The Global Fund

Execution Version

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and the **United Nations Development Programme** (the "Principal Recipient"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 13 October 2016, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Principal Recipient, to implement the Program set forth herein.

2. **Single Agreement**. This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, representations, conditions, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the UNDP-Global Fund Grant Regulations).

3. **Grant Information**. The Global Fund and the Principal Recipient hereby confirm the following:

3.1	Host Country or Region:	Republic of Djibouti
3.2	Disease Component:	HIV/AIDS, Tuberculosis, Malaria
3.3	Program Title:	Support the national Malaria, TB, and HIV programs in scaling up interventions, treatment and care services nationwide, among the most affected populations
3.4	Grant Name:	DJI-Z-UNDP
3.5	GA Number:	1987
3.6	Grant Funds:	Up to the amount of USD 10,896,526 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2021 to 31 December 2023 (inclusive)
3.8	Principal Recipient:	United Nations Development Programme Mezz Tower, Rue de Venise BP 2001 Djibouti City Republic of Djibouti Attention: Ms. Fatima Elsheikh Resident Representative Telephone: + 25321 35 33 71 Email: fatima.elsheikh@undp.org

3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	Conseil Audit Formation International Immeuble PwC, Rue du Lac d'Annecy, 1053 Les Berges du Lac 1053 Tunis Republic of Tunisia Attention: Anis Megdich Team Leader Telephone: +216 71862156 Facsimile: +(216) 71 861 789 Email: anis.megdich@tn.pwc.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Joseph Serutoke Regional Manager Grant Management Division Telephone: +41587911700 Facsimile: +41445806820 Email: joseph.serutoke@theglobalfund.org

4. **Conditions**. The Global Fund and the Principal Recipient further agree that:

[*Signature Page Follows.*]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

M.A. Eldon Edg

By: _____

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Dec 18, 2020

United Nations Development Programme

By: _____

Name: Fatima Elsheikh

Title: Resident R... Djibouti

Date: 06-12-2020

Acknowledged by

By: _____

Name: Ahmed Saad Sultan

Title: Chair Country Coordinating Mechanism of Republic of Djibouti

Date: 15-12-2020.

Le Président du CCMI

By: _____

Name: Roukya Youssouf

Title: Civil Society Signatory Country Coordinating Mechanism of Republic of Djibouti / PO.

Date: Mme KHADIDJA MOHAMED HACI

Mrs. ATOUYO FIAN

Schedule I

Integrated Grant Description

A. PROGRAM DESCRIPTION

Malaria

1. Background and Rationale for the Program

The climatic conditions prevailing in the Republic of Djibouti (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 the pre-elimination of malaria- in 2012 with only 24 confirmed malaria cases (<1 case per 1,000 inhabitants), this figure reached 1,674 in 2013, 13,804 in 2016, 25,319 in 2018 and 49,402 in 2019. In addition, 98% of declared malaria cases are reported in Djibouti City, 90% of which are concentrated in three sub-zones (localities) of the Boulaos district. 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 2019 report of the MRP (mid-term review) of the national malaria program, various factors contributed to the resurgence of malaria cases, namely 1. reduction in funding between 2009 and 2015; 2. limited preventive interventions 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. recent detection of HRP2 deletion that led to misdiagnosis of average 50% of the cases. 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 indoors residual spraying (IRS) 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, and 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.

Activities:

The activities planned under the grant aim to reduce the morbidity caused by malaria:

- Case management;
- Indoor residual spraying in active foci; Larval and breeding site destruction;
- Epidemiological surveillance with active detection of cases;
- Entomological surveillance.

Target Group/Beneficiaries:

- People living in the most affected areas;
- Refugees; Migrants

- Children and pregnant women

Tuberculosis

1. Background and Rationale for the Program

According to the 2018 world report on tuberculosis: the incidence rate of TB is estimated by the WHO at 260 (199-329) cases per 100,000 inhabitants in 2018. Despite a constant decrease since 2010, the current estimated incidence remains high and is greater than that of two neighboring countries [Ethiopia (151) and Eritrea (89)] and identical to that of Somalia (262). The evaluation of the surveillance system carried out in April 2019 shows that there can be missing contact testing of TB (patients who do not come to test after knowing a contact is TB positive) as well as a lost to follow up patients (patients diagnosed but lost before being placed under treatment). Children under 5 are underrepresented. The detection rate (notifications / incidence) is estimated at 80% (63-100).

Programmatic interventions and non-programmatic factors likely contributed to the decline in TB incidence in the country:

- Improvements of the quality of TB diagnosis with an 85% decrease in pulmonary forms not bacteriologically confirmed (BPD-)between 2010 and 2019);
- Decrease in the number of foreigners coming to Djibouti for treatment;
- Decrease in the incidence of HIV among tuberculosis patients from 9% in 2014 to 3% in 2018; and
- High therapeutic success (> 80%) for several years.

The following factors contribute to the country's high TB incidence:

- Extreme poverty rate at 1.90 dollars per day was estimated at 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; classifying the country as 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;
- Accelerated urbanization.

The prevalence of MDR-TB is high 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,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 case finding efforts in neighborhoods known to be particularly disadvantaged have reported virtually no cases of tuberculosis.

HIV screening is systematically offered to all tuberculosis patients in the Community Health Center (CSC) where the diagnosis and treatment of TB (CDT) are carried out. Of the 23 services providing care for HIV, 96% had the diagnostic capacity for TB among PLHIV. While there is no recent data, screening for TB in PLHIV was estimated at about 39% in the 2nd half of 2016.

