

Regional Development Mission / Asia Infectious Disease

Performance Management Plan

April 2009

Table of Contents

List of Acronyms	iii
I. Executive Summary	1
II. Performance Management Plan	9
A. Overview	9
B. Epidemiologic Challenges.....	9
Malaria	10
Tuberculosis	10
Other Public Health Threats.....	11
C. RDM/A's Programmatic Response	12
D. Conceptual Framework.....	15
E. Core Constraints, Facilitating Factors, & Critical Assumptions	17
F. Results Framework	18
G. Rationale for Results Framework.....	26
H. Guiding Principles of the Performance Management Plan.....	27
I. Budgeting for Performance Management	28
III. Managing for Results.....	29
A. Data Sources for PMP Indicators.....	29
B. Portfolio Review.....	30
C. Reporting Performance Results.....	30
The Annual Report.....	30
D. Assessing Data Quality	31
E. Plan for Data Analysis, Review, and Reporting	32
F. Reviewing and Updating the PMP	32

Appendices

Appendix A: Reporting Requirements by Partner

Appendix B: Reporting by Country

Appendix C: Malaria Reference Sheets

Appendix D: TB Reference Sheets

Appendix E: OPHT Reference Sheets

Appendix F: Data Quality Checklist

List of Acronyms

ACT	Artemisinin-Based Combination Therapy
ANEQAM	Asian Network of Excellence in Quality Assurance of Medicines
CDC	Centers for Disease Control and Prevention
CI	Contextual Indicator
COTR	Contract Officer's Technical Representative
DST	Drug Susceptibility Test
DOTS	Directly Observed Therapy Short-course
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS	Greater Mekong Subregion
HIV	Human immunodeficiency virus
HMIS	Health Management Information System
ID	Infectious disease
IR	Intermediate result
ITN	Insecticide-Treated Net
LLIN	Long-Lasting Insecticide Impregnated Nets
M&E	Monitoring and evaluation
MDR-TB	Multidrug-resistant tuberculosis
MOH	Ministry Of Health
NTP	National Tuberculosis Program
OPHT	Other public health threats
PMP	Performance Management Plan
PPM	Public-Private Mix
RDM/A	Regional Development Mission/Asia (USAID)
RDT	Rapid Diagnostic Test
SI	Strategic information
SO	Strategic objective
SOP	Standard operating procedure
TA	Technical assistance
TB	Tuberculosis
USAID	United States Agency for International Development
USAID/W	Agency for International Development-Washington DC
USG	United States Government
WHO	World Health Organization
XDR-TB	eXtensively Drug Resistant TB

I. Executive Summary

The U.S. Agency for International Development (USAID) Regional Development Mission Asia's (RDM/A's) infectious disease (ID) portfolio consists of programs targeting malaria, tuberculosis (TB), and other ID of local importance. The Performance Management Plan (PMP) reflects the portfolio's organizational division of interventions into "malaria," "TB," and "OPHT" (Other Public Health Threats) programming areas. The PMP, therefore, splits reporting requirements into three components: indicators for malaria programs, those intended for TB programs, and indicators for OPHT programs. All the following indicators should be reported for activities within USAID target areas only.

The RDM/A's overarching **strategic objective (SO) is increased capacity for effective regional response to infectious diseases**. The strategy responds to observed patterns of disease transmission within the region by supporting recognized interventions for the control of malaria, TB, and other diseases of local importance, such as dengue. RDM/A serves a mandate across the Asian continent; however, the majority of activities occur in the Greater Mekong Subregion (GMS), with a focus on Cambodia, Burma, Laos, Thailand, and Vietnam.

Further development context indicators (CI), SO, and intermediate results (IRs) are organized by the three disease program areas. The IRs were selected to illustrate RDM/A's programming priorities and organize indicators into groups measuring related outcomes and processes.

Malaria Results Framework Indicators

Development Context Indicators

Annual incidence rate of confirmed malaria cases (/100,000 population)

Strategic Objective: To prevent the development and spread of drug-resistant malaria

SO Indicator 1 Slide positivity rate at USAID-funded sentinel sites (disaggregated by country)

SO Indicator 2 Case fatality rate for severe malaria

IR1: Access increased to prevention interventions

MIR1.1 Increased use of malaria prevention measures

Indicator 1.1a Number of individuals in USAID-targeted areas receiving malaria prevention and treatment education not through mass media

Indicator 1.1b Number of LLINs distributed that were purchased or subsidized with USAID support (by partner) (F-plan)

Indicator 1.1c Number of ITNs re-impregnated with USAID support (by partner)

IR2: Access increased to care, support, and treatment

MIR2.1 Improved case management for malaria

Indicator 2.1a Number of health care staff trained in malaria case management with USAID funds (disaggregated by private, public, and type of provider) (F-plan)

Indicator 2.1b Percentage of malaria-suspected patients that undergo parasite-based laboratory examination at USAID-assisted service delivery points

Indicator 2.1c Number of countries with an RDT quality control program in USAID target areas

MIR2.2 Strengthen the rational use of first-line ACT

Indicator 2.2a Percentage of USAID-assisted service delivery points that have first-line ACTs available according to national guidelines

Indicator 2.2b Number of USAID-assisted service delivery points experiencing stock-outs of specific malaria tracer drugs (F-plan)

Indicator 2.2c Percentage of patients with falciparum malaria treated with first-line ACT according to national guidelines in USAID-assisted service delivery points

Indicator 2.2d Number of sites participating in external quality control of ACT samples

IR3: Access increased to strategic information

MIR3.1 Improved surveillance for drug-resistant malaria

Indicator 3.1a Number of active USAID-assisted sentinel sites for monitoring anti-malarial drug quality

Indicator 3.1b Number of active USAID-assisted sentinel sites for monitoring anti-malarial drug efficacy

Indicator 3.1c Number of reports disseminated based on sentinel site monitoring of anti-malarial drug quality

Indicator 3.1d Number of people trained in anti-malarial drug efficacy monitoring with USAID funds

- Indicator 3.1e Number of people trained in anti- malarial drug quality monitoring with USAID funds
- Indicator 3.1f Number of sites in USAID target areas submitting blood samples to a lab for molecular surveillance of anti-malarial drug resistance

MIR3.2 Existence and use of M&E plans for program management

- Indicator 3.2a Number of USAID-assisted countries that have developed an M&E plan for their national malaria control program
- Indicator 3.2b Number of USAID-assisted malaria projects that have developed an M&E plan for their activities
- Indicator 3.2c Number of organizations provided with malaria strategic information technical assistance with USAID support

MIR3.3 Existence of an operational research agenda that contributes to improved understanding of malaria control

- Indicator 3.3a Number of special studies relating to malaria control conducted with USAID support

IR4: Enabling environment strengthened

MIR4.1 Strengthened supranational* networks for malaria control

- Indicator 4.1a Number of supranational malaria-related networks that met at least once during the past 6 months with USAID support
- Indicator 4.1b Number of organizations provided with malaria program implementation technical assistance with USAID support

MIR4.2 Increased use of strategic information for policy-making

- Indicator 4.2a Number of organizations provided with malaria policy development technical assistance with USAID support
- Indicator 4.2b Number of countries whose national malaria case management protocols are reviewed or updated by the NMCP within the last 12 months to be in line with the country's drug efficacy monitoring and surveillance data

MIR4.3 Evidence of leveraged funding from non-USAID sources

- Indicator 4.3a Number of organizations provided with technical assistance for Global Fund malaria proposal development and/or implementation with USAID support

**Supranational used to indicate a level above the country level that involves more than one country*

Indicator 4.3b For USAID funded malaria projects receiving 10-50% of their budget from non-US government sources, the amount contributed in US dollars from these non-USG sources

IR5: Model programs expanded and use of best practices strengthened

MIR5.1 Pilot programs expanded or scaled up

Indicator 5.1a Number of malaria best practices workshops conducted with USAID support

Indicator 5.1b Number of instances in which USAID malaria pilot projects have been scaled up

Tuberculosis Results Framework Indicators

Development Context Indicators

TB prevalence (by country; /100,000 population)
TB incidence rate (by country; /100,000 population)
TB-associated mortality (by country; /100,000 population)

Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV

SO Indicator 1 TB case detection rate (disaggregated by country) (F-plan)

SO Indicator 2 Treatment success rate (disaggregated by country) (F-plan)

SO Indicator 3 DOTS Coverage (disaggregated by country)

SO Indicator 4 Percent of TB cases determined to be MDR/TB in the past year (disaggregated by country)

IR1: Access increased to prevention interventions

No direct RDM/A-funded activities

IR2: Access increased to care, support, and treatment

TIR2.1 Improved TB case management and DOTS implementation

Indicator 2.1a Number of individuals trained in TB laboratory diagnosis with USAID funds (disaggregated by country, private, public, and type of laboratory)

Indicator 2.1b Percentage of USAID-supported laboratories performing TB microscopy with over 95% correct microscopy results (F-plan)

Indicator 2.1c	Number of health care staff trained in TB treatment with USAID funds (disaggregated by country, private, public, and type of provider)
Indicator 2.1d	Number of clinics with >85% treatment success rate for TB in USAID-targeted areas
Indicator 2.1e	Number of USAID-assisted service delivery points experiencing stock-outs of specific TB tracer drugs (F-plan)
Indicator 2.1f	Number of service delivery points in USAID-targeted areas using 'binational' cards for DOTS treatment and cross-border monitoring

TIR2.2 Strengthened MDR TB management

Indicator 2.2a	Number of staff trained in MDR-TB diagnosis with USAID funds (disaggregated by country, private, public, and training site)
Indicator 2.2b	Number of staff trained in MDR-TB treatment with USAID funds (disaggregated by country, private, public, and training site)
Indicator 2.2c	Number of countries with MDR/TB laboratory quality control standards at the national level (F-plan)
Indicator 2.2d	Number of countries with >90% of patients diagnosed with MDR-TB receiving appropriate second-line treatment according to national policy (disaggregated by country, private, and public).

TIR 2.3 Strengthened TB/HIV diagnosis and treatment

Indicator 2.3a	Percent of all registered TB patients who are tested for HIV through USG-supported programs (F-plan)
Indicator 2.3b	Number of countries with operationalized TB/HIV policies and strategies developed with USAID-assistance

IR3: Access increased to strategic information

TIR3.1 Improved monitoring of TB

Indicator 3.1a	TB prevalence survey performed in the last 5 years
Indicator 3.1b	Number of countries with national M&E plans for TB developed with USAID technical assistance

TIR3.2 Monitoring of drug quality

Indicator 3.2a	Number of active USAID-assisted sentinel sites for monitoring TB drug quality
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Indicator 3.2b Number of people trained in TB drug quality monitoring with USAID funds

TIR3.3 Existence of an operational research agenda that contributes to improved understanding of TB

Indicator 3.3a Number of special studies on TB conducted with USAID support

IR4: Enabling environment strengthened

TIR4.1 Increased public-private partnerships for TB control

Indicator 4.1a Number of supranational TB-related networks that met at least once during the past 6 months with USAID support

Indicator 4.1b Number of organizations provided with TB program implementation technical assistance with USAID support

Indicator 4.1c Number of public-private mix (PPM) DOTS sites (including their laboratories whether on-site or referral) certified by the NTP (by country)

Indicator 4.1d Number of TB cases reported to NTP by non-MOH sector in USAID targeted areas (F-plan).

TIR4.2 Increased use of strategic information for policy-making

Indicator 4.2a Number of organizations provided with TB policy development technical assistance with USAID support (F-plan)

Indicator 4.2b Number of countries that have policies that include “incentives and enablers” for TB case-finding and treatment

Indicator 4.2c Number of countries producing an annual report based on an existing M&E action plan for TB with USAID assistance

TIR4.3 Evidence of leveraged funding from non-USAID sources

Indicator 4.3a Number of organizations provided with TB technical assistance for Global Fund proposal development and/or implementation with USAID support

Indicator 4.3b For USAID-funded TB projects receiving 10-50% of their budget from non-US government sources, the amount contributed in US dollars from these non-USG sources.

IR5: Model programs expanded and use of best practices strengthened

TIR5.1 Pilot programs expanded or scaled up

- | | |
|----------------|--|
| Indicator 5.1a | Number and type of training courses offered with USG support (disaggregated by the organizations/institutions offering the training) |
| Indicator 5.1b | Number of instances in which TB pilot projects have been scaled up |

Other Public Health Threats Results Framework Indicators

Development Context Indicators

Estimated incidence/prevalence of OPHT (by country and disease)

Strategic Objective: To effectively and efficiently detect and respond to OPHT

- | | |
|----------------|---|
| SO Indicator 1 | Number of countries reporting and responding to OPHT outbreaks in a timely manner |
|----------------|---|

IR1: Access increased to prevention interventions

No direct RDM/A-funded activities

IR2: Access increased to care, support, and treatment

OIR2.1 Improved case management for OPHT

- | | |
|----------------|--|
| Indicator 2.1a | Number of health care staff trained in OPHT case management with USAID funds (disaggregated by private, public, and type of provider) (F-plan) |
| Indicator 2.1b | The percentage of health care units supported by USAID with at least one health care professional trained in OPHT case detection and treatment |

IR3: Access increased to strategic information

OIR3.1 Improved surveillance and detection of OPHT

- | | |
|----------------|---|
| Indicator 3.1a | The percentage of USAID-assisted service delivery sites submitting case finding and treatment outcome reports to the MOH each quarter |
| Indicator 3.1b | Number of active USAID-assisted sentinel sites for monitoring OPHT |

Indicator 3.1c Number of trainees graduating each year from Field Epidemiology training course

OIR3.2 Existence of an operational research agenda on vector control and program scale-up

Indicator 3.2a Number of special studies conducted with USAID support

IR4: Enabling environment strengthened

OIR4.1 Improved supranational coordination and collaboration for OPHT control

Indicator 4.1a Number of supranational OPHT-related networks that met at least once during the past 6 months with USAID support

Indicator 4.1b Number of organizations provided with OPHT program implementation technical assistance with USAID support

OIR4.2 Increased use of strategic information for policy-making

Indicator 4.2a Number of organizations provided with policy development technical assistance with USAID support

IR5: Model programs expanded and use of best practices strengthened

No direct RDM/A-funded activities

The principles governing this PMP are based on the Agency's guidelines for assessing and learning. The RDM/A ID Program team will monitor program performance, review activity reports, and provide feedback regarding partner performance, while conducting evaluations and special studies. The Annual Report, assessment of data quality, and review/update of the PMP will be the responsibility of the program team in collaboration with partners. The program team has allocated resources for M&E in the funding mechanisms. The PMP is a "living document" used to guide the program's performance management efforts.

