

Grant Confirmation

1. This document, dated as of the date of last signature below, is issued under, and constitutes a **Grant Confirmation** as referred to in, the Framework Agreement (effective as of 2 October 2015), as amended and supplemented from time to time (the "Framework Agreement") between the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and the **Gabonese Republic** (the "Grantee") for the Program described herein.
2. This Grant Confirmation supplements, forms part of, and is subject to the Framework 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 Global Fund Grant Regulations (2014)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provision of this Grant Confirmation shall govern.
3. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Gabonese Republic (Gabon)
3.2	(Disease) Component:	Tuberculosis
3.3	Program Title:	Investing for impact against tuberculosis
3.4	Grant Name:	GAB-T-MSPS
3.5	GA Number:	936
3.6	Grant Funds:	Up to the amount of €3,630,386 (Three Million Six Hundred Thirty Thousand Three Hundred and Eighty-Six Euros) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 January 2016 to 31 December 2018

3.8	The Principal Recipient Nominated:	<p>Ministry of Health, Social Welfare and National Solidarity of the Gabonese Republic BP 50 Libreville, Gabonese Republic (Gabon)</p> <p>Attention: Mr. Paul Biyoghe Mba First Vice Prime Minister and Minister</p> <p>Telephone: +241 01 72 26 21 Facsimile: Email: p.biyoghembra@yahoo.fr</p>
3.9	Fiscal Year of the Principal Recipient:	01 January to 31 December
3.10	LFA:	<p>PricewaterhouseCoopers, Gabon 366 Rue Alfred Marche, BP 2164, Libreville, Gabon</p> <p>Attention: Ms. Anaclet Ngoua Telephone: +241 76 23 71 Facsimile: +241 74 43 25 Email: anaclet.ngoua@ga.pwc.com</p>
3.11	Global Fund (Notices information for this Grant Confirmation):	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva Switzerland</p> <p>Attention: Ms. Caty Fall Regional Manager, Central Africa Team Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: caty.fall@TheGlobalFund.org</p>

4. The details of the Program, the Program Activities and related implementation arrangements are set forth in Schedule I (Integrated Grant Description). The Grantee acting through the Principal Recipient shall implement the Program in accordance with the detailed Program budget agreed with the Global Fund and adhere to the provisions of the "Global Fund Guidelines for Grant Budgeting and Annual Financial Reporting" (2014, as amended from time to time), available at the Global Fund's Internet site, throughout the Implementation Period.

5. The Global Fund and the Grantee acting through the Principal Recipient further agree the following:

Counterpart Financing

- 5.1 In accordance with the Global Fund Board Decision Point GF/B28/DP4, the commitment and disbursement of 15% of the Gabonese Republic's aggregate allocation of EUR 3,725,008 for the 2014 - 2016 allocation period, which is equal to EUR 558,751 is subject to the Global Fund's satisfaction with the Gabonese Republic's compliance with the Global Fund's policies relating to counterpart financing.
- 5.2 The Grantee, acting through the Principal Recipient, shall provide to the Global Fund a report on 30 June of each year during the Implementation Period and in the year immediately after the Implementation Period ends, each of which shall (1) indicate all domestic public resources allocated to the national response for the fight against tuberculosis, from government revenues, government borrowings from external sources or private creditors; social health insurance as well as debt relief proceeds, for the preceding year and (2) confirm the compliance with the commitment made by the Grantee to dedicate domestic financing to the fight against tuberculosis up to the amount indicated in the financial gap analysis and counterpart financing table for the period 2016-2018 submitted by the CCM in connection with the tuberculosis concept note on 20 April 2015. In line with the commitments included in said table, an amount of EUR 3,712,567, EUR 3,926,971 and EUR 3,469,766 of domestic public resources shall be dedicated to the national response for the fight against tuberculosis for the periods 2016, 2017 and 2018 respectively. Any shortfall in meeting these commitments shall be duly justified by the Grantee.

Sustainability Plan

- 5.3 No later than 31 December 2016, the Grantee, acting through the Principal Recipient, in collaboration with the CCM, other stakeholders and partners in the Gabonese Republic, shall prepare and deliver to the Global Fund a sustainability plan for the National TB Program, in form and substance satisfactory to the Global Fund.

Procurement of second-line anti-tuberculosis drugs

- 5.4 The Grantee, acting through the Principal Recipient, shall be authorized to use Grant Funds to finance the procurement of second-line anti-tuberculosis drugs needed for the first year of the Program. Prior to the disbursement of Grant Funds to finance the procurement of second-line anti-tuberculosis drugs needed for the second year of the Program, the Grantee acting through the Principal Recipient shall make available to the Global Fund, in form and substance satisfactory to it, the national guidelines for programmatic management of MDR-TB, developed in collaboration with a technical partner acceptable to the Global Fund.
- 5.5 In any event, no later than 30 days prior to a scheduled Disbursement that includes funds for

the procurement of MDR-TB medicines, the Grantee, acting through the Principal Recipient, shall deliver to the Global Fund a pro forma invoice issued by the designated procurement agent of the Global Drug Facility, as delegated by the Green Light Committee Initiative.

- 5.6 The Grantee acting through the Principal Recipient shall cooperate with the Green Light Committee (the "GLC") in the efforts of the GLC to provide technical support and assistance to the Principal Recipient with respect to monitoring and the scaling-up of MDR-TB-related services provided in-country. Accordingly, the Grantee, acting through the Principal Recipient, shall budget and authorize the Global Fund to disburse up to a maximum of US\$ 25,000, or a lower amount as agreed with GLC and the Global Fund, each year to pay for GLC services.

Procurement Agent

- 5.7 The procurement of Health Products using Grant Funds (other than second-line anti-tuberculosis drugs which procurement shall comply with the provisions of Sections 5.4 to 5.6 above) shall be conducted using a suitable procurement agent selected by the Grantee acting through the Principal Recipient with the prior written agreement of the Global Fund.

Community Interventions

- 5.8 Before any use of Grant Funds for community interventions, the Grantee acting through the Principal Recipient shall submit to the Global Fund, in form and substance satisfactory to it, a tuberculosis community strategy document describing (1) the roles and responsibilities of each community actor (sub-recipients, community health workers, NGOs, etc.) in the community, in prison or in any other place where community interventions shall take place, and (2) the measures taken in order to ensure an effective coordination between those community actors and the diagnosis and treatment centres.

6. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Grantee acting through the Principal Recipient hereby makes additional representations as follows:

- 6.1 The Grantee and the Principal Recipient acting on behalf of the Grantee have all the necessary power and/or have been duly authorised by or obtained all necessary consents, actions, approval and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Grantee or the Principal Recipient acting on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of its constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

(The signature page follows.)

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

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Gabonese Republic
acting through
Ministry of Health, Social Welfare and National Solidarity

By: 

Name: Mr. Mark Eldon-Edington
Title: Head, Grant Management Division

Date: 16 DEC. 2015



By: 

Name: Mr. Paul Biyoghe Mba
Title: First Vice Prime Minister and Minister

Date: 08 DEC. 2015

Acknowledged by



By: 

Name: Rev. Gaspard Obiang
Title: Chair of the Country Coordinating Mechanism for The Gabonese Republic (Gabon)

Date: 08 DEC. 2015



By: 

Name: Mr. Guy René Mombo Lembomba
Title: Civil Society Representative of the Country Coordinating Mechanism for The Gabonese Republic (Gabon)

Date: 08/12/2015

Schedule 1
Integrated Grant Description

Country:	Gabon
Program Title:	Investing for impact against tuberculosis
Grant Name:	GAB-T-MSPS
Grant Number:	936
Disease:	Tuberculosis
Principal Recipient:	Ministry of Health, Social Welfare and National Solidarity

A. PROGRAM DESCRIPTION

1. Background and Summary:

Gabon has a high TB burden with an estimated prevalence of 578/100,000 and an estimated incidence of 423/100,000 in 2013. The number of all forms of TB cases detected in 2013 was 5,179 (73%). In spite of the relatively high detection rate, treatment outcome and patient monitoring remain low with 57% treatment success for new smear+ cases and 35% lost-to-follow-up as per 2012 figures. WHO estimates that 2.6% of new TB cases and 13% of retreatment cases are MDR. There is currently no MDR-TB program in Gabon although 69 cases patients are known to be MDR-TB.

HIV is the main driver of the TB epidemic in Gabon with a prevalence of 4.1% in the general population. In 2011, only 46% of TB patients were tested for HIV and 73% of TB/HIV patients receiving antiretroviral therapy (ART). TB screening in people living with HIV (PLHIV) as well as Isoniazid preventive therapy (IPT) in HIV settings is not consistently provided and reported. The main key vulnerable populations identified include prisoners, TB/HIV, children under five and people with limited access to health services.

The fight against TB is led by the national TB program with funding from the government particularly for the procurement of first line drugs, as well as contributions from research centers, namely Center of Medical Research of Lambaréné (CERMEL), CIRMF, and Institut Pasteur, to strengthen program capacity in relation to diagnosis and treatment. In addition, the national TB program receives technical support from WHO with a recent case in point being a study on the feasibility of MDR-TB management and an evaluation of the national TB laboratories network in 2013, which led to the development of the current national strategic plan over the period 2014-2018 for strengthening the laboratory network. The effectiveness of the TB program has however been limited by suboptimal capacity in program

management and coordination as well as limited and non-functional centers for TB diagnosis and treatment (CDT) to cover the population in need. Currently, only 17 CDTs and 3 treatment centers are in place for the 52 health departments in the country.

Accordingly, this grant aims at strengthening the management and coordination capacity of the national TB program through recruitment and training of staff as well as provision of technical assistance during the grant implementation. Furthermore, treatment and diagnosis coverage is expected to increase to cover more regions and districts lacking TB services with a planned increase in the number of CDTs from 17 to 33, as well as the equipping of 16 new and equipped centers during the implementation period. The scale-up of CDTs is expected to improve TB patients follow-up and thereby treatment outcomes. Guidelines for community-based interventions will be developed and community health workers will be involved in community activities through social mobilization, referral of suspect cases, search for lost-to-follow-up, home-based visit and TB care and support in prisons.

The grant will be implemented by the National Tuberculosis Control Program (NTP) under the oversight of the National Directorate of Health of the Ministry of Health, Social Welfare and National Solidarity.

2. Goals:

The goal of the Program is to reduce TB morbidity and mortality rates in Gabon by 2018.

3. Target Group/Beneficiaries:

The Program will target and benefit the following groups:

- TB patients and their families
- People living with HIV
- Prisoners
- Health professionals
- General population

4. Strategies:

The strategies developed by this program to reach the above mentioned goals among target beneficiaries will be to:

- Improve TB notification of all forms from 5,608 in 2014 to 9,144 in 2018 among the general population and including vulnerable populations;
- Increase the treatment success rate for new cases of bacteriologically confirmed pulmonary tuberculosis from 57% to 85% through quality monitoring and support of patients under treatment;

- Provide counseling and HIV testing to at least 90% of TB patients and provide ARVs and cotrimoxazole to at least 90% of co-infected TB/HIV patients;
- Test at least 50% of MDR-TB cases and treat 100% of confirmed MDR-TB cases; and
- Strengthen the management and coordination of human resources of the National TB Program (NTP) and at all levels of the health pyramid, including the capacity to ensure high quality monitoring and evaluation.

5. Planned Activities:

Under the responsibility of the Ministry of Health, Social Welfare and National Solidarity, the activities implemented under this Grant include:

- TB treatment and care: procurement of 2nd line TB drugs for MDR-TB patients and reimbursement of costs related to clinical examinations and tests related to MDR-TB;
- Diagnostic capacity and equipment: procurement of mobile digital x-ray machines, GeneXpert, hematology and biochemistry equipment, reagents and other laboratory materials, rehabilitation of the national reference laboratory;
- Quality of care and services: performing quality control of 1st line and 2nd line TB drugs and external quality assessment of the laboratory network;
- Community TB: collaboration with community agents to provide patient support, including patient follow up at community level and psycho-social support as well as training of community agents;
- Monitoring and evaluation: regular supervisions, data collection and analysis as well as processing of data for measuring the impact and outcome of the program;
- TB prevention, screening and sensitization for prisoners and general population;
- Review and printing of guidelines for TB infection control and clinical care for TB/HIV co-infection;
- Training and capacity building: training of health workers on supply management of medicines and laboratory materials, training of pediatricians and other health personnel in relation to pediatric TB, training of health personnel involved in laboratory work and technical assistance during program implementation; and
- Guidelines and tools: review and printing of guidelines for pediatric TB care and guidelines for management of drugs and laboratory materials.