While information on HIV testing is not systematically entered in the TB registers and is collected from an HIV test register reserved for TB patients available in the HIV department, it is estimated that over 80% of TB patients are tested for HIV.

There has been a decrease in the rate of HIV positivity among TB patients since 2016, 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.
- Identify at least 9,000 cases of drug-susceptible TB and at least 300 MDR-TB by the end of 2024.
- 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.

Activities

- Diagnostic, Management and prevention of tuberculosis
- Multidrug-resistant tuberculosis
- TB / HIV integration including screening and prophylaxis
- Early management of TB / HIV co-infection

3.Target Group/Beneficiaries

- TB patients
- Index Cases
- MDR-TB patients
- TB and HIV Co infected patients
- Inmates
- Refugees
- Pregnant women and children.

HIV

1. Background and Rationale for the Program

The HIV epidemic in Djibouti seems to have a heterogeneous character and while declining from 2.9% in 2002 to 1.2% [1.0-1.5] in 2019, prevalence remains high in the general population, classifying the country in a generalized epidemic level. Spectrum estimates based on data validated in March 2020 showed that there are 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] in Djibouti.

The incidence of HIV was estimated at 0.8 per 1,000 [0.49-1.2] in 2016 and 2018 (0.8 per 1000) [0.53-1.22] and remains higher than in neighboring countries (Ethiopia 0.4; Somalia 0.04; Eritrea 0.2 or Yemen 0.07).

The estimate of new infections shows a reduction from 358 cases in 2010 to 174 in 2016 and 132 [69-275] in 2019, including 42 in children aged 0 -14 years old (UNAIDS Spectrum v 5.8).
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 1,000 [0.07-0.29] in 2019.

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

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 /

Activities

- Research, Screening, Treatment and Retention (RTTR)
- The distribution and promotion of the correct use of condoms
- The offer of local prevention services
- Communication for behavior change
- Prevention of parent-child transmission with involvement of men

3. Target Group/Beneficiaries:

- Sex workers and partners
- MSM
- Migrants and refugees
- Young and vulnerable (15-24)
- Pregnant women
- TB patients

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

The Global Fund to Fight
AIDS, Tuberculosis and Malaria

Global Health Campus
Chemin du Pommier 40
1218 Grand-Saconnex
Geneva, Switzerland

theglobalfund.org

Our Reference: MENA/2020/ERF/CB/DJI-Z-UNDP/CoverLetter

2 December 2020

Mrs Fatima Elsheikh
Resident Representative
United Nations Development Programme
Mezz Tower, Rue de Venise
BP 2001 Djibouti City
Djibouti

Subject: Grant DJI-Z-UNDP

Dear Mrs Elsheikh

Together with this letter please find for your signature the Grant Confirmation for the HIVAIDS, malaria and tuberculosis grant in Djibouti (the "Grant Confirmation").

By signing the Grant Confirmation, the Principal Recipient acknowledges the following:

i. In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"):

1. the Host Country should progressively increase government expenditure on health to meet national universal health coverage goals and increase co-financing of the Global Fund-supported programs, with a focus on progressively absorbing the costs of key Program components as identified in consultation with the Global Fund. The Principal Recipient acknowledges that the Global Fund may reduce uncommitted [1]Grant Funds during the current or any subsequent Implementation Period in the event the Host Country fails to meet these requirements; and

2. the commitment and disbursement of US$ 1,634,479 (the "Co-Financing Incentive") is subject to the Global Fund's satisfaction with the Host Country's compliance with the requirements to access the 'co-financing incentive' as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The Global Fund may reduce all or part of the Co-Financing Incentive during the current or any subsequent Implementation Period, in the even (the "Co-Financing Incentive") is subject to the Global Fund's satisfaction with the Host Country's compliance with the requirements to access the 'co-financing incentive' as set forth

[1]The parties are yet to come to an agreement on the meaning of the word "uncommitted" in the context of this Grant Confirmation.

in the STC Policy (the "Co-Financing Incentive Requirements"). The Global Fund may reduce all or part of the uncommitted Co-Financing Incentive during the current or any subsequent Implementation Period, in the event that the Host Country fails to comply with the Co-Financing Incentive Requirements.

3. in order to meet these co-financing requirements, the Host Country should, no later than 3 months following 31 March of each calendar year of the Implementation Period, provide to the Global Fund (1) a report on its budgeted and executed contribution to the fight against HIV/AIDS, tuberculosis and malaria; and (2) a report on the progress towards compliance with these co-financing requirements, as set out in the letter of commitment provided by the Ministry of Health dated 9 April 2020.

ii. under Article 3 of the UNDP-Global Fund Grant Regulations, the "Grant" consists of "funds as stated in the relevant Grant Confirmation together with any funds previously granted by the Global Fund to the Principal Recipient for the Program". In this regard, please note that where the Global Fund has approved the use under the current Grant Confirmation of grant funds disbursed to the Principal Recipient under a previous Grant Agreement for the Program ("Previously Disbursed Grant Funds"), the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6 of the Grant Confirmation by the amount of any Previously Disbursed Grant Funds.

iii. With regards to data protection:

(1) Principles. Program Activities are expected to respect the following principles and rights ("Data Protection Principles"):

(a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and

(b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

(a) to the extent that doing so does not violate or conflict with any law and/or policy applicable to it; and

(b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

(3) The Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data. Prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

Each capitalized term used but not defined in this letter shall have the meaning ascribed to such term in the Grant Confirmation or the Framework Agreement, dated 13 October 2016, between the Global Fund and the United Nations Development Programme.

