several ministries.

Thus, based on the number of severe cases reported in the second half of 2019 , which is 132 cases. The PNLN has set itself a target of 20% from 132 severe cases reported, for the expected number of deaths.

- In 2021, 26 deaths.

- In 2022, the mortality rate is expected to fall by 10%, for an expected number of 13 deaths.



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-And finally by 5% in 2023, for an expected number of 6 cases.

The program has set a higher target than the NSP, based on the number of severe cases in hospitals. In addition, in the first quarter of 2020, 17 cases of malaria-related deaths were reported in reference hospitals (7 deaths in peltier and 9 in balbala hospital and 1 in dar al hanan). The NMCP will determine the annual value baseline with the 2020 results.

In addition, the death column is now included in the SMIC hospitalization register as well as the reason for admission and diagnosis. This will facilitate the reporting of the indicator measuring malaria-related deaths during this implementation period.

TB I-4^(M) : RR-TB and/or MDR-TB prevalence among new TB patients: Proportions of new TB cases with RR-TB and/or MDR-TB proportion de nouveaux cas de tuberculose avec TB-RR et/ou TB-MR: The baseline is from the World Tuberculosis Report, 2019. The program envisages a stabilization of incidence rates of 4.7% for the next 3 years. The result of this indicator will be available in October of each year when the Global Tuberculosis Report is published.

Outcome indicators, as specified in the National [or Global / Regional] Program Results and Resources Framework, including baselines and targets:

HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed: The baseline is 37,66% en 2019. The targets are from the HIV NSP 2021, (1,409/1956), 2022 (1865/2453) et 2023 (2468/3085).

TB O-4^(M) Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated : the baseline is 71,43% en 2019 . Targets are from the 2020-2024 TB NSP, the NTP aims to reach 75% by 2021 and reach 77% in 2023.

Malaria O-2 Proportion of population with access to an ITN within their household: The baseline for this indicator is drawn from the report of the post-LLIN distribution survey that took place in June 2019.

As part of the funding request, it is planned to carry out an LLIN distribution targeting 270,559 people, who will benefit from 150311 LLINs in 2022. The NMCP plans to conduct a survey that will be based on a sample and the programme has set itself the objective of reaching 85% (229975/270559) of the target for this indicator, i.e. 85% of households surveyed will have at least one insecticide-treated net for every two people.

The result for this indicator will be available when the LLIN post-distribution survey is carried out.

Malaria O-3 Proportion of population using an insecticide-treated net among those with access to an insecticide-treated net : The Targets is en 2022 85%.

Output 1 Malaria								
Vector control	VC-1Number of long-lasting insecticidal nets distributed to- at-risk populations through mass campaigns		151832	2019	30000	212851	30000	<p>The Baseline is the result of the 2020 LLIN distribution report which took place in January 2020 in the municipality of Boualos and Rasdika. Thus, the programme has decided to use as baseline the most recent distribution that took place in the communes of Boualos and Rasdika in January 2020. A total of 145392 LLINs were distributed. To this figure was added the most recent distribution of mosquito nets (6440) to refugees which took place in Holl -Holl and Ali Addé in March 2020.</p> <p>It is planned to carry out a LLIN mass distribution campaign in 2022 targeting the commune of Boulaos. For the estimation of nets to be distributed for the two communes (Boulaos and Ras dika) the NMCP took the data from the distribution of LLINs in the commune of Boulaos and Ras dika for the year 2020 to which it applied a progression rate of 2.8% respectively for 2020,2021,2022 and 2023.</p> <p>Thus, with this calculation we were able to determine the target population of 2022 which represents the year of mass distribution for the areas at risk.</p> <p>In 2022, a population of 270559 is expected, and following the WHO recommendation which prescribes one net for every 1.8 people, the number of nets to be distributed for the commune of Boulaos is $270559/1.8$ is 150311. In addition, the programme has set itself the target of distributing one net per person for the refugees by 2022 in conjunction with the mass distribution in the commune of Boualos (32540). It is also planned to carry out LLIN mass distribution for migrants totalizing 30,000 LLINs. Given the high mobility of this population the NMCP aims to cover 30,000 migrants per year over the three</p>

								<p>years of the implementation period. It is thus planned to cover a total of 90 000 migrants for a coverage of 82% during the implementation period. Year 1 nets campaign will only migrants, Year 2 nets campaign will target migrants, refugees and the population at risk in the endemic communes and Year 3 will target only migrants.</p>
	VC-6.1 Proportion of population protected by IRS within the last 12 months in areas targeted for IRS	Rapport du PNL/DPSP/	97%	2019	71%	80%	90%	<p>The denominator represents all populations at risk eligible for IRS living in the households identified in the risk areas. This is the population in the localities of Eingueilla/FNP, Arhiba, Q4, Q5 and Q7 in the commune of Boulaos. To determine the denominator, the number of households to be targeted was multiplied by 6 persons (average household size). The number of population eligible / to be protected for IRS is for 2021, 84135 (14022*6); for 2022, 86491 (14415*6) and for 2023, 88912 (14819*6). The programme has set a target of reaching 80% of the population in these areas in order to meet the WHO recommendations in terms of coverage of the area targeted by IRS, and as set out in the NSP malaria. In addition, as evidenced by data on the ever-increasing number of malaria cases, the Ministry of Health wants to expand IRS for broad coverage. The Ministry plans to begin this expansion in early December 2020 just after the IRS campaign that will be implemented with Global Fund financial resources.</p>
Output 2								

<p>Universal access to diagnosis and treatment of malaria cases including among nomadic cross-border populations, refugee camps and migrants is guaranteed.</p>	<p>Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities</p>	<p>Rapport du PNLP /DPSP</p>	100%	2019	100%	100%	100%	<p>The baseline is derived from the NMCP programmatic reports for the four quarters of 2019. To set the targets for this indicator, which are derived from the NMCP Malaria NSP, the calculation was based on a 5% increase in reported cases in 2019, or a number of 209855 in 2021. In addition, the program aims at a reduction in cases of approximately 3% in 2022 and 5% in 2023.</p> <p>Therefore, for the year 2022 with a 3% reduction rate, the number of tests is expected to reach: 203559. For the year 2023 with a 5% reduction rate, the expected number of tests is: 193381. The program has set testing target of presumed cases at 100% for 2021; 2022 and 2023. According to the national protocol, all presumed cases are screened with RDTs. However, 16% of the people managed in hospitals receive both a rapid diagnostic test and a blood smear. The type of test used is a test that detects the two parasites Falciparum and Vivax (CareStart). 100% of the country's needs for rapid tests and microscopy will be covered by the allocation.</p>
	<p>Proportion of suspected malaria cases that receive a parasitological test at private sector sites</p>	<p>Rapport du PNLP/DPSP</p>	100%	2019	100%	100%	100%	<p>The Baseline is derived from the program reports for the four quarters of 2019 and thus comes from 5 of the 10 private structures in the country. To calculate the targets for this indicator from the NSP Malaria, the calculation was made on the basis of cases reported in 2019 with the application of an 8% increase rate taking into account the number of suspected cases recorded in 2019. The private sector accounts for 12% of the positive cases in 2019. The program aims for a reduction of 3% in 2022 and 5% in 2023. Therefore, for the year 2021 with a rate of increase of 8%; it is planned to carry out a number of 15378 tests.</p> <p>For 2022; with a reduction rate of 3%, a number of 14917 tests are expected to be performed. Finally, for 2023, with a reduction rate of 5%, a number of 14,171 tests is expected. Despite the increase in coverage, the program maintains the objective of testing 100% of</p>

							<p>suspected cases. 100% of the needs for parasitological tests will be covered by the sum allocated from the Global Fund.</p>
<p>CM-2a(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities</p>	<p>Rapport du PNLP/DPSD</p>	<p>96%</p>	<p>2019</p>	<p>100%</p>	<p>100%</p>	<p>100%</p>	<p>The Baseline is derived from the programmatic reports for the four quarters of 2019 when there were 43400 confirmed malaria cases in the public sector. The targets are derived from the NSP Malaria 2020-2024.</p> <p>To determine the expected number of cases, which is the denominator of this indicator, a 5% increase rate of cases recorded in 2019 was applied, resulting in 45570 confirmed cases, of which 100% to be put on treatment.</p> <p>The program plans to put 100% of the expected confirmed malaria cases on treatment in 2021 (45570/45570); 2022 (44230/44230) and 2023 (41993/41993) thanks to the availability of antimalarial drugs.</p> <p>Through the various actions that the NMCP plans to carry out, a reduction in confirmed cases is expected in 2022 and 2023.</p> <p>In 2022, the NMCP, with a reduction rate of 3%, is expected to reduce the number of confirmed malaria cases by 44,203, of which 100% will be put on treatment.</p> <p>In 2023 the NMCP, with a reduction rate of 5% - it is expected that there will be 41,983 confirmed malaria cases, of which 100% will be put on treatment.</p> <p>This will be achieved through the implementation of the expected activities, the scaling up of the IRS in at-risk areas; the distribution of LLINs targeting the population at-risk and vulnerable (refugees/migrants) and the strengthening of the surveillance and entomological activities carried out.</p>



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	<p>CM-2c(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites</p>	<p>Rapport du PNLP/DPSD</p>	<p>100%</p>	<p>2019</p>	<p>100%</p>	<p>100%</p>	<p>100%</p>	<p>The Baseline derived from the 2019 programmatic reports and comes from five out of the ten private structures in the country. The targets are taken from the NMCP 2020-2024 NSP.</p> <p>In 2019, 6002 cases were recorded in the private sector. To determine the target for this indicator, an increase of 5% is applied for an expected number of confirmed malaria cases of 6302 in the private sector, of which 100% will be put under treatment.</p> <p>The program plans to put 100% of the expected malaria cases under treatment in 2021(6302/6302); 2022 (6113/6113) and 2023 (5807/5807) thanks to the availability of antimalarial drugs. Through the various actions that the NMCP plans to carry out, it is expected that in 2022 and 2023, the number of confirmed cases will be recuperated.</p> <p>In 2022, with a reduction of confirmed cases of 3% - it is expected that the number of confirmed malaria cases will be 6113, of which 100% will be put on treatment.</p> <p>In 2023, with a reduction of confirmed cases of 5% - it is expected that the number of confirmed malaria cases will be 5807 of which 100% will be put on treatment.</p> <p>This will be achieved through the implementation of the planned activities, in particular the scaling up of IRS in high-risk areas; the distribution of LLINs targeting the population in high-risk areas and vulnerable (refugees/migrants) and the strengthening of the surveillance and entomological activities to be carried out.</p>
<p>Produit 1 HIV</p>								

Produit 2								
Nationwide screening, treatment, care and support activities for PLWHA;	TCS-1(M): Percentage of people on ART among all people living	Rapport PLS-S/DPSP	27,66%	2019	38,27%	44,55%	51,78%	Baseline data are derived from Spectrum version 5.87 estimates (validated as of March 6, 2020) for the denominator and the numerator from the programme report. Targets are calculated based on 2020 baseline data from the HIV NSP. The "Reach-Test-Treat-Retain" strategy (or RTTR Strategy) will be progressively implemented in order to reduce by 10% per year the number of people living with HIV diagnosed and lost to follow-up. The country will put 1500 new people living with HIV on antiretroviral treatment from baseline.
Prevention	KP-1a ^(M) Percentage of MSM reached with HIV prevention programs- defined package of services	Rapport PLS-S/DPSP	64.03%	2019	64,03%	74,46%	80,18%	MSM population size estimates is drawn from the 2011 report of the situation analysis of priority groups for HIV combination prevention services in Djibouti. The Programme de Lutte contre le SIDA-secteur santé (PLS-s) plans to continue this activity through the 2021-2023 grant. The program aims to maintain a stable target for the first year of 559 MSM according to the number of MSM reached by NGO prevention programs in 2019 ("Linkages" Project) with the following package 1. Behavioral communication change (IEC/BCC) activities/sessions 2. Distribution of non-health commodities (condoms, lubricants) 3- HIV counselling and testing. To reach this population, PLS-s plans to continue using the mobile truck for HIV testing. The estimated size and targets for 2022 and 2023 will be reviewed following the results of the IBBSS study to be conducted in 2021. The targets are derived from the HIV NSP.