II. Performance Management Plan

A. Overview

The U.S. Agency for International Development's (USAID's) Regional Development Mission/Asia (RDM/A) oversees an extensive portfolio of infectious disease (ID) programs covering malaria, tuberculosis (TB), and other public health threats (OPHT), such as dengue and leishmaniasis. Given the complexity of population movements and the economic ties that bind the region, the Mission's portfolio is designed to address numerous regional and transnational issues that otherwise might not be addressed in traditional country-level programming. The focus of the portfolio is on strengthening supranational* institutions and engaging regional and international partners around common goals of improving the prevention, treatment, and surveillance of ID. This Performance Management Plan (PMP) discusses the basic epidemiologic challenges facing the region in terms of ID and gives an overview of USAID's response. The document outlines a conceptual framework for organizing the portfolio of activities funded by RDM/A and identifies a monitoring plan, including relevant indicators, for program management. It should be noted that this PMP will focus on malaria, TB, and OPHT programming. While RDM/A also funds activities targeting HIV/AIDS and avian influenza, those diseases have separate monitoring plans.

The RDM/A funds projects throughout Asia, with a special emphasis on the Greater Mekong Subregion (GMS). In brief, the breakdown of RDM/A's activities by country and disease are as follows:

- **Malaria:** Bangladesh, Burma, Cambodia, China, Indonesia, Laos, Malaysia, Philippines, Thailand, Vietnam.
- **Tuberculosis:** Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Mongolia, Philippines, Thailand, Vietnam.
- **Dengue:** Vietnam, Laos.
- **OPHT:** Bangladesh, Burma, Cambodia, China, Laos, Thailand, Vietnam.

This list is dynamic and the specific disease programs funded in various countries by the RDM/A ID Program will change in accordance with changing disease epidemiology, RDM/A priorities, and country needs.

B. Epidemiologic Challenges

The RDM/A ID Program covers the globally important diseases of malaria and TB, as well as other regional concerns such as dengue. The incidence of these diseases varies both between and within countries. Across the region, however, these diseases cause over 1 million infections and 20,000 deaths annually. The following narrative provides an overview of the epidemiology of the key pathogens in the region and provides the background against which RDM/A has allocated its resources.

*Supranational used to indicate a level above the country level that involves more than one country

Malaria

Malaria has long been a public health concern in Asia. Although programs have achieved steady gains in malaria control, foci of high transmission still exist. The malaria situation in Asia is notably different from that of sub-Saharan Africa because malaria in Asia causes less morbidity and mortality; transmission is often more focal; and *Plasmodium vivax* is responsible for a significant portion of malaria infections within the region. In spite of the gains in malaria control, malaria transmission here is still important globally due to the region's role as an epicenter in the development and spread of drug resistance.

Of the six countries of the GMS, malaria presents the largest public health threat in Burma; this is followed next by Cambodia and Laos. In these countries, malaria transmission is usually concentrated in the forested regions. Although *Plasmodium falciparum* is the predominant species, the proportion of disease caused by *P. vivax* is increasing in many endemic areas, especially during the dry season. Throughout the region malaria affects various subpopulations such as migrants, forest workers, border rangers, miners, etc., whose access to health services are frequently sporadic.

In contrast, malaria control efforts in Thailand and Vietnam have realized significant gains, and malaria no longer rates as a priority public health concern for the general population. In Thailand, malaria incidence has steadily declined and transmission is limited to forested regions and international borders, including the southern border of the country, where recent civil unrest has hampered the implementation of malaria control. The etiology of malaria in Thailand is evenly split between *P. vivax* and *P. falciparum* species. In Vietnam, morbidity and mortality from malaria has declined by 98 and 99 percent, respectively, since 1991.¹

Despite these gains in malaria control, the presence of high-transmission foci and fluid borders within the region cause malaria to persist as a disease of special concern. The recent documentation of the therapeutic failure of artemisinin combination therapy (ACT) on the Cambodia-Thailand border has generated even greater concern and has renewed attention to the malaria situation within the region. Containment of ACT-resistant *P. falciparum* parasites in this border area is now considered a public health emergency as naturally-occurring artemisinin-resistant parasite strains might spread elsewhere, and this presents a threat to the global malaria control efforts (www.who.int/malaria/docs/drugresistance/Malaria_Artemisinin.pdf). Therefore, a coordinated regional approach for malaria prevention and control is essential.

Tuberculosis

Tuberculosis continues to be a disease of major global public health importance, and Asia, with its large and crowded cities, as well as its large numbers of HIV positive individuals, is a region of particular concern. In fact, India, China, and Indonesia are the

countries with the highest burden of tuberculosis in the world, and India and China also have the greatest number of multi-drug resistant TB (MDR-TB) cases.¹

Many of the countries within the region, especially those of the GMS, have achieved the 2005 TB control targets of 70 percent Directly Observed Therapy Short course (DOTS) coverage and case detection, and an 85 percent treatment success rate. Many of the countries in Asia are also on track to reach the 2015 goal to halve TB prevalence and mortality from the levels recorded in 1990, but to reduce TB transmission within the region, factors such as HIV co-infection and rising drug resistance must also be addressed.¹

In Southeast Asia, the RDM/A ID Program funds TB activities in Bangladesh, India, Indonesia, Burma, and Thailand. They are all high-burden countries, and they have made steady progress in DOTS coverage, case detection, and successful treatment, managing to reach the 2005 goals for coverage and treatment. The case detection rate lagged but it reached 65 percent in many of the countries in this region by the end of 2007. The high HIV burden in these countries presents a barrier to TB control and must also be addressed. Co-infection with HIV and TB in high-prevalence countries within the SEARO region varies between 0.3 percent in Bangladesh to 17 percent in Thailand. Drug resistance within this region also remains a problem.¹

In the Western Pacific region, Cambodia, China, Laos, Mongolia, the Philippines, and Vietnam receive TB funding from the RDM/A ID Program. This region was the first to achieve the 2005 TB targets. High-burden countries within the WPRO region include Cambodia, China, Philippines, and Vietnam. Although the HIV epidemic is generally less severe in the Western Pacific region countries than in the Southeast Asia region countries, co-infection with HIV and TB is still a problem and must be addressed.

Other Public Health Threats

The RDM/A ID Program funds activities in Bangladesh, Burma, Cambodia, China, Laos, Thailand, and Vietnam, targeting OPHT such as dengue and leishmaniasis, as well as regional activities aimed at building capacity in surveillance and control.

Dengue merits special mention as a disease that has caused significant morbidity and mortality within the Mekong region. Control of this mosquito-borne illness is especially difficult because treatment is supportive and rapid, reliable diagnostic tests do not exist. Outbreak prevention often relies on reliable surveillance and coordinated prevention. The RDM/A ID Program funds dengue programs in Vietnam, where there were 59,550 cases and 54 deaths in 2005, and in Laos, where there were 17,600 cases in 2003. The RDM/A ID Program also funds the Asia Pacific Dengue Partnership, a collaborative to improve surveillance and response.

¹ Global Tuberculosis Control 2009: Epidemiology, Strategy, Financing. World Health Organization Available at http://www.who.int/entity/tb/publications/global_report/2009/pdf/full_report.pdf

C. RDM/A's Programmatic Response

To combat the infectious disease threats discussed above, the Mission has developed a strategic approach that emphasizes ensuring access of vulnerable populations to health services, improving drug quality and efficacy, enhancing the availability and use of strategic information (SI), building capacity, and facilitating knowledge exchange. To accomplish these goals, the Mission and its partners are working to strengthen supranational institutions and facilitate inter-governmental coordination across borders while simultaneously ensuring support to national programs.

In a rapidly growing economic region such as Asia, there are great disparities in access to health care across diverse populations. In such situations, it is not uncommon for various infectious diseases to become entrenched in marginalized populations, essentially becoming markers for those disenfranchised from a whole range of public goods. For these reasons, RDM/A has emphasized ensuring access to high-quality health services for marginalized populations in its programming. In terms of prevention, RDM/A is supporting multiple forms of community outreach to educate populations about bednets and other preventive measures, as well as providing health commodities at the community level. Health staff are also receiving training to improve clinical care and diagnostic capacity, and some support is also given to strengthening supply chain management for commodities.

A common theme across the major ID threatening Asia is a concern over the quality and efficacy of therapeutic drugs. In both malaria and TB, Asia is an epicenter of drug resistance which can spread rapidly to the global level. Contributing to this problem are unregulated pharmaceutical practices (especially in the private sector) and a thriving market for fake medications. RDM/A is taking a strong stand against these issues by supporting supranational networks working to improve pharmaceutical practices and increase lab capacity.

RDM/A believes that high-quality, timely SI is essential to public health programming., RDM/A is investing in a broad range of activities aimed at improving the ability of national programs to monitor disease levels and detect and respond to outbreaks in a timely fashion. The Mission is supporting training activities, including a Field Epidemiology course for local program managers, which will instill skills in outbreak investigation techniques, data analysis, and public health programming. At the supranational and national level, the Mission is supporting the development of disease-specific monitoring and evaluation (M&E) plans and systems, and is encouraging the use of SI in program planning and policy formation. In addition to the improvement of surveillance and monitoring in the region, the Mission is also supporting TB prevalence surveys, mapping of diseases and risk factors, and operational research on priority issues.

At the foundation of the RDM/A ID Program is an emphasis on capacity building and exchange of knowledge. RDM/A's programming encourages workshops and other forums to share best practices across the region and to learn from all partners' experiences. Some funding is provided to support pilot programs, which can serve as

models for replication and scale-up elsewhere in the region. Finally, there is a strong priority placed on building capacity within local and supranational institutions across all the activities in the portfolio.

What follows in this document is a conceptual framework of how the RDM/A ID Program is blended together to support the overriding strategic objective (SO) to increase capacity for effective regional response to infectious disease. The framework reflects the portfolio's organizational division of interventions into three disease areas: malaria, tuberculosis, and other public health threats. Each disease area is further subdivided into intermediate results and sub-intermediate results, which highlight the priorities for the program. Each sub-intermediate result contains a short list of indicators that reflect the measurable activities of each component.

Partner Activities Measured by RDM/A ID Indicator Framework

IR1: Access increased to prevention interventions

Conducting community education, outreach, and training for malaria and dengue

Increasing access to bed nets

IR2: Access increased to care, support, and treatment

Improving healthcare staff's case management for malaria, TB, and dengue

Increasing use of malaria and TB diagnostic methods

Increasing access and use of first-line ACTs

Strengthening commodity supply chain logistics for malaria and TB

Strengthening TB DST and MDR services

Expanding coverage of TB case detection and treatment

Improving HIV and TB collaborative activities

IR3: Access increased to strategic information

Conducting and improving drug-resistance surveillance for malaria and TB

Improving drug quality surveillance through sentinel sites for malaria and TB

Improving rapid response to counterfeit drugs for malaria

Strengthening surveillance for malaria, TB, dengue, and leishmaniasis, including dissemination of data and findings

Using surveillance data to change national policy for malaria, TB, and OPHT diseases

Conducting TB surveys

Strengthening regional epidemiology capacity through basic epidemiology field courses

Drafting M&E plans for malaria, TB, and OPHT diseases control programs

Formulating, implementing, and improving M&E systems for malaria, TB, and OPHT diseases

Improving M&E use to guide program management for malaria, TB, and OPHT diseases

Developing and conducting special studies for disease control in malaria, TB, and leishmaniasis

Conduct special studies/operational research

IR4: Enabling environment strengthened

Providing TA to develop disease control policies and strategies for malaria, TB, and dengue

Aiding countries in obtaining and keeping GFATM funding for malaria and TB

Increasing laboratory capacity for malaria and TB drug quality monitoring

Increasing public-private partnerships in malaria and TB control

Maintaining supranational infectious disease program networks for malaria, dengue and drug quality

Providing TA for program implementation in malaria, TB and dengue control

IR5: Model programs expanded and use of best practices strengthened

Conducting workshops/ courses to encourage, exchange, and teach best practices for malaria, TB, OPHT diseases, M&E, drug quality monitoring, and supply chain management

Creating and maintaining best-practice guides and reference resources, including establishing centers of excellence for malaria, TB, OPHT diseases, M&E, and drug quality monitoring

Scaling up pilot projects

D. Conceptual Framework

The RDM/A's strategic objective is to increase the capacity for effective regional response to infectious disease. The strategy responds to region-specific priorities for the prevention and control of malaria, tuberculosis, and other public health threats such as dengue, and leishmaniasis. For each of the infectious disease areas, there is a separate strategic objective that shows the particular emphasis in that component of the program.

- **Malaria SO:** To prevent the development and spread of drug resistant malaria.
- **Tuberculosis SO:** To expand and enhance DOTS and improve management of MDR/TB and TB/HIV.
- **Other Public Health Threats SO:** To effectively and efficiently detect and respond to OPHT.

Across all three components, the common priorities for the program are prevention of disease, improved diagnosis and treatment, strategic information, building an enabling environment, and the sharing of best practices. These elements are reflected in the common intermediate results. However, to delineate the main activities for each infectious disease area, sub-intermediate results have been added to the framework. Each of these sub-results, and its accompanying indicators, highlight the main thrusts of the program both within the intermediate result and the disease area. The following graphic and table illustrate the conceptual framework by showing the strategic objectives, the intermediate results, and the sub-intermediate results by program component.