We thank you and wish for successful work and implementation of the Program.

Yours sincerely

M. Eldon Edg

Mark Eldon-Edington
Division Head
Grant Management

6

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Performance Framework

Country	Djibouti
Grant Name	DJI-Z-UNDP
Implementation Period	01-Jan-2021 - 31-Dec-2023
Principal Recipient	United Nations Development Programme

Reporting Periods				
	Start Date	01-Jan-2021	01-Jan-2022	01-Jan-2023
	End Date	31-Dec-2021	31-Dec-2022	31-Dec-2023
	PU Includes DR?	Yes	Yes	No

Program Goals, impact indicators and targets

1	Réduire de moitié les nouvelles infections par le VIH d'ici à 2023 / Reduce new HIV infections by half by 2023.
2	Allonger l'espérance de vie et la qualité de vie des personnes infectés et affectés par le VIH et les agents de co-morbidité / Increase the life expectancy and quality of life of people infected and affected by HIV and co-morbidities.
3	Mettre fin à la tuberculose « à l'horizon 2030 / End "Tuberculosis" by 2030.
4	Contribuer à l'amélioration de l'état de santé de la population de la République de Djibouti par la réduction du fardeau humain et socio-économique dus au paludisme / To contribute to the improvement of the population of the Republic of Djibouti state of health by reducing the human and socio-economic burden due to malaria.

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	Responsible PR	2021	2022	2023
1	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.	Djibouti	N: D: P: 17.6%	2019 Spectrum Version 5.67 March 2020			N: D: P: 11.43% Due Date: 01-Mar-2022	N: D: P: 12.14% Due Date: 01-Mar-2023	N: D: P: 9.46% Due Date: 14-Feb-2024
	Comments								
	The data are derived from Spectrum version 5.67 estimates validated on March 6, 2020 and program data. The targets are derived from the HIV NSP Phase 2 2020-2023. The 2023 target is included in the NSP 2020-2022. The 2023 target is included in the NSP 2030-2032. It will also be included in the NSP 2023-2024. The program has acquired HIV Covid reagents that will be used on the genexpert for the screening of newborns of seropositive mares for the year 2019 and the implementation of a reference circuit for children born of seropositive mothers to the pediatric service of the various hospitals. In addition, we note the existence of a monitoring committee of PLS-t DSME since February 2020, which will strengthen the monitoring of children born HIV positive. The result of this indicator will be available in June of each year after validation of UNAIDS SPECTRUM.								
2	TB I-2 TB incidence rate per 100,000 population	Djibouti	N: 234 D: P:	2019 WHO Global TB report			N: 230 D: P: % Due Date: 01-Mar-2022	N: 221 D: P: % Due Date: 01-Mar-2023	N: 212 D: P: % Due Date: 14-Feb-2024
	Comments								
	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.								
3	TB I-3 (PC) TB mortality rate per 100,000 population	Djibouti	N: 25 D: P:	2019 WHO Global TB report			N: 20 D: P: % Due Date: 01-Mar-2022	N: 18 D: P: % Due Date: 01-Mar-2023	N: 16 D: P: % Due Date: 14-Feb-2024
	Comments								

6

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3	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 basing 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 21 deaths per 100,000 inhabitants in 2019 (www.who.int/tb/data). The NSP aims to reduce the number of TB related deaths by 17% 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 1-1 (PC) Reported malaria cases (presumed and confirmed)	Djibouti	N: 49,402 D: P:	2019 NMCP program reports, 2019	Age,Malaria case definition		N: 51,872 D: P: % Due Date: 01-Mar-2022	N: 50,316 D: P: % Due Date: 01-Mar-2023	N: 47,800 D: P: % Due Date: 14-Feb-2024
4	**Comments** 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 50% 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 ef-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 1-3.1 (PC) Inpatient malaria deaths per year; rate per 100,000 persons per year	Djibouti	N: D: P:	NMCP program reports, 2020	Age		N: 28 D: P: % Due Date: 01-Mar-2022	N: 13 D: P: % Due Date: 01-Mar-2023	N: 8 D: P: % Due Date: 01-Feb-2024
5	**Comments** 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 152 cases. The PNLP has set itself a target of 20% from 152 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. - And finally by 5% in 2023, for an expected number of 8 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 3-(CP) RR-TB and/or MDR-TB (prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	Djibouti	N: D: P: 4.7%	2019 WHO Global TB report			N: D: P: 4.78% Due Date: 01-Mar-2022	N: D: P: 4.76% Due Date: 01-Mar-2023	N: D: P: 4.76% Due Date: 01-Feb-2024
6	**Comments** 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								

Program Objectives, Outcome Indicators and targets

1	Au moins 90% des PVVIH connaissent leur statut sérologique d'ici à 2022 / At least 90% of PLHIV know their HIV status by 2022.
2	Le taux de survie à 12, 24 et 36 mois est de respectivement de 95%, 93% et 90%, d'ici 2022 / Retention rates at 12, 24 and 36 months are 95%, 93% and 90%, respectively, by 2022.
3	Identifier au moins 9.000 cas de tuberculose sensible et au moins 300 TB-MR d'ici à fin 2024 / Identify at least 9,000 cases of drug-susceptible TB and at least 300 MDR-TB by the end of 2024.
4	Guérir au moins 60% des tuberculoses prouvées bactériologiquement et plus de 75% des tuberculoses résistantes à la rifampicine d'ici 2024 / Cure at least 90% of bacteriologically proven tuberculosis and more than 75% of rifampicin-resistant tuberculosis by 2024.
5	Prévention de la tuberculose / Prevent tuberculosis.
6	Renforcer les capacités managériales et d'intervention de l'unité centrale du programme / Strengthen the managerial and intervention capacities of the programme's central unit.