PROGRAM GRANT AGREEMENT

1. Country: Gabonese Republic (Gabon)	
2. Principal Recipient Name and Address: Ministry of Health, Social Welfare and National Solidarity of the Gabonese Republic BP 50 Libreville, Gabonese Republic (Gabon)	
3. Program Title: Investing for impact against tuberculosis	
4. Grant Name: GAB-T-MSPS	4A. GA Number: 936
5. Implementation Period Dates: 01 January 2016 to 31 December 2018	
6. Grant Funds (Current Implementation Period only): Up to the amount of €3,630,386.00 (Three Million Six Hundred Thirty Thousand Three Hundred and Eighty-Six Euros). Grant Funds as indicated above will be committed by the Global Fund to the Principal Recipient in staggered terms as described in Annex A of this Agreement.	
7. Component/Disease: Tuberculosis	
8. The fiscal year of the Principal Recipient is: 01 January to 31 December	
9. Local Fund Agent: PricewaterhouseCoopers, Gabon 366 Rue Alfred Marche, BP 2164, Libreville, Gabon Tel: +241 76 23 71 Fax: +241 74 43 25 Attention: Ms. Anaclet Ngoua E-mail: anaclet.ngoua@ga.pwc.com	
10. Name/Address for Notices to Principal Recipient: Mr. Paul Biyoghe Mba First Vice Prime Minister and Minister BP 50 Libreville, Gabonese Republic (Gabon) Tel.: +241 01 72 26 21 Fax: E-mail: p.biyoghemba@yahoo.fr	11. Name/Address for Notices to Global Fund: Ms. Caty Fall Regional Manager, Central Africa Team The Global Fund To Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8 1214 Vernier Geneva, Switzerland Tel.: +41 58 791 1700 Fax: +41 58 791 1701
This Agreement consists of this face sheet and the following: Recitals (if applicable) Standard Terms and Conditions Annex A – Program Implementation Description and the attachments thereto (including the Performance Framework and Summary Budget)	

Performance Framework				English
A. Program details				
Country / Applicant:	Gabon		Principal Recipients (Please select from list or add a new one)	Ministry of Health and Public Hygiene of Gabon
Component:	Tuberculosis			
Start Year:	2016			
Start Month:	January			
Annual Reporting Cycle	Jan - Dec			
Reporting Frequency (Months)	6			MSPS

B. Reporting periods								
Period	Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2018 - Jun 2018	Jul 2018 - Dec 2018	Jan 2019 - Jun 2019	Jul 2019 - Dec 2019
Rapport d'activités	Yes	Yes	Yes	Yes	Yes	Yes		
Rapport d'activités/Demande de décalage	No	Yes	No	Yes	No	No		

C. Program goals and impact indicators	
Goals:	
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1. By 2018, contribute to reducing tuberculosis-related morbidity and mortality in the population of Gabon

Linked to goal(s)	Impact Indicator	Country	Baseline			Required disaggregation	Targets								Comments
			Value	Year	Source		2016	Report due date	2017	Report due date	2018	Report due date	2019	Report due date	
1	TB I-1: TB prevalence rate (per 100,000 population)	Gabon	615	2014	Tuberculosis profile (WHO), 2015		601	15-Feb-16	732	15-Feb-17	689	15-Feb-18			According to the WHO 2015 epidemiological tuberculosis profile (being finalized), the estimated prevalence of tuberculosis is 615 cases per 100,000 inhabitants. We have seen a fall in prevalence of 7.5 percent per year from 2008 to 2013, and an increase of 6 percent from 2013 to 2014. We suggest that prevalence will increase by 6 percent between 2016 and 2017, but will fall between 2017 and 2018 due to the following activities being implemented: increase in the number of testing and treatment centers (TTCs), introduction of new diagnostic methods such as LED microscopy, early tuberculosis diagnosis in at-risk groups (people in contact with smear-positive pulmonary tuberculosis [PTB+] and MDR-TB, and PLHIV, prisoners, children aged under 5 years, etc.) using the GeneXpert MTB/RIF; strengthening the system for collecting and transporting sputum samples from the health centers to the TTC laboratories; screening tuberculosis by means of screening campaigns in underserved areas and developing social mobilization. Source of data: WHO Global Tuberculosis Report
	TB I-2: TB incidence rate (per 100,000 population)	Gabon	444	2014	Tuberculosis profile (WHO), 2016		490	15-Feb-16	514	15-Feb-17	540	15-Feb-18			According to the epidemiological profile of the WHO Global Tuberculosis Report 2016 (being finalized), the estimated incidence of tuberculosis is 444 cases per 100,000 inhabitants. Based on the incidence trend between 2009 and 2014, the progression rate is 5 percent on average. This rate is applied to the 2014 figure (444) in order to obtain the targets. The targets are 490 in 2016, 513 in 2017, and 549 in 2018. The increases take into account the growing diagnostic capacity through the use of LED microscopy, early tuberculosis diagnosis in at-risk groups (people in contact with smear-positive pulmonary tuberculosis [PTB+] and MDR-TB, and PLHIV, prisoners, children aged under 5 years, etc.) using the GeneXpert MTB/RIF; strengthening the system for collecting and transporting sputum samples from the health centers to the TTC laboratories; screening tuberculosis by means of screening campaigns in underserved areas and developing social mobilization. Source of data: WHO Global Tuberculosis Report
1	TB I-3: TB mortality rate (per 100,000 population)	Gabon	65	2014	Tuberculosis profile (WHO), 2017		44	15-Feb-16	39	15-Feb-17	35	15-Feb-18			In Gabon, the civil register for recording the causes of deaths is not yet functional. A project to implement a death register will begin in 2016 within the context of national statistics, with the support of the partners. According to the epidemiological profile of the WHO Global Tuberculosis Report 2016 (being finalized), the estimated number of tuberculosis-related deaths is 65 per 100,000 inhabitants. Based on the mortality trend between 2009 and 2014, the regression rate is 10.65, or 11 percent. This rate was applied to the 2014 figure (65) in order to obtain the targets. The targets are 44 in 2016, 39 in 2017 and 35 in 2018. Source: WHO Global Tuberculosis Report
					Please select...										