Table 1: Infectious Disease SOs, IRs, and sub-IRs

	Malaria	Tuberculosis	OPHT
Strategic Objective:	To prevent the development and spread of drug-resistant malaria	To expand and enhance DOTS and improve management of MDR/TB and TB/HIV	To effectively and efficiently detect and respond to OPHT
IR1: Access increased to prevention interventions	MIR1.1 Increased use of malaria prevention measures	No direct RDM/A-funded activities	No direct RDM/A-funded activities
IR2: Access increased to care, support, and treatment	MIR2.1 Improved case management for malaria MIR2.2 Strengthen the rational use of first-line ACT	TIR2.1 Improved TB case management and DOTS implementation TIR2.2 Strengthened MDR TB management TIR2.3 Strengthened TB/HIV diagnosis and treatment	OIR2.1 Improved case management for OPHT
IR3: Access increased to strategic information	MIR3.1 Improved surveillance for drug-resistant malaria MIR3.2 Existence and use of M&E plans for program management MIR3.3 Existence of an operational research agenda that contributes to improved understanding of malaria control	TIR3.1 Improved monitoring of TB TIR3.2 Monitoring of drug quality TIR3.3 Existence of an operational research agenda that contributes to improved understanding of TB	OIR3.1 Improved surveillance and detection of OPHT OIR3.2 Existence of an operational research agenda on vector control and program scale up
IR4: Enabling environment strengthened	MIR4.1 Strengthened supranational networks for malaria control MIR4.2 Increased use of strategic information for policy-making MIR4.3 Evidence of leveraged funding from non-USAID sources	TIR4.1 Increased public-private partnerships for TB control TIR4.2 Increased use of strategic information for policy-making TIR4.3 Evidence of leveraged funding from non-USAID sources	OIR4.1 Improved supranational coordination and collaboration OIR4.2 Increased use of strategic information for policy-making
IR5: Model programs expanded and best practices strengthened	MIR5.1 Pilot programs expanded or scaled up	TIR5.1 Pilot programs expanded or scaled up	No direct RDM/A-funded activities

E. Core Constraints, Facilitating Factors, & Critical Assumptions

Factors affecting the successful support, monitoring, and evaluation of ID programs in order to realize progress within the RDM/A ID Program include—

- Great variations in drug resistance and disease transmission levels from country to country
- Border areas and migrant populations are key areas and factors in both disease transmission and the development of drug resistance.
- Inadequate resources with both geographic and population-specific disparities in access to resources exist.
- The lack of data on and systematic analysis of vulnerable and disadvantaged populations.
- Significant amount of health care is delivered through the private sector and self-treatment, and may not be guideline concordant.
- Drug counterfeiting and poor drug quality remain significant impediments to accessing care and contribute to the development of drug resistance.
- Health Management Information System (HMIS) data may not reflect actual disease burden due to inaccurate diagnosis, poor record keeping, and cases not accessing facilities using the HMIS—this suggests that increased sentinel site surveillance may be necessary.
- The World Health Organization (WHO) recommends re-evaluation of anti-malarial drug policy if first-line cure rate falls below 90 percent.
- WHO recommends local malaria treatment be determined according to local transmission levels; this would make regional endemicity maps very useful.
- Countries in the region face different challenges and are at different stages in addressing ID programming needs, so they need to determine priorities accordingly.
- Varied political environments and internal conflicts.
- Limited civil society participation in China, Laos, Vietnam, and Burma.

Supporting factors that will facilitate successful implementation of the RDM/A ID Program include—

- Apparent supranational interest in coordination and collaboration of malaria activities.

- Maintenance of current USAID funding levels and continued increases in funding for malaria and ID programming from other sources.
- High-quality technical assistance (TA) from cooperating agencies.
- Prior success in meeting regional TB benchmarks.
- Focused coordinated prevention and treatment efforts in region have coincided with decreased malaria incidence.

Furthermore, in order for the RDM/A ID Program to effectively implement and achieve desired results, the following fundamental assumptions are critical:

- There will be continuing progress in partner cooperation to improve regional ID programming in a transparent manner.
- A concerted inter-governmental effort may be necessary to control ID within the region.
- There will be sufficient yearly funding to support and implement regional ID programs from USAID, other donors, and local governments.
- Technical and program support will continue to be given to the RDM/A from USAID/Washington (USAID/W).
- The health of people in the region will not be compromised by war or other regional conflicts.

F. Results Framework

The following results frameworks map the indicators against the strategic objective, intermediate results, and sub-intermediate results.

Malaria Results Framework Indicators

Development Context Indicators

Annual incidence rate of confirmed malaria cases (/100,000 population)

Strategic Objective: To prevent the development and spread of drug-resistant malaria

SO Indicator 1 Slide positivity rate at USAID-funded sentinel sites (disaggregated by country)

SO Indicator 2 Case fatality rate for severe malaria

IR1: Access increased to prevention interventions

MIR1.1 Increased use of malaria prevention measures

- | | |
|----------------|---|
| Indicator 1.1a | Number of individuals in USAID-targeted areas receiving malaria prevention and treatment education not through mass media |
| Indicator 1.1b | Number of LLINs distributed that were purchased or subsidized with USAID support (by partner) (F-plan) |
| Indicator 1.1c | Number of ITNs re-impregnated with USAID support (by partner) |

IR2: Access increased to care, support, and treatment

MIR2.1 Improved case management for malaria

- | | |
|----------------|---|
| Indicator 2.1a | Number of health care staff trained in malaria case management with USAID funds (disaggregated by private, public, and type of provider) (F-plan) |
| Indicator 2.1b | Percentage of malaria-suspected patients that undergo parasite-based laboratory examination at USAID-assisted service delivery points |
| Indicator 2.1c | Number of countries with an RDT quality control program in USAID target areas. |

MIR2.2 Strengthen the rational use of first-line ACT

- | | |
|----------------|---|
| Indicator 2.2a | Percentage of USAID-assisted service delivery points that have first-line ACTs available according to national guidelines |
| Indicator 2.2b | Number of USAID-assisted service delivery points experiencing stock-outs of specific malaria tracer drugs (F-plan) |
| Indicator 2.2c | Percentage of patients with falciparum malaria treated with first-line ACT according to national guidelines in USAID-assisted service delivery points |
| Indicator 2.2d | Number of sites participating in external quality control of ACT samples |

IR3: Access increased to strategic information

MIR3.1 Improved surveillance for drug-resistant malaria

- | | |
|----------------|--|
| Indicator 3.1a | Number of active USAID-assisted sentinel sites for monitoring anti-malarial drug quality |
|----------------|--|

Indicator 3.1b	Number of active USAID-assisted sentinel sites for monitoring anti-malarial drug efficacy
Indicator 3.1c	Number of reports disseminated based on sentinel site monitoring of anti-malarial drug quality
Indicator 3.1d	Number of people trained in anti-malarial drug efficacy monitoring with USAID funds
Indicator 3.1e	Number of people trained in anti-malarial drug quality monitoring with USAID funds
Indicator 3.1f	Number of sites in USAID target areas submitting blood samples to a lab for molecular surveillance of anti-malarial drug resistance

MIR3.2 Existence and use of M&E plans for program management

Indicator 3.2a	Number of USAID-assisted countries that have developed an M&E plan for their national malaria control program
Indicator 3.2b	Number of USAID-assisted malaria projects that have developed an M&E plan for their activities
Indicator 3.2c	Number of organizations provided with malaria strategic information technical assistance with USAID support

MIR3.3 Existence of an operational research agenda that contributes to improved understanding of malaria control

Indicator 3.3a	Number of special studies relating to malaria control conducted with USAID support
----------------	--

IR4: Enabling environment strengthened

MIR4.1 Strengthened supranational networks for malaria control

Indicator 4.1a	Number of supranational malaria-related networks that met at least once during the past 6 months with USAID support
Indicator 4.1b	Number of organizations provided with malaria program implementation technical assistance with USAID support

MIR4.2 Increased use of strategic information for policy-making

Indicator 4.2a	Number of organizations provided with malaria policy development technical assistance with USAID support
Indicator 4.2b	Number of countries whose national malaria case management protocols are reviewed or updated by the NMCP within the last 12

months to be in line with the country's drug efficacy monitoring and surveillance data

MIR4.3 Evidence of leveraged funding from non-USAID sources

Indicator 4.3a Number of organizations provided with technical assistance for Global Fund malaria proposal development and/or implementation with USAID support

Indicator 4.3b For USAID funded malaria projects receiving 10-50% of their budget from non-US government sources, the amount contributed in US dollars from these non-USG sources

IR5: Model programs expanded and use of best practices strengthened

MIR5.1 Pilot programs expanded or scaled up

Indicator 5.1a Number of malaria best practices workshops conducted with USAID support

Indicator 5.1b Number of instances in which USAID malaria pilot projects have been scaled up and/or replicated with non-USAID funding

Tuberculosis Results Framework Indicators

Development Context Indicators

TB prevalence (by country; /100,000 population)

TB incidence rate (by country; /100,000 population)

TB-associated mortality (by country; /100,000 population)

Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV

SO Indicator 1 TB case detection rate (disaggregated by country) (F-plan)

SO Indicator 2 Treatment success rate (disaggregated by country)(F-plan)

SO Indicator 3 DOTS Coverage (disaggregated by country)

SO Indicator 4 Percent of TB cases determined to be MDR/TB in the past year (disaggregated by country)

IR1: Access increased to prevention interventions

No direct RDM/A-funded activities

IR2: Access increased to care, support, and treatment

TIR2.1 Improved TB case management and DOTS implementation

Indicator 2.1a	Number of individuals trained in TB laboratory diagnosis with USAID funds (disaggregated by country, private, public, and type of laboratory)
Indicator 2.1b	Percentage of USAID-supported laboratories performing TB microscopy with over 95% correct microscopy results (F-plan)
Indicator 2.1c	Number of health care staff trained in TB treatment with USAID funds (disaggregated by country, private, public, and type of provider)
Indicator 2.1d	Number of clinics with >85% treatment success rate for TB in USAID-targeted areas
Indicator 2.1e	Number of USAID-assisted service delivery points experiencing stock-outs of specific TB tracer drugs (F-plan)
Indicator 2.1f	Number of service delivery points in USAID-targeted areas using 'binational' cards for DOTS treatment and cross-border monitoring

TIR2.2 Strengthened MDR TB management

Indicator 2.2a	Number of staff trained in MDR-TB diagnosis with USAID funds (disaggregated by country, private, public, and training site)
Indicator 2.2b	Number of staff trained in MDR-TB treatment with USAID funds (disaggregated by country, private, public, and training site)
Indicator 2.2c	Number of countries with MDR/TB laboratory quality control standards at the national level (F-plan)
Indicator 2.2d	Number of countries with >90% of patients diagnosed with MDR-TB receiving appropriate second-line treatment according to national policy(disaggregated by country, private, and public).

TIR 2.3 Strengthened TB/HIV diagnosis and treatment

Indicator 2.3a	Percent of all registered TB patients who are tested for HIV through USG-supported programs (F-plan)
Indicator 2.3b	Number of countries with operationalized TB/HIV policies and strategies developed with USAID-assistance

IR3: Access increased to strategic information

TIR3.1 Improved monitoring of TB

- | | |
|----------------|--|
| Indicator 3.1a | TB prevalence survey performed in the last 5 years |
| Indicator 3.1b | Number of countries with national M&E plans for TB developed with USAID technical assistance |

TIR3.2 Monitoring of drug quality

- | | |
|----------------|---|
| Indicator 3.2a | Number of active USAID-assisted sentinel sites for monitoring TB drug quality |
| Indicator 3.2b | Number of people trained in TB drug quality monitoring with USAID funds |

TIR3.3 Existence of an operational research agenda that contributes to improved understanding of TB

- | | |
|----------------|--|
| Indicator 3.3a | Number of special studies on TB conducted with USAID support |
|----------------|--|

IR4: Enabling environment strengthened

TIR4.1 Increased public-private partnerships for TB control

- | | |
|----------------|--|
| Indicator 4.1a | Number of supranational TB-related networks that met at least once during the past 6 months with USAID support |
| Indicator 4.1b | Number of organizations provided with TB program implementation technical assistance with USAID support |
| Indicator 4.1c | Number of public-private mix (PPM) DOTS sites (including their laboratories whether on-site or referral) certified by the NTP (by country) |
| Indicator 4.1d | Number of TB cases reported to NTP by non-MOH sector in USAID targeted areas (F-plan). |

TIR4.2 Increased use of strategic information for policy-making

- | | |
|----------------|--|
| Indicator 4.2a | Number of organizations provided with TB policy development technical assistance with USAID support |
| Indicator 4.2b | Number of countries that have policies that include “incentives and enablers” for TB case-finding and treatment |
| Indicator 4.2c | Number of countries producing an annual report based on an existing M&E action plan for TB with USAID assistance |

TIR4.3 Evidence of leveraged funding from non-USAID sources

- Indicator 4.3a Number of organizations provided with TB technical assistance for Global Fund proposal development and/or implementation with USAID support
- Indicator 4.3b For USAID-funded TB projects receiving 10-50% of their budget from non-US government sources, the amount contributed in US dollars from these non-USG sources.

IR5: Model programs expanded and use of best practices strengthened

TIR5.1 Pilot programs expanded or scaled up

- Indicator 5.1a Number and type of training courses offered with USG support (disaggregated by the organizations/institutions offering the training)
- Indicator 5.1b Number of instances in which TB pilot projects have been scaled up

Other Public Health Threats Results Framework Indicators

Development Context Indicator

Estimated incidence/prevalence of OPHT (by country and disease)

Strategic Objective: To effectively and efficiently detect and respond to OPHT

- SO Indicator 1 Number of countries reporting and responding to OPHT outbreaks in a timely manner

IR1: Access increased to prevention interventions

No direct RDM/A-funded activities

IR2: Access increased to care, support, and treatment

OIR2.1 Improved case management for OPHT

- Indicator 2.1a Number of health care staff trained in OPHT case management with USAID funds (disaggregated by private, public, and type of provider) (F-plan)
- Indicator 2.1b The percentage of health care units supported by USAID with at least one health care professional trained in OPHT case detection and treatment

IR3: Access increased to strategic information

OIR3.1 Improved surveillance and detection of OPHT

- | | |
|----------------|--|
| Indicator 3.1a | The percentage of USAID-assisted service delivery sites submitting case findings and treatment outcome reports to the MOH each quarter |
| Indicator 3.1b | Number of active USAID-assisted sentinel sites for monitoring OPHT |
| Indicator 3.1c | Number of trainees graduating each year from Field Epidemiology training course |

OIR3.2 Existence of an operational research agenda on vector control and program scale-up

- | | |
|----------------|---|
| Indicator 3.2a | Number of special studies conducted with USAID support (F-plan) |
|----------------|---|

IR4: Enabling environment strengthened

OIR4.1 Improved supranational coordination and collaboration for OPHT control

- | | |
|----------------|--|
| Indicator 4.1a | Number of supranational OPHT-related networks that met at least once during the past 6 months with USAID support |
| Indicator 4.1b | Number of organizations provided with OPHT program implementation technical assistance with USAID support |

OIR4.2 Increased use of strategic information for policy-making

- | | |
|----------------|--|
| Indicator 4.2a | Number of organizations provided with policy development technical assistance with USAID support |
|----------------|--|

IR5: Model programs expanded and use of best practices strengthened

No direct RDM/A-funded activities

G. Rationale for Results Framework

The rationale for the results framework in Section G includes a set of development context indicators, indicators to measure the disease-specific SOs, and indicators to monitor sub-intermediate results. The development context indicators are being collected in order to inform and shape strategic planning for the RDM/A ID Program but are not being collected as performance measures at this time. However, as the program evolves and develops throughout the region, these impact indicators may be moved into the SO level.