6

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7	Reduire la mortalité due au paludisme dans les formations sanitaires d'ici fin 2024 / Reduce malaria mortality in health facilities by the end of 2024.
8	Reduire la morbidité liée au paludisme de 50% d'ici 2024, par rapport aux données de 2019 en vue d'atteindre zéro cas autochtone d'ici fin 2030 / Reduce malaria morbidity by 50% by 2024, compared to 2019 data, with the aim of reaching zero indigenous cases by the end of 2030.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	Responsible PR	2021	2022	2023
1	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Djibouti	N: D: P: 31.7%	2019 Programmatic Report 2019 (USAID/WADO Control Programme-health sector	Gender		N: D: P: 71.99% Due Date: 01-Mar-2022	N: D: P: 76.01% Due Date: 01-Mar-2023	N: D: P: 80.00% Due Date: 14-Feb-2024
	Comments								
	The baseline is drawn from the programmatic reports of the 2019 SSLP. The targets are from the HIV NSP 2021-(1,409/1956), 2022 (1665/2463) et 2023 (2466/3085). The targets are calculated on the basis of the number of PLHIV who have had a viral load measurement with a progression of 4% each year.								
2	HIV O-16 Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings	Djibouti	N: D: P:	NTP Programmatic report 2019			N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % Due Date:
	Comments								
	The indicator will be measured with the results of the HIV stigma index survey to be conducted in 2021 and 2023. The baseline value will be determined with the results of the first survey scheduled for end of 2021. UNDP and the program will identify a donor for the implementation of this survey, which will be conducted by a national consultant. Indeed, it is important to carry out this survey in order to determine and evaluate the percentage of PLHIV on ART who are stigmatized in order to inform and implement a strategy to fight stigma. For reasons of traceability; the survey will target PLHIV who are enrolled on ARV treatment.								
3	TB O-4(.P) Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Djibouti	N: D: P: 71.4%	2018 NTP Programmatic report 2019			N: D: P: 75.00% Due Date: 01-Mar-2022	N: D: P: 75.00% Due Date: 01-Mar-2023	N: D: P: 77.80% Due Date: 14-Feb-2024
	Comments								
	Targets are from the 2020-2024 TB NSP, the NTP aims to reach 75% by 2021 and reach 77% in 2023, the baseline is from the 2019 Programmatic Report which assesses the 2018 cohort.								
4	Malaria O-2 Proportion of population with access to an ITN within their household	Djibouti	N: D: P: 77.4%	2019 LLIN survey report			N: D: P: % Due Date:	N: D: P: 85.80% Due Date: 01-Mar-2023	N: D: P: % Due Date:
	Comments								
	The baseline for this indicator is drawn from the report of the post-LLIN distribution survey that took place in June 2019. Thus, out of a total of 8,901 people surveyed, it was found that 6,890 people (77.40%), or 6,890/8901 , had access to the a LLIN. 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.								
5	Malaria O-3 Proportion of population using an insecticide-treated net among those with access to an insecticide-treated net	Djibouti	N: D: P: 92.9%	2019 LLIN survey report	Gender		N: D: P: % Due Date:	N: D: P: 85.90% Due Date: 01-Mar-2023	N: D: P: % Due Date:
	Comments								
	The baseline for this indicator comes from the report of the post-LLIN survey that took place in June 2019. Then, out of a number of 6896 people surveyed who had access to LLIN, it was found that 4196 people used the LLIN for 60.86% (4196/6896). As part of the grant application, it is planned to carry out a milda distribution activity with 270,559 target population who will benefit from 150,311 milda in 2022. The NMCP plans to conduct a survey based on a sample that will be calculated and the programme has set itself the objective of reaching 85% of the target for this indicator. The result for this indicator will be available when the LLIN post-distribution survey is carried out.								

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Coverage Indicators and targets

CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Responsible PR	Cumulative Type	01-Jan-2021 31-Dec-2021	01-Jan-2022 31-Dec-2022	01-Jan-2023 31-Dec-2023
Case management												
		CM-1a:(PC) Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Country: Djibouti Coverage: Geographic National, 100% of national program target	N: D: P: 100.0%	2019 Programmatic report National malaria control programme	Age,Type of testing	Yes			N: 209,855 D: 209,855 P: 100.0%	N: 203,559 D: 203,559 P: 100.0%	N: 193,381 D: 193,381 P: 100.0%
13	**Comments**											
	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 rejected 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. 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.											
		CM-1c:(PC) Proportion of suspected malaria cases that receive a parasitological test at private sector sites	Country: Djibouti Coverage: Geographic National, 100% of national program target	N: D: P: 100.0%	2019 Programmatic report National malaria control programme	Age,Type of testing	Yes			N: 15,432 D: 15,432 P: 100.0%	N: 14,969 D: 14,969 P: 100.0%	N: 14,551 D: 14,551 P: 100.0%
14	**Comments**											
	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. 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 suspected cases. 100% of the needs for parasitological tests will be covered by the sum allocated from the Global Fund.											
		CM-2a:(PC) Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	Country: Djibouti Coverage: Geographic National, 100% of national program target	N: D: P: 96.0%	2019 Programmatic report National malaria control programme	Age	Yes			N: 45,570 D: 45,570 P: 100.0%	N: 44,223 D: 44,223 P: 100.0%	N: 41,993 D: 41,993 P: 100.0%
15	**Comments**											
	The Baseline is derived from the programmatic reports for the four quarters of 2019 when there were 43490 confirmed malaria cases in the public sector. The targets are derived from the NSP Malaria 2020-2024. 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. The program plans to put 100% of the expected confirmed malaria cases on treatment in 2021 (45570/45570); 2022 (44223/44223) and 2023 (41993/41993) thanks to the availability of antimalarial drugs. Through the various actions that the NMCP plans to carry out, a reduction in confirmed cases is expected in 2022 and 2023. In 2022, the NMCP, with a reduction rate of 3%, is expected to reduce the number of confirmed malaria cases by 44,223, of which 100% will be put on treatment. In 2023 the NMCP, with a reduction rate of 5% - it is expected that there will be 41,993 confirmed malaria cases, of which 100% will be put on treatment. 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.											
		CM-2c:(PC) Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites	Country: Djibouti Coverage: Geographic National, 100% of national program target	N: D: P: 100.0%	2020 Programmatic report National malaria control programme	Age	Yes			N: 8,302 D: 8,302 P: 100.0%	N: 8,113 D: 8,113 P: 100.0%	N: 5,807 D: 5,807 P: 100.0%
16	**Comments**											
	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. 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. The program plans to put 100% of the expected malaria cases under treatment in 2021(8302/8302); 2022 (8113/8113) 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 resupervised. In 2022, with a reduction of confirmed cases of 3% - it is expected that the number of confirmed malaria cases will be 8113, of which 100% will be put on treatment. 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. 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.											
Vector control												
		VC-1:(PC) Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	Country: Djibouti Coverage: Geographic National, 100% of national program target	N: 151,832 D: P:	2019 PProgrammatic report National malaria control programme	Target / Risk population group	Yes			N: 30,000 D: P:	N: 212,851 D: P:	N: 30,000 D: P:

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17	**Comments** TThe Baseline is the result of the 2020 LLIN distribution report which took place in January 2020 in the municipality of Boulaos and Randitoe. Thus, the programme has decided to use as baseline the most recent distribution that took place in the communes of Boucates and Randitoe in January 2020. A total of 145352 LLINs were distributed. To this figure was added the most recent distribution of mosquito nets (9440) to refugees which took place in Holl Holl and Ali Adde in March 2020. 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. 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. 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 Boulaos (32640). 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 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.										
18	VC-6.1 Proportion of population protected by IRS within the last 12 months in areas targeted for IRS	Country: Djibouti; Coverage/ Geographic National, 100% of national program target	N: D: P: 97.0%	2018 Programmatic report National malaria control programme		No			N: D: P: 71.0%	N: D: P: 80.9%	N: D: P: 96.0%
	Comments 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 Enguella/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 r to be protected for IRS is for 2021, 84135 (14022*6); for 2022, 86481 (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.										
RSSH: Health products management systems											
19	PSM-4 Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting	Country: Djibouti; Coverage/ Geographic National, 100% of national program target	N: D: P:	Supervision report of the three programs		Yes			N: D: P: 80.0%	N: D: P: 95.0%	N: D: P: 100.0%
	Comments 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. 1. Tracer products to be considered HIV Management - Tenofovir-Lamivudine-Dolutegravir (TDF+3TC+DTG 300/300/50 mg) - Abacavir-Lamivudine (ABZ/3TC 120/60 mg) - Lopinavir-Ritonavir (LPV/R 100/25 mg) - Determine rQuick test) TB support - RHZE 150/75/400/275 - RH150/75 - RHZ 60/30/150 (pediatric formulation, may be taken into account *** and **. - RH 60/30 Malaria Management - Artemether-Lumefantrin (tablets of 6; 12; 18 and 24 (all 4 dosages are to be considered) - TDR pLDH Year 1: Collection of data on the availability of tracer products in the 10 sites in Djibouti. The calculation of the indicator will be done from sites in the city of Djibouti. 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 products in 24 sites (19+5) in total. It will be done in a mixed manner: a CMH: the data will be collected during supervision as in the city of Djibouti. The availability of products should therefore be noted; a Health posts: the availability of products will be checked from the reports they send to CMH.										
RSSH: Health management information systems and M&E											
20	M&E-2a Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received	Country: Djibouti; Coverage/ Geographic National, 100% of national program target	N: D: P:	Ministry of Health Reports	Type of report	Yes			N: 237.0 D: 264 P: 90.0%	N: 250.8 D: 264 P: 95.0%	N: 264 D: 264 P: 100.0%
	Comments 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). 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. This will be : - 13 Community Health Centers - 5 CMH, which includes data from health posts that have services for the three diseases. - 6 Hospitals: HGP, HPPCB, CYT and Chakib Hospital. 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.										
Treatment, care and support											
1	All people living with HIV	TCS-1.1.CP1) Percentage of people on ART among all people living with HIV at the end of the reporting period	Country: Djibouti; Coverage/ Geographic National, 100% of national program target	N: 1,880 D: 6,769 P: 27.7%	2019 Programmatic Report 2019 (KSHHV/AIDS Control Programme, health sector	Age;Gender;Gender | Age;Duration of treatment;Target / Risk population group	Yes			N: 2,486 D: 8,493 P: 38.3%	N: 2,851 D: 9,399 P: 44.6%	N: 3,272 D: 8,321 P: 51.8%
	Comments Baseline data are derived from Spectrum version 5.67 estimates (validated as of March 8, 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 19% per year the number of people living with HIV diagnosed and lost to follow-up. The country will put 1580 new people living with HIV on antiretroviral treatment from baseline.										
MDR-TB											