	<p>KP-1c^(M) Percentage of sex workers reached with HIV prevention programs- defined package of services</p>	<p>Rapport PLS-S/DPSP</p>	<p>64,60%</p>	<p>2019</p>	<p>64,60%</p>	<p>71,06%</p>	<p>74,60%</p>	<p>Through this grant, the program aims to reach sex workers as well as their clients. This indicator measures only activities targeting sex workers (SW). The denominator comes from SW population size estimates is drawn from the 2011 report of the situation analysis of priority groups for HIV combination prevention services in Djibouti. The baseline for the expected number is taken from the achievements of the 2019 linkages project which will end in June 2020. In order to reach this population, the Programme de Lutte contre le SIDA-secteur santé (PLS-s) intends to build on the project's achievements (community intervention with peer educators) and, in particular, to continue using the mobile truck for testing. In view of limited resources, the programme cannot expand to more SW per year with the following package": 1.Behavioral communication change (IEC/BCC) activities/sessions 2. Distribution of non-health commodities (condoms, lubricants) 3-HIV counselling and testing.</p>
<p>Produit 3</p>								
<p>Activities to prevent mother-to-child transmission of HIV carried out nationally</p>	<p>PMTCT-2.1: Percentage of HIV-positive pregnant women who received ART during pregnancy and/or labour and delivery</p>	<p>Rapport DSME/DPSP</p>	<p>33,88%</p>	<p>2019</p>	<p>45,45%</p>	<p>56,07%</p>	<p>68,63%</p>	<p>The baseline data is derived from Spectrum estimates version 5.87 (validated as of March 6, 2020) for the denominator and numerator from the 2019 programme report. The PLSS has revised the NSP targets for this indicator downwards because in 2019 Spectrum's estimate was 121 pregnant women on ART, however, in the health facilities only 44 HIV-positive pregnant women were registered. 42 received ART, representing 95% of the actual number of HIV-positive pregnant women. There was a difference (65.3% difference) between estimates and actual data. Targets for the next three years have been adjusted to reflect actual</p>

									<p>data.</p> <p>The last seroprevalence survey was conducted in 2002, so it is recommended that a seroprevalence survey be implemented to determine the type of epidemic that exists, but also to have quality survey data to feed into SPECTRUM.</p> <p>In addition, since 2017 a steady decrease in the number of HIV-positive pregnant women has been observed in health facilities, although testing is systematic for every pregnant woman who comes for prenatal care.</p> <p>UNICEF has conducted an evaluation in the various care sites, the results of which are not yet available.</p>
Produit 4									
<p>Joint HIV / TB activities carried out at the national level</p>	<p>TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status</p>	<p>Rapport (PNLT/PLSS)/DPSP</p>	<p>83,56%</p>	<p>2019</p>	<p>87%</p>	<p>90%</p>	<p>95%</p>	<p>The baseline is drawn from the programmatic reports of PLSS-PNLT for the year 2019. With the new "Reach-Test-Treat-Retain" strategy (or RTTR Strategy), 90% of TB cases should benefit from HIV testing. According to the WHO recommendation, all TB patients should be systematically tested for HIV, however only 83% were tested in 2019. Both programs have planned to test 87% in 2021, 90% in 2022 and exceed the targets of 90% in the final year, so 95% in 2023.</p> <p>Therefore, it is considered important to be included in the performance framework to better monitor and evaluate the outcome of this indicator in order to better prevent the disease and ensure early initiation of treatment in the event of a positive test result.</p> <p>Targets are :</p> <p>2021 : 1653/1900 2022 : 1620/1800 2023 : 1710/1800</p>	

<p><i>TB/HIV-6(M): Percentage of HIV-positive new and relapse TB patients on ART during TB treatment</i></p>	<p><i>Rapport (PNLT/PLSS)/DPSP</i></p>	<p>75,51%</p>	<p>2019</p>	<p>82%</p>	<p>89%</p>	<p>90%</p>	<p><i>La baseline est issu des rapports programmatiques des quatre trimestres de 2019. En 2019, il a été notifié dans le structures sanitaires 50 nouveaux patients coinfectés plus 48 PVVIH qui ont développé la TB. Sur le 98 patients coinfectés, 74 patients ont bénéficié des deux traitements (antituberculeux et TARV). Les cibles sont calculées sur la base des nombres tuberculeux positifs au VIH avec une progression de la mise sous traitement de ce dernier de 5% chaque année. Les cibles sont issues du PSN VIH. 2021: 52/63 2022: 51/57 2023: 46/51 Les cibles des deux PSN ne sont pas alignées pour cet indicateur, celles du PSN TB étant inférieures. Compte tenu des résultats atteints en 2019 qui est de 75,5%, les deux programmes ont fait le choix de retenir dans le cadre de performance les cibles de PSN VIH qui est plus ambitieux et répond aux objectifs de deux programme dans la lutte conjointe des deux maladies.</i></p>
<p><i>TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period</i></p>	<p><i>Rapport (PNLT/PLSS)/DPSP</i></p>	<p>47,12%</p>	<p>2017</p>	<p>55%</p>	<p>60%</p>	<p>65%</p>	<p><i>The baseline is drawn from the programmatic report of the two semesters of 2017. The absence of recent data for the baseline is explained by the non-reporting of this information on patient records. For this reason, the PLS-s used data from the 2017 programmatic report as a baseline. Baseline data 2017: 90/191= 47%. The eligibility criteria is : -the patient must be a new PLHIV case -He must be screened for TB (he must not present the 5 signs of TB). Targets are calculated on the basis of expected new PLHIV cases on treatment minust co-infected persons on both TB and HIV treatments. The targets are derived from the HIV NSP. The PLS-s decided to report this indicator because of the large number of PLHIV who have developed TB. Furthermore, the PLS-s and PNLT</i></p>

							<p>plan to make preventive treatment available on the 2021-2023 grant. Thus it is considered important to include in the performance framework in order to better monitor and evaluate the outcome of this indicator in order to eliminate the TB risk exposure.</p> <p>2021 : 165/305 2022 : 215/366 2023 : 274/422</p> <p>The performance framework targets are derived from TB NSP.</p>
HTS-4 Pourcentage de résultats de test VIH positifs parmi le total des tests de dépistage du VIH effectués au cours de la période de rapportage	Rapport PLSS/DPSP	1,48%	2019	0,96%	0,91%	0,87%	<p>The baseline is drawn from the Programme de Lutte contre le SIDA-secteur santé (PLS-s) programmatic reports (Q1, Q2, Q3, Q4 2019). In 2019, 26535 HIV tests were reported at the national level in the facilities, including 393 positive cases following the HIV test: The breakdown of the 26535 patients tested for HIV during the year 2019, is as follows:</p> <ul style="list-style-type: none"> - 8335 are from VCT of which 1407 are from HTC through the mobile truck which also includes key populations referred through the Linkages Project; - 1525 patients were tested for TB/HIV co-infection; - 16674 patients were tested for MPTCT; <p>In 2019, the programme identified a total of 393 HIV- positive cases in TB/HIV, PMTCT, HTC and outreach activities targeting key populations. The largest proportion came from the latter services mentioned above.</p> <p>To determine the denominator of this indicator, 6%, 7% and 7% were applied respectively to the general population aged 15 and over, for the three years of the programme.</p> <p>The projection of the numerator from 2021 to 2023 is derived from the NSP. HTC activities will be carried out at the level of VCT/CDIP; eMTCT; mobile HIV testing of key populations (MSM; sex workers and their clients) and vulnerable populations (vulnerable young people, people in closed settings, hospitalized patients and malnourished children).</p>

Tuberculosis								
Produit 1								
Prevention activities and management of susceptible tuberculosis	<p>TCP-1(M): Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed) *Includes only new and relapse cases</p>	Rapport PNLT/DPSP	1825	2019	1900	1800	1800	<p>This indicator measures the number of cases of all forms of TB (bacteriologically confirmed and clinically diagnosed) new cases and relapses that were recorded during the implementation period. The baseline data is drawn from the Tuberculosis Control Programme (NTP) 2019 annual data. National strategic plan targets have been selected for this indicator. The active case finding and active follow-up of referred cases will make it possible to recruit missing cases in the first year. However, the target will be 1900 in 2021, after which the NTP foresees a stability in the number of cases put on TB treatment, thus reducing the incidence and narrowing the gap in relation to WHO estimates. The NTP foresees a stability in the number of cases detected with sensitive TB of 1800 cases over the last 2 years of the grant. In addition, there is always a difference between the number of cases expected and the number of cases reported by the NTP. In order to increase the number of cases detected and to limit the spread of infection, the program will start TB contact tracing in the immediate vicinity of the bacteriologically confirmed index case. This will be done through home visits to search for TB contacts. The NTP TB plans to start the activity at the level of 6 CHCs in 2021, and to add 6 other CHCs in 2022. This activity should (i) identify new contagious cases, (ii) identify children under 5 years of age with TB, (iii) intensify prevention for children under 5 years of age. Data on visits will be reported in the program's annual report.</p>

	<p>TCP-2(M): Treatment success rate- all forms: Percentage of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) successfully treated (cured plus treatment completed) among all forms of TB cases registered for treatment during a specified period *Includes only new and relapse cases</p>	<p>Rapport PLNT/DPSP</p>	<p>84, 19%</p>	<p>2019</p>	<p>85%</p>	<p>86%</p>	<p>87%</p>	<p>This indicator measures the treatment success rate of new and relapsed cases of all forms of TB (bacteriologically confirmed and clinically diagnosed) recorded during the implementation period. The baseline data is taken from the annual data of the 2019 Tuberculosis Control Program (NTP) and the summary of diagnosis and therapeutic success. The NTP targets for TB O-2 have been retained for this indicator. The program targets 85%, 86% and 87% respectively in 2021 (1615/1900), 2022 (1634/1900) and 2023 (1566/1800) for the present funding request. Treatment success rate is defined as all patients in the cohort in year N-1 who are cured or have completed their treatment.</p>
<p>Multidrug-resistant tuberculosis</p>	<p>MDR TB-2(M): Number of TB cases with Rifampicin-resistant (RR-TB) and/or MDR-TB notified</p>	<p>Rapport PNLT/DPSP</p>	<p>44</p>	<p>2019</p>	<p>60</p>	<p>60</p>	<p>60</p>	<p>The baseline for this indicator is taken from the annual data of the 2019 Tuberculosis Control Program (NTP). In 2019, 49 patients were diagnosed with a resistant form of TB following the initial GeneXpert test result at the Chakib Saad referral hospital. 44 were diagnosed as MDR TB and 5 patients were diagnosed with the ultra drug-resistant (XDR) form of TB. The NTP anticipates that 60 cases will be confirmed with rifampicin-resistant and/or multidrug-resistant TB each year, and keep the number of cases stable over the 3 years of the grant.</p>
	<p>MDR TB-3(M) : Number of cases with RR-TB and/or MDR-TB that began second-line treatment</p>	<p>Rapport PNLT/DPSP</p>	<p>44</p>	<p>2019</p>	<p>60</p>	<p>60</p>	<p>60</p>	<p>The baseline for this indicator is taken from the annual data of the 2019 Tuberculosis Control Program (NTP). In 2019, 49 patients were diagnosed with a resistant form of TB following the initial GeneXpert test result at the Chakib Saad referral hospital. 44 were diagnosed as MDR TB and 5 patients were diagnosed with the ultra drug-resistant (XDR) form of TB. The NTP anticipates that 60 cases will be confirmed with rifampicin-resistant and/or multidrug-resistant TB each year, and keep the</p>

								number of cases stable over the 3 years of the grant. The target represents 75% of the expected cases.
SRPS:	PSM-4 Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting	Rapport de supervision de GAS /DPSP	ND	ND	90%	95%	100%	<p>The indicator is new. It was introduced in the performance framework to track health commodities and has no baseline value and the 2020 data will be the baseline. It will be collected quarterly through PSM supervision. The objective is to verify the availability of health products, make inventories and train professionals in inventory management. Based on the supervision visit reports, it will be possible to collect data on the availability of medicines/tracer products in the selected health facilities. Below is the list of products concerned.</p> <p>1. Tracer products to be considered</p> <p>HIV Management</p> <ul style="list-style-type: none"> - Tenofovir-Lamivudine-Dolutegravir (TDF+3TC+DTG 300/300/50 mg) - Abacavir-Lamivudine (ABC/3TC 120/60 mg) - Lopinavir-Ritonavir (LPV-R 100/25 mg) - Determine (Quick test) <p>TB support</p> <ul style="list-style-type: none"> - RHZE 150/75/400/275 - RH150/75 - RHZ 60/30/150 (pediatric formulation, may be taken into account ^^ and ^^). - RH 60/30 <p>Malaria Management</p> <ul style="list-style-type: none"> - Artemether-Lumefantrine tablets of 6; 12; 18 and 24 (all 4 dosages are to be considered) - TDR pLDH <p>Year 1: Collection of data on the availability of tracer products in the 19 sites in Djibouti. The calculation of the indicator will be done from sites in the city of Djibouti.</p> <p>Year 2: The calculation of the indicator will take into account sites in the interior of the country, ie the 5 CMH and health posts in different regions. Collection of data on the availability of tracer</p>

