

Attachment 4 & 5 to Annex A: Indicators, Targets and Period covered

Proposal Details

Country:	LESOTHO
Disease:	TB COMPONENT
Grant Number	LSO-202-GO2-T-00
Principal Recipient:	MINISTRY OF FINANCE AND DEVELOPMENT PLANNING

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

	Period 13	Period 14	Period 15	Period 16	Period 17	Period 18	Period 19
Period covered: from	01-Jan-07	01-Apr-07	01-Jul-07	01-Oct-07	01-Jan-07	01-Jul-08	01-Jan-09
Period covered: to	31-Mar-07	30-Jun-07	30-Sep-07	31-Dec-07	30-Jun-08	31-Dec-08	30-Jun-09
Date Disbursement Request/Progress Update due	15-May-07	14-Aug-07	14-Nov-07	14-Feb-08	14-Aug-08	14-Feb-09	14-Aug-09

Annual Report Due Date	
Audit Report Due Date	

B. Program Goals, Impact and outcome indicators

Goal:	
1	To reduce morbidity and mortality due to tuberculosis in Lesotho by 10% every year from 2007 up to 2011

Impact indicators are not normally measured for every year, and value targets do not need to be entered for every year.

Impact /outcome Indicator	Indicator description	Baseline			Targets					COMMENT	
		value	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5		
Impact	TB prevalence rate- Estimated number of all active TB cases per 100,000 population	588	2005	WHO report 2007				544	450		Targets have been aligned with R6
Impact	TB mortality rate- Estimated number of deaths due to TB (all cases of TB) per year, per 100,000 population	107	2005	NTP annual report				89	80		Targets have been aligned with R6
Outcome	Case detection rate (proportion of new smear positive TB cases detected and reported among new smear TB cases estimated countrywide)	42%	2002	HMSI	50%	55%	60%	86%	86%		Targets have been aligned with R6 (CDR 2005= 85%)
Outcome	Treatment Success rate (proportion of new smear positive TB cases that successfully complete treatment among the new smear positive TB cases registered during a specified period)	52%	2002	HMIS	52%	61%	70%	75%	78%		Targets have been aligned with R6 (Success rate 2005= 69%)

C. Program Objectives, Service Delivery Areas and Indicator

Obj. No.	Objective Formulation	Link to Goal No.
1	To strengthen NTP management through development and implementation of policy update and DOTS expansion strategic plan in at least 15 of the 19 (80%) HSAs by 2008	1
2	To strengthen DOTS implementation through training of at least 2325 (70%) health workers involved in TB and 3650 (50%) extension workers by 2008	1
3	To improve quality for TB diagnosis through establishment of quality control system in at least 15 (80%) laboratories by 2008	1
4	To strengthen and expand public - private partnership in DOTS implementation through training of at least 20 (50%) GPs and 800 (20%) of registered traditional healers	1
5	To improve NTP management by ensuring that at least 15 (80%) of HSAs use TB surveillance data for M&E of the program	1
6	To ensure effective treatment by institutionalizing drug sensitivity surveillance in at least 15 (80%) HSAs.	1