USAID's contribution at the SO level will be measured as a component of joint scale-up with international and national partners. Due to the wide array of diseases in the RDM/A ID Program, it is not possible to identify extremely specific strategies, but general themes and key factors do arise.

RDM/A has identified five IRs that tie together their health portfolio, including the activities in HIV/AIDS and Avian Influenza. These intermediate results contribute toward the achievement of the Mission's overarching Health SO.

IR1: Access increased to prevention interventions

IR2: Access increased to care, support, and treatment

IR3: Access increased to strategic information

IR4: Enabling environment strengthened

IR5: Model programs expanded and use of best practices strengthened

Under each IR, sub-IRs for each disease component were identified. These sub-IRs illustrate the main emphases of the ID Program within the overarching RDM/A conceptual framework.

Malaria

MIR1.1 Increased use of malaria prevention measures

MIR2.1 Improved case management for malaria

MIR2.2 Strengthen the rational use of first-line ACT

MIR3.1 Improved surveillance for drug-resistant malaria

MIR3.2 Existence and use of M&E plans for program management

MIR3.3 Existence of an operational research agenda that contributes to improved understanding of malaria control

MIR4.1 Strengthened supranational networks for malaria control

MIR4.2 Increased use of strategic information for policy-making

MIR4.3 Evidence of leveraged funding from non-USAID sources

MIR5.1 Pilot programs expanded or scaled up

Tuberculosis

- TIR2.1 Improved TB case management and DOTS implementation**
- TIR2.2 Strengthened MDR TB management**
- TIR2.3 Strengthened TB/HIV diagnosis and treatment**

- TIR3.1 Improved monitoring of TB**
- TIR3.2 Monitoring of drug quality**
- TIR3.3 Existence of an operational research agenda that contributes to improved understanding of TB**

- TIR4.1 Increased public-private partnerships for TB control**
- TIR4.2 Increased use of strategic information for policy-making**
- TIR4.3 Evidence of leveraged funding from non-USAID sources**

- TIR5.1 Pilot programs expanded or scaled-up**

Other Public Health Threats

- OIR2.1 Improved case management for OPHT**

- OIR3.1 Improved surveillance and detection of OPHT**
- OIR3.3 Existence of an operational research agenda on vector control and program scale-up**

- OIR4.1 Improved supranational coordination/collaboration**
- OIR4.2 Increased use of strategic information for policy-making**

Each sub-IR is measured by a set of indicators presented in the Results Framework. The indicators were based on reported program activities and RDM/A priorities. Each indicator was identified based on the following criteria: (1) it closely tracks the result it is intended to measure, (2) it is clearly defined and measures only one phenomenon at a time, (3) it has management utility (i.e., it is useful for program management decisions), (4) pertinent data can be obtained in a timely manner at reasonable cost, and (5) it measures changes that are attributable, at least in part, to RDM/A's efforts.

H. Guiding Principles of the Performance Management Plan

The PMP is an important tool for managing and documenting the portfolio and reporting on its performance. It enables timely and consistent collection of comparable performance data in order to make informed program management decisions. The principles governing this PMP are based on the Agency's guidelines for assessing and learning (ADS 203.3.2.2):

A tool for self-assessment: This PMP has been developed to enable the RDM/A ID Program team to actively and systematically assess its contribution to program results and to take corrective action when necessary.

Performance-informed decision-making: The PMP is designed to inform management decisions. The analysis of chosen indicators in combination will provide data to demonstrate or disprove the basic development hypotheses.

Transparency: To increase transparency, indicator and data quality assessments have been or will be conducted with the goal of documenting any known limitations in the PMP.

Economy of effort: When selecting indicators, efforts were made to reduce the burden of data collection and reporting. Data collection for each of the indicators will be reviewed with partners where possible, and efforts will be made to reduce redundancy. In addition, the principle of “management usefulness” was applied to ensure that any data collected is useful in decision-making and performance management.

M&E evidence: When possible, indicators were based on available international M&E guidelines from WHO, USAID/W, President’s Malaria Initiative, Stop TB, and Roll Back Malaria.

Participation: Finally, the PMP has been developed in a participatory manner based on work plans submitted by regional partners, and in consultation with the RDM/A ID Program team members.

I. Budgeting for Performance Management

The PMP includes activities involving the tracking of indicators, the completion of special studies and analyses, as well as data quality assessment. When selecting indicators and methods, efforts were made to balance the tradeoff between cost and quality by choosing the most cost-effective approach that is technically sound. The RDM/A ID Program team has allocated resources and will add additional resources as required to establish and sustain the following PMP systems, methods, or activities:

- The systematic review of partner reports to measure success in meeting planned objectives.
- A simple database for compilation, analysis, and presentation of RDM/A ID Program and partner performance results.
- The analysis of biological, behavioral, and size estimation data for key sites and populations.

III. Managing for Results

The Regional Development Mission/Asia (RDM/A) Infectious Disease (ID) Program team members and partners have specific roles and responsibilities in the overall performance management system. The following table outlines these responsibilities for each of the major steps in the monitoring process.

Table 2 Major steps and responsibility matrix for performance management

MAJOR STEPS	RESPONSIBILITY
Collecting performance data	USAID partners; RDM/A ID Program team
Reviewing performance information	USAID partners; RDM/A ID Program team
Reporting performance results (annual report)	RDM/A ID Program team
Assessing data quality	RDM/A ID Program team
Reviewing and updating the PMP	RDM/A ID Program team
Conducting evaluations and special studies	USAID partners; RDM/A ID Program team

A. Data Sources for PMP Indicators

Data for all indicators will be collected from partner records, the Health Management Information System (HMIS), and sentinel sites as appropriate. For details, consult the performance indicator reference sheets attached as appendices to this document.

These indicators provide useful data for ongoing, continuous management of activities by the RDM/A ID Program team, and generally provide more operational data than results-oriented data. Activity-level data can therefore be used to monitor partner performance. The indicators are drawn primarily from the agreements and work plans submitted by the U.S. Agency for International Development (USAID) and its activity partners.

All USAID's implementing partners will submit semiannual reports each year. Not all indicators will be collected semiannually, however. The RDM/A has identified appropriate frequencies (semiannually, annually) for each program-level indicator. The partner data submitted in the semiannual reports will be stored in a computerized database. The database will allow automatic reporting at the semiannual and annual level. The database will be used to generate annual report information for the PMP.

Data sources for the development context, strategic objective, and sub-intermediate result level indicators are described below.

The data sources for the context indicators are WHO reports, which are revised and distributed to stakeholders via email as new information on RDM/A ID Program

diseases becomes available. The reports are also available on the World Health Organization (WHO) Web sites.

The RDM/A ID Program team will work with partners to collect data for the strategic objective (SO)-level indicators from the implementing partners' program reports. This data will be used to track progress on an annual basis.

The main data sources for the sub-intermediate result (IR)-level indicators are the program reports from RDM/A ID Program implementing partners.

Performance indicators only “indicate” progress and cannot be used to determine “why” a certain result occurs. Evaluations and special studies are ways in which routine performance monitoring efforts can be supplemented by more rigorous, in-depth analyses on topics of special interest. The RDM/A ID Program team may define areas for targeted evaluation and special studies as the need arises.

B. Portfolio Review

Activity managers and the Contract Officer's Technical Representative (COTR) from the RDM/A ID Program team will monitor performance data and analyze the data from implementing partners during the course of the year in order to determine whether partners are meeting their targets. The team will meet regularly to discuss and review progress. Depending on the results of these reviews, the team may need to adjust programming and activities.

Meetings will be held with all implementing partners up to two times a year to share information on the evolution of RDMA funded activities amongst the implementing teams. Regular site visits will also occur over the life of each project to monitor progress in the field. Annual mission performance reviews will provide the opportunity to examine the implementation of activities, the completion of milestones, and the achievement of performance results. The Mission will also sponsor one or two portfolio reviews a year (ADS 203.3.3) to evaluate the overall progress of the SO.

C. Reporting Performance Results

The Annual Report

USAID uses performance information not only to assess Operating Unit progress but also as the basis of its resource request for subsequent years. Within the region, the RDM/A ID Program team uses the report to share knowledge and enhance learning throughout the organization. Like other Operating Units, the RDM/A ID Program team submits an annual report on its performance against expected results, including both its successes and areas identified for improvement.

The annual report is prepared in accordance with the specific guidance for that year as issued by the Agency. The report uses two main sources of information: (a) SO and IR performance indicator data, and (b) the portfolio review process described earlier. The

PMP is a key document in preparing for the report since it contains information on all SO and sub-IR performance indicators, including indicator and data quality assessments, responsibilities for data collection and analysis, and the management utility of each indicator. Agency guidance requires that all indicators meet Agency standards for indicator and data quality if they are used to support assertions in the report. These standards are described in ADS 203.3.6.5.

D. Assessing Data Quality

Review of Data: The ID Strategic Information (SI) specialist will review the data with the appropriate implementing partner, cooperating agency, or international/national partner responsible for data collection and quality (generally at intervals of 6 months).

Reporting of Data: Data will be reported in annual reports, budget justifications, annual strategy meeting presentations, mission strategy/portfolio reviews and other external USAID presentations.

Data Quality Assessment Procedures: The RDM/A ID Program team integrates data quality assessment into ongoing activities (e.g., combines a random check of partner data with a regularly scheduled site visit). This minimizes the costs associated with data quality assessment. When conducting data quality assessments, team members use the Data Quality Checklist. Findings are written up in a short memo and filed in the team's performance management files. If the RDM/A ID Program team determines any data limitations exist for performance indicators, it mitigates the limitations to the greatest extent possible. The RDM/A ID Program team documents any actions taken to address data quality problems in the appropriate Performance Indicator Reference Sheet(s). If data limitations prove too intractable and damaging to data quality, the RDM/A ID Program team will seek alternative data sources or develop alternative indicators. In addition, if deemed necessary, the team will invest in a more thorough external Data Quality Audit.

Known Data Limitations and Significance: indicator-specific data limitations have been identified in the performance indicator reference sheets where appropriate, and actions to be taken or planned to address these limitations are outlined.

Date of Future Data Quality Assessments: At a minimum, data quality assessments will be performed at an interval of 3 years from the date of the most recent data assessment for all indicators reported to USAID/Washington, DC (USAID/W). The dates planned for each indicator in the PMP are indicated on the Performance Indicator Reference Sheets.

Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor data collection, and conduct evaluations using different tools such as data checklists and interviews, as well as semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.

E. Plan for Data Analysis, Review, and Reporting

Data Analysis: In general, data analysis will be done by the RDM/A ID Program team, implementing partners, cooperating agencies, or national/international partners responsible for carrying out the activity as identified in the performance indicator reference sheets. Appropriate team members will also be involved in the review, analysis and validation of the data that is externally compiled and presented to the Mission. Should there be any discrepancies in the data provided by surveys and program statistics, the team will perform triangulation of data to better understand the dynamics of data disparity. Activities carried out to ensure data accuracy will be captured in the data quality assessment sheets. User-friendly raw data will also be provided to other partners, as appropriate, should additional secondary data analysis be requested.

Presentation of Data: Data will be presented in a variety of tools including tables, graphs, and charts when appropriate. Key findings will be summarized in PowerPoint presentations, brochures, and posters. The data will be presented at dissemination workshops sponsored by USAID as appropriate.

Review of Data: Initially, those responsible for the data collection for performance indicators (as identified in the PMP within the individual performance indicator data sheets) will review the data with the appropriate implementing partner, cooperating agency, or partner responsible for data consistency and quality (generally at intervals of 6 months). Data and data collection methods will also be reviewed during site visits.

Reporting of Data: Data will be reported in annual reports, budget justifications, annual strategy meeting presentations, mission strategy/portfolio reviews, regional meetings, and other external USAID presentations.

F. Reviewing and Updating the PMP

The PMP serves as a “living” document that the RDM/A ID Program team uses to guide its performance management efforts. As such, it is updated as necessary to reflect changes in strategy and/or activities. PMP implementation is therefore not a one-time occurrence, but rather an ongoing process of review, revision, and re-implementation. The PMP is reviewed and revised at least annually and as necessary. This is done during the annual portfolio review. When reviewing the PMP, the RDM/A ID Program team considers the following issues:

- Are the performance indicators measuring the intended result?
- Are the performance indicators providing the information needed?
 - How can the PMP be improved?

If the RDM/A ID Program team makes major changes to the PMP regarding indicators or data sources, then the rationale for adjustments are documented. For changes in minor PMP elements, such as indicator definition or responsible individual, the PMP is updated to reflect the changes, but without the rationale.