							<p>products in 24 sites (19+5) in total. It will be done in a mixed manner:</p> <ul style="list-style-type: none"> o CMH: the data will be collected during supervision as in the city of Djibouti. The availability of products should therefore be noted. o Health posts: the availability of products will be checked from the reports they send to CMH. 	
	<p><i>M&E-2a Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received</i></p>	<p><i>Rapport de Ministère de la santé/DPSP</i></p>	<p>ND</p>	<p>ND</p>	<p>90%</p>	<p>95%</p>	<p>100%</p>	<p><i>This indicator was selected in the performance framework in order to assess the completeness of the monthly reports submitted by the health facilities to the Health Information Department (DIS).</i></p> <p><i>It will measure the number of monthly reports (Monthly Activity Report - RAM) transmitted by the health structures, particularly the Community Health Centers (CHCs), the Medical Hospital Centers (MHCs) and the reference hospitals.</i></p> <p><i>This will be :</i></p> <ul style="list-style-type: none"> - 13 Community Health Centers - 5 CMH, which includes data from health posts that have services for the three diseases. - 4 Hospitals: HGP, HPPCS, CYT and Chakib Hospital. <p><i>The AMRs are transmitted by the health structures to the DIS no later than the 10th of the month following the reporting period. The indicator will be filled in by the programmatic reports of the three programs in collaboration with the DIS.</i></p>

Plan de travail pluriannuel ²³

Budget line	EXPECTED PRODUCTS	PLANNED ACTIVITIES	2020 expenses and previous years	Budget forecast per year			RESPONSIBLE PARTY	ESTIMATED BUDGET		
				2021	2022	2023		Source of funding	Budget description	Amount
6	Lutte antivectorielle	Train 2 entomologists for the PNLP (Vector control) (Capacity building) program staff are important for management and oversight entomological of the National program)	PNLP	13 313,57	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	This activity will strengthen the skills levels of the program in entomological surveillance.	13 313,57

² Les définitions et classifications des coûts pour que les coûts relatifs au programme et à l'efficacité du développement soient prélevés sur le projet sont établies dans la décision DP/2010/32 du Conseil exécutif.

³ Les changements apportés au budget d'un projet qui affectent la portée (produits), la date de finalisation, ou les coûts estimés totaux du projet nécessitent une révision budgétaire formelle qui doit être signée par le comité de pilotage du projet. Dans les autres cas, seul le directeur de programme du PNUD peut signer la modification, à condition que les autres signataires n'y opposent aucune objection. Cette procédure peut être appliquée, par exemple, lorsque le but de la modification consiste uniquement à rééchelonner les activités entre les années.

12	<p>Train PNL staff in monitoring and evaluation and epidemiological surveillance (the Capacity building of program staff is important for the management and entomological surveillance of the National program)</p>	PNLP	6 656,79	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	<p>This activity will allow the program to provide expert resource persons in monitoring, evaluation and data management in order to anticipate the situation in the country.</p>	6 656,79
29	<p>Train two people from the PNL in IEC / CCC and in the management of malaria cases (PEC) (Capacity building of program staff is important for management and entomological surveillance of the National program)</p>	PNLP	14 399,57	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	<p>Given the high number of cases of malaria in recent years, it is necessary to train program staff on the community aspect.</p>	14 399,57
125	<p>Conduct a distribution campaign</p>	PNLP	-	55 165,99	-	PNLP/DPSP/PNU D	FOND MONDIAL	<p>IRS is considered a very effective means in the fight against malaria. The program will</p>	55 165,99

								carry out this activity each year in risk areas	
129	Perform IRS in areas at risk of malaria	PNLP	153 491,51	153 491,51	153 491,51	PNLP/DPSP/PNU D	FOND MONDIAL	Considering the high rates of men affected by malaria the program identified this activity.	460 474,53
131	Raise awareness among men who spend nights outside their household wears long-handled clothing and stay under mosquito nets	PNLP	1 723,16	1 723,16	1 723,16	PNLP/DPSP/PNU D	FOND MONDIAL	This activity will allow the program to have a map of the mountain bikers that exists in Djibouti.	5 169,49
147	Carry out entomological surveys including studies on the resistance of Anopheles larvae and adults to different classes of insecticides at sentinel sites in order to establish vector mapping	PNLP	2 802,26	2 802,26	2 802,26	PNLP/DPSP/PNU D	FOND MONDIAL	The primary and necessary activity in order to assess the success of the product used.	8 406,78

148	Organize biological tests to monitor the persistence of insecticides inside sprayed houses	PNLP	1 186,44	903,95	903,95	PNLP/DPSP/PNU D	FOND MONDIAL	Malaria is a public and community health problem. Indeed, it is important to involve the community in the activity of the fight against malaria.	2 994,35
149	Organize discussion sessions in the CDCs in Djibouti city with a focus in the commune of boulaos	PNLP	4 406,78	4 406,78	-	PNLP/DPSP/PNU D	FOND MONDIAL	The development of communication materials will enable the program to sensitize a large population on malaria.	8 813,56
153	Develop Produce educational communication materials (Picture boxes, leaflets, Comics)	PNLP	5 000,00	-	5 000,00	PNLP/DPSP/PNU D	FOND MONDIAL	In order to sensitize the population on the risk of malaria and the means of fight. It is very important to organize a	10 000,00

								launching session.	
159	Organize a launching ceremony for the mass distribution of LLINs in the commune of boulaos.	PNLP	-	3 841,81	-	PNLP/DPSP/PNU D	FOND MONDIAL	Malaria is a public and community health problem. Indeed, it is important to involve the community in the activity of the fight against malaria.	3 841,81
160	Produce t-shirts, polo shirts and caps for the campaign against malaria	PNLP	4 689,27	4 689,27	4 689,27	PNLP/DPSP/PNU D	FOND MONDIAL	Malaria is a public and community health problem. Indeed, it is important to involve the community in the activity of the fight against malaria.	14 067,80

161		Organize World Malaria Day (JMLP) in a district with malaria transmission (rotary)	PNLP	-	3 107,34	3 107,34	PNLP/DPSP/PNU D	FOND MONDIAL	In order to improve the management of malaria and achieve the objectives set. The program has identified activities in this direction.	6 214,69
135	Prise en charge des cas	Train laboratory technicians, including those in the private and parapublic sector, on microscopy and G6PD assay.	PNLP	2 866,67	-	1 470,06	PNLP/DPSP/PNU D	FOND MONDIAL	In order to improve the management of malaria and achieve the objectives set. The program has identified activities in this direction.	4 336,72
137		Develop a quality control and assurance (QC / QA) guide for the diagnosis of malaria (slides and RDTs)	PNLP	3 750,00	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	In order to improve the management of malaria and achieve the objectives set. The program has identified activities in this direction.	3 750,00

139	Organize multisectoral collaboration meetings	PNLP	2 101,69	2 101,69	2 101,69	PNLP/DPSP/PNU D	FOND MONDIAL	In order to improve the management of malaria and achieve the objectives set. The program has identified activities in this direction.	6 305,08
140	Make malaria treatment algorithms available to health facilities	PNLP	5 000,00	5 000,00	5 000,00	PNLP/DPSP/PNU D	FOND MONDIAL	In order to improve the management of malaria and achieve the objectives set. The program has identified activities in this direction.	15 000,00
145	Organize weekly consultation meetings on malaria as part of the emergency situation	PNLP	203,39	203,39	203,39	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to	610,17

								establish resilient and sustainable health systems.	
146	Train health care providers in epidemic management	PNLP	966,10	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	966,10
151	Set up monthly coordination meetings with referring physicians to support them in the transition to Dolutegravir (DTG) (WHO) .. (Strengthen meetings coordination with doctors)	PNLP	1 446,33	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently.	1 446,33

									Also the program has identified activities to establish resilient and sustainable health systems.	
3	SRPS : Gouvernance et planification du secteur de la santé	Prepare a document to mobilize the resources necessary for the fight against Malaria (Business plan) (the preparation of this document will allow countries to see the malaria epidemiological situation as a basis for advocacy and fundraising)	PNLP	7 966,10	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	7 966,10
124		Organize a post-LLIN survey	PNLP	-	23 000,00	-	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to	23 000,00

								epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	
132	Identify, map and Treat breeding sites with chemicals (Abate) and in breeding sites	PNLP	1 836,16	1 836,16	1 836,16	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	5 508,47

133	Train neighborhood youth and retrain hygiene officers on the destruction of breeding grounds	PNLP	1 256,50	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	1 256,50
144	Train providers and program staff on analytical capacity and reporting of outbreaks of outbreaks	PNLP	1 734,46	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and	1 734,46

								sustainable health systems.	
150	Produce 3 television spots in the 3 local languages	PNLP	-	2 542,37	-	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	2 542,37
152	Strengthening community awareness in neighborhoods for the use and acceptance of interventions to fight against malaria	PNLP	903,95	903,95	903,95	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently.	2 711,86

								Also the program has identified activities to establish resilient and sustainable health systems.	
154	Train associations and members of associations (on the facilitation of educational sessions, who speaks the language of migrants and local and the use of educational materials and monitoring of communication activities of malaria IEC CCC	PNLP	2 073,45	2 073,45	2 073,45	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	6 220,34
156	Follow-up meetings with trained community health workers	PNLP	318,64	318,64	318,64	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to	955,93

								<p>epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.</p>	
157	Follow community activities	PNLP	847,46	847,46	847,46	PNLP/DPSP/PNU D	FOND MONDIAL	<p>Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.</p>	2 542,37

158	Organize awareness sessions with local leaders (quarterly)	PNLP	875,71	875,71	875,71	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	2 627,12
164	Organize training on the management of stocks of drugs and other antimalarial inputs including management tools for staff involved in the supply chain of antimalarial inputs at all levels	PNLP	1 853,11	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and	1 853,11

								sustainable health systems.	
165	Organize monthly supervision at the Djibouti-city level and quarterly at the district level on the management of drugs and inputs 3 diseases	PNLP	5 141,24	5 141,24	5 141,24	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	15 423,73
166	Strengthen coordination and collaboration with parapublic and private structures	PNLP	379,66	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently.	379,66

								Also the program has identified activities to establish resilient and sustainable health systems.	
170	Organize quarterly reviews of PNLP activities under the aegis of the ANC multisectoral	PNLP	813,56	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	813,56
172	Cascade training for technicians on DHIS2 management	PNLP	11 184,18	-	-	PNLP/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to	11 184,18

									epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	
	Sous Total 1: Paludisme			261 187,72	274 976,14	192 489,25				728 653,11
74	Prévention	Promote through new information and communication technologies (ICT) of HIV prevention, including condoms and correct use (Use new technologies for HIV prevention and communication)	PLSS	13 977,97	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	Several methods and interventions have been shown to be highly effective in reducing the risk of HIV infection and protecting against HIV infection, including male and female condoms,	13 977,97