11	MDR TB-2 (PC: Number of TB cases with RR-TB and/or MDR-TB notified	Country: Djibouti; Coverage: Geographic National, 100% of national program target	N: 44 D: P:	2019 Programmatic Report National TB Control Programme	Age,Gender	Yes			N: 60 D: P:	N: 60 D: P:	N: 60 D: P:
	Comments											
	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 Ghalib Said 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.											
12	MDR TB-3 (PC: Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: Djibouti; Coverage: Geographic National, 100% of national program target	N: 44 D: P:	2019 Programmatic report National malaria control programme	Age,Gender,TB regimen	Yes			N: 60 D: P:	N: 60 D: P:	N: 60 D: P:
	Comments											
	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 Ghalib Said 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. The target represents 75% of the expected cases.											
TB care and prevention												
10	TCP-2 (PC: Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Country: Djibouti; Coverage: Geographic National, 100% of national program target	N: D: P: 84.3%	2019 Programmatic Report National TB Control Programme	Age,Gender,HIV test status	Yes			N: D: P: 85.0%	N: D: P: 86.0%	N: D: P: 87.0%
	Comments											
	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 (1666/1900) 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.											
9	TCP-1 (PC: Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases	Country: Djibouti; Coverage: Geographic National, 100% of national program target	N: 1,825 D: P:	2019 Programmatic Report National TB Control Programme	Age,Gender,HIV test status,TB case definition	Yes			N: 1,900 D: P:	N: 1,400 D: P:	N: 1,800 D: P:
	Comments											
	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.											
TB/HIV												
6	TB/HIV-6 (PC: Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Country: Djibouti; Coverage: Geographic National, 100% of national program target	N: D: P: 76.5%	2019 Programmatic Report 2019 STI/HIV/AIDS Control Programme-health sector	Age,Gender	Yes			N: D: P: 82.5%	N: D: P: 89.0%	N: D: P: 90.2%
	Comments											
	The baseline is drawn from the programmatic reports for the four quarters of 2019. In 2019, 50 new co-infected patients plus 49 PLHIV who developed TB were notified in the health facilities. Of the 96 co-infected patients, 74 patients received both treatments (antituberculosis drugs and ART). Targets are calculated on the basis of HIV-positive tuberculosis patients, with a 5% increase in the number of HIV-positive tuberculosis patients receiving treatment each year. The targets are derived from the HIV NSP: 2021: 53/63 2022: 51/57 2023: 48/51 The targets for the two NSPs are not aligned for this indicator, as the targets for the NSP TB are lower. Given the results achieved in 2019, which is 75.5%, the two programs have chosen to retain in the performance framework the targets of the HIV NSP, which is more ambitious and meets the objectives of both programs in the joint fight against the two diseases.											

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		TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	Country: Djibouti; Coverage: Geographic National; 100% of national program target	N: D: P: 47.1%	2017 Programmatic Report 2019 STI/HIV/AIDS Control Programme-health sector	Age,Gender,ITPT regimen	Yes			N: D: P: 55.0%	N: D: P: 60.0%	N: D: P: 65.0%
7	**Comments**											
	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-e 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 3 signs of TB). Targets are calculated on the basis of expected new PLHIV cases on treatment minus co-infected persons on both TB and HIV treatments. The targets are derived from the HIV NSP. The PLS-e decided to report this indicator because of the large number of PLHIV who have developed TB. Furthermore, the PLS-e and PNLT 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. 2021 : 165/305 2022 : 215/366 2023 : 274/432 The performance framework targets are derived from TB NSP.											
		TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status	Country: Djibouti; Coverage: Geographic National; 100% of national program target	N: D: P: 83.6%	2018 Programmatic Report National TB Control Programme	Age,Gender,HIV test status	Yes			N: 1,653 D: 1,900 P: 87.0%	N: 1,625 D: 1,800 P: 90.0%	N: 1,710 D: 1,900 P: 95.0%
5	**Comments**											
	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. 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. Targets are : 2021 : 1653/1900 2022 : 1625/1800 2023 : 1710/1800											
Differentiated HIV Testing Services												
		Non-specified population groups	HTS-f Percentage of HIV-positive results among the total HIV tests performed during the reporting period	Country: Djibouti; Coverage: Geographic National; 100% of national program target	N: 394 D: 26,535 P: 1.5%	2019 Programmatic Report 2019 (STI/HIV/AIDS Control Programme-health sector	Age,Gender,Comm unity testing,Facility testing	Yes			N: 400 D: 41,515 P: 1.0%	N: 450 D: 49,462 P: 0.9%	N: 500 D: 57,484 P: 0.9%
1	**Comments**											
	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: - 6306 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; 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. 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. 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 institutionalized children).											
Prevention												
		Men who have sex with men	KP-1a:CPO Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Coverage: Geographic National; 100% of national program target	N: 598 D: 673 P: 84.0%	2019 PHDBO. Project Linkages. Programmatic report. Age on prevention interventions with NGO partners 2019.		Yes			N: 559 D: 673 P: 84.0%	N: 650 D: 673 P: 74.5%	N: 700 D: 673 P: 80.2%
3	**Comments**											
	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/SCC) activities/sessions 2. Distribution of non-health commodities (condoms, lubricants) 3-HIV counselling and testing. To reach this population, PLS-e 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 BSS30 study to be conducted in 2021. The targets are derived from the HIV NSP.											
		Sex workers and their clients	KP-1a:CPO Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Djibouti; Coverage: Geographic National; 100% of national program target	N: 1,544 D: 2,390 P: 64.6%	2019 PHDBO. Project Linkages. Programmatic report an prevention interventions with NGO partners 2019.	Gender,Age	Yes			N: 1,544 D: 2,390 P: 64.6%	N: 1,698 D: 2,390 P: 71.0%	N: 1,783 D: 2,390 P: 74.6%
4	**Comments**											
	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 projects 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/SCC) activities/sessions 2. Distribution of non-health commodities (condoms, lubricants) 3-HIV counselling and testing.											
PMTCT												

