

Performance Framework Year 1&2: Indicators, Targets, and Periods Covered

TB

Program Details	
Country:	Kingdom of Lesotho
Disease:	Tuberculosis
Grant number:	LSO-810-G08-T
Principal Recipient:	Ministry of Finance and Development Planning of the Government of Lesotho

A. Periods covered and dates for disbursement requests and progress updates

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9
Period Covered: from	1-Oct-10	1-Jan-11	1-Apr-11	1-Jul-11	1-Oct-11	1-Jan-12	1-Apr-12	1-Jul-12	1-Oct-12
Period Covered: to	31-Dec-10	31-Mar-11	30-Jun-11	30-Sep-11	31-Dec-11	31-Mar-12	30-Jun-12	30-Sep-12	31-Dec-12
Date Progress Update due	14-Feb-11	15-May-11	14-Aug-11	14-Nov-11	14-Feb-12	15-May-12	14-Aug-12	14-Nov-12	14-Feb-13
Disbursement Request? (Y,N)	N	Y	N	Y	N	Y	N	Y	-

Audit Report Due Date:	30-Sep-12	30-Sep-13
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B. Program Goal, impact and outcome indicators

Goals:  
1 To reduce the burden of MDR/XDR-TB by providing universal access to high quality diagnosis and patient-centered services in line with a Global Plan to Stop TB targets

Impact / outcome indicator	Indicator	Baseline			Targets							Comments*
		value	Year	Source	Year 1	Report due date	Year 2	Report due date	Year 3	Year 4	Year 5	
Impact	TB prevalence rate	513	2006	WHO Annual Report	405	Apr-10	360	Apr-11	330	300	300	The targets have been set in line with the national Strategic plan which aligns itself with the MDGs. The reporting periods are set according to the period when WHO releases its annual report.
Impact	TB incidence rate	635	2006	WHO Annual Report	635	Apr-10	619	Apr-11	604	589	574	The targets have been set in line with the national Strategic plan which aligns itself with the MDGs. The reporting periods are set according to the period when WHO releases its annual report.
Impact	TB mortality rate	88	2006	WHO Annual Report	73	Apr-10	66	Apr-11	60	60	55	The targets have been set in line with the national Strategic plan which aligns itself with the MDGs. The reporting periods are set according to the period when WHO releases its annual report.
Outcome	Case detection rate: new smear positive TB cases	79	2006	R&R TB system, quarterly reports	86%	Feb-10	86%	Feb-11	86%	86%	86%	The targets have been set in line with the national Strategic plan which aligns itself with the MDGs. The reporting periods are set according to the period when WHO releases its annual report. The targets on the strategic plan will only be reviewed after 2012 whereby the country will come up with new targets for another five years.
Outcome	Treatment success rate: new smear positive TB cases	73	2006	R&R TB system, quarterly reports	81%	Feb-10	83%	Feb-11	85%	85%	85%	The targets have been set in line with the national Strategic plan which aligns itself with the MDGs. The reporting periods are set according to the period when WHO releases its annual report.

C. Program Objectives, Service Delivery Areas and Indicators

Objective Number	Objective description
1	To pursue high quality DOTS expansion and enhancement
2	To address MDR/XDR-TB ; TB/HIV and other challenges
3	To engage patients and communities in TB control
4	To enable and promote research

Objective / Indicator Number	Service Delivery Area	Indicator	Baseline (if applicable)			Periodical targets for year 1 & 2										Targets cumulative Y-over program term Y-cumulative annually N-not cumulative	Baselines included in targets (Y/N)	Comments
			Value	Year	Source	P1	P2	P3	P4	P5	P6	P7	P8	P9*	Tied to			
1.1	Improving diagnosis	# of second line DST tests performed locally	0	2009	R&R TB system, quarterly reports	0	0	432	864	N/A	518	N/A	1037	National Program	Y - cumulative annually	N	It is assumed that following the process of equipping the lab in the first semester, more tests are expected in the first 24 months as this would also include the backlog from previous quarters. However, in the last 36 months, fewer tests are expected as the lab would have stabilized. The indicator is cumulative over the years but not over the phases. Even though results will only be reported in P3, procurement will be made in P1 and staff trainings in P3. The main reason for putting targets in P3 is to allow staff capacitation process and the fact that it takes around 9 weeks for DST results to be ready.	
1.1	Improving diagnosis	% of Laboratories showing adequate performance among those that received external quality assurance for smear microscopy	0	2009	R&R TB system, quarterly reports	-	50%	60%	75%	80%	90%	95%	100%	National Program	Y - cumulative annually	N	It is assumed that all laboratories should show an adequate improvement after QA visits. To give adequate time and standard for evaluation of this, targets have been started at the 50% mark. The total number of laboratories is = 17	
1.2	Patient support	# of MDR/XDR-TB patients receiving treatment adherence food packages	259	2009	R&R TB system, quarterly reports	314	331	336	368	379	384	397	425	GF	Y - over program term	N	The assumption is that the number of MDR/XDR-TB patients in year 1 will be 368. It is expected that all these will need adherence food packages. The number is expected to increase to 425 in year two	
1.3	Procurement and supply management (First line drugs)	# and % of units reporting no stock out of 2nd line anti-TB drugs on the last day of the quarter	0	2009	R&R TB system, quarterly reports	-	80%	-	85%	-	100%	-	100%	National Program	N - not cumulative	N	The plan is to decentralise MDR-TB services. This will result in 2nd line drugs being offered at 4 district hospitals. Hence the denominator for this indicator will be the # of hospitals offering MDR-TB services=4.	