								<p>administration of antiretroviral drugs as pre-exposure prophylaxis (PrEP); awareness and information about the disease. Also in this text the program has identified preventive within the framework of this grant.</p>	
75	<p>Train and distribute communication tools to promote the correct use of condoms / lubricating gel (in French and in the 3 local languages)</p>	PLSS	1 576,27	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	<p>Several methods and interventions have been shown to be highly effective in reducing the risk of HIV infection and protecting against HIV infection, including male and female</p>	1 576,27

								condoms, administration of antiretroviral drugs as pre-exposure prophylaxis (PrEP); awareness and information about the disease. Also in this text the program has identified preventive within the framework of this grant.	
76	Develop, test, produce and distribute educational and communication material tools on the correct use of the preservator (in French and in the 3 local languages)	PLSS	847,46	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	Several methods and interventions have been shown to be highly effective in reducing the risk of HIV infection and protecting against HIV infection, including male	847,46

								and female condoms, administration of antiretroviral drugs as pre-exposure prophylaxis (PrEP); awareness and information about the disease. Also in this text the program has identified preventive within the framework of this grant.	
79	Monitoring of the implementation of the RTTR strategy on its component targeting vulnerable populations (mobile refugee populations, dockworkers, personnel in uniform) RTTR	PLSS	203,39	203,39	-	PLSS/DPSP/PNU D	FOND MONDIAL	Several methods and interventions have been shown to be highly effective in reducing the risk of HIV infection and protecting against HIV infection,	406,78

								including male and female condoms, administration of antiretroviral drugs as pre-exposure prophylaxis (PrEP); awareness and information about the disease. Also in this text the program has identified preventive within the framework of this grant.	
86	Sensitization of 100 people with the mobile team in the community (refreshment, travel costs 3 facilitators) in the Search, Test, Retain (RTR) strategy in the community by the mobile team,	PLSS	1 694,92	1 694,92	1 694,92	PLSS/DPSP/PNU D	FOND MONDIAL	Several methods and interventions have been shown to be highly effective in reducing the risk of HIV infection and protecting against HIV	5 084,75

									infection, including male and female condoms, administration of antiretroviral drugs as pre-exposure prophylaxis (PrEP); awareness and information about the disease. Also in this text the program has identified preventive within the framework of this grant.	
88	World AIDS Day Celebration	PLSS	2 768,36	2 768,36	2 768,36	PLSS/DPSP/PNU D	FOND MONDIAL	Several methods and interventions have been shown to be highly effective in reducing the risk of HIV infection and protecting	8 305,08	

								against HIV infection, including male and female condoms, administration of antiretroviral drugs as pre-exposure prophylaxis (PrEP); awareness and information about the disease. Also in this text the program has identified preventive within the framework of this grant.	
90	Strengthen collaboration between GBV care centers and health structures (case referral system)	PLSS	279,66	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	Several methods and interventions have been shown to be highly effective in reducing the risk of HIV infection and	279,66

									<p>protecting against HIV infection, including male and female condoms, administration of antiretroviral drugs as pre-exposure prophylaxis (PrEP); awareness and information about the disease. Also in this text the program has identified preventive within the framework of this grant.</p>	
100		<p>Produce strategic information on AES / GBV (gender-based violence)</p> <p>in collaboration with the UNFD (Union of Djiboutian Women) through the cells</p>	PLSS	3 490,17	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	<p>Several methods and interventions have been shown to be highly effective in reducing the risk of HIV</p>	3 490,17

		<p>(This strategic information will direct the AES / VBG to the listening cells</p>							<p>infection and protecting against HIV infection, including male and female condoms, administration of antiretroviral drugs as pre-exposure prophylaxis (PrEP); awareness and information about the disease. Also in this text the program has identified preventive within the framework of this grant.</p>	
<p>113</p>		<p>Recruitment of an NGO for the activities of the Key population (Linkage activity)</p>	<p>PLSS</p>	<p>24 986,83</p>	<p>24 986,83</p>	<p>24 986,83</p>	<p>PLSS/DPSP/PNU D</p>	<p>FOND MONDIAL</p>	<p>Several methods and interventions have been shown to be highly effective in reducing the</p>	<p>74 960,49</p>

									identified activities in this direction.	
93		Strengthen referral and counter-referral between maternity hospitals and community health centers	PLSS	988,70	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	In the fight against the transmission of HIV from parents to children, the program has identified activities in this direction.	988,70
94		Train midwives and IMCI nurses on the ECP of the Exposé child (prophylaxis, testing 2M and 18M)	PLSS	-	1 898,31	1 898,31	PLSS/DPSP/PNU D	FOND MONDIAL	In the fight against the transmission of HIV from parents to children, the program has identified activities in this direction.	3 796,61
77	Traitement, prise en charge et soutien	Formalize NGO collaboration with medical teams from PEC structures	PLSS	169,49	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the	169,49

								participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.	
78	Cleanup of the HIV database	PLSS	1 129,94	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for	1 129,94

								<p>human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.</p>	
83	<p>Develop a communication plan for the promotion of differentiated screening according to the RTTR approach (with specific strategies for priority groups)</p>	PLSS	2 250,00	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	<p>HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to</p>	2 250,00

								<p>increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.</p>	
85	<p>Systematically offer HIV testing (PID) to priority groups (pregnant women and their husbands, partners and children of PLHIV, key populations, patients with STIs including hepatitis B, tuberculosis patients, hospital patients, malnourished children and patients with symptoms suggestive of HIV, in case of AES) RTTR</p>	PLSS	-	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	<p>HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023</p>	-

									subsidy of activities.	
98		Organize focus groups of unstable PLHIV for adherence and adherence to RNDP + treatment	PLSS	508,47	406,78	508,47	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.	1 423,73

101	Supply laboratories with inputs for the diagnosis of the main OIs, ARVs, Reagents)	PLSS	542,37	542,37	542,37	PLSS/DPSP/PNU D	FOND MONDIAL	<p>HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.</p>	1 627,12
104	International online training (webinar) for coordination	PLSS	4 000,00	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	<p>HIV / AIDS care includes clinical care for all as well as psychological</p>	4 000,00

								support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.	
106	Implement the search strategy for PLWHIV who have never been on ARVs and people who are on RTTR treatment	PLSS	8 542,37	8 542,37	8 542,37	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families,	25 627,12

									respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.
107	Set up accompaniment and support by peer navigators: systematic VAD for PLHIV at risk, support for adherence to treatment, etc. RTTR	PLSS	531,07	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in	531,07

								order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.	
110	Prep survey validation workshop	PLSS	338,98	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for	338,98

								the 2021-2023 subsidy of activities.	
115	support for physicians in the least efficient structures on PEC TB / HIV RTTR	PLSS	1 016,95	1 016,95	677,97	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.	2 711,86

117	Update the PEC recommendations for STIs and OIs with the HIV testing offer	PLSS	2 250,00	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.	2 250,00
128	Train all those responsible for HIV testing in the strategy of retaining Newly diagnosed PLHIV and tracing for those	PLSS	3 647,46	3 647,46	3 647,46	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological	10 942,37

	lost to follow-up (Creation of a multisectoral committee for monitoring, advocacy and community mobilization)							support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.	
179	Develop and implement a communication plan for the promotion of differentiated screening according to the RTTR approach (with specific strategies for priority groups)	PLSS	-	338,9 8	-	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families,	338,98

									respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.	
82	Tuberculose/VIH	Duplication of TB / HIV collection tools	PLSS	5 014,12	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in	5 014,12

								<p>order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.</p>	
84	<p>Organize a technical meeting on the management of coinfection (doctor and program)</p>	PLSS	271,19	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	<p>HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for</p>	271,19

									the 2021-2023 subsidy of activities.	
81		Produce, distribute and display STI / HIV / TB / RH / malaria prevention messages in places frequented by mobile populations	PLSS	-	3 000,00	-	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.	3 000,00

99	Develop a communication plan for the promotion of differentiated screening according to the RTTR approach (with specific strategies for priority groups)	PLSS	1 355,93	1 355,93	-	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.	2 711,86
136	Systematically offer HIV testing (PID) to priority groups (pregnant women and their husbands, partners and children of PLHIV, key	PLSS	11 745,00	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological	11 745,00

	populations, patients with STIs including hepatitis B, tuberculosis patients, hospital patients, malnourished children and patients with symptoms suggestive of HIV, in case of AES) RTTR							support, the participation of people living with HIV / AIDS and their families, respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.	
142	Support the health personnel responsible for the ECP of PLWHIV at all levels in the use of ESOPE software	PLSS	10 170,50	-	-	PLSS/DPSP/PNU D	FOND MONDIAL	HIV / AIDS care includes clinical care for all as well as psychological support, the participation of people living with HIV / AIDS and their families,	10 170,50

									respect for human rights and legal protection. Thus the program in order to increase the fight against HIV has to be identified in its work plan for the 2021-2023 subsidy of activities.	
				104 839,96	50 945,02	45 809,43	-	-		201 594,41
155	Prévention	<p>Establish and strengthen the skills of the police on GBV a framework of technical consultation on GBV, with all stakeholders in the fight against</p> <p>HIV / AIDS (This training of men in uniform will reduce GBV)</p>	PNLT	1 265,54	1 265,54	1 265,54	PNLT/DPSP/PNU D	FOND MONDIAL	<p>The republic of djibouti has made progress in the fight against HIV. The cure rate is above 80%. However, the fight against tuberculosis is one of the primary health</p>	3 796,61

									objectives. So the program has identified a violence-based prevention activity.	
18	Prise en charge et prévention de la tuberculose	Multiply the supports on the investigation and screening of contact subjects and develop educational materials	PNLT	282,49	282,49	282,49	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against tuberculosis are reinforced with a view to eliminating tuberculosis. Also training, capacity building; tools are provided under the grant.	847,46

19	Train CDT processing managers on the investigation of an index case and 2 community workers per CDT / 6 CDT within the framework of the RTTR	PNLT	2 230,51	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against tuberculosis are reinforced with a view to eliminating tuberculosis. Also training, capacity building; tools are provided under the grant.	2 230,51
20	Introduce free radiography for children under 5 years of age with symptoms suggestive of TB (give a "Good for"). For RTTR research	PNLT	847,46	847,46	847,46	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against tuberculosis are reinforced with a view to eliminating tuberculosis. Also training,	2 542,37

								capacity building; tools are provided under the grant.	
26	Training of nurses, DOT and APS agents newly assigned in the management of tuberculosis HIV PALU RTTR and biological monitoring	PNLT	7 144,63	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against tuberculosis are reinforced with a view to eliminating tuberculosis. Also training, capacity building; tools are provided under the grant.	7 144,63
30	Set up deadlines in CDTs	PNLT	-	847,46	-	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against	847,46

								tuberculosis are reinforced with a view to eliminating tuberculosis. Also training, capacity building; tools are provided under the grant.	
43	National demonstration at the People's Palace with press conference	PNLT	2 775,14	2 768,36	2 768,36	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against tuberculosis are reinforced with a view to eliminating tuberculosis. Also training, capacity building; tools are provided under the grant.	8 311,86

44	Design and replication of the World TB Day poster	PNLT	2 632,81	1 977,40	1 977,40	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against tuberculosis are reinforced with a view to eliminating tuberculosis. Also training, capacity building; tools are provided under the grant.	6 587,61
45	JMTB media purchases	PNLT	5 881,36	5 881,36	5 881,36	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against tuberculosis are reinforced with a view to eliminating tuberculosis. Also training,	17 644,07

									capacity building; tools are provided under the grant.	
54	Organize a regular quarterly HC / PNLT meeting	PNLT	-	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against tuberculosis are reinforced with a view to eliminating tuberculosis. Also training, capacity building; tools are provided under the grant.	-	
55	Multiply and disseminate the communication strategy on tuberculosis	PNLT	395,48	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against	395,48	

								<p>tuberculosis are reinforced with a view to eliminating tuberculosis. Also training, capacity building; tools are provided under the grant.</p>	
58	<p>Validation of collection tools with the PNLT, Chakib, monitoring and evaluation of the PR / UNDP, WHO, SNIS, HCR, IOM, parapublic</p>	PNLT	2 556,50	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	<p>Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against tuberculosis are reinforced with a view to eliminating tuberculosis. Also training, capacity building; tools are provided under the grant.</p>	2 556,50

63	Carry out the investigation (active screening) with contacts of index cases (compensation for health workers and community members for home visits, communication credits for appointments)	PNLT	5 559,32	11 118,6 4	13 898,31	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against tuberculosis are reinforced with a view to eliminating tuberculosis. Also training, capacity building; tools are provided under the grant.	30 576,27
64	Talk about tuberculosis during meetings of health personnel from the different care structures to remind them to systematically think about the possibility of tuberculosis disease in the face of each patient and remind them of the possibilities of a diagnostic circuit.	PNLT	542,37	542,3 7	542,37	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against tuberculosis are reinforced with a view to eliminating tuberculosis. Also training,	1 627,12

								capacity building; tools are provided under the grant.	
70	sensitization and screening in the prison environment	PNLT	355,86	355,86	355,86	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against tuberculosis are reinforced with a view to eliminating tuberculosis. Also training, capacity building; tools are provided under the grant.	1 067,59
4	Multiply and distribute the technical manual of the laboratory network	PNLT	988,70	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Although the management is optimal with a therapeutic success rate of 80%, the efforts of the fight against	988,70

									tuberculosis are reinforced with a view to eliminating tuberculosis. Also training, capacity building; tools are provided under the grant.	
5	SRPS : Systèmes de laboratoire	Train / re-train 20 CHC laboratory technicians on the new national TB and HIV malaria guidelines and on the procedures manual and on the transport of samples	PNLT	1 222,60	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	1 222,60