Appendix A: Reporting Requirements by Partner

Appendix A: Reporting Requirements by Partner

**Appendix A:
Reporting Requirements by Partner**

Partner Organizations	Malaria Indicators																							
	1.1a	1.1b	1.1c	2.1a	2.1b	2.1c	2.2a	2.2b	2.2c	2.2d	3.1a	3.1b	3.1c	3.1d	3.1e	3.1f	3.2a	3.2b	3.2c	3.3a	4.1a	4.1b	4.2a	4.2b
KIA	x	x		x				x	x						x					x	x			
ACT Malaria				x																x	x			
Malaria Consortium																								
MEASURE Evaluation																	x		x					
URC	x			x		x	x	x	x															
MSH																			x	x				
USP										x	x			x						x	x	x		
WHO				x		x											x		x	x	x	x	x	x
CDC																			x	x				

Appendix A: Reporting Requirements by Partner

Partner Organizations	TB Indicators																			
	2.1a	2.1b	2.1c	2.1d	2.1e	2.1f	2.2a	2.2b	2.2c	2.2d	2.3a	2.3b	3.1a	3.1b	3.2a	3.2b	3.3a	4.1a	4.1b	4.1c
WHO	x	x	x	x	x	x	x	x	x	x		x	x	x					x	
CDC							x				x	x					x	X		
MSH					x															x
USP															x	x		x	X	

Partner Organizations	OPHT Indicators							
	2.1a	2.1b	3.1a	3.1b	3.1c	3.2a	4.1a	4.1b
WHO Dengue	x	x	x	x			x	x
CDC Leishmaniasis						x		
CDC OPHT				x	x			

Appendix B: Reporting by Country

Appendix B: Reporting by Country

Appendix B: Reporting by Country

Countries	Malaria Indicators																											
	1.1a	1.1b	1.1c	2.1a	2.1b	2.1c	2.2a	2.2b	2.2c	2.2d	3.1a	3.1b	3.1c	3.1d	3.1e	3.1f	3.2a	3.2b	3.2c	3.3a	4.1a	4.1b	4.2a	4.2b	4.3a	4.3b	5.1a	5.1b
Bangladesh				x																	x	x				x	x	x
Burma	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Cambodia	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
China	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Indonesia				x																	x	x				x	x	x
Lao PDR	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Malaysia				x																	x	x				x	x	x
Philippines				x																	x	x				x	x	x
Thailand	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Vietnam	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Appendix B: Reporting by Country

Countries		TB Indicators																											
	2.1a	2.1b	2.2a	2.2b	2.2c	2.3a	2.3b	2.3c	2.4a	2.4b	3.1a	3.1b	3.1c	3.2a	3.2b	3.2d	3.2e	3.3a	4.1a	4.1b	4.1c	4.1d	4.2a	4.2b	4.2c	4.3a	4.3b	5.1a	5.1b
Bangladesh	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Burma	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Cambodia	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
China	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
India	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Indonesia	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Mongolia*																													
Laos	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Philippines	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Thailand	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Vietnam	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

*Report context indicators only for Mongolia

Countries	OPHT Indicators								
	2.1a	2.1b	3.1a	3.1b	3.1c	3.2a	4.1a	4.1b	4.2a
Bangladesh						x			
Burma	x	x	x	x	x	x	x	x	x
Cambodia	x	x	x	x	x	x	x	x	x
China	x	x	x	x	x	x	x	x	x
Lao PDR	x	x	x	x	x	x	x	x	x
Thailand	x	x	x	x	x	x	x	x	x
Vietnam	x	x	x	x	x	x	x	x	x