Obj. No.	Service Delivery Area ^{1,2}	Indicator formulation	Directly tied (Y/N) ³	Baseline (if applicable)			Phase 1		Quarterly targets for years 4, 5 & extension period (cumulative and excluding baselines unless specified otherwise)								Comments	
				Value	Year	Source	Target	Results	Q13	Q14	Q15	Q16	Period 17 (Jan-Jun 08)	Period 18 (Jul-Dec 08)	Period 19 (Jan-June 09)			
1	TB: Timely detection and quality treatment of cases	1. Proportion of new sputum smear positive TB cases detected under DOTS	N	42%	2005	NTP Annual Report	50%	43%	820	1980	3140			4300	2150	4300	2150	Targets are cumulative over the quarters but not over the years. Targets are aligned with corresponding periods of R6. Both R2 & R6 grants are reporting against same targets
1	TB: Timely detection and quality treatment of cases	2. Proportion of Districts implementing the national five year strategic plan for DOTS expansion	N	none	2002	NTP Annual report	50% (9/18)	50%	100% (18)	100% (18)	100% (18)			100% (18)	100% (18)	100% (18)	100% (18)	This refers to planning and implementation of TB Control activities consistent with the objectives and targets of the National Strategic plan.
1	TB: Timely detection and quality treatment of cases	3. Treatment success rate among TB patients receiving DOTS from Private Partnership (PPP are general practitioners expected to implement DOTS)	N	N/A	2003	NTP Annual Report	60%	0						45%		60%	70%	These include Private Practitioners who have signed MOU with MOHSW to treat TB patients but provided with Anti drugs from MOHSW, and expected to implement DOTS strategy in line with NTP policy.
1	Supportive Environment: Laboratory	4. Percentage of smear positive pulmonary TB cases that are successfully treated.	N	N/A	2003	NTP Annual Report	85%	61%	760 (75% of Q9 cohort)	1520 (75% of Q10 cohort)	2280 (75% of Q11 cohort)			3040 (75% of Q12 cohort)	1544 (78% of Q14 cohort)	3377 (78% of Q16 cohort)	1740 (81% of P18 cohort)	Targets are cumulative over the quarters but not over the years. Targets are aligned with corresponding periods of R6. Both R2 & R6 grants are reporting against same targets
1	Prevention: BCC - Mass media	5. Percentage of Health facilities with no reported stock-outs lasting > 1 week of nationally recommended anti-TB drugs in the preceding 12 months	Y	N/A	2002	SPA	80%	-	-	-	-	-	-	80%	-	80%	80%	To be determined through a sample survey of public health facilities who routinely offer TB treatment.
1	Prevention: BCC - Mass media	6. Percentage of Districts achieving treatment success rate of 70% or more	Y	(3/18) 17%	2002	NTP Annual Report	(10/18) 55%	(8/18) 44%	-	-	-	-	-	65% (12/18)	-	80% (14/18)	80% (14/18)	This refers to the Standard treatment outcome indicator calculated for individual districts.

1	7. Timely detection and quality treatment of cases	7. Percentage of laboratories receiving an external quality assurance visit twice a year	N	0	2002	NTP Annual Report	(9/18) 44%	44%	-	-	-	-	75% (13/18)	-	80% (14/18)	80% (14/18)	External Quality Assurance visits includes external quality assurance visits received by the Central laboratory from outside the country, as well as the ones received by the 17 district laboratories including those of CHAL from the Central laboratory itself.
2	8. TB/HIV collaborative activities: Prevention of HIV in TB patients	8. Percentage of Districts using electronic TB registers (ETR)	N	0%(not yet installed)	2002	QPAMR	0%	0%	-	-	-	-	-	50% (9/18)	100% (18/18)	100% (18/18)	This refers to availability of the appropriate hardware and ETR software; and its use for regular recording and reporting according to NTP guidelines
	9. TB/HIV collaborative activities: Prevention of HIV in TB patients	9. Number of service providers who have been trained on cohort analysis	N	N/A	2002	QPAMR	-	56	-	-	-	-	56	-	56	56	This refers to training on the concept and applications of the TB M&E in programme management.

1. It is advisable to refer to the list of indicators indicated in the Multi-Agency 'Monitoring and Evaluation Toolkit', 2nd edition, January 2006. However, if the Service Delivery Areas and indicators do not adequately reflect the existing national or proposed strategy, they may be expanded.
2. Grants should aim for each SDA to have indicators for each coverage level (3- People reached, 2- Service points supported, 1- People trained).
3. The default assumption is that targets described for an SDA reflect results that are directly tied to Global Fund financing, i.e., "Y" is checked by default. If targets described for a particular SDA reflect results of a broader national, regional or institutional program to which Global Fund resources contribute, please check the box "N".
4. Methods of data collection can be: sentinel sites, health statistics, surveys, others. Refer to the toolkit for more information.

D.

	Years 4, 5 & extension period budget break-down							YEAR 4 BUDGET	YEAR 5 BUDGET	YEAR 5 +BUDGET	TOTAL
	P13	P14	P15	P16	Period 17	Period 18	Period 19				
Summary period budget	50,600	341,055	520,473	376,875	655,897	697,958	703,132	1,289,003	1,353,855	703,132	3,345,990