13	Train the health personnel of the vulnerable population (prison and camps) on the detection of contact TB cases, and TB / HIV / malaria PEC	PNLT	2 495,48	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	2 495,48
21	Training of 30 CHC doctors in reading X-rays and on TB / HIV scrining on RTTR on ARV IO treatment guidelines and on-going diagnosis and on PEC of malaria	PNLT	4 101,69	-	4 101,69	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and	8 203,39

								sustainable health systems.	
22	Ensure integrated supervision for data quality and control by PNLT / PLSS / PNLN / DSME / DIS and a driver	PNLT	9 554,80	9 554,80	9 554,80	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	28 664,41
23	Training of CHWs on the mini community plan intergrated with three programs	PNLT	1 254,24	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently.	1 254,24

								Also the program has identified activities to establish resilient and sustainable health systems.	
24	Set up a telephone fleet which will make it possible to notify the CHC of the arrival of this patient and to check 3 days later whether he has arrived or not. RTTR	PNLT	13 000,00	8 000,00	8 000,00	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	29 000,00
25	Ensure the communication costs to revive irregular patients and know the result of treatment of patients transferred to another CDT to register it in the	PNLT	508,47	508,47	508,47	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to	1 525,42

	Register which had declared the patient (set up a system of communication by telephone between the CSCs) RTTR							epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	
27	Organize monthly meetings between physicians and the PLSS / PLNT / PNLN to discuss the GAS disease management protocols including co-infection and PTP transition plan	PNLT	1 993,22	664,41	664,41	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	3 322,03

28	exchange meeting and sharing of CHWs / programs	PNLT	406,78	406,78	406,78	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	1 220,34
35	Ensure quarterly coordination meetings for quantification and stock management for the 3 diseases: committee that meets regularly once / quarter to discuss technical points at CAMME level (5 CAMME, 1 laboratory supervisor and 3 treatment supervisor of the PNLT / PLSS / PNLN, Chakib Saad 2 lab, 1 pharmacy, under director of nursing care, HGP, HGP laboratory manager, PR	PNLT	406,78	406,78	406,78	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and	1 220,34

	<p>responsible for monitoring and evaluation) During these meetings, they will also triangulate programmatic and drug management data, management-related problems identified during supervision, inventories, etc.</p>							<p>sustainable health systems.</p>	
<p>36</p>	<p>Train and re-train CDT DOTS agents on order quantification and drug stock management</p>	<p>PNLT</p>	<p>2 682,49</p>	<p>-</p>	<p>-</p>	<p>PNLT/DPSP/PNU D</p>	<p>FOND MONDIAL</p>	<p>Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.</p>	<p>2 682,49</p>

53	Organize a data validation workshop	PNLT	2 442,94	2 442,94	2 442,94	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	7 328,81
56	Develop communication tools to increase the use of services (in terms of prevention, diagnosis of TB and HIV among target populations, treatment adherence and retention of patients in the system) based on a client-centered approach. the RTTR person	PNLT	3 700,56	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and	3 700,56

								sustainable health systems.	
61	Development of communication material on the results of the study and measures to be taken at the community level to reduce these obstacles (these materials will be used for community outreach)	PNLT	5 760,00	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	5 760,00
62	Provide training for community agents identified by each CHC to carry out the investigation of an index case (3 community agents per CDT / 6 CDT in 2020 and 6 CDT in 2021)	PNLT	2 141,24	-	2 389,83	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently.	4 531,07

								Also the program has identified activities to establish resilient and sustainable health systems.	
65	Organize a quarterly meeting to exchange and share data on the PEC of the 3 diseases (MS, IOM, UNHCR, WFP, UNDP, WHO) under the guidance of the ANC	PNLT	677,97	677,97	677,97	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	2 033,90
66	Train people at the central level (PNLT, HPPCO, DIS, FM, PLNP PNLs) in the analysis of TB / HIV / PALU indicators (DHIS2 analysis module)	PNLT	3 081,92	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to	3 081,92

								epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	
67	Development of a mini community plan with three programs	PNLT	4 776,84	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	4 776,84

68	<p>Strengthen the capacities of NGOs and ABC partners to develop and implement an advocacy campaign aimed at mobilizing national resources for the 3 diseases (resource mobilization is necessary for system strengthening community</p>	PNLT	5 760,00	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	<p>Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.</p>	5 760,00
69	<p>Provide supportive supervision by a doctor or 1 doctor, a PNLT / PLSS / PNL manager and driver</p>	PNLT	3 954,80	3 954,80	3 954,80	PNLT/DPSP/PNU D	FOND MONDIAL	<p>Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and</p>	11 864,41

								sustainable health systems.	
72	salary continuity of the 2 Camme drivers	PNLT	17 947,23	17 947,23	17 947,23	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	53 841,68
73	Organize education sessions in the pediatric ward to talk about TB / HIV / PALU	PNLT	293,79	293,79	519,77	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently.	1 107,34

								Also the program has identified activities to establish resilient and sustainable health systems.	
96	<p>Participate (DPSP) in the coordination bodies of community interventions in the framework of the implementation of the Community Strategy of the DPS with the CHWs and the Ministry of Women and the Family with regard to rights and gender equality</p> <p>(Training of healthcare providers on coinfection)</p>	PNLT	2 304,00	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	2 304,00
116	Workshop to validate the TB HIV framework with the referring physicians	PNLT	6 892,66	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to	6 892,66

								epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	
120	<p>Set up a system for the systematic search of tuberculosis cases</p> <p>admission of detainees (This check-in system at the entry of detainees will classify the detainee according to their pathology and allow the immediate PEC of the latter)</p>	PNLT	4 202,88	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	<p>Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.</p>	4 202,88

121	training workshop for the referent doctor and Agent Dots and APS On the national framework suvi eval place at VBG young woman and human rights	PNLT	3 238,42	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	3 238,42
143	Develop the supervision guide for quality control and verification of data entered monthly by the DHIS2 technical team	PNLT	12 000,00	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and	12 000,00

								sustainable health systems.	
14	Organize an information workshop for healthcare providers on the new guidelines	PNLT	2 062,15	-	932,77	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	2 994,92
31	Organize the training of doctors and health workers in the management of RR-TB	PNLT	1 982,49	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently.	1 982,49

								Also the program has identified activities to establish resilient and sustainable health systems.	
32	Reproduce the updated TB-RR guide	PNLT	790,96	-	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	790,96
37	Provide supervision on the monitoring of the decentralization of the TBMR PEC	PNLT	1 016,95	1 016,95	1 016,95	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to	3 050,85

								epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	
38	Fund participation in the international course on the programmatic management of RR-TB in Niger via a webinar	PNLT	-	4 000,00	-	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	4 000,00

39	Reimburse transport costs for TB-RR patients	PNLT	2 033,90	2 033,90	2 033,90	PNLT/DPSP/PNU D	FOND MONDIAL	Addressing major weaknesses in health systems is critical to responding to epidemics effectively and efficiently. Also the program has identified activities to establish resilient and sustainable health systems.	6 101,69
			158 146,40	77 795,75	83 378,23				319320,3763
			524 174,07	403 716,91	321 676,91				1 249 567,90



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Funding Source: 100% Global Fund

	1-janv-21	1-avr-21	1-juil-21	1-oct-21		1-janv-22	1-avr-22	1-juil-22	1-oct-22		1-janv-23	1-avr-23	1-juil-23	1-oct-23				
	31-mars-21	30-juin-21	30-sept-21	31-déc-21		31-mars-22	30-juin-22	30-sept-22	31-déc-22		31-mars-23	30-juin-23	30-sept-23	31-déc-23				
Par module	Q1	Q2	Q3	Q4	Année 1	Q5	Q6	Q7	Q8	Année 2	Q9	Q10	Q11	Q12	Année 3	Année 4	Total	%
SRPS : Systèmes de laboratoire	133 281	2 642	431	10 176	146 529	431	431	431	431	1 723	431	431	431	431	1 723	0	149 976	1%
SRPS : Gouvernance et planification du secteur de la santé	1 363	11 512	169	169	13 214	1 242	169	169	169	1 750	169	169	169	169	678	0	15 642	0%
Lutte antivectorielle	415 307	4 993	13 314	6 657	440 271	935 908	4 689	0	0	940 597	420 321	4 689	0	0	425 010	0	1 805 877	17%
Prise en charge et prévention de la tuberculose	339 832	1 826	1 826	2 109	345 593	256 961	1 826	2 109	1 826	262 723	263 983	1 826	1 826	2 109	269 744	0	878 060	8%
SRPS : Systèmes de gestion des produits de santé	17 083	4 589	7 356	6 582	35 609	15 230	4 589	4 589	5 253	29 660	15 230	4 589	5 253	4 589	29 660	0	94 928	1%
SRPS : Fourniture de service intégré et amélioration de la qualité	1 734	294	0	2 495	4 524	3 294	0	0	0	3 294	0	520	0	0	520	0	8 337	0%
Tuberculose multirésistante	98 784	4 807	763	763	105 116	98 707	4 763	763	763	104 995	101 825	763	763	763	104 114	0	314 225	3%
Gestion de programme	439 411	314 374	220 277	225 884	1 199 946	440 089	276 098	307 150	223 343	1 246 680	383 978	234 702	203 558	205 535	1 027 772	0	3 474 398	32%
SRPS : Système de gestion de l'information sanitaire et suivi et évaluation	17 203	43 724	3 127	3 127	67 179	27 482	3 127	3 127	3 127	36 862	7 228	3 127	3 127	3 127	16 608	0	120 650	1%
SRPS : Renforcement des systèmes communautaires	34 673	25 483	17 677	11 917	89 750	20 472	10 667	10 667	10 667	52 473	17 522	11 074	13 057	10 667	52 320	0	194 543	2%
SRPS : Ressources humaines pour la santé, y compris agents de santé communautaires	0	1 977	0	1 977	3 955	0	1 977	0	1 977	3 955	1 977	0	0	1 977	3 955	0	11 864	0%
Prévention	6 099	424	424	17 892	24 838	8 872	424	424	424	10 144	8 669	424	424	424	9 940	0	44 922	0%
Traitement, prise en charge et soutien	354 188	132 168	133 309	134 144	753 809	278 765	144 065	140 494	142 898	706 221	270 883	148 306	150 832	151 680	721 701	0	2 181 731	20%
Tuberculose/VIH	271	5 014	0	0	5 285	0	0	0	0	0	0	0	0	0	0	0	5 285	0%
Services de dépistage différencié du VIH	32 765	2 250	2 250	0	37 265	37 193	85	85	85	37 447	40 985	0	0	0	40 985	0	115 697	1%
PTME	1 531	0	0	0	1 531	2 441	0	0	0	2 441	2 441	0	0	0	2 441	0	6 412	0%
Prise en charge des cas	526 083	0	0	0	526 083	492 989	0	0	0	492 989	454 905	0	0	0	454 905	0	1 473 977	14%
Total	2 419 607	556 077	400 922	423 892	3 800 498	2 620 075	452 909	470 006	390 962	3 933 953	1 990 547	410 619	379 439	381 470	3 162 075	0	10 896 526	100%



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Par groupement des coûts	Q1	Q2	Q3	Q4	Année 1	Q5	Q6	Q7	Q8	Année 2	Q9	Q10	Q11	Q12	Année 3	Année 4	Total	%
1.0 Ressources humaines (RH)	244 502	244 502	244 502	244 502	978 006	242 089	242 089	242 089	242 089	968 358	227 523	227 523	227 523	227 523	910 092	0	2 856 456	26%
2.0 Coûts liés au déplacements (Voyages)	240 045	43 749	22 563	27 199	333 557	287 796	17 304	6 206	12 951	324 257	206 926	11 151	9 175	12 202	239 455	0	897 269	8%
3.0 Services professionnels externes (SPE)	19 074	71 436	8 010	23 723	122 243	3 000	53 491	85 000	0	141 491	4 788	25 000	0	0	29 788	0	293 521	3%
4.0 Produits de santé - produits pharmaceutiques	378 735	46 768	50 691	51 330	527 523	319 812	54 747	56 452	58 288	489 299	330 713	62 141	64 069	64 716	521 639	0	1 538 462	14%
5.0 Produits de santé - produits non pharmaceutiques	699 540	0	0	0	699 540	1 070 966	0	0	0	1 070 966	656 485	0	0	0	656 485	0	2 426 990	22%
6.0 Produits de santé - équipement	166 499	0	0	0	166 499	4 385	0	0	0	4 385	20 189	0	0	0	20 189	0	191 073	2%
7.0 Coûts de gestion des achats et des stocks (GAS)	345 548	14 498	15 714	15 912	391 672	388 451	16 972	17 500	18 069	440 992	279 922	19 264	19 861	20 062	339 109	0	1 171 773	11%
8.0 Infrastructures (INF)	15 000	0	0	0	15 000	0	0	0	0	0	0	0	0	0	0	0	15 000	0%
9.0 Équipement non sanitaire	22 526	12 419	7 577	7 577	50 098	11 912	8 672	6 412	8 672	35 669	11 912	8 672	8 672	6 412	35 669	0	121 437	1%
10.0 Support de communication et publications	26 929	10 692	0	282	37 904	16 814	4 689	282	0	21 785	19 271	4 689	0	282	24 243	0	83 932	1%
11.0 Coûts indirects et frais généraux	260 489	111 294	51 144	52 647	475 575	274 129	54 225	55 343	50 172	433 869	232 098	51 458	49 418	49 551	382 525	0	1 291 968	12%
12.0 Aide à la subsistance apportée aux Malades/population cible	720	720	720	720	2 881	720	720	720	720	2 881	720	720	720	720	2 881	0	8 644	0%
13.0 Paiement aux résultats	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Total	2 419 607	556 077	400 922	423 892	3 800 498	2 620 075	452 909	470 006	390 962	3 933 953	1 990 547	410 619	379 439	381 470	3 162 075	0	10 896 526	100%