Appendix C: Malaria Reference Sheets

Appendix C:
Performance Indicator Reference Sheets

Malaria Indicator: Annual incidence rate of confirmed malaria cases (/100,000 population)
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: N/A – context level indicator
Name of Sub-Intermediate Result: N/A – context level indicator
Geographic Focus: Burma, Cambodia, China, Laos, Thailand and Vietnam
Is This an Annual Report Indicator? No ___ Yes ___, for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The number of confirmed malaria cases, both severe and uncomplicated, per 100,000 population as determined by country HMIS or its equivalence. - Confirmed: laboratory evidence of malaria infection, can be by microscopy or use of RDTs - Severe malaria: malaria infection complicated by organ failure such as cerebral malaria, severe anemia, hemoglobinuria, pulmonary edema, etc. fulfilling the WHO definition (http://www.searo.who.int/en/Section10/Section21/Section1365/Section1980.htm) or alternative definition according determined by national malaria program
Unit of Measure: number of cases per 100,000 population per year
Disaggregated by: First by country, then age < 5, and age > 5, and then by sex.
Justification & Management Utility: Allows programs to track changes in malaria incidence and gauge impact.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): WHO and MOH reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): A significant percentage of malaria cases may not seek care in public sector facilities, and thus go unreported. The malaria incidence, therefore, is frequently under-estimated.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: Data reviewed and discussed by interested parties for accuracy.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria SO Indicator 1: Slide positivity rate at USAID-funded sentinel sites (disaggregated by country)
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: N/A – SO indicator
Name of Sub-Intermediate Result: N/A – SO indicator
Geographic Focus: Burma, Cambodia, China, Laos, Thailand and Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☒ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): The percentage of slides found to be positive for malaria out of all slides from febrile patients. Numerator: number of blood smears positive for malaria Denominator: number of blood smears, both from passive and active case detection - Positive for malaria: identification of malaria parasite by microscopy
Unit of Measure: percentage of slides
Disaggregated by: First by country, then age < 5, and age > 5, and then by sex.
Justification & Management Utility: Allows programs to track changes in malaria burden and gauge impact of prevention and treatment activities.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): program reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): Multiple slides may be prepared and tested from a single patient visit or hospitalization. If this is the case, reporting entities need to make efforts to minimize double counting. In addition, in high transmission zones, evidence of parasitemia on microscopy may not reflect actual etiology of febrile illness, as the tested patient may have a sub-clinical parasitemia.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: Data reviewed and discussed by interested parties for accuracy.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria SO Indicator 2: Case fatality rate for severe malaria
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: N/A – SO indicator
Name of Sub-Intermediate Result: N/A – SO indicator
Geographic Focus: Burma, Cambodia, China, Laos, Thailand and Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☒ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): The percentage of cases of severe malaria that are confirmed and lead to death across a country. Numerator: number of deaths due to confirmed malaria Denominator: number of cases of severe malaria - Confirmed: with laboratory test for parasite based evidence of malaria infection, can be by either microscopy or use of RDTs - Severe malaria: malaria infection complicated by organ failure such as cerebral malaria, severe anemia, hemoglobinuria, pulmonary edema, etc. according to WHO definition (http://www.searo.who.int/en/Section10/Section21/Section1365/Section1980.htm) or alternative definition according determined by national malaria program.
Unit of Measure: percentage of cases
Disaggregated by: First by country, then age < 5, and age > 5, and then by sex.
Justification & Management Utility: This indicator tracks deaths due to malaria within the health system. This indicator serves as a measure of the health system's ability to treat severe malaria appropriately.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): program reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): All malaria cases may not seek care in public sector facilities causing the reported malaria case fatality rate to not reflect reality.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: Data reviewed and discussed by interested parties for accuracy.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Name of Malaria Indicator 1.1a: Number of individuals in USAID-targeted areas receiving malaria prevention and treatment education not through mass media
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 1 Access increased to prevention interventions
Name of Sub-Intermediate Result: MIR 1.1 Increased use of malaria prevention measures
Geographic Focus: Burma, Cambodia, China, Laos, Thailand and Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - Total number of individuals in USAID-targeted areas receiving malaria prevention and treatment education in person and in a formal or standardized manner (not at the bedside) from a health professional, a health educator, or a community health worker and not through mass media. - Mass media: TV, radio, posters/billboards, published material - Malaria prevention and treatment education: Behavioral change and communication messages intended to educate individuals about malaria prevention and control
Unit of Measure: Number of individuals
Disaggregated by: country; sex
Justification & Management Utility: This indicator measures the extent to which malaria prevention and treatment education messages are reaching the intended audiences and can be used to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator is a process indicator and does not measure how well the malaria prevention and education messages are adopted by intended audiences or subsequent behavior change. Also individuals may be double-counted, within a partner's activities, or across multiple partners, so they are requested to take measures to track and reduce this.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 1.1b: Number of LLINs distributed that were purchased or subsidized with USAID support (by partner) (F-plan)
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 1 Access increased to prevention interventions
Name of Sub-Intermediate Result: MIR1.1 Increased use of malaria prevention measures
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Total number of Long-lasting insecticide-treated nets (LLIN) distributed that were purchased or subsidized with USAID support disaggregated by partner.
Unit of Measure: Number of LLINs
Disaggregated by: First by implementing partner distributing LLIN
Justification & Management Utility: This indicator measures the number of LLINs distributed. Programs can use this indicator to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures the number of LLIN distributed, it does not measure the appropriate utilization of LLIN, or the efficacious allocation of LLIN to appropriate individuals within target areas.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 1.1c: Number of ITNs re-impregnated with USAID support (by partner)
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 1 Access increased to prevention interventions
Name of Sub-Intermediate Result: MIR 1.1 Increased use of malaria prevention measures
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Total number of ITNs re-impregnated with insecticide during the reporting period with USAID support disaggregated by partner. This includes ITHN (Insecticide Treated Hammock Nets)
Unit of Measure: Number of ITNs
Disaggregated by: First by implementing partner re-impregnating ITN
Justification & Management Utility: This indicator measures the number of ITNs re-impregnated with USAID support. Programs can use this indicator to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures the number of ITNs re-impregnated, it does not measure the proportion of ITNs that were re-impregnated, nor whether they are utilized correctly.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 2.1a: Number of health care staff trained in malaria case management with USAID funds (disaggregated by private, public, and type of provider) (F-plan)
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: MIR 2.1 Improved case management for malaria
Geographic Focus: Bangladesh, Burma, Cambodia, China, Indonesia, Laos, Malaysia, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - Total number of healthcare staff trained in malaria case management with USAID funds. - Malaria case management: diagnosis (including malaria microscopy quality assurance) and treatment of suspected malaria cases according to national and supranational guidelines
Unit of Measure: number of individual health care providers
Disaggregated by: First by country; then by public and private sector providers, and then by type of provider (pharmacists, nurses, physicians, community health workers), and lastly by sex.
Justification & Management Utility: This indicator allows programs to measure and track the number of providers trained in malaria case management, and their breakdown by sector and provider type. Programs can use these numbers to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): Measurement of individuals trained serves as a process indicator, and does not reflect actual retention and behavior change, the desired outputs and outcomes. Additionally variations in training duration, intensity, appropriateness, efficacy, and repetition are not captured.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to individuals attending repeat training sessions.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 2.1b: Percentage of malaria-suspected patients that undergo parasite-based laboratory examination at USAID-assisted service delivery points
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result MIR 2.1 Improved case management for malaria
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Numerator: Number of patients with suspected malaria that undergo parasite-based laboratory examination at facilities supported by USAID Denominator: Total number of patients with suspected malaria at facilities supported by USAID - Parasite-based laboratory exam: testing of patient's blood by microscopy, or by RDT to determine whether the patient has malaria parasites in their blood
Unit of Measure: Number of outpatients
Disaggregated by: First by age < 5, and age > 5, and then by sex.
Justification & Management Utility: Prompt diagnosis and treatment of malaria are key in responding effectively to the disease. Parasite-based laboratory examination is a method for diagnosing malaria that allows the rational and cost-effective use of ACTs. Programs can use this indicator to track trends, and to justify program adjustment
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures the number of out-patient suspected malaria cases that undergo parasite-based laboratory examination which may fluctuate with malaria incidence. This indicator does not measure if parasite-based laboratory examination is used appropriately, or if negative results are trusted by clinicians. Additionally, multiple slides may be collected per patient so the number of slides cannot be used as a proxy for this indicator.
Actions Taken or Planned to Address Data Limitations: Partners are requested to report number of patients that undergo a parasite-based laboratory examination, not number of slides read.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 2.1c: Number of countries with an RDT quality control program in USAID target areas
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result MIR 2.1 Improved case management for malaria
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): This is a level indicator measuring the degree to which a country has implemented an RDT quality control program in USAID target areas. - Level 1: no quality control program implemented - Level 2: occasional random sampling for comparison of RDT results with positive control wells and/or expert microscopy - Level 3: quality control performed according to WHO guidelines at procurement and prior to distribution of RDTs to the field (http://www.wpro.who.int/NR/rdonlyres/B5446BF5-BCFA-427D-B9FE-CEA57D36B92B/0/RDTQCMethodsManualV4final3WEBVERSION.pdf) - Level 4: quality control performed according to Level 3 plus scheduled sampling for comparisons of RDT results with positive control wells and/or expert microscopy. - Positive control wells—comparison tests containing recombinant malaria parasite antigen used to test RDTs in the field.
Unit of Measure: level indicator
Disaggregated by: by level
Justification & Management Utility: Prompt diagnosis and treatment of malaria are key in responding effectively to the disease. RDTs offer a rapid and convenient method to test for malaria, but to assure accuracy, their effectiveness must be monitored through a quality control program.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures the number of countries implementing a quality control program for RDTs by level. It does not measure if the program assesses quality frequently or throughout the USAID target area.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 2.2a: Percentage of USAID-assisted service delivery points that have first -line ACTs available according to national guidelines
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: MIR 2.2 Strengthen the rational use of first-line ACT
Geographic Focus: Burma, Cambodia, China, Laos, Thailand and Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Numerator: Total number of USAID-assisted service delivery points that have first line ACTs available according to national guidelines Denominator: number of USAID-assisted service delivery points - First-line ACT: ACT (Artemisinin Combination Therapy) regimen of choice used to treat uncomplicated cases of falciparum malaria as specified by national guidelines. - Service delivery point: Public or private health facilities, pharmacies or other points of care
Unit of Measure: Percentage of service delivery points
Disaggregated by: country; type of service delivery point
Justification & Management Utility: The availability of anti-malarial drugs is essential in ensuring that newly diagnosed patients can be treated promptly and effectively. This indicator measures the extent to which service delivery points are able to provide ACTs per national guidelines. .
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures ACT availability at the time of measurement, it does not measure if supplies are adequate and stored appropriately.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Malaria Indicator 2.2b: Number of USAID-assisted service delivery points experiencing stock-outs of specific malaria tracer drugs (F-plan)
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: MIR 2.2 Strengthen the rational use of first-line ACT
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The number of USAID-assisted service delivery points filling prescriptions that experienced a stock-out of first line medications or other tracer drugs for malaria. - First-line medications: antimalarial drug of choice used to treat uncomplicated cases of malaria as determined by national and supranational prescribing policy. - Stock-out—the inability to fill prescriptions for malaria desired by patients on the day of their clinic visit due to a lack of malaria medications - Service delivery point: public or private health facilities, pharmacies or other points of care
Unit of Measure: number of service delivery points (e.g. clinic, pharmacy)
Disaggregated by: country; type of service delivery point;
Justification & Management Utility: This indicator allows programs to identify service units unable to fulfill the demand for malaria pharmaceuticals. Programs can use this indicator to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not reflect the frequency or length of stock-outs.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Malaria Indicator 2.2c: Percentage of patients with falciparum malaria treated with first-line ACT according to national guidelines in USAID-assisted service delivery points
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: MIR 2.2: Strengthen the rational use of first-line ACT
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Numerator: The total number of falciparum malaria patients treated with first-line ACT according to national guidelines in USAID-assisted service delivery points Denominator: total number of uncomplicated malaria patients treated in USAID-assisted service delivery points - First-line ACT: ACT (Artemisinin Combination Therapy) regimen of choice used to treat uncomplicated cases of falciparum malaria as specified by national guidelines. - Service delivery point: public or private health facilities, pharmacies or other points of care
Unit of Measure: Number of patients
Disaggregated by: First by age < 5, and age > 5, and then by sex.
Justification & Management Utility: Prompt treatment with ACTs is key in effectively combating malaria. This indicator measure the extent to which USAID-assisted service delivery points are treating malaria patients with first line ACTs according to national guidelines. Programs can use this indicator to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures the percentage of patients treated with ACTs according to national guidelines, it does not measure if patients are treated appropriately with ACTs (either with the correct dosage, or based on clear laboratory evidence).
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 2.2d: Number of sites participating in external quality control of ACT samples
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 2: Access increased to prevention interventions
Name of Sub-Intermediate Result: MIR 2.2 Strengthen the rational use of first-line ACT
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The number of USAID-assisted sites where ACT samples are sent to laboratories and there is an external assessment of compliance with national or international quality standards. - Sites: public or private health facilities
Unit of Measure: Number of sites
Disaggregated by: country
Justification & Management Utility: This measures whether sites are participating in external quality control of their ACT stock and helps ensure that drugs of adequate quality are being provided in the region. Programs can use this indicator to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): TBD
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 3.1a: Number of active USAID-assisted sentinel sites for monitoring anti-malarial drug quality
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result MIR 3.1 Improved surveillance for drug-resistant malaria
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☒ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of active USAID-assisted sentinel sites for monitoring anti-malarial drug quality (F-plan). - For a site to be active it must collect samples and record anti-malarial drug quality data at least once during the last year using a drug testing kit such as the GPHF-minilab kit (http://www.gphf.org/web/en/minilab/index.htm). - Site: an administrative unit charged with regularly collecting and compiling anti-malarial drug data from at least one pharmaceutical service delivery point. - Sites do not have to conduct quality analyses themselves and may use a central laboratory.
Unit of Measure: number of individual sites
Disaggregated by: country
Justification & Management Utility: This indicator allows programs to measure the number of active sites monitoring anti-malarial drug quality in order to track trends and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures the number of active sites - it does not capture the efficiency or intensity of surveillance, the use of appropriate levels of technical expertise, or the effective and strategic geographic dispersal of sites.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 3.1b: Number of active USAID-assisted sentinel sites for monitoring anti-malarial drug efficacy
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result: MIR 3.1 Improved surveillance for drug-resistant malaria
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☒ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of active USAID-assisted sentinel sites for monitoring anti-malarial drug efficacy (F-plan). - For a site to be active it must be used to enroll individuals in an in vivo anti-malarial drug efficacy study at least once during the last 12 months. - Site: an administrative unit that serves to generate anti-malarial drug efficacy data - Sites do not have to conduct efficacy analyses themselves and may use a central laboratory.
Unit of Measure: number of individual sites
Disaggregated by: country
Justification & Management Utility: This indicator allows programs to measure the number of active sites monitoring anti-malarial drug efficacy in order to track trends and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures the number of active sites - it does not capture the efficiency or intensity of surveillance, the use of appropriate levels of technical expertise, or the effective and strategic geographic dispersal of sites.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Malaria Indicator 3.1c: Number of reports disseminated based on sentinel site monitoring of anti-malarial drug quality
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result: MIR 3.1 Improved surveillance for drug-resistant malaria
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - Total number of NMCP or MOH reports that cite anti-malarial drug quality data from USAID-assisted sentinel sites - Report: the compilation and analysis of drug quality data to provide feedback and trends to facilities within the country - Disseminated: reports should be distributed to the majority of partners and Ministry of Health administrative facilities, the WHO, and USAID.
Unit of Measure: number of reports
Disaggregated by: country
Justification & Management Utility: This indicator evaluates the extent to which the Ministry of Health uses and disseminates sentinel site data on anti-malarial drug quality
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures if data is disseminated, it does not capture whether program decisions are made based on anti-malarial drug quality data from sentinel sites
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Malaria Indicator 3.1d: Number of people trained in anti-malarial drug efficacy monitoring with USAID funds
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result: MIR 3.1 Improved surveillance for drug-resistant malaria
Geographic Focus: Burma, Cambodia, China, Laos, Thailand and Vietnam
Is This an Annual Report Indicator? No <u> *</u> Yes <u> </u> , for Reporting Year(s) <u> </u>
DESCRIPTION
Precise Definition(s): - The total number of people trained in anti-malarial drug efficacy monitoring with USAID funds. - Anti-malarial drug efficacy monitoring: WHO therapeutic efficacy study (TES), in vitro drug sensitivity assays, molecular surveillance, data analyses and other methodologies related to antimalarial drug efficacy. People receiving training in more than one area during the reporting period will be counted only once.
Unit of Measure: number of individuals trained
Disaggregated by: country; sex.
Justification & Management Utility: This indicator allows programs to measure the manpower capacity to monitor drug efficacy in order to track trends and justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): Measurement of individuals trained serves as a process indicator, and does not reflect actual retention and behavior change, the desired outputs and outcomes. Additionally variations in training duration, intensity, appropriateness, efficacy, and repetition are not captured.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to individuals attending repeat training sessions.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Malaria Indicator 3.1e: Number of people trained in anti-malarial drug quality monitoring with USAID funds
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result MIR 3.1 Improved surveillance for drug-resistant malaria
Geographic Focus: Burma, Cambodia, China, Laos, Thailand and Vietnam
Is This an Annual Report Indicator? No <u> *</u> Yes <u> </u> , for Reporting Year(s) <u> </u>
DESCRIPTION
Precise Definition(s): - The total number of people trained in anti-malarial drug quality monitoring with USAID funds. - Anti-malarial drug quality monitoring: surveillance, quality testing, lot quality assurance, good laboratory practices (GLP), results reporting, database creation and maintenance as well as other activities related to anti-malarial drug quality - People receiving training in more than one area during the reporting period will be counted only once.
Unit of Measure: number of individuals trained
Disaggregated by: country; sex
Justification & Management Utility: This indicator allows programs to measure the number of personnel being trained to monitor anti-malarial drug quality in order to track trends and justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): Measurement of individuals trained serves as a process indicator, and does not reflect actual retention and behavior change, the desired outputs and outcomes. Additionally variations in training duration, intensity, appropriateness, efficacy, and repetition are not captured.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to individuals attending repeat training sessions.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/IA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Malaria Indicator 3.1f: Number of sites in USAID target areas submitting blood samples to a lab for molecular surveillance of anti-malarial drug resistance
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result MIR 3.1 Improved surveillance for drug-resistant malaria
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Total number of sites in USAID-targeted areas where blood samples are collected and submitted to a lab for molecular assays for of anti-malarial drug resistance.
Unit of Measure: Number of sites
Disaggregated by: country;
Justification & Management Utility: Successful treatment of malaria is dependent on the availability of efficacious drugs. Molecular assays for resistance can help inform national drug policy in addition to monitoring the spread of resistance.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): TBD
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Malaria Indicator 3.2a: Number of USAID-assisted countries that have developed an M&E plan for their national malaria control program
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result MIR 3.2 Existence and use of M&E plans for program management
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of countries whose national malaria control program is assisted with USAID support that have developed a Monitoring & Evaluation plan for their national malaria program - Monitoring & Evaluation plan: the country has a guide or manual describing monitoring and evaluation guidelines and processes for the national malaria control program; this includes a national malaria M&E framework, definitions of indicators, baseline values, target values, frequency of reporting, and the identification of responsible parties. Additionally, the country is collecting data regularly during the reporting period according to the guidelines.
Unit of Measure: number of countries
Disaggregated by: None
Justification & Management Utility: This indicator allows USAID to measure and track the NMCP's commitment and formalization of M&E Activities.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): The indicator measures the existence of an M&E plan; it does not capture the completeness or the use of the M&E plan.
Actions Taken or Planned to Address Data Limitations: TBD.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Malaria Indicator 3.2b: Number of USAID-assisted malaria projects that have developed an M&E plan for their activities
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result: MIR 3.2 Existence and use of M&E plans for program management
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of USAID-assisted malaria projects that have developed a Monitoring & Evaluation plan for their activities - Projects: a collection of activities aimed at achieving similar or related results, these can be aggregated at the partner or sub-grantee level - Monitoring & Evaluation plan: the country has a guide or manual describing monitoring and evaluation guidelines and processes for the national malaria control program; this includes M&E framework, definitions of indicators, baseline values, target values, frequency of reporting, and the identification of responsible parties. Additionally, the program is collecting data regularly during the reporting period according to the guidelines.
Unit of Measure: number of projects
Disaggregated by: by specific organization/program.
Justification & Management Utility: This indicator allows USAID to measure commitment to M&E activity at the project level. Programs can use this indicator to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): The indicator measures the existence of an M&E plan; it does not capture the completeness or the use of the M&E plan.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Malaria Indicator 3.2c: Number of organizations provided with malaria strategic information technical assistance with USAID support
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result: MIR 3.2 Existence and use of M&E plans for program management
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of organizations provided with malaria strategic information technical assistance with USAID support. - Organizations: an entity such as a disease program, government health department or division, NGOs, recognized by USAID (this includes already existing USAID partners) - provided with malaria strategic information technical assistance: provided with instruction and feedback regarding malaria monitoring and evaluation, surveillance, surveys, special studies, evidence-based decision making and quality improvement by USAID or its partners.
Unit of Measure: number of organizations
Disaggregated by: USAID implementing partner or other organizations.
Justification & Management Utility: This indicator measures the number of organizations receiving technically sound instruction for building malaria strategic information systems. Programs can use this indicator to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): Measurement of organizations receiving malaria technical assistance serves as a process indicator, and does not reflect actual adoption of technical advice, the desired output. Additionally, variations in technical assistance intensity, appropriateness, efficacy, and repetition are not captured.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to organizations receiving malaria technical assistance from multiple USAID funded agencies, and to differentiate between the implementing partners and other organizations that may be receiving technical assistance.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 3.3a: Number of special studies relating to malaria conducted with USAID support
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result: MIR 3.3 Existence of an operational research agenda that contributes to improved understanding of malaria control
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of special studies relating to malaria conducted during the reporting period. - Special studies: special projects aimed at evaluating and improving malaria program activities that are beyond regular and periodic trouble shooting and/or quality improvement, this includes formal research, applied research, and operations research.
Unit of Measure: number of studies
Disaggregated by: country
Justification & Management Utility: This indicator measures and tracks the number of special studies relating to malaria conducted with USAID support.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures the existence of special studies relating to malaria; it does not capture their appropriateness, validity, or translation into practice.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 4.1a: Number of supranational malaria-related networks that met at least once during the past 6 months with USAID support
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result MIR 4.1 Strengthened supranational networks for malaria control
Geographic Focus: Bangladesh, Burma, Cambodia, China, Indonesia, Laos, Malaysia, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of supranational malaria-related networks that held at least one meeting during the past year with USAID support. - Supranational malaria-related networks include ACTMalaria, ANEQAM, and other institutions or groups that organize individuals and programs within the region around malaria prevention and control.
Unit of Measure: Number of networks
Disaggregated by: None
Justification & Management Utility: This indicator measures the number of malaria-related disease networks that are active and meet regularly. This fosters communication, the sharing of knowledge and best-practices, and cooperation on activities.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator captures whether malaria-related disease networks met, but does not measure the effectiveness of the meetings, or the resulting actions/products.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 4.1b: Number of organizations provided with malaria program implementation technical assistance with USAID support
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result MIR 4.1 Strengthened supranational networks for malaria control
Geographic Focus: Bangladesh, Burma, Cambodia, China, Indonesia, Laos, Malaysia, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Total number of organizations provided with technical assistance for the implementation of malaria prevention and control programs.
Unit of Measure: Number of organizations
Disaggregated by: country
Justification & Management Utility: This indicator measures the support that is being provided to allow organizations to more effectively implement programs for malaria prevention and control.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures program implementation support but not the appropriateness of the TA given. In addition, different partners may report providing TA for program implementation to the same organizations, thereby causing double counting.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to organizations receiving TA from multiple USAID partners.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 4.2a: Number of organizations provided with malaria policy development, technical assistance with USAID support
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result MIR 4.2 Increased use of strategic information for policy-making
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Total number of organizations provided with technical assistance for the development of policies, laws, regulations, or guidelines for the prevention and control of malaria with USAID support.
Unit of Measure: Number of organizations
Disaggregated by: country
Justification & Management Utility: This indicator monitors the support that is being provided to allow organizations to more effectively develop policies for the prevention and control of malaria.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures policy development support but not the appropriateness of the policies developed by organizations assisted by USAID or the effectiveness of their implementation. In addition, different partners may report providing TA for policy development to the same organizations, thereby causing double counting.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to organizations receiving TA from multiple USAID partners.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
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Appendix C: Malaria Reference Sheets

Malaria Indicator 4.2b: Number of countries whose national malaria case management protocols are reviewed or updated by the NMCP within the last 12 months to be in line with the country's drug efficacy monitoring and surveillance data.
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result: MIR 4.2 Increased use of strategic information for policy making
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☒ *, for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): The total number of countries whose national malaria case management protocols are reviewed or updated within the last 12 months to be in line with the country's drug efficacy monitoring and surveillance data coming from USAID-assisted sentinel sites Surveillance data: general epidemiologic data and/or drug quality data from sentinel sites.
Unit of Measure: number of countries
Disaggregated by: None
Justification & Management Utility: This indicator measures the extent to which drug efficacy and/or surveillance data is reviewed or updated to justify national malaria case management policy. Programs can use this indicator to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the appropriateness of national malaria case management protocols, or the validity of surveillance data.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
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Appendix C: Malaria Reference Sheets

Malaria Indicator 4.3a: Number of organizations provided with technical assistance for Global Fund malaria proposal development and/or implementation with USAID support
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result: MIR 4.3 Evidence of leveraged funding from non-USAID sources
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Total number of organizations provided with technical assistance through USAID support that helps develop Global Fund malaria proposals and/or aids in their implementation. Organization: potential or existing recipient of Global Fund grants provided with USAID support for malaria prevention and control
Unit of Measure: Number of organizations
Disaggregated by: country
Justification & Management Utility: This indicator allows for monitoring of the support that is being provided to organizations to more effectively leverage resources for malaria prevention and control from the Global Fund. Programs can use this indicator to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the quality of the proposals developed or the effectiveness of their implementation.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 4.3b: For USAID funded malaria projects receiving 10-50% of their budget from non-US government sources, the amount contributed in US dollars from these non-USG sources.
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR4 Enabling environment strengthened
Name of Sub-Intermediate Result: MIR4.3 Evidence of leveraged funding from non-USAID sources
Geographic Focus: Bangladesh, Burma, Cambodia, China, Indonesia, Laos, Malaysia, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ __, for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - For all USAID funded malaria projects receiving between 10 to 50% of their funding from non-US government sources, the sum of the total amount contributed from these non-US government sources. - Non-US government sources: donor organizations from other countries, local government funds such as from the MOH, international donors, non-government donor sources from the US.
Unit of Measure: number of US dollars
Disaggregated by: country
Justification & Management Utility: This indicator measures the amount of financial resources leveraged by USAID for USAID malaria projects. This measures the degree to which USAID malaria projects are able to attract funding from other sources.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: Yes
Individual(s) Responsible at USAID: Chansuda
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the extent to which leveraged funds increased program efficacy. Additionally it is not clear if leveraged funds would have been contributed anyways without USAID financial assistance.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
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Appendix C: Malaria Reference Sheets