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		PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery	Country: Djibouti Coverage: Geographic Coverage: National, 100% of national program target	N: 41 D: 121 P: 33.9%	2019 Programmatic Report 2019 MCH/Mother and Child Health Directorate		Yes			N: 50 D: 110 P: 45.5%	N: 80 D: 107 P: 56.1%	N: 79 D: 182 P: 69.6%
2	**Comments** The baseline data is derived from Spectrum estimates version 5.67 (validated as of March 6, 2020) for the denominator and numerator from the 2018 programme report. The PLSS has revised the NSP targets for this indicator downwards because in 2018 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 annual number of HIV-positive pregnant women. There was a difference (95.3% difference) between estimates and actual data. Targets for the next three years have been adjusted to reflect actual data. The last sero-prevalence survey was conducted in 2002, so it is recommended that a sero-prevalence survey be implemented to determine the type of epidemic that exists, but also to have quality survey data to feed into SPECTRUM. 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. UNICEF has conducted an evaluation in the various care sites, the results of which are not yet available.											

Workplan Tracking Measures

Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country
Comments					

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Summary Budget

Country	Djibouti
Grant Name	DJI-Z-UNDP
Implementation Period	01-Jan-2021 - 31-Dec-2023
Principal Recipient	United Nations Development Programme

By Module	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
Case management	$526,018				**$526,018**	$492,989				**$492,989**	$455,206				**$455,206**	**$1,474,212**	**13.5 %**
Differentiated HIV Testing Services	$32,765	$2,250	$2,250		**$37,265**	$37,193	$85	$85	$85	**$37,447**	$40,985				**$40,985**	**$115,697**	**1.1 %**
MDR-TB	$96,784	$4,807	$763	$763	**$105,116**	$98,707	$4,763	$763	$763	**$104,995**	$101,825	$763	$763	$763	**$104,114**	**$314,225**	**2.9 %**
PMTCT	$1,531				**$1,531**	$2,441				**$2,441**	$2,441				**$2,441**	**$6,412**	**0.1 %**
Prevention	$12,346	$7,303	$6,670	$24,771	**$51,091**	$12,644	$6,670	$7,303	$6,670	**$33,289**	$12,441	$6,670	$6,670	$7,303	**$33,085**	**$117,464**	**1.1 %**
Program management	$505,113	$381,985	$286,707	$292,364	**$1,466,169**	$506,584	$342,296	$373,727	$289,876	**$1,512,483**	$450,650	$301,644	$270,500	$272,521	**$1,295,315**	**$4,273,966**	**39.2 %**
RSSH: Community systems strengthening	$26,006	$16,816	$9,010	$3,250	**$55,082**	$11,805	$2,000	$2,000	$2,000	**$17,805**	$8,855	$2,407	$4,390	$2,000	**$17,652**	**$90,539**	**0.8 %**
RSSH: Health management information systems and M&E	$17,203	$42,650	$3,127	$3,127	**$66,106**	$27,482	$3,127	$3,127	$3,127	**$36,862**	$7,228	$3,127	$3,127	$3,127	**$16,608**	**$119,576**	**1.1 %**
RSSH: Health products management systems	$17,083	$4,589	$7,271	$6,582	**$35,524**	$15,230	$4,589	$4,589	$5,253	**$29,660**	$15,230	$4,589	$5,253	$4,589	**$29,660**	**$94,843**	**0.9 %**
RSSH: Health sector governance and planning	$1,363	$14,642	$169	$169	**$16,344**	$169	$169	$169	$169	**$678**	$169	$169	$169	$169	**$678**	**$17,700**	**0.2 %**
RSSH: Human resources for health, including community health workers		$1,977		$1,977	**$3,955**		$1,977		$1,977	**$3,955**	$1,977			$1,977	**$3,955**	**$11,864**	**0.1 %**
RSSH: Integrated service delivery and quality improvement	$1,734	$294		$2,495	**$4,524**	$3,294				**$3,294**		$520			**$520**	**$8,337**	**0.1 %**
RSSH: Laboratory systems	$133,281	$2,642	$431	$10,176	**$146,529**	$431	$431	$431	$431	**$1,723**	$431	$431	$431	$431	**$1,723**	**$149,976**	**1.4 %**
TB care and prevention	$315,272	$1,826	$1,826	$2,109	**$321,033**	$258,257	$3,216	$3,499	$3,216	**$268,188**	$266,068	$3,911	$3,911	$4,193	**$278,083**	**$867,304**	**8.0 %**
TB/HIV	$271	$5,014			**$5,285**											**$5,285**	**0.0 %**
Treatment, care and support	$308,331	$66,539	$67,679	$68,515	**$511,064**	$213,136	$73,648	$74,864	$77,269	**$438,917**	$200,106	$82,317	$84,842	$85,690	**$452,955**	**$1,402,936**	**12.9 %**
Vector control	$415,307	$19,089	$13,314	$8,657	**$454,366**	$939,015	$4,689			**$943,704**	$423,428	$4,689			**$428,117**	**$1,826,188**	**16.8 %**
Grand Total	**$2,412,407**	**$572,424**	**$399,217**	**$422,955**	**$3,807,003**	**$2,619,377**	**$447,660**	**$470,556**	**$390,835**	**$3,928,429**	**$1,987,039**	**$411,236**	**$380,056**	**$382,764**	**$3,161,094**	**$10,896,526**	**100.0 %**