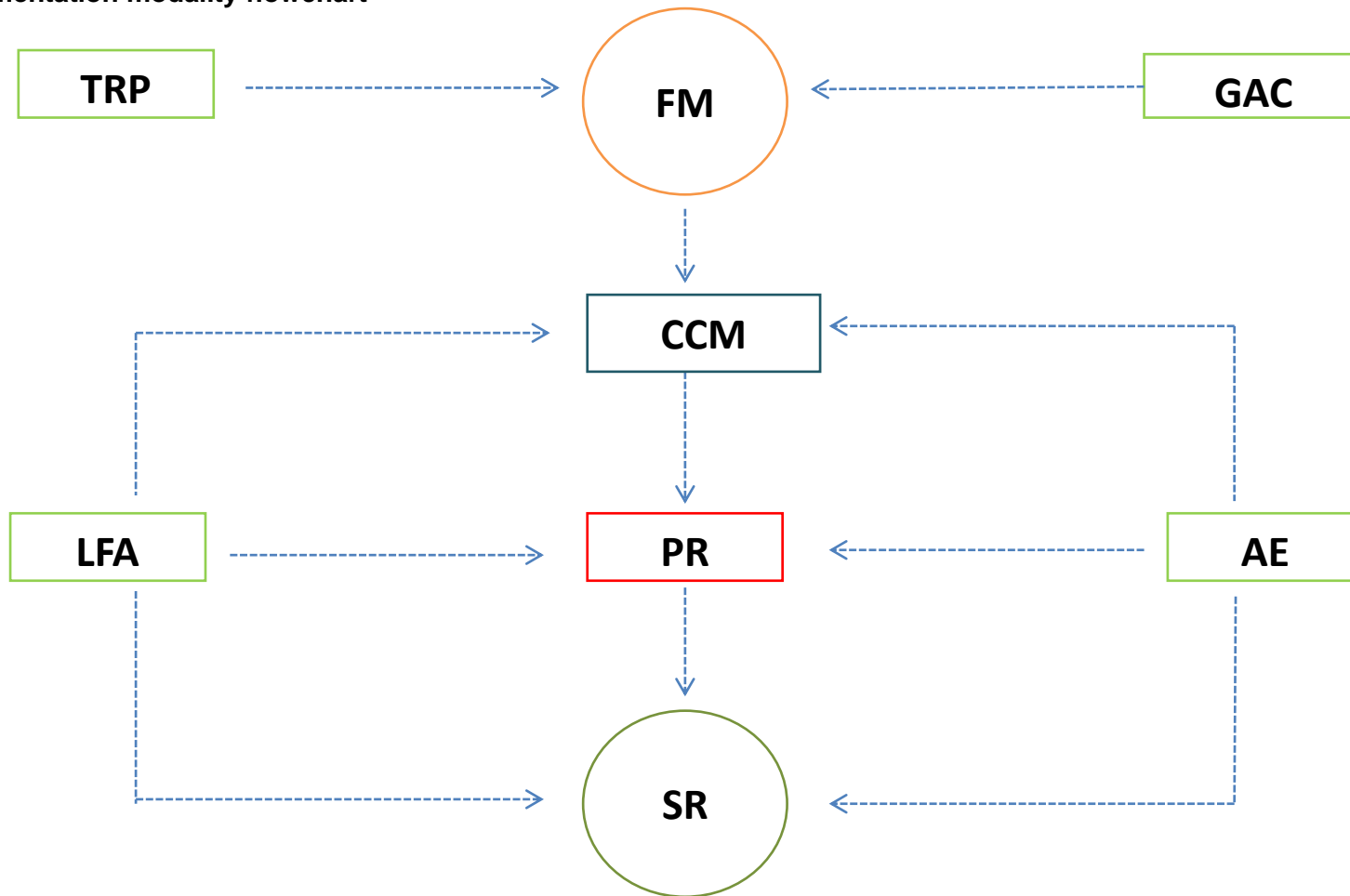
Par récipiendaire	Q1	Q2	Q3	Q4	Année 1	Q5	Q6	Q7	Q8	Année 2	Q9	Q10	Q11	Q12	Année 3	Année 4	Total	%
Récipiendaires principaux	1 982 401	308 690	219 734	235 922	2 746 748	2 162 294	281 452	314 737	233 334	2 991 818	1 608 082	247 944	219 326	222 151	2 297 503	0	8 036 068	74%
United Nations Development Programme	1 982 401	308 690	219 734	235 922	2 746 748	2 162 294	281 452	314 737	233 334	2 991 818	1 608 082	247 944	219 326	222 151	2 297 503	0	8 036 068	74%
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Sous-récipiendaires	437 206	247 387	181 188	187 970	1 053 750	457 781	171 458	155 269	157 628	942 135	382 465	162 675	160 113	159 319	864 572	0	2 860 458	26%
PNLT	109 364	86 774	64 764	62 985	323 888	68 234	60 964	55 269	57 628	242 096	73 990	57 277	59 405	58 611	249 283	0	815 266	7%
PLSS	103 897	113 388	81 102	96 320	394 707	98 197	84 741	78 937	78 937	340 812	99 480	79 213	79 213	79 213	337 119	0	1 072 638	10%
DSME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
CAMME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
INSPD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
PNLP	223 944	47 225	35 322	28 665	335 156	291 350	25 752	21 063	21 063	359 227	208 995	26 185	21 495	21 495	278 170	0	972 553	9%
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Total	2 419 607	556 077	400 922	423 892	3 800 498	2 620 075	452 909	470 006	390 962	3 933 953	1 990 547	410 619	379 439	381 470	3 162 075		10 896 526	100%



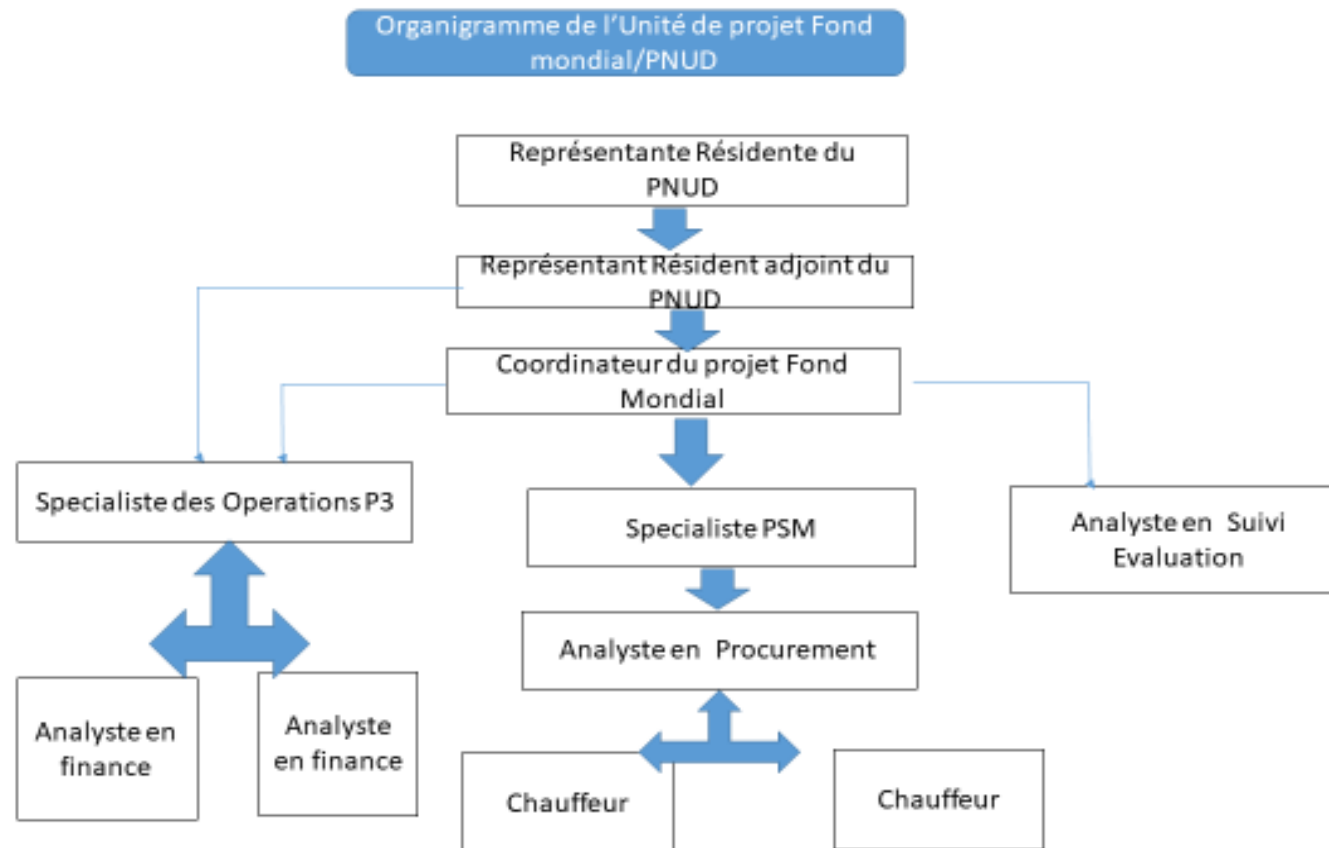
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II. GOVERNANCE AND MANAGEMENT PROVISIONS

Annex 1: Implementation modality flowchart



Annex: 2 Organizational chart of the Global Fund Project Unit within UNDP





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ROLES AND RESPONSIBILITIES IN THE FRAMEWORK OF THE PROJECT

UNDP Djibouti will work with national partners, the national coordinating body and the Global Fund to improve the management, implementation and monitoring of Grants, while developing national capacities, so that government institutions and / or local entities can take on the role of PR. To this end, the key principles of the next funding round will be:

- Strengthen sustainability by reducing the number of international staff and train national staff to assume roles and responsibilities. In Annex 1, you will find above the organizational charts for the implementation period 2021-2023;
- Develop the capacities of national entities that will take over the management of Global Fund projects as soon as circumstances permit. The UNDP will give priority to strengthening the financial management of RH and the national PR;
- Strengthen the quality of Global Fund policies and work programs, at all levels, in line with UNDP's role as a co-sponsor of UNAIDS and the core and UNDP governance and capacity building mandates. capabilities. This includes (i) promoting the inclusion of human rights and gender equality initiatives in Global Fund grants, and (ii) ensuring that funding reaches key populations.

To this end, the Project Management Unit (PMU), which will be placed under the direct supervision of the Deputy Resident Representative of the UNDP country office in Djibouti, will supervise the implementation of grants and will ensure close collaboration with the national authorities, the CCMI and the FM in compliance with the three guiding principles set out above (see Annex 1 above).

The unit will be led by a national project coordinator, with long-standing experience in the health field and solid experience in United Nations organizations. The person will supervise three units namely finance, procurement and M&E. The project coordinator will:

- o Ensure effective management of programs financed by the Global Fund;
- o Create strategic partnerships and support resource mobilization;
- o Provide strategic advice and technical guidance;
- o Provide guidance and capacity building and facilitation of knowledge sharing.

1. **Finance Unit** The Finance Unit will be headed by an Operations Officer recruited at P3 level with solid experience in UNDP financial and procurement management, who will be based in UNDP and who will contribute to capacity building of counterparts. national reports on financial management. This position will be fully funded by the Global Fund.