D. Program objectives and outcome indicators	
Objectives:	
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1	Improve the number of notified cases of all forms of tuberculosis (TBAF) (new cases and relapses) from 5,808 in 2014 to 9,144 in 2018 in the general population, to include vulnerable populations.
2	Increase the level of treatment success in new cases of bacteriologically confirmed pulmonary tuberculosis from 57 percent to 85 percent by improving quality monitoring and supporting patients receiving treatment.
3	Provide HIV advice and screening initiated by care providers, to cover at least 80 percent of people with tuberculosis. In addition, place at least 80 percent of screened, tuberculosis/HIV co-infected patients under antiretroviral therapy (ART) and co-trimoxazole.
4	Screen at least 10 percent of expected multidrug-resistant tuberculosis (MDR-TB) cases and treat 100 percent of confirmed MDR-TB cases.
5	Improve the management and coordination capacity of the National Tuberculosis Control Program (NTCP) human resources at all the levels of the health system, including their capacity to conduct high-quality monitoring and evaluation.

Linked to objective(s)	Outcome indicator	Country	Baseline			Required disaggregation	Targets								Comments
			Value	Year	Source		2016	Report due date	2017	Report due date	2018	Report due date	2019	Report due date	
1	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Gabon	328	2014	R&R TB system, yearly management report		404	15-Feb-18	448	15-Feb-17	490	15-Feb-18			<p>For the three years of the 2016-2018 grant, the NTCP has predicted a 13.6 percent increase in the number of cases notified (see DOTS 1a hypothesis), based on intensified screening and diagnosis activities through a) strengthening the laboratory network, b) using new screening technologies such as GeneXpert MTBRIF and LED microscopy, c) strengthening the system for collecting and transporting sputum samples and d) early tuberculosis screening for people in contact with smear-positive pulmonary tuberculosis, people in contact with MDR-TB, and PLHIV, prisoners, etc.</p> <p>Numerator: Number of reported cases of TBAF (bacteriologically confirmed and clinically diagnosed) declared to the national health authority in the past year (both new cases and relapses)</p> <p>Denominator: Total population of Gabon in the past year</p> <p>In addition, the population data used are those from the WHO Planning and Budgeting Tool, 2014 version.</p> <p>Source of data: Annual report of NTCP activities</p>
2	TB O-2a: Treatment success rate - all forms of TB	Gabon	61%	2014	R&R TB system, yearly management report		70%	15-Feb-17	80%	15-Feb-18	85%	15-Feb-18			<p>The NTCP has recorded a 66 percent treatment success rate in the 2013 cohort of all the new smear-positive pulmonary tuberculosis cases. The plan is to increase this to 85 per cent by 2018 according to the 2014-2018 national strategic plan for tuberculosis (NSP).</p> <p>This increase will be achieved by supporting the reduction of a) patients lost to follow-up from 35 percent to 10 percent or less. This activity will be carried using the properly supervised DOTS, by systematically re-incorporating 'irregular' patients into treatment (GSM monitoring software, schedule, telephone network).</p> <p>Numerator: Percentage of bacteriologically confirmed tuberculosis cases for a specified period who are then successfully treated (recovery and treatment complete)</p> <p>Denominator: Total number of bacteriologically confirmed tuberculosis cases registered for treatment during the same period</p> <p>Sources of data: NTCP activities report</p>
3	TB O-3: Notification of RR-TB and/or MDR-TB cases - Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of the estimated number of RR-TB and/or MDR-TB cases among notified TB cases	Gabon	23%	2014	R&R TB system, yearly management report				34%	15-Feb-18	38%	15-Feb-18	45%		<p>The prevalence of MDR-TB in suspected cases (re-treatments) is 13 percent, and 2.6 percent in new cases of smear-positive pulmonary tuberculosis, according to WHO.</p> <p>Based on these two values, we have estimated the number of MDR-TB cases, with a denominator of 148 (2016), 185 (2017) and 164 (2018). The numerator corresponds to the number of notified MDR-TB cases (MDR TB-2 indicator).</p> <p>Numerator: laboratory register for cultures, sensitivity tests and GeneXpert tests</p> <p>Denominator: estimate from Global Tuberculosis Report</p> <p>Sources of data: Quarterly surveillance reports for MDR-TB cases</p>