By Cost Grouping	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	$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**	**$2,856,456**	**26.2 %**
Travel related costs (TRC)	$242,304	$57,243	$23,390	$28,744	**$351,681**	$291,071	$19,606	$9,140	$15,253	**$335,070**	$212,268	$14,148	$12,172	$15,832	**$254,420**	**$941,171**	**8.6 %**
External Professional services (EPS)	$14,287	$75,638	$8,010	$23,723	**$121,658**	$3,000	$48,703	$85,000		**$136,703**		$25,000			**$25,000**	**$283,361**	**2.6 %**
Health Products - Pharmaceutical Products (HPPP)	$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**	**$1,538,462**	**14.1 %**
Health Products - Non-Pharmaceuticals (HPNP)	$699,540				**$699,540**	$1,070,966				**$1,070,966**	$656,485				**$656,485**	**$2,426,990**	**22.3 %**
Health Products - Equipment (HPE)	$166,499				**$166,499**	$4,291				**$4,291**	$20,189				**$20,189**	**$190,979**	**1.8 %**
Procurement and Supply-Chain Management costs (PSM)	$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**	**$1,171,773**	**10.8 %**
Infrastructure (INF)	$15,000				**$15,000**											**$15,000**	**0.1 %**
Non-health equipment (NHP)	$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**	**$121,437**	**1.1 %**
Communication Material and Publications (CMP)	$25,517	$10,692		$282	**$36,492**	$15,401	$4,689	$282		**$20,373**	$17,859	$4,689		$282	**$22,831**	**$79,695**	**0.7 %**
Indirect and Overhead Costs	$250,984	$103,697	$42,365	$43,918	**$440,965**	$265,417	$45,214	$46,712	$41,497	**$398,839**	$223,201	$42,831	$40,791	$40,969	**$347,792**	**$1,187,596**	**10.9 %**
Living support to client/ target population (LSCTP)	$720	$720	$720	$720	**$2,881**	$720	$720	$720	$720	**$2,881**	$720	$720	$720	$720	**$2,881**	**$8,644**	**0.1 %**
Payment for Results	$6,247	$6,247	$6,247	$6,247	**$24,987**	$6,247	$6,247	$6,247	$6,247	**$24,987**	$6,247	$6,247	$6,247	$6,247	**$24,987**	**$74,960**	**0.7 %**

The Global Fund

By Cost Grouping	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
GrandTotal	**$2,412,407**	**$572,424**	**$399,217**	**$422,955**	**$3,807,003**	**$2,619,377**	**$447,660**	**$470,556**	**$390,835**	**$3,928,429**	**$1,987,039**	**$411,236**	**$380,056**	**$382,764**	**$3,161,094**	**$10,896,526**	**100.0 %**

By Recipients	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
PR	**$1,981,563**	**$309,760**	**$219,623**	**$235,860**	**$2,746,806**	**$2,162,155**	**$281,109**	**$314,773**	**$233,326**	**$2,991,362**	**$1,607,852**	**$247,985**	**$219,366**	**$222,236**	**$2,297,439**	**$8,035,607**	**73.7 %**
United Nations Development Programme	$1,981,563	$309,760	$219,623	$235,860	$2,746,806	$2,162,155	$281,109	$314,773	$233,326	$2,991,362	$1,607,852	$247,985	$219,366	$222,236	$2,297,439	$8,035,607	73.7 %
SR	**$430,844**	**$262,664**	**$179,594**	**$187,095**	**$1,060,197**	**$457,222**	**$166,551**	**$155,783**	**$157,510**	**$937,066**	**$379,187**	**$163,251**	**$160,689**	**$160,528**	**$863,656**	**$2,860,919**	**26.3 %**
PLSS	$97,601	$111,879	$79,594	$94,812	$383,886	$96,688	$78,445	$77,428	$77,428	$329,991	$93,185	$77,704	$77,704	$77,704	$326,297	$1,040,174	9.5 %
PNLP	$223,879	$60,247	$35,322	$28,665	$348,112	$291,350	$25,752	$21,063	$21,063	$359,227	$209,295	$26,185	$21,495	$21,495	$278,471	$985,810	9.0 %
PNLT	$109,364	$90,537	$64,679	$63,618	$328,199	$69,184	$62,354	$57,292	$59,018	$247,848	$76,707	$59,362	$61,490	$61,328	$258,888	$834,935	7.7 %
Grand Total	**$2,412,407**	**$572,424**	**$399,217**	**$422,955**	**$3,807,003**	**$2,619,377**	**$447,660**	**$470,556**	**$390,835**	**$3,928,429**	**$1,987,039**	**$411,236**	**$380,056**	**$382,764**	**$3,161,094**	**$10,896,526**	**100.0 %**

6