Under the supervision of the operations manager, the UNDP, under funding from the FM, will recruit two financial analysts who will work both on the implementation of the grant and on the aspects of capacity building.

This will include:

- Training of staff at government level;
- Establishment of procedures and a mechanism for sound financial management;

2. **PSM Unit:** This unit will be headed by a recruited national pharmacist. This person will work closely with CAMME, in order to improve the management and monitoring of stocks, as well as with all the key players involved in GAS aspects. This unit will be supported by a senior expert in GAS, who will carry out missions



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in the Country. This support will be financed by the UNDP office in charge of the partnership with the Global Fund in Geneva.

3. M&E Unit: This unit will be headed by a public health expert, who will:

- o Support the scaling up of the three programs;
- o Support programs in the implementation of training for health providers and central level staff in monitoring and evaluation;
- o Strengthen the capacities of the SRs and the national PR in Monitoring and Evaluation;

On the basis of the justifications presented above, this structure will help build the capacities of national counterparts, while continuing to build on the results obtained.

In accordance with the organizational chart of the office (See annex 2), the PMU is under the supervision of the Deputy Resident Representative of the UNDP and benefits from the support of a team of UNDP experts in the various fields of intervention, based in Geneva.

For budgeting purposes and compliance with UNDP rules and procedures, staff budgeting is done on the basis of the pro forma costs available to the organization for each level (including P3, etc.) and which are available on the website. UNDP web. However, it is important to point out that savings arise based on the actual cost of the person. To this end, these savings will be reallocated, after request to the Global Fund, for the financing of any key activity or position.

GENERAL FRAMEWORK FOR MONITORING AND EVALUATION OF THE PROJECT

1. Monitoring methods

In accordance with the rules and procedures of the UNDP User Guide, the project should be followed as follows:

	Subject	Frequency	Action planned	Potential partners	Potential costs
a. Mandatory reports	A programmatic and financial report will be submitted by the SR to the PR. These reports will collect and analyze data on progress against the RRF outcome indicators to determine the project's progress towards achieving agreed outputs. The PR in his capacity as fund managers should inform the PUDR and submit in FM.	Quarterly for the sub-recipients (DPSP) and annually from UNDP to the Global Fund through PUDR.	Intervention of project management in the event of slower-than-expected progress.	SR (DPSP), UNDP and GF	
b. Monitoring tools available to the Project Manager	Identify the specific risks that may threaten the achievement of the planned results. Identify and monitor risk management measures through a risk register. This includes measures and follow-up plans that may have been	annual	Project management identifies risks and takes measures to manage those risks. It ensures that the risk register is kept and updated to monitor the risks identified and the measures taken.	UNDP and CCMI	

	required according to UNDP social and environmental standards. Audits will be performed in accordance with UNDP audit policy to manage financial risks.				
Learn	Knowledge, best practices and lessons will be periodically generated from project activities as well as actively sought out from other projects and partners and then reintegrated into the project.	Annual	The project team draws the appropriate lessons and takes them into account to inform management decisions	UNDP, SRs et CCMI	
Project assurance	quality The quality of the project will be assessed against UNDP quality standards to identify the strengths and weaknesses of the project and to inform management decision making to improve the project.	Annual	Project management examines the strengths and weaknesses of the project and takes them into account to inform decisions and improve project performance.	UNDP	

Monitoring carried out by the Project Committee	Internal review of data and evidence from all follow-up actions to inform decision making.	Annual	Data on performance, risks, lessons and quality are reviewed by the steering committee and are used to take corrective action.	UNDP, SR et le CCMI	
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1. Evaluation

Titre de l'évaluation	partenaires (éventuels)	Produit associé du plan stratégique	Effet du PNUAD/DPP	Date d'achèvement prévue	Parties prenantes clés de l'évaluation	Coût et source du financement
Audits	SR/UNDP	Evaluation of the structure	review of program strategy	2022	SR(PNLT,PNLT,PLSS)/UNDP/CCMI	23703USD

APPENDIX 3 -RISK LOG

#	Description Description	Risk category	Impact and Probability	Proposed actions / Management solution	Author	Identification date	Owner	Status	Last update
	Brief description of the risk	Environmental Financial Operational Organisational Policy Regulatory Safe Strategic Other -	Describe the potential effect on the project if the risk were to materialise. <i>Note impact and likelihood (1 low - 5 high)</i> P= I=	What actions will be taken to counter this risk?	Person who identified this risk	First risk identification date	Person designated to monitor the risk	None, decreasing, worsening, stable	Last date of risk status check

<p><i>Duplication of actions due to lack of structured coordination of development aid for the health sector</i> <i>Probability 2, Impact 2</i></p>	<p>Strategic</p>	<p><i>Lack of structured coordination of development assistance :</i> <i>Duplication of actions</i> <i>Lack of synergies</i></p>	<p><i>Establishment of the Health Partner Group;</i> <i>-Monthly JUNTA meetings limited to HIV/AIDS/</i> <i>-Establishment of the High Council for Development Aid</i></p>	<p>SR ,UNDP,</p>	<p>01/01/2021</p>	<p>CCMI , SR , UNDP</p>		
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			<p><i>Failure to achieve impact</i> P=2 I=2</p>	<p><i>(MEFIP and DFAIT); During the PMU meeting on 07/10/2018, the team agreed to include the UNDAF groups among the coordination meetings considering the new dynamic Monthly JUNTA meetings limited to HIV/AIDS/UNDAF groups</i> - <i>Reinforcement of the CCMI platforms</i></p>					
	<p><i>Non-compliance with the deadlines for submitting quarterly progress and activity reports (Promise and Completeness)</i></p>	Operational	<p><i>Delay in FM disbursement</i> <i>Delay in decision making</i> P=4 I=3</p>	<p><i>Accelerate the launch of DHIS2 and make ESOPE functional;</i> - <i>Consider a vertical system of active data collection</i></p>	SR	15 /04/2021	CCMI , SR , UNDP		



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Unit PMU_UNDP-Djibouti

Project work plan 00132746 , year 2021-2023

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	<p><i>), due to the late submission of RH reports and the poor capacity of the information system to produce quality data. (PUDR delay)</i></p>			<p><i>-Training of SRs on the reporting format ; -Recycling of contractors for reporting tools ; -Provision of telephone credit cards for the focal points of the structures ; Strengthening reporting accountability for FM-funded contract staff</i></p>					
	<p><i>Risk of breakage or lapsing of GF-funded products due to poor quantification, poor planning and unavailability of data.</i></p>	<p>Operational</p>	<p><i>Input breakdowns Input expiry</i></p> <p><i>P=2 I=3</i></p>	<p><i>Reinvigorating the CNQSPM for the approval of quantifications and the monitoring of stocks with the implementation of quarterly meetings ;</i></p> <p><i>- Drawing up the table for monitoring the ordering, delivery and reception of</i></p>	<p>SR</p>	<p>01/01/2021</p>	<p>SR, UNDP, CCMI</p>		

				<p><i>medicines and drug products</i> <i>During the PMU meeting on 07/10/2018, the team agreed to include additional mitigations actions:</i></p> <p><i>New Mitigations Actions</i></p> <p>-</p> <p><i>Strengthening the role of central TB supervisors and M&E managers in data quality assurance ;</i></p> <p><i>-Recycling of service providers for management tools (GAS) ;</i></p> <p>- <i>Ensure inclusion of all inputs of the three diseases in the SAGE</i></p>					
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	<p><i>Delays in the delivery of health products due to administrative and customs formalities</i> Probability 2, Impact 2</p>	Regulatory	<p><i>Non-delivery of products on time</i> P=2 I=2</p>	<p><i>Improved delivery planning in collaboration with suppliers and freight forwarders ;</i> -Regular updating of the table for monitoring orders, delivery and receipt of medicines and health products;</p>	PSM specialist	01/01/2021			
	<p><i>Weak capacity to manage stocks of inputs for FM products, which can lead to stock-outs or lapses.</i> Probability 3, Impact 3</p>	Operational	<p><i>Breakage or expiration of products</i> P=3 I=3</p>	<p><i>Computerisation of stock management at storage site level</i> - <i>Implementation of the LMIS ;</i> - <i>Training of CAMME's staff in stock management</i></p>	PSM Specialist, Head of Camme	01/01/2021			
	<p><i>Risk of loss of fixed assets managed by the SRs</i> Probability 3, Impact 3</p>	Regulatory	<p>P=3 I=3</p>	<p><i>Implementation of a tag/identification system ;</i> - <i>Establishment of a quarterly monitoring file of</i></p>	Procurement analyst				

				<p><i>the assets of the SR ;</i></p> <ul style="list-style-type: none"> -<i>Insuring the capital assets of the SRs with local companies ;</i> - <i>Quarterly report by the SRs on the state of assets ;</i> <p><i>Implementation of a tag/identification system ;</i></p> <ul style="list-style-type: none"> - <p><i>Establishment of a quarterly monitoring file of the assets of the SR ;</i></p> <ul style="list-style-type: none"> -<i>Insuring the capital assets of the SRs with local companies ;</i> - <i>Quarterly reporting by the SRs on the state of assets</i> 					
	<i>Delay in the implementation of activities and failure to carry</i>	Strategic	<i>Low absorption capacity</i>	<i>In January 2020, the WHO declared VIDOC a global pandemic of public health</i>	<i>Project Coordinator</i>				

	<p>out high-impact activities. Probability 3, Impact 3</p>		<p>Non-achievement of targets</p> <p>P=3 I=3</p>	<p>concern and Djibouti has registered three cases as of 23.03.2020.</p> <p>This is a new a risk that was introduced during the meeting of the PMU on 07/10/2018. This risk was introduced considering the delay in the signature of the grant agreement, project document and SR agreements.</p> <p>-Monthly sharing of budget monitoring, including the MSP, with the SR, CCMI and the management of the MOH and UNDP;</p>					
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				<p><i>-Develop remedial plans with the SR ; High-level advocacy for unblocking high-impact activities ;</i></p>					

APPENDIX 4 - PURCHASING PLAN

Data to be provided/completed by Programme/Project													
#	Project name	Project ID	Type of supply	High level categorization	Description of goods, services or works	Unit of Measure	Quantity/Duration	Estimated unit Price in USD	Estimated Total Price in USD	Available budget in USD	Estimated completion of Activity	Responsible authorities	Comments
1	TB/VI H/M PHASE 3	00132746	6.6 Other sanitary equipment	High	Acquisition of a sequencer for resistance to ART, TB treatment, CTA malaria treatment, insecticide resistance.	1	3 years	117 850,00	117 850,00	117850	December 2023	Pund/PSM	
2	TB/VI H/M PHASE 3	00132746	6.2 Analyzer for measuring the viral load of HIV/ AIDS accessories	High	Acquire 2 Genexpert (in the North and one at the maternity of Dar Al Hanan).	1	3 years	24 560,00	24 560,00	24560	December 2023	Pund/PSM	
3	TB/VI H/M PHASE 3	00132746	6.4 Molecular tuberculosis screening equipment	High	Procurement of TB molecular test equipment	1	3 years	6 949,66	6 949,66	6949,66	December 2023	Pund/PSM	

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4	TB/VI H/M PHAS E 3	001327 46	6.4 Molecular tuberculosis screening equipment	High	Ensure the maintenance of laboratory materials and equipment, including microscopes (this quality assurance will be supported by a regular maintenance programme for the materials and equipment of the laboratory network).	1	3 years	156,47	156,47	156,46 5	December 2023	Pund/PS M	
5	TB/VI H/M PHAS E 3	001327 46	4.2 Tuberculosis drugs	High	Treatment of drug-resistant TB	1	3 years	209 304,59	209 304,59	209305	December 2023	Pund/PS M	

6	TB/VI H/M PHAS E 3	001327 46	4.2 Tuberculosis drugs	High	Acquire first-line drugs to treat all newly diagnosed TB 1st line patients and second-line drugs (MDR-TB - XDR) including safety stock including PSM costs.	1	3 years	191 524,07	191 524,07	191524	Decembe r 2023	Pund/PS M	
7	TB/VI H/M PHAS E 3	001327 46	5.8 Other consumables	High	Other consumables and syringes TB HIV needles	1	3 years	4 642,56	4 642,56	4642,5 6	Decembe r 2023	Pund/PS M	
8	TB/VI H/M PHAS E 3	001327 46	4.1 Antiretroviral drugs	High	Make ARVs available to all PLWHIV	1	3 years	714 918,92	714 918,92	714919	Decembe r 2023	Pund/PS M	
9	TB/VI H/M PHAS E 3	001327 46	5.6 Laboratory reagents	High	Differentiated ART service delivery and HIV care	1	3 years	225 144,92	225 144,92	225145	Decembe r 2023	Pund/PS M	
10	TB/VI H/M PHAS E 3	001327 46	4.5 Medicines for opportunistic infections and STIs	High	Treat OIs according to national guidelines	1	3 years	5 845,10	5 845,10	5845,1	Decembe r 2023	Pund/PS M	