E. Modules

Module 1		TB care and prevention																								
Coverage/Output Indicator	Responsible Principal Recipient	Is subunit of another Indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets																Comments
										Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018		Jan 2019 - Jun 2019		Jul 2019 - Dec 2019		
					N#	%	Year	Source		N #	%	N #	%	N #	%	N #	%	N #	%	N #	%	N #	%			
					D#					D #		D #		D #		D #		D #		D #		D #		D #		
DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Ministère de la Santé et de la Prévoyance Sociale		National	Cumulative annually	5,008		2014	R&R TB system, quarterly reports	Sex, HIV test result, Age	3,619		7,237		4,111		8,221		4,670		8,339						The annual progression rate for the notification of TBAF was 13.6 percent between 2010 and 2014. Based on this rate, the estimates for the subsequent years were calculated as below: 7,237 cases will be notified in 2016, 8,221 in 2017 and 8,339 in 2018. The six-monthly targets were calculated on the basis of achieving 50 percent of the annual goal. This notification increase will be supported by intensifying screening and diagnosis activities through a) strengthening the laboratory network, b) using new screening technologies such as GeneXpert MTB/RIF and LED microscopy, c) strengthening the system for collecting and transporting sputum samples and d) early tuberculosis screening for people in contact with smear-positive pulmonary tuberculosis, people in contact with MDR-TB, and PLHIV, prisoners, etc. Numerator: Number of cases of TBAF (bacteriologically confirmed and clinically diagnosed) declared to the national health authority during the information communication period. Denominator: Not applicable. Sources: Quarterly NTCP screening reports and the annual tuberculosis activities report.
DOTS-1b: Number of notified cases of bacteriologically confirmed TB, new and relapses	Ministère de la Santé et de la Prévoyance Sociale	DOTS-1a	National	Cumulative annually	3,035		2014	R&R TB system, quarterly reports	Sex, Age	2,164		4,328		2,458		4,918		2,792		5,585						From 2010-2014, new cases of smear-positive pulmonary tuberculosis (and relapses) represented an average of 59.6 percent of TBAF cases. Based on this proportion, the estimates for the subsequent years were calculated: 4,328 cases in 2016; 4,918 cases in 2017; 5,585 cases in 2018. The six-monthly targets were calculated on the basis of achieving 50 percent of the annual goal. Numerator: It includes all new cases and relapses confirmed by: (1) smear and/or culture; (2) positive rapid molecular diagnosis recommended by WHO (for example, GeneXpert MTB/RIF); (3) extra-pulmonary cases with laboratory confirmation identifying Mycobacterium tuberculosis (not only using histology) Denominator: Not applicable. Sources: Quarterly NTCP screening reports and the annual tuberculosis activities report.
DOTS-2a: 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	Ministère de la Santé et de la Prévoyance Sociale	DOTS-1a	National	Non-cumulative	2273		2014	R&R TB system, quarterly reports	Sex, HIV test result, Age	2,230		4,459		2,714		5,428		3,289		6,577						The treatment success goals according to the NSP are 70 percent for 2016, 75 percent for 2017 and 80 percent for 2018. The treatment success level was 48 percent for the 2013 cohort of all types of new tuberculosis cases, and this result forms the reference data. All forms of active tuberculosis is understood to mean the cases that are bacteriologically confirmed or diagnosed by a clinician. It includes the new cases and relapses, including (1) positive smear and/or positive culture, or positive smear and negative culture, (2) negative smear and/or negative culture, (3) unknown smear/smear not carried out, (4) positive rapid molecular diagnosis recommended by WHO (for example, GeneXpert MTB/RIF), (5) extra-pulmonary cases confirmed by WHO-approved rapid diagnostics (WRD), (6) cases confirmed based on anomalous X-rays or histology suggesting tuberculosis. It does not include re-treatment cases such as (1) treatment after treatment failure, (2) treatment after a patient is lost to follow-up (formerly referred to as "treatment after an interruption"), (3) other re-treatment cases. Numerator: Number of cases of TBAF (bacteriologically confirmed and clinically diagnosed) for a specified period who are then successfully treated (total number in WHO results categories of "recovery" and "treatment complete") Denominator: Total number of cases of TBAF (bacteriologically confirmed and clinically diagnosed) registered for treatment during the same period
					4789	48%					3,165		6,371		3,619		7,237		4,111		8,221					
DOTS-2b: Percentage of bacteriologically confirmed TB cases successfully treated (cured plus completed treatment) among the bacteriologically confirmed TB cases registered during a specified period	Ministère de la Santé et de la Prévoyance Sociale	DOTS-1b	National	Non-cumulative	1,771		2014	R&R TB system, quarterly reports	Sex, Age	1,026		2,051		1,731		3,462		2,089		4,179						The treatment success goals as defined in the NSP are 70 percent for 2016, 80 percent for 2017 and 85 percent for 2018. These were used to estimate the numerator, because the denominator is based on the DOTS-1b indicator. The baseline therapeutic success level is 48 percent for the 2013 cohort of bacteriologically confirmed tuberculosis cases. Numerator: Number of bacteriologically confirmed tuberculosis cases for a specified period who are then successfully treated (recovery and treatment complete) Denominator: Total number of bacteriologically confirmed tuberculosis cases registered for treatment during the same period Sources: Quarterly NTCP screening reports and the annual tuberculosis activities report.
					2,863	61%					1,465		2,931		2,164		4,328		2,468		4,916					

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Module 2		MDR-TB																											
Coverage/Output Indicator	Responsible Principal Recipient	Is subset of another Indicator (when applicable)	Geographic Area (If Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets																Comments			
										Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018		Jan 2019 - Jun 2019		Jul 2019 - Dec 2019					
					N #		%	Year		Source	N #		%	N #		%	N #		%	N #		%	N #		%		N #		%
					D #						D #			D #			D #			D #			D #				D #		
MDR TB-1: Percentage of previously treated TB patients receiving DST (bacteriologically positive cases only)	MoH		National	Cumulative annually	121	30.0%	2014	R&R TB system, quarterly reports		119	50%	237	50%	154	60%	309	60%	195	70%	391	70%					<p>The average progression level for the 2010-2014 period is 8.46 percent. The "Total number of patients with tuberculosis who have previously been treated and who were identified during the evaluation period" was obtained by applying this progression level to the years 2015-2018. This means that the expected values are: 474 in 2016, 515 in 2017 and 559 in 2018.</p> <p>In 2014, the result was 30 percent. In order to obtain the numerator for the target, we applied a proportion of 50 percent to the estimated number of suspected MDR-TB cases for 2018 (because the activity is launching), 60 percent in 2017, and 70 percent in 2018. The targets have been set to these levels to take into account the country's capacity and the fact that the MDR-TB program is new to the country. The re-treatment cases and symptomatic cases of MDR-TB contact will receive a GeneXpert MTB/RIF test and culture analysis. While awaiting the renovation of the National Public Health Laboratory, sensitivity tests will be conducted by Lamberón Medical Research Center (CERMEL).</p> <p>Numerator: Number of previously treated tuberculosis cases that are linked to the results of tests for sensitivity to isoniazid and rifampicin during the evaluation period.</p> <p>Denominator: The total number of patients with bacteriologically confirmed tuberculosis who have previously been treated and who were identified during the evaluation period.</p> <p>Sources: Quarterly NTOP reports and MDR-TB laboratory test reports</p>			
				403					237		474		257		515		279		559										
MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	MoH		National	Cumulative annually	30			R&R TB system, quarterly reports	Sex, Age	29		59		38		77		48		97						<p>The expected values for re-treatments (474 in 2016, 515 in 2017 and 559 in 2018) were obtained based on the 8.46 percent progression rate from 2010 to 2014.</p> <p>The prevalence of MDR-TB in re-treatment cases is 13 percent according to WHO. We have applied 12 percent (programmatic result) for the estimated number of cases sent for drug sensitivity tests. This 12 percent corresponds to the proportion of notified multidrug-resistant tuberculosis cases among suspected cases sent for drug sensitivity tests in 2014 (30/250).</p> <p>This results in 59 in 2016, 77 in 2017 and 97 in 2018.</p> <p>Numerator: Number of notified cases of bacteriologically confirmed and drug-resistant tuberculosis (rifampicin-resistant tuberculosis and/or multidrug-resistant tuberculosis).</p> <p>Denominator: Not applicable.</p>			
MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	MoH	MDR TB-2	National	Cumulative annually	ND			R&R TB system, quarterly reports	Sex, Age, Case definition	29	100.0%	59	100.0%	38	100.0%	77	100.0%	48	100%	97	100.0%					<p>All the screened MDR-TB cases must be treated, hence the numerator and the denominator are equal.</p> <p>The Global Fund contribution to the targets is 28 (44 percent) in 2016, 32 (42 percent) in 2017 and 40 (41 percent) in 2018.</p> <p>Numerator: Number of registered drug-resistant tuberculosis cases (rifampicin-resistant tuberculosis and/or multidrug-resistant tuberculosis) who, having initiated MDR-TB treatment, were LTFU during the evaluation period.</p>			
										29		59		38		77		48		97									