Malaria Indicator 5.1a: Number of malaria best practices workshops conducted with USAID support
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 5 Model programs expanded and use of best practices strengthened
Name of Sub-Intermediate Result: MIR 5.1 Pilot programs expanded or scaled up
Geographic Focus: Bangladesh, Burma, Cambodia, China, Indonesia, Laos, Malaysia, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of malaria best practice workshops conducted with USAID support during the reporting period. - Best practice workshop: a meeting that disseminates knowledge of malaria prevention and control strategies with proven efficacy, or strong support from experts or published literature.
Unit of Measure: Number of workshops
Disaggregated by: country
Justification & Management Utility: This indicator measures the number of attempts to formally organize and convene participants to encourage the adoption of best-practices in malaria prevention and control.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): Measurement of workshops conducted serves as a process indicator, and does not reflect actual adoption of best-practices, the desired output. Additionally, variations in workshop intensity, appropriateness, efficacy, and repetition are not captured.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to workshops conducted jointly by multiple implementing partners.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix C: Malaria Reference Sheets

Malaria Indicator 5.1b: Number of instances in which USAID malaria pilot projects have been scaled up
Name of Strategic Objective: To prevent the development and spread of drug-resistant malaria
Name of Intermediate Result: IR 5 Model programs expanded and use of best practices strengthened
Name of Sub-Intermediate Result: MIR 5.1 Pilot programs expanded or scaled up
Geographic Focus: Bangladesh, Burma, Cambodia, China, Indonesia, Laos, Malaysia, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): The total number of instances in which USAID malaria pilot projects in one location have been scaled up
Unit of Measure: Number of instances
Disaggregated by: country
Justification & Management Utility: This indicator provides a measure of the extent to which USAID-supported model malaria programs have been expanded, and/or replicated in another context with support from national or sub-national governments, or by other donor funding.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): It may be difficult for implementing partners to collect information on scale up or replication if these projects are not tied to their activities. Additionally, this indicator does not capture the quality or the performance of the expanded programs.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Appendix D:
Performance Indicator Reference Sheets

Tuberculosis Indicator: TB prevalence (by country)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: N/A – Context indicator
Name of Sub-Intermediate Result: N/A – Context indicator
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Mongolia, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ___ Yes __*, for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The number of cases of all forms of TB in a country at a given point in time. This is expressed as the number of cases per 100,000 population and includes cases of TB in people with HIV. Prevalence can be estimated in population-based surveys, or by a calculation based on estimated incidence. Prevalence estimates for years in which surveys are not available are derived from incidence based on WHO methodology (http://www.who.int/whosis/indicators/compendium/2008/2ptt/en/) - All forms: pulmonary (smear-positive and smear-negative) and extrapulmonary TB. - Smear negative TB: According to an expert WHO group, this is a patient with at least two sputum specimens negative for AFB, radiographic abnormalities consistent with active TB, and the decision by a clinician to treat with a full course of anti-TB drugs OR a patient with AFB negative sputum smear with a culture positive for M. Tuberculosis (http://www.who.int/tb/consultation_recommendations.pdf).
Unit of Measure: number of cases per 100,000 population per year
Disaggregated by: country and HIV status
Justification & Management Utility: Allows programs to track changing TB prevalence and gauge impact.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): WHO reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): TBD
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: Data reviewed and discussed by interested parties for accuracy.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator: TB incidence (by country)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: N/A – Context indicator
Name of Sub-Intermediate Result: N/A – Context indicator
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Mongolia, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ___ Yes ___, for Reporting Year(s) _
DESCRIPTION
Precise Definition(s): - The estimated number of all forms of TB cases arising in a country in a given time period. This is expressed as the number of cases per 100,000 population per year, and includes cases of TB in people with HIV. The number is based on surveys, or annual case notifications and other data on program performance collected by WHO via annual data collection forms distributed to national TB control program by WHO offices. - All forms: pulmonary (smear-positive and smear-negative) and extrapulmonary TB. - Smear negative TB: According to an expert WHO group, this is a patient with at least two sputum specimens negative for AFB, radiographic abnormalities consistent with active TB, and the decision by a clinician to treat with a full course of anti-TB drugs OR a patient with AFB negative sputum smear with a culture positive for M. Tuberculosis (http://www.who.int/tb/consultation_recommendations.pdf). - Notification: the process of reporting diagnosed TB cases to WHO. This does not refer to the systems in place in some countries to inform national authorities of cases of certain "notifiable" diseases.
Unit of Measure: number of cases per 100,000 population per year
Disaggregated by: country and HIV status
Justification & Management Utility: Allows programs to track changing TB incidence and gauge impact.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): WHO reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): TBD
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: Data reviewed and discussed by interested parties for accuracy.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator: TB-associated mortality (by country)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: N/A – Context indicator
Name of Sub-Intermediate Result: N/A – Context indicator
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Mongolia, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ___ Yes ___, for Reporting Year(s) _
DESCRIPTION
Precise Definition(s): - The number of deaths due to all forms of TB in a country during a given time period. This is expressed as the number of deaths per 100,000 population per year and includes deaths in people with TB and HIV. Data is gathered from vital registries where and when available, or calculated from incidence estimates and case fatality rates according to WHO methodology. - All forms: pulmonary (smear-positive and smear-negative) and extra pulmonary TB. - Smear negative TB: According to an expert WHO group, this is a patient with at least two sputum specimens negative for AFB, radiographic abnormalities consistent with active TB, and the decision by a clinician to treat with a full course of anti-TB drugs OR a patient with AFB negative sputum smear with a culture positive for M. Tuberculosis (http://www.who.int/tb/consultation_recommendations.pdf).
Unit of Measure: number of deaths per 100,000 population per year
Disaggregated by: country and HIV status
Justification & Management Utility: Allows programs to track changing TB mortality and gauge impact.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): WHO reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): TBD
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: Data reviewed and discussed by interested parties for accuracy.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis SO Indicator 1: TB case detection rate (disaggregated by country) (F-plan)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: N/A – SO indicator
Name of Sub-Intermediate Result: N/A – SO indicator
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ___ Yes __*, for Reporting Year(s) _
DESCRIPTION
Precise Definition(s): This is a Stop TB indicator. It is the percentage of TB cases detected among the total number of TB cases estimated to occur countrywide each year. Numerator: Number of new smear-positive TB cases detected under DOTS Denominator: Estimated number of new smear-positive TB cases countrywide If the DOTS specific detection rate is not available, the all forms rate (number of new TB cases detected/estimated number of new TB cases countrywide) or smear positive case detection rate (number of new smear positive TB cases detected/ estimated number of new smear positive TB cases countrywide) can be reported.
Unit of Measure: percentage of cases
Disaggregated by: country
Justification & Management Utility: Allows programs to track changes in case detection rate which facilitates treatment and the subsequent control of disease spread. High detection rates indicate adequate clinical and laboratory resources for TB diagnosis.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): WHO reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): The indicator can be calculated only at the national level and annually.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: Data reviewed and discussed by interested parties for accuracy.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis SO Indicator 2: Treatment success rate (disaggregated by country) (F-plan)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: N/A – SO indicator
Name of Sub-Intermediate Result: N/A – SO indicator
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ___ Yes __*, for Reporting Year(s) _
DESCRIPTION
Precise Definition(s): This is a Stop TB indicator. It is the percentage of TB cases registered in a specified period that were cured or that successfully completed treatment. Numerator: Number of new smear-positive pulmonary TB cases registered in a specified period that were cured plus the number that completed treatment Denominator: Total number of new smear-positive pulmonary TB cases registered in the same period - Cured: bacteriologic evidence of success - Treatment completed: finished treatment but no bacteriologic evidence that infection has cleared
Unit of Measure: percentage of cases
Disaggregated by: country
Justification & Management Utility: Allows programs to track changes in treatment success rate which facilitates control of disease spread. High treatment success measures a desired outcome and indicates adequate drug supply, continuity of care, and a receptive environment for patients.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): WHO reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): The indicator does not measure patient outcomes, and cannot gauge relapse.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: Data reviewed and discussed by interested parties for accuracy.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Tuberculosis SO Indicator 3: DOTS Coverage (disaggregated by country)	
Name of Strategic Objective:	To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result:	N/A – SO indicator
Name of Sub-Intermediate Result:	N/A – SO indicator
Geographic Focus:	Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator?	No ___ Yes __*, for Reporting Year(s) _____
DESCRIPTION	
Precise Definition(s): This is a Stop TB indicator. It is the percentage of the population living in the area of basic management implementing the DOTS strategy. • Numerator: Population living in the area of basic management units implementing the DOTS strategy • Denominator: Total population • Implementing DOTS includes: - o Political commitment - o Uninterrupted drug supply - o Use of smear microscopy in diagnosing TB cases - o Standardized short-course treatment regimens - o Direct observation of treatment - o Monitoring of treatment outcomes for 100% of patients with TB.	
Unit of Measure:	percentage of population
Disaggregated by:	country
Justification & Management Utility: Allows programs to track changes in DOTS coverage, one of the factors that determine access to care for TB. The goal is 100% coverage.	
PLAN FOR DATA ACQUISITION BY USAID	
Data Collection Method:	program reports
Data Source(s):	WHO reports
Method of Data Acquisition by USAID:	program reports to USAID
Frequency and Timing of Data Acquisition by USAID:	annually
Budget Mechanism:	N/A
Individual(s) Responsible at USAID:	Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID:	implementing partners
Location of Data Storage:	USAID
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment:	2009
Known Data Limitations and Significance (if any): The indicator does not measure access, as geographical distance or financial barriers to receiving care from DOTS implementing units are not assessed.	
Actions Taken or Planned to Address Data Limitations: TBD	
Date(s) of Future Data Quality Assessments:	2010
Procedures for Future Data Quality Assessments: Data reviewed and discussed by interested parties for accuracy.	
OTHER NOTES	
Notes on Baselines/Targets:	
Other Notes:	
PERFORMANCE INDICATOR VALUES (See Annex?)	
THIS SHEET LAST UPDATED ON: 04/25/2009	

Appendix D: TB Reference Sheets

Tuberculosis SO Indicator 4: Percent of TB cases determined to be MDR/TB in the past year (disaggregated by country)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: N/A – SO indicator
Name of Sub-Intermediate Result: N/A – SO indicator
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ___ Yes __*, for Reporting Year(s) _
DESCRIPTION
Precise Definition(s): The percentage of registered TB cases that are identified to be MDR/TB during the past year. Numerator: Number of MDR-TB cases registered in the past year Denominator: Total number of TB cases registered in the past year
Unit of Measure: percentage of cases
Disaggregated by: country
Justification & Management Utility: This indicator measures the proportion of MDR/TB amongst registered TB cases. This is important, as many Asian countries have a large MDR/TB case burden, and rising resistance threatens control efforts.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): WHO or MOH reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): The indicator measures the identification of MDR/TB amongst registered TB cases. It is not clear if an adequate number of registered cases are being followed and tested for MDR/TB to ensure the percentage reflects the actual rate in this population.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: Data reviewed and discussed by interested parties for accuracy.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Tuberculosis Indicator 2.1a: Number of individuals trained in TB laboratory diagnosis with USAID funds (disaggregated by country, private, public and type of laboratory)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: TIR2.1 Improved TB case management and DOTS implementation
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - The total number of people trained in TB laboratory diagnosis with USAID funds. - Trained in TB laboratory diagnosis: Training in acid-fast bacilli microscopy, or other techniques such as drug susceptibility testing - People receiving training in more than one area during the reporting period will be counted only once.
Unit of Measure: number of individuals trained
Disaggregated by: country, private or public, and type of laboratory
Justification & Management Utility: This indicator allows programs to measure and track the number of individuals trained in TB laboratory skills with their breakdown by sector. Programs can use these numbers to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): TBD
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Tuberculosis Indicator 2.1b: Percentage of USAID-supported laboratories performing TB microscopy with over 95% correct microscopy results (F-plan)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: TIR2.1 Improved TB case management and DOTS implementation
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): Numerator: Number of USAID-supported laboratories with over 95% correct microscopy results compared to external quality assurance checking by reference lab during the last quality check Denominator: Total number of laboratories evaluated during the last quality check
Unit of Measure: number of laboratories
Disaggregated by: country;
Justification & Management Utility: This indicator measures the percentage of USAID-supported laboratories with an adequately high level of correctly read microscopy slides for TB. This is a quantitative indicator that measures the performance (quality) of laboratory smear microscopy services. It is expected that laboratories performing TB microscopy should provide over 95% correct results when compared to the external quality assurance performed by the reference lab.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): TBD
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 2.1c: Number of health care staff trained in TB treatment with USAID funds (disaggregated by country, private, public, and type of provider)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: TIR2.1 Improved TB case management and DOTS implementation
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - Total number of healthcare staff trained in TB treatment with USAID funds. - TB case treatment: treatment of suspected TB cases according to national and supranational guidelines
Unit of Measure: number of individual health care providers
Disaggregated by: country, public and private sector providers, and then by type of provider (pharmacists, nurses, physicians, community health workers), and lastly by sex.
Justification & Management Utility: This indicator allows programs to measure and track the number of providers trained in TB treatment, and their breakdown by sector and provider type. Programs can use these numbers to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): Measurement of individuals trained serves as a process indicator, and does not reflect actual retention and behavior change, the desired outputs and outcomes. Additionally variations in training duration, intensity, appropriateness, efficacy, and repetition are not captured.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to individuals attending repeat training sessions.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 2.1d: Number of clinics with >85% treatment success rate for TB in USAID-targeted areas	
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV	
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment	
Name of Sub-Intermediate Result: TIR2.1 Improved TB case management and DOTS implementation	
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam	
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)	
DESCRIPTION	
Precise Definition(s): - The total number of clinics in USAID target areas with greater than 85% treatment success rate for TB. - Clinic with greater than 85% treatment success = a clinic with $\frac{\text{Number of new smear positive pulmonary TB cases registered during the present reporting period (6 months) that were cured plus the number that completed treatment}}{\text{(Total number of new smear positive pulmonary TB cases registered in the same period)}} > 85\%$	
Unit of Measure: number of clinics	
Disaggregated by: country	
Justification & Management Utility: This indicator measures the number of clinics with greater than 85% treatment success for TB. Treatment success is key in responding effectively to tuberculosis.	
PLAN FOR DATA ACQUISITION BY USAID	
Data Collection Method: program reports	
Data Source(s): USAID implementing partner reports	
Method of Data Acquisition by USAID: program reports to USAID	
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)	
Budget Mechanism: N/A	
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai	
Individual(s) Responsible for Providing Data to USAID: implementing partners	
Location of Data Storage: USAID	
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment: 2009	
Known Data Limitations and Significance (if any): Not all cases completing the regimen will be cured if there is treatment failure due to drug resistance.	
Actions Taken or Planned to Address Data Limitations: TBD	
Date(s) of Future Data Quality Assessments: 2010	
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.	
OTHER NOTES	
Notes on Baselines/Targets:	
Other Notes:	
PERFORMANCE INDICATOR VALUES (See Annex?)	
THIS SHEET LAST UPDATED ON: 04/25/2009	