1.6	Management and supervision	# of Health care workers trained on MDR/XDR-TB/HIV management	0	2009	R&R TB system, quarterly reports	0	30( 10 MO + 20 other HCW)		30( 10 MO + 20 other HCW)		30( 10 MO + 20 other HCW)		30( 10 MO + 20 other HCW)	-	GF	N - not cumulative	N	60 health care workers are to be trained annually and they consists of 10 medical doctors and 20 other health care workers.
2.1	MDR-TB	# and % of Laboratory confirmed MDR-TB patients enrolled in 2nd line anti-TB treatment	259	2009	R&R TB system, quarterly reports	314 (100%)	331 (100%)	336 (100%)	368 (100%)	379 (100%)	384 (100%)	397 (100%)	425(100%)	-	National Program	N - not cumulative	N	According to the National Policy, failures of cat 2 treatment who are strongly suspected for MDR TB are put on a standardised MDR-TB treatment while awaiting results. Thus all laboratory confirmed MDR-TB patients are enrolled on 2nd line anti-TB treatment that is why a target of 100% in all quarters.
2.1	High-risk groups	% of prisoners screened for tuberculosis	N/A	2008	R&R TB system, yearly management report	NA	NA	NA	NA	25%( 650/2600)	50%(1300)	75% (1950/2600)	100% (2600/2600)	-	National Program	Y - cumulative annually	N	According to the 2008 statistics from Lesotho Correctional services, there were 2,600 prison inmates.
2.1	High-risk groups	# of contacts of smear positive miners and ex miners screened for TB	0	2009	R&R TB system, quarterly reports	NA	NA	144	288	432	576	720	846		National Program	Y - over program term	N	It is asumed that mapping of MDR-TB in miners and ex miners will give light on how many miners/ex-miners are currently sputum positive. This will then lead directly to their contacts. It also assumed that two ex-miners or miners on TB treatment will be followed up per hospital (36). The average household size in lesotho is 4. It therefore means that approximatley 144 people will be screened for TB on a quarterly basis. The activity will be supported by community TB nurses. The scale up of the activity will take place in Phase II following the completion of the mapping of TB in miners and ex-miners exercise.
2.3	Infection Control	% of health facilities with functional infection control procedures for TB transmission according to National policy	0	2009	R&R TB system, quarterly reports	NA	NA	50%	-	75%	-	100%	100%		National Program	Y - over program term	N	The national TB infection control guidelines will be developed with the support of this grant and this will followed by stakeholders training on their utilisation. It is assumed that after effecting the infection control policy/guidelines , health facilities will be able to implement this in a more elaborate manner. The working group on infection will routinely monitor the implementation.The total number of facilities (denominator) is 18.
3.1	Community TB care	# of treatment supporters trained on MDR/XDR-TB/HIV care	150	2007	Training records	200	400	600	800	1,200	1,600	2,000	2,400	-	GF	Y - over program term	N	This is in line with the workplan/budget which caters for 40 treatment supporters to be trained in 5 districts per quarter. The number is 40 treatment supporters per district per quarter in yr2.
4.1	Community TB care	# of community treatment supporters receiving incentives.	259	2009	Administrative records	314	331	336	368	379	384	397	425		National Program	Y - over program term	Y	The targets are aligned with the expected number of patients and budget.
5.1	Enable and promote research	Operational research studies completed and results disseminated through a national or global TB M&E	0	2009	Administrative records	0	0	0	1	0	0	0	2		GF	Y - over program term	N	10 staff members are expected to participate in a training on operational research. They will then conduct a research and disseminate the results of such an operational research.

\*Applicable if phase1 is extended by 3 months