Workplan Tracking Measures														
#	Intervention	Key Activities	Milestones/Targets (no more than 200 characters)	Criterion for completion milestone/target	Milestones/Targets								Comments (no more than 500 characters)	
					Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2018 - Jun 2018	Jul 2018 - Dec 2018	Jan 2019 - Jun 2019	Jul 2019 - Dec 2019		
1	Dépistage et diagnostic des maladies : tuberculose multirésistante	Elaborer le guide de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF par un groupe de personnes (pendant 10 à 15 jours)	Elaboration du draft 0 du guide de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF par un groupe de personnes (pendant 10 à 15 jours)	Un draft 0 du guide de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF est élaboré.	X									Activité en cours de finalisation.
2	Dépistage et diagnostic des maladies : tuberculose multirésistante	Organiser un atelier de validation technique du guide de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF (24h pour 10 pers)	Organisation d'un atelier de validation du guide de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF (10 personnes, pendant 2 jours)	Un guide de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF est validé par un groupe technique.	X									
3	Dépistage et diagnostic des maladies : tuberculose multirésistante	Organiser un atelier de validation politique du guide de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF (25 personnes, pendant 1 jour)	Organisation d'un atelier de validation politique du guide de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF (25 personnes, pendant 1 jour)	Un guide de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF est validé (25 personnes, pendant 1 jour).	X									
4	Traitement : tuberculose multirésistante	Reproduire et diffuser le guide de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF	Reproduction et diffusion du guide de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF	Le guide de prise en charge de la TB-MR y compris l'algorithme de dépistage des TB-MR prenant en compte le Xpert MTB/RIF sont reproduits et diffusés.										
5	Traitement : tuberculose multirésistante	Acqu岸ir les médicaments de 2ème ligne pour le traitement de 226 TB-MR pour les 3 ans	Acquisition des médicaments de 2ème ligne pour le traitement de 226 TB-MR pour les 3 ans	Les médicaments de 2ème ligne pour le traitement de 226 TB-MR pour les 3 ans sont disponibles.	X		X		X					

Module 3		TB/HIV																										
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another Indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets																Comments		
										Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018		Jan 2019 - Jun 2019		Jul 2019 - Dec 2019				
					N#	%	Year	Source		N #	%	N #	%	N #	%	N #	%	N #	%	N #	%	N #	%					
					D#					D #		D #		D #		D #		D #		D #		D #		D #				
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	MoH		National	Non-cumulative	2,604					2,171		4,342		3,289		6,577		4,436		6,672						The program aims to achieve HIV screening in 60 percent of tuberculosis patients in 2016, 80 percent in 2017 and 95 percent in 2018, based on the expected number of patients with tuberculosis and HIV based on annual targets that have been previously determined in relation to the number of cases of TB/HIV. These above monthly targets represent half of each of the annual targets: 2,148/3,581 in 2016, 3,237/4,048 in 2017, 4,343/4,572 in 2018. Currently, HIV serology results for tuberculosis patients are not systematically recorded in the tuberculosis register. This activity will be strengthened throughout the grant period and beyond. Numerator: Number of patients with tuberculosis registered during the reporting period whose HIV test result was registered in the tuberculosis register at the time of the tuberculosis diagnosis. Denominator: The total number of patients with tuberculosis registered during the reporting period.		
					5,608	45%	2014	R&R TB system, quarterly reports		3,619	60%	7,237	80%	4,111	80%	8,221	80%	4,670	95%	9,339	95%							
TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	MoH	TB/HIV-1	National	Non-cumulative - other	511					450		900		724		1,448		1,034		2,068						The ART coverage for tuberculosis/HIV patients in 2014 was 79 percent. The tuberculosis program intends to maintain coverage at 80 percent in 2016 and increase it to 85 percent in 2017 and 90 percent in 2018. When calculating the denominator, this takes into account 26 percent (648/2,504) of tuberculosis patients who had HIV screening tests and tested positive. We have applied this percentage to all the targets already calculated for all types of tuberculosis cases from 2015-2018 (see above). In 2014, 24.5 percent of diagnosed tuberculosis/HIV patients systematically received ART. Numerator: Number of patients with tuberculosis and HIV positive, registered during the information communication period, who are receiving ART (who started it or are continuing ART initiated previously). Denominator: The total number of patients with tuberculosis and who are HIV positive who were registered during the reporting period.		
					848	79%	2014	R&R TB system, quarterly reports		682	80%	1,126	80.0%	852	85.0%	1,703	85.0%	1,149	90%	2,298	90.0%							
TB/HIV-3: Pourcentage de patients séropositifs au VIH qui ont fait l'objet d'un dépistage de la tuberculose dans des structures de soins ou de prise en charge du VIH	Ministère de la Santé et de la Prévoyance Sociale	Please select...	National																									