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11	TB/VI H/M PHAS E 3	001327 46	5.1 Insecticide- treated mosquito nets (ITNs/ITNs)	High	Buying Maldas for Migrants and Refugees	1	3 years	462 286,10	462 286,10	462286	Decembe r 2023	Pund/PS M	
12	TB/VI H/M PHAS E 3	001327 46	5.1 Insecticide- treated mosquito nets (ITNs/ITNs)	High	Supplying the country with LLINs for mass distribution	1	3 years	81 579,90	81 579,90	81579, 9	Decembe r 2023	Pund/PS M	
13	TB/VI H/M PHAS E 3	001327 46	5.5 Insecticides	High	Supplying the country with insecticides for IDPs	1	3 years	414 140,91	414 140,91	414141	Decembe r 2023	Pund/PS M	
14	TB/VI H/M PHAS E 3	001327 46	4.7 Other medicines	High	Other malaria medicines	1	3 years	5 312,06	5 312,06	5312,0 6	Decembe r 2023	Pund/PS M	
15	TB/VI H/M PHAS E 3	001327 46	5.4 Rapid diagnostic test	High	Ensuring supplies of RDTs, reagents and consumables for malaria management at all levels of the health pyramid	1	3 years	599 860,80	599 860,80	599861	Decembe r 2023	Pund/PS M	

16	TB/VI H/M PHAS E 3	001327 46	4.3 Antimalarial drugs	High	Ensuring the supply of medicines (ACTs) for the management of malaria at all levels of the health pyramid	1	3 years	337 174,79	337 174,79	337175	December 2023	Pund/PS M	
17	TB/VI H/M PHAS E 3	001327 46	5.6 Laboratory reagents	High	purchase of lab reagents	1	3 years	46 181,46	46 181,46	46181,5	December 2023	Pund/PS M	
18	TB/VI H/M PHAS E 3	001327 46	5.8 Other consumables	High	consumable Paludeens	1	3 years	12 184,52	12 184,52	12184,5	December 2023	Pund/PS M	
19	TB/VI H/M PHAS E 3	001327 46	4.3 Antimalarial drugs	High	Procurement of antimalaria medicines for treatment	1	3 years	45 978,38	45 978,38	45978,4	December 2023	Pund/PS M	
20	TB/VI H/M PHAS E 3	001327 46	5.4 Rapid diagnostic test	High	Procurement of RDTs to diagnose malaria	1	3 years	81 799,20	81 799,20	81799,2	December 2023	Pund/PS M	
21	TB/VI H/M PHAS E 3	001327 46	5.4 Rapid diagnostic test	High	Procurement of RDTs to diagnose HIV, co-infections, and comorbidities for Non-specified	1	3 years	87 289,84	87 289,84	87289,8	December 2023	Pund/PS M	

					population groups								
22	TB/VI H/M PHAS E 3	001327 46	6.3 Microscopes	High	Procurement of microscope equipment, spare parts and accessories	1	3 years	342,66	342,66	342,65 9	December r 2023	Pund/PS M	
23	TB/VI H/M PHAS E 3	001327 46	5.4 Rapid diagnostic test	High	Procurement of RDTs to diagnose TB	1	3 years	6 003,19	6 003,19	6003,1 9	December r 2023	Pund/PS M	
24	TB/VI H/M PHAS E 3	001327 46	5.6 Laboratory reagents	High	Procurement of laboratory reagents	1	3 years	2 112,21	2 112,21	2112,2 1	December r 2023	Pund/PS M	
25	TB/VI H/M PHAS E 3	001327 46	5.8 Other consumable s	High	Procurement of condoms & lubricants for Non-specified population groups	1	3 years	3 688,00	3 688,00	3688	December r 2023	Pund/PS M	
26	TB/VI H/M PHAS E 3	001327 46	6.3 Microscopes	High	Procurement of microscope equipment, spare parts and accessories	1	3 years	9 512,34	9 512,34	9512,3 4	December r 2023	Pund/PS M	

27	TB/VI H/M PHAS E 3	001327 46	5.4 Rapid diagnostic test	High	Procurement of RDTs to diagnose TB	1	3 years	166 650,81	166 650,81	166651	December 2023	Pund/PS M	
28	TB/VI H/M PHAS E 3	001327 46	5.6 Laboratory reagents	High	Procurement of laboratory reagents	1	3 years	58 635,76	58 635,76	58635, 8	December 2023	Pund/PS M	
29	TB/VI H/M PHAS E 3	001327 46	5.8 Other consumables	High	Procurement of consumables	1	3 years	128 879,13	128 879,13	128879	December 2023	Pund/PS M	
30	TB/VI H/M PHAS E 3	001327 46	4.2 Tuberculosis drugs	High	Procurement of anti-TB medicines for prevention	1	3 years	25 755,76	25 755,76	25755, 8	December 2023	Pund/PS M	
31	TB/VI H/M PHAS E 3	001327 46	4.7 Other medicines	High	Management of side-effects	1	3 years	2 648,04	2 648,04	2648,0 4	December 2023	Pund/PS M	
32	TB/VI H/M PHAS E 3	001327 46	5.8 Other consumables	High	Procurement of consumables	1	3 years	45 911,10	45 911,10	45911, 1	December 2023	Pund/PS M	

5	Finance Analyst	SC	YES	36	P. Coordinator	01/01/2020	SB4	3604,26	PD	7	SC	DJI	30078	00327	4606	001981	DJI10	00132746	177	GP

Min / max duration of contracts		
Minimum duration for SC		6 months
Minimum duration for FTA		12 months
Maximum duration for TA		364 days exceptional extension
Maximum duration IC		XX?

Recruitment deadlines	
SC	53 days
FTA	66 days
TA	66 days
SSA	11 to 41 days

ANNEX 6 - PROJECT MONITORING MATRIX

This table is completed as an example

Expected results	Indicators	Monitoring and evaluation with data collection methods	Schedule and frequency	Responsibilities	Means of verification: source and type of data	Resources	Risks
Product : 1. case management; 2. indoor residual spraying in active outbreaks; destruction of larvae and breeding sites 3. Epidemiological surveillance with active case detection; 4. Diagnosis , management and prevention of tuberculosis 6. Multi-resistant	Coverage/effect/impact indicator	Field visits/assessment of good programme functionality	Quarterly/annual	Project Coordinator	Technical reports/survey	Budget for evaluation mission in the field + survey	Mission and survey not budgeted / movement restrictions

<p>tuberculosis7 . TB/HIV integration, including screening and prophylaxis8 . Early management of TB/HIV co-infection9 . Research, testing, treatment and retention (RTTR) 10. Distribution and promotion of correct condom useThe provision of local prevention services11 . Behaviour change communication12 . Prevention of parent-to-child transmission with male involvement</p>							
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ANNEX 7A - REVISED CHECKLIST FOR APPLICATION OF THE UNDP GENDER MARKER PROJECT DESIGN / PRE-EVALUATION (*Prior to approval in ATLAS*)

Criteria		□	Point Value	Total Points	Evidence / Comments
1. Level of results	A gender equality outcome is explicitly reflected at the output level.		2		
	At least one gender equality outcome explicitly reflected at the outcome level of the activity.		1.5		
	Gender equality considerations are mainstreamed at the activity level.		1		
	Gender equality considerations have not been integrated at any level.		0		
2. Analysis	The output is based on a gender analysis that meets the minimum standards of ¹ the country office.		2		
	Activities for this output are linked to concrete strategies to minimize gender-based constraints (CBGs) and maximize gender-based opportunities (OBGs²) , as indicated in the project gender analysis.		1		
	The output is based on a gender analysis that does not meet ³ the minimum standards of the country office.		0.5		
	The output does not include a gender analysis, or a gender analysis has not been completed.		0		
3. Indicators	The output includes a mix of gender-sensitive ⁴ qualitative and quantitative indicators to measure gender equality outcomes.		3		
	At least one-third of the indicators for this output are gender-sensitive ⁵ , and can effectively track gender equality outcomes.		2		
	Less than a third of the indicators for this output are gender-sensitive, and can effectively track gender equality outcomes.		1		
	The indicators for this output are not gender-sensitive and do not address gender equality outcomes.		0		
4. Expertise in ES	Organisations and/or networks that focus on gender equality and women's empowerment participated in the development of this output and its activities.		1		
	The gender equality specialist in the country office was consulted in the design of this output, its activities and indicators.		1		
	At the programme level, a gender focal point has been assigned to ensure gender mainstreaming through the implementation of the output.		1		
	Gender equality experts were not consulted in the planning of this output, its activities or indicators.		0		
5. Budget	More than 40% of the resources for this output have been allocated for activities that respond to gender-based constraints/opportunities.		3		
	Between 15% and 40% of the resources for this output have been allocated for activities that respond to gender-based constraints/opportunities.		2		
	Less than 15% of the resources for this output have been allocated for activities that address gender-based constraints/opportunities.		1		
	No resources for this output have been allocated for activities addressing gender-based constraints/opportunities.		0		
6. M&E	The monitoring and evaluation plan for the project includes a gender impact assessment, which is linked to this output.		1		
	The gender-sensitive monitoring and evaluation methodology has been explicitly defined for the measurement of this output.		1		
	All data for the measurement of this output are disaggregated by sex, unless there is a valid reason not to disaggregate them.		1		
	Data for measuring this output are not sex-disaggregated and/or monitoring and evaluation methods are not gender-sensitive.		0		
TOTAL POINTS VALUE					

¹ For further guidance on the country office's minimum standards for gender analysis, see Tipsheet #3: Conducting a Gender Analysis.

² For an expanded explanation of CBGs and OBGs, see Tipsheet #3: Conducting a gender analysis.

³ See note 2 above.

⁴ For a full description of gender-sensitive indicators and examples, see Tipsheet #2: Gender-sensitive Indicators.



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⁵ See note 4 above.

GENDER MARKER NOTE

18+ points total = GEN 3
12 - 18 points total = GEN 2
6 - 12 points total = GEN 1
0 - 6 points total = GEN 0

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ANNEX 7B - REVISED CHECKLIST FOR THE APPLICATION OF THE UNDP GENDER MARKER: PROJECT IMPLEMENTATION / CLOSURE

Criteria		✓	Point Value	Total Points	Evidence / Comments
1. Expenditure	More than 40% of the resources for this output were spent on activities that respond to gender-based constraints/opportunities.		3		
	Between 15% and 40% of the resources for this output were spent on activities that respond to gender-based constraints/opportunities.		2		
	Less than 15% of the resources for this output were spent on activities that respond to gender-based constraints/opportunities.		1		
	No resources for this output have been spent on activities that address gender-based constraints/opportunities.		0		
2. Expertise in ES	Organisations and/or networks that focus on gender equality and women's empowerment have actively participated (as stakeholders and/or partners) in the implementation of this output.		1		
	A gender focal point has been actively involved to ensure gender mainstreaming through the implementation of this output.		1		
	The Gender Specialist in the country office was actively involved in monitoring and evaluating the results for this output.		1		
	Gender equality experts were not involved in the implementation, monitoring or evaluation of this output.		0		
3. Results	Gender equality results were achieved for this output in one or more of the ⁶ following focus areas: 1. Improvement of the rights of women and/or girls ; 2. Decreased inequalities between women and men in access to and control over resources and benefits of development; 3. More equitable participation of women and men in decision-making and leadership; 4. Reduction of discrimination in beliefs, perceptions and social norms about women, men, girls and boys.		1		
	There is strong evidence to demonstrate the gender equality results achieved under this output (qualitative and/or quantitative indicators for this output demonstrate change).		1		
	The scope of the gender equality results for this output is significant. For example : <ul style="list-style-type: none"> • A large number of women and/or men benefit from the results; • An equal proportion of women and men benefit from the results; • A significant improvement in gender equality policy or institutional capacity has been achieved. 		1		
	Gender equality results were not achieved for this output.		0		
TOTAL POINTS VALUE					
GENDER MARKER NOTE					
9+ points = GEN 3 6 - 9 points = GEN 2 3 - 6 points = GEN 1 0 - 3 points = GEN 0					

⁶For a full description of the four dimensions of gender equality results and examples, see Tipsheet # 1: Gender equality results.



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