Workplan/Tracking Measures													
#	Intervention	Key Activities	Milestones/Targets (no more than 200 characters)	Criterion for completion milestone/target	Milestones/Targets								Comments (no more than 500 characters)
					Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2018 - Jun 2018	Jul 2018 - Dec 2018	Jan 2019 - Jun 2019	Jul 2019 - Dec 2019	
1	Interventions concertées de lutte contre la tuberculose et le VIH	Elaborer le guide de prise en charge de la co-infection TB/VIH par un groupe de personnes (pdt 10 à 15 jours)	Elaboration du guide de prise en charge de la co-infection TB/VIH par un groupe de personnes (pdt 10 à 15 jours)	Un guide de prise en charge de la co-infection TB/VIH est élaboré par un groupe de personnes (pdt 10 à 15 jours)	X								
2	Interventions concertées de lutte contre la tuberculose et le VIH	Organiser l'atelier de validation technique du guide de prise en charge de la co-infection TB/VIH (10 pers pdt 2 jours)	Organisation de l'atelier de validation technique du guide de prise en charge de la co-infection TB/VIH (10 pers pdt 2 jours)	Un guide de prise en charge de la co-infection TB/VIH est validé.	X								
3	Interventions concertées de lutte contre la tuberculose et le VIH	Organiser un atelier de validation politique du guide de prise en charge de la co-infection TB/VIH (25 pers pdt 1 jour)	Organisation d'un atelier de validation politique du guide de prise en charge de la co-infection TB/VIH (25 pers pdt 1 jour)	Le guide de prise en charge de la co-infection TB/VIH est validé.	X								
4	Interventions concertées de lutte contre la tuberculose et le VIH	Organiser des réunions de coordination de la prise en charge de la co-infection TB/VIH aux niveaux central et régional	Organisation des réunions de coordination de la prise en charge de la co-infection TB/VIH aux niveaux central et régional	Organiser des réunions de coordination de la prise en charge de la co-infection TB/VIH aux niveaux central et régional	X	X	X	X					Les réunions de coordination de la prise en charge de la co-infection TB/VIH seront organisées aux niveaux central et régional, aux 1er, 2ème, et 3ème trimestres de l'année 1; aux 2ème trimestre de l'année 2 et 2ème trimestre de l'année 3.
5	Interventions concertées de lutte contre la tuberculose et le VIH	Former/recycler tous les acteurs des 16 sites PNLIST et 25 CDT PNLT impliqués dans la prise en charge Intégrée des patients TB/VIH (à raison de 2 personnes par site)	Formation/recyclage de tous les acteurs des 16 sites PNLIST et 25 CDT PNLT impliqués dans la prise en charge Intégrée des patients TB/VIH (à raison de 2 personnes par site)	Les acteurs des 16 sites PNLIST et 25 CDT PNLT impliqués dans la prise en charge Intégrée des patients TB/VIH (à raison de 2 personnes par site) sont formés/recyclés.	X	X							Elles se dérouleront aux 1er et 2ème trimestres de l'année 1.

Module 4		HSS - Health Information systems and M&E																							
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another Indicator (when applicable)	Geographic Area (If Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets														Comments	
										Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018		Jan 2019 - Jun 2019			Jul 2019 - Dec 2019
					N #	%	N #	%		N #	%	N #	%	N #	%	N #	%	N #	%	N #	%				
					D #		D #			D #		D #		D #		D #		D #		D #					
M&E-1: Percentage of Diagnostic and treatment centres submitting timely reports according to national guidelines	MoH		National	Non-cumulative	7					13		19		21		21		31		31				In the first quarter, all the TTCs must send their reports by 30 April. In the second quarter, the deadline is 31 July; In the third quarter, it is 31 October and in the fourth quarter it is 31 January. In the second quarter of year 1, eight TTCs will be opened. All the expected reports will be regularly sent and received during the grant implementation period and beyond.	
					17	41%	2014	NTP report		17	76%	26	76%	26	85%	26	85%	33	95%	33	96%				

Workplan/Tracking Measures													
#	Intervention	Key Activities	Milestones/Targets (no more than 200 characters)	Criterion for completion milestone/target	Milestones/Targets								Comments (no more than 500 characters)
					Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2018 - Jun 2018	Jul 2018 - Dec 2018	Jan 2019 - Jun 2019	Jul 2019 - Dec 2019	
1	Communication régulière de l'information	Former les responsables de base d'épidémiologie à la collecte, au traitement et à la diffusion des données sanitaires des départements y compris les données de la tuberculose	Formation des responsables de base d'épidémiologie à la collecte, au traitement et à la diffusion des données sanitaires des départements y compris les données de la tuberculose	Les responsables de base d'épidémiologie sont formés à la collecte, au traitement et à la diffusion des données sanitaires des départements y compris les données de la tuberculose	X								Les responsables de base d'épidémiologie seront formés à la collecte, au traitement et à la diffusion des données sanitaires des départements y compris les données de la tuberculose, au 2ème trimestre de l'année 1.

Module 5		HSS - Procurement supply chain management (PSCM)																								
Coverage/Output Indicator	Responsible Principal Recipient	Is subset of another Indicator (when applicable)	Geographic Area (If Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets																Comments
										Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018		Jan 2019 - Jun 2019		Jul 2019 - Dec 2019		
					N #					N #		N #		N #		N #		N #		N #		N #		N #		
					D #	%	Year	Source		D #	%	D #	%	D #	%	D #	%	D #	%	D #	%	D #	%	D #	%	
PSM-1: Percentage of health facilities reporting no stock-outs of essential drugs	MoH		National	Non-cumulative	15					25		25		25		25		33		33						The 2014-2016 NSP for TB sets the target at 100 percent. The supply system will be strengthened during this grant, and the stock of drugs which contribute to the achievement of the set targets will be regularly monitored. In order to prevent drug stock-outs, a committee for the receipt of drugs and a coordination committee for the monitoring of procurement and supply management (PSM) activities will be established. Quarterly quantification and monitoring meetings for stock management will be organized with the Office Pharmaceutique National (National Pharmaceutical Office – OPN). From the TTCs/treatment centers, 26 nurses will be trained in managing drug supplies and stock. Numerator: Percentage of facilities conducting regular reporting (primary districts or primary management units) that have not reported any first-line anti-tuberculosis drug stock-outs (rifampicin isoniazid pyrazinamid ethambutol) by the final day of the quarter. Denominator: Total number of regular information communication facilities (primary districts or primary management units).
					17	88.2%	2014	R&R TB system, quarterly reports		25	100%	25	100%	25	100.00%	25	100%	33	100%	33	100%					

Workplan/Training Activities													
#	Intervention	Key Activities	Milestones/Targets (no more than 200 characters)	Criterion for completion milestone/target	Milestones/Targets								Comments (no more than 500 characters)
					Jan 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017	Jan 2018 - Jun 2018	Jul 2018 - Dec 2018	Jan 2019 - Jun 2019	Jul 2019 - Dec 2019	
1	Please select...	Elaborer les outils de gestion des médicaments et des intrants dans les formations sanitaires	Elaboration des outils de gestion des médicaments et des intrants dans les formations sanitaires	Le DRAFTS 0 des outils de gestion des médicaments et des intrants dans les formations sanitaires est élaboré.	X								
2	Please select...	Organiser un atelier de validation technique des outils de gestion des médicaments et des intrants (10 personnes, pdt 2 jr)	Organisation d'un atelier de validation des outils de gestion des médicaments et des intrants	Les outils de gestion des médicaments et des intrants sont validés.	X								
3	Please select...	Organiser un atelier de validation politique des outils de gestion des médicaments et des intrants (25 personnes, pdt 1 jr)	Organisation d'un atelier de validation des outils de gestion des médicaments et des intrants	Les outils de gestion des médicaments et des intrants sont validés.	X								
4	Please select...	Former le responsable GAS du PNLT à la GAS (ex : formation GAS de l'IDA ou du Burkina Faso)	Formation du responsable GAS du PNLT à la GAS (ex : formation GAS de l'IDA ou du Burkina Faso)	Le responsable GAS du PNLT à la GAS (ex : formation GAS de l'IDA ou du Burkina Faso) est formé.	X								
5	Please select...	Assurer la distribution des médicaments et intrants des antennes régionales vers les CDT/CT (carburant)	Distribution des médicaments et intrants des antennes régionales vers les CDT/CT (carburant)	Les médicaments et intrants sont distribués des antennes régionales vers les CDT/CT (carburant)	X	X	X	X	X	X			Le carburant sera pourvu afin que les médicaments et intrants soient distribués des antennes régionales vers les CDT/CT (carburant).

Module 6		Community systems strengthening																											
Coverage/Output Indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (If Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets																Comments			
										Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017		Jan 2018 - Jun 2018		Jul 2018 - Dec 2018		Jan 2019 - Jun 2019		Jul 2019 - Dec 2019					
					N #	%	Year	Source		N #	%	N #	%	N #	%	N #	%	N #	%	N #	%	N #	%						
					D #					D #		D #		D #		D #		D #		D #		D #		D #					
DOTS-7c: Percentage of notified TB cases, all forms, contributed by non-NTP providers - community referrals	MoH		National	Cumulative annually						161		543		617		1,233		934		1,668						Training of CHWs will start in Q1 (the first quarter) of 2016, and the first notification report will be available in late Q2 of 2016. This is the first experience of tuberculosis community case management in Gabon. The plan is therefore to target 10 percent of cases of TBAF in 2016, 16 percent in 2017 and 20 percent in 2018. Numerator: In a primary case management unit, for a given period, the number of new cases of TBAF that the CHWs or volunteers have transferred to a health care facility for diagnosis. Denominator: Number of new cases of TBAF notified at the primary case management unit(s) during the stated period.			
										1,809	10%	5,426	10%	4,111	16%	8,221	16%	4,670	20%	9,339	20%								

Component:	Tuberculosis
Country / Applicant:	Gabon
Principal Recipient:	Ministry of Health and Public Hygiene of Gabon
Grant Number:	
Implementation Period Start	
Date:	01/01/2016
Implementation Period End	
Date:	31/12/2018
Grant Currency:	EUR

Budget Summary (In grant currency)

[illegible]

By Cost Grouping	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Q13	Q14	Q15	Q16	Year 4	Total
1.0 Human Resources (HR)	13,720	26,252	33,295	33,295	106,562	36,588	36,588	36,588	36,588	146,351	36,588	36,588	36,588	36,588	146,351						389,264
2.0 Travel related costs (TRC)	11,480	164,205	108,372	72,087	366,144	28,964	40,543	23,550	54,734	147,790	24,633	28,650	24,633	55,817	133,732						637,666
3.0 External Professional services (EPS)	39,113	106,673	68,380	35,264	249,430	65,760	133,530			199,290	19,447	87,217		19,056	125,720						574,440
4.0 Health Products - Pharmaceutical F					51,892	57,642				57,642	69,165				69,165						178,699
5.0 Health Products - Non-Pharmaceut	152,100				152,100	135,068				135,068	138,798				138,798						425,966
6.0 Health Products - Equipment (HPE)	233,622		15,245		248,866	182,651				182,651	30,011				30,011						461,528
7.0 Procurement and Supply-Chain Ma	101,344	52,445	24,476		178,265	82,691	47,209	20,735		150,636	50,875	38,279	14,442		103,596						432,496
8.0 Infrastructure (INF)		12,872			12,872																12,872
9.0 Non-health equipment (NHP)	976	152,137	930	549	154,592	1,311	549	549	549	2,958	1,311	549	549	549	2,958						160,509
10.0 Communication Material and Publ		57,839	8,387		66,227	15,122	9,665			24,788		9,665			9,665						100,680
11.0 Programme Administration costs (4,128	4,128	4,128	4,128	16,510	4,128	4,128	4,128	4,128	16,510	4,128	4,128	4,128	4,128	16,510						49,531
12.0 Living support to client/ target pop	2,800	5,426	8,051	10,677	26,955	14,002	17,328	20,654	21,004	72,988	22,404	23,804	25,029	25,554	98,792						196,734
13.0 Results-based financing (RBF)																					
Total	611,175	581,977	271,264	156,000	1,620,415	623,927	289,540	106,203	117,002	1,136,672	397,359	228,880	105,369	141,692	873,299						3,630,386

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