Tuberculosis Indicator 2.1e: Number of USAID-assisted service delivery points experiencing stock-outs of specific TB tracer drugs (F-plan)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: TIR2.1 Improved TB case management and DOTS implementation
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The number of USAID-assisted service delivery points filling prescriptions that experienced a stock-out of first line medications or other tracer drugs for TB. - First-line medications: the first medication used to treat cases of TB as determined by national and supranational prescribing policy. - Stock-out—the inability to fill prescriptions for TB desired by patients on the day of their clinic visit due to a lack of medications - Service delivery point: public or private health facilities, pharmacies or other points of care
Unit of Measure: number of service delivery points (e.g. clinic, pharmacy)
Disaggregated by: country
Justification & Management Utility: This indicator allows programs to identify service units unable to fulfill the demand for TB pharmaceuticals. Programs can use this indicator to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not reflect the frequency or length of stock-outs.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Tuberculosis Indicator 2.1f: Number of service delivery points in USAID-targeted areas using 'binational' cards for DOTS treatment and cross-border monitoring Performance Indicator Reference Sheet
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR3 Access increased to strategic information
Name of Sub-Intermediate Result: TIR3.1 Improved monitoring of TB
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - The number of sites using standardized 'binational' cards for recording appropriate and complete DOTS implementation in migrant or border populations that cross borders to access healthcare facilities in different countries. - Service delivery points must have: - Binational cards available - Personnel aware of and capable of using the cards - A system for identifying and tracking individuals using the cards
Unit of Measure: number of sites
Disaggregated by: country
Justification & Management Utility: This indicator measures the number of sites using "binational" cards to track TB treatment in transitory populations. This is necessary to assure prompt completion of DOTS therapy in infected individuals crossing borders, which in some countries, may be significant.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the extent to which 'binational' cards are appropriately used, or if migratory patients are effectively identified.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 2.2a: Number of staff trained in MDR-TB diagnosis with USAID funds (disaggregated by country, private, public, and training site)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: TIR 2.2 Strengthened MDR TB management
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - The total number of staff members trained in MDR-TB diagnosis according to national and supra-national guidelines - Staff: doctors, nurses, laboratory technicians
Unit of Measure: number of staff
Disaggregated by: country, private trainee, public trainee, and training site
Justification & Management Utility: This indicator measures the capacity to train staff in MDR-TB diagnosis. This helps improve diagnostic capacity and can help improve TB control efforts. Disaggregation by training site will help track where individuals are receiving instruction and may help standardize trainings.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the degree in which staff is "up to date" in MDR-TB diagnosis training
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 2.2b: Number of staff trained in MDR-TB treatment with USAID funds (disaggregated by country, private, public, and training site)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: TIR 2.2 Strengthened MDR TB management
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - The total number of staff members trained in MDR-TB treatment according to national and supra-national guidelines - Staff: doctors, nurses, laboratory technicians
Unit of Measure: number of staff
Disaggregated by: country, private trainee, public trainee, and training site
Justification & Management Utility: This indicator measures the capacity to train staff in MDR-TB treatment. This helps improve diagnostic capacity and can help improve TB control efforts. Disaggregation by training site will help track where individuals are receiving instruction and may help standardize trainings.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the degree in which staff is "up to date" in MDR-TB treatment training
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Tuberculosis Indicator 2.2c: Number of countries with MDR/TB laboratory quality control standards at the national level (F-plan)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: TIR2.3 Strengthened MDR TB management
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - The total number of countries with standards (clear guidelines) at the national level established by official authorities such as the MOH or NTP for assuring and maintaining laboratory quality in the diagnosis and treatment (drug sensitivity analysis) of MDR/TB. These guidelines should correspond to those recommended by the Supra-National laboratory. SOPs are not yet available, but are in development. In general, the Supra-National laboratory will provide guidance on: - Global policy guidance on appropriate laboratory technology and best practices - Laboratory advocacy and resource mobilization - Laboratory capacity development and coordination - Interface design with other laboratory networks to ensure appropriate integration - Standardized laboratory quality assurance - Coordination of technical assistance - Effective knowledge sharing More can be found at http://www.who.int/tb/dots/laboratory/gli/en/
Unit of Measure: number of countries
Disaggregated by: None
Justification & Management Utility: This indicator measures the number of countries with laboratory quality standards for MDR/TB as this is necessary to effectively identify, treat, and control spread of MDR/TB.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the extent to which MDR/TB laboratory standards are appropriate or enforced.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Tuberculosis Indicator 2.2d: Number of countries with >90% of patients diagnosed with MDR-TB receiving appropriate second-line treatment according to national policy
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: TIR 2.2 Strengthened MDR TB management
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - The total number of countries in USAID targeted areas with greater than 90% of patients diagnosed with MDR- TB receiving appropriate second-line treatment according to national policy. - Appropriate second-line treatment: efficacious, quality treatment for MDR-TB as determined by national TB program policy
Unit of Measure: number of countries
Disaggregated by: country
Justification & Management Utility: This indicator measures the number of clinics with adequately high treatment receipt for MDR-TB
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): TBD
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 2.3a: Percent of all registered TB patients who are tested for HIV through USG-supported programs (F-plan)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: TIR 2.3 Strengthened TB/HIV diagnosis and treatment
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - Percent of all registered TB patients during the prior reporting period (6 months) who are tested for HIV Numerator: Number of registered TB patients during the prior reporting period (6 months) who are tested for HIV Denominator: Total number of registered TB patients during the prior reporting period (6 months)
Unit of Measure: number of registered TB patients
Disaggregated by: country
Justification & Management Utility: This indicator provides a measure of the extent to which TB patients are tested for HIV with USAID-support. This is an internationally recognized indicator.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the number of unregistered TB patients that may or may not be tested for HIV.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Tuberculosis Indicator 2.3b: Number of countries with operationalized TB/HIV policies and strategies developed with USAID-assistance
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: TIR 2.3 Strengthened TB/HIV diagnosis and treatment
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - The total number of countries with operationalized TB/HIV policies (clear guidelines) established with USAID assistance at the national level by official authorities such as the MOH or NTP for identifying, managing, and controlling the spread of coinfection with TB and HIV. - Guidelines for the following should be included: - Program goals - Description of human resources needed for TB/HIV - Promotion of smear microscopy as primary method for diagnosing and following pulmonary TB in HIV patients - Administration of standardized courses of chemotherapy for coinfection with TB and HIV - Recommendations for direct observation - Description of drug management system - Description of standardized recording and reporting system, according to international guidelines if they exist - Roles and responsibilities at different levels Guidelines on program management, as well as indicators for TB/HIV can be found at WHO: http://www.who.int/tb/publications/manual_for_participants.pdf and http://whqlibdoc.who.int/hq/2004/WHO_HTM_TB_2004.342.pdf.
Unit of Measure: number of countries
Disaggregated by: None
Justification & Management Utility: This indicator measures the number of countries with official operationalized policies for TB/HIV that are established with USAID support as these guidelines are necessary to guarantee a standardized, coordinated, and effective approach to controlling TB/HIV within a country.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the extent to which operationalized national TB/HIV policies are appropriate or implemented.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.

Appendix D: TB Reference Sheets

Tuberculosis Indicator 2.3b: Number of countries with operationalized TB/HIV policies and strategies developed with USAID-assistance (continued)	
OTHER NOTES	
Notes on Baselines/Targets:	
Other Notes:	
PERFORMANCE INDICATOR VALUES (See Annex?)	
THIS SHEET LAST UPDATED ON: 04/25/2009	

Appendix D: TB Reference Sheets

Tuberculosis Indicator 3.1a: TB prevalence survey performed in the last 5 years
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result: TIR 3.1 Improved monitoring of TB
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): Indicator is positive, or yes, if a TB prevalence survey has occurred within the prior 5 years.
Unit of Measure: yes= presence of TB prevalence survey, no= absence of TB prevalence survey
Disaggregated by: country
Justification & Management Utility: This indicator measures if a TB prevalence survey has occurred within the prior 5 years.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): TBD
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Tuberculosis Indicator 3.1b: Number of countries with national M&E plans for TB developed with USAID technical assistance
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result: TIR 3.1 Improved monitoring of TB
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of countries with national monitoring & evaluation plans for TB developed with USAID technical assistance during the reporting period - Monitoring & Evaluation plan: the country has a guide or manual describing monitoring and evaluation guidelines and processes for the national TB control program; this includes definitions of indicators, baseline values, target values, frequency of reporting, and the identification of responsible parties. Additionally, the country is collecting data regularly during the reporting period according to the guidelines.
Unit of Measure: number of countries
Disaggregated by: None
Justification & Management Utility: This indicator allows USAID to measure and track commitment to TB M&E. Programs can use this indicator to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): The indicator measures the existence of an M&E plan for TB; it does not capture the completeness or use of M&E plan.
Actions Taken or Planned to Address Data Limitations TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 3.2a: Number of active USAID-assisted sentinel sites for monitoring TB drug quality
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result: TIR 3.2 Monitoring of drug quality
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of active USAID-assisted sentinel sites for monitoring TB drug quality . - For a site to be active, it must collect samples and record TB drug quality data at least once during the last 4 months using a GPHF-minilab kit (http://www.gphf.org/web/en/minilab/index.htm). - Site: an administrative unit charged with regularly collecting and compiling TB drug data from at least one pharmaceutical service delivery point. - Sites do not have to conduct quality analyses themselves and may use a central laboratory.
Unit of Measure: number of individual sites
Disaggregated by: country
Justification & Management Utility: This indicator allows programs to measure the number of active sites monitoring TB drug quality in order to track trends and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures the number of active sites - it does not capture the efficiency or intensity of surveillance, the use of appropriate levels of technical expertise, or the effective and strategic geographic dispersal of sites.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Tuberculosis Indicator 3.2b: Number of people trained in TB drug quality monitoring with USAID funds
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result: TIR 3.2 Monitoring of drug quality
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of people trained in TB drug quality monitoring with USAID funds. - TB drug quality monitoring: study methodology and procedures such as sampling, screening, data management and analysis, laboratory surveillance for resistance and good laboratory practices, and result reporting related to TB drug quality monitoring - People receiving training in more than one area during the reporting period will be counted only once.
Unit of Measure: number of individuals trained
Disaggregated by: country; sex.
Justification & Management Utility: This indicator allows programs to measure the number of personnel being trained to monitor TB drug quality in order to track trends and justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): Measurement of individuals trained serves as a process indicator, and does not reflect actual retention and behavior change, the desired outputs and outcomes. Additionally variations in training duration, intensity, appropriateness, efficacy, and repetition are not captured.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to individuals attending repeat training sessions.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 3.3a: Number of special studies on TB conducted with USAID support
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result: TIR 3.3 Existence of an operational research agenda that contributes to improved understanding of TB
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of special studies for TB conducted during the reporting period. - Special studies: special projects aimed at evaluating and improving TB program activities that are beyond regular and periodic trouble shooting and quality improvement, this includes formal research, applied research, and operations research.
Unit of Measure: number of studies
Disaggregated by: country
Justification & Management Utility: This indicator measures and tracks the number of special studies on TB conducted with USAID support.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures the existence of TB special studies; it does not capture their appropriateness, validity, or translation into practice.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 4.1a: Number of supranational TB-related networks that met at least once during the past 6 months with USAID support
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result: TIR 4.1 Increased public-private partnerships for TB control
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of supranational TB-related networks that held at least one meeting during the past year with USAID support. - Supranational TB-related networks include ANEQAM, and other organizations that organize individuals and programs within the region around specific aspects of TB prevention and control.
Unit of Measure: Number of networks
Disaggregated by: None
Justification & Management Utility: This indicator measures the number of supranational TB-related networks that are active and meet regularly. This fosters communication, the sharing of knowledge and best-practices, and cooperation on activities.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator captures whether TB-related networks met, but does not measure the effectiveness of the meetings, or the resulting actions/products.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 4.1b: Number of organizations provided with TB program implementation technical assistance with USAID support
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result: TIR 4.1 Increased public-private partnerships for TB control
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Total number of TB organizations provided with technical assistance for the implementation of TB prevention and control programs.
Unit of Measure: Number of organizations
Disaggregated by: country
Justification & Management Utility: This indicator measures the support that is being provided to allow TB organizations to more effectively implement programs for TB prevention and control
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures program implementation support but not the appropriateness of the TA given. In addition, different partners may report providing TA for program implementation to the same organizations, thereby causing double counting.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to organizations receiving TA from multiple USAID partners.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 4.1c: Number of public-private mix (PPM) DOTS sites (including their laboratories whether on-site or referral) certified by the NTP (by country)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR4 Enabling environment strengthened
Name of Sub-Intermediate Result: TIR4.1 Increased public-private partnerships for TB control
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): • The total number of public-private mix DOTS sites certified by NTP. • This includes laboratories associated with PPM DOTS sites whether on-site or referral. • Certification: sites that are officially approved to conduct a mix of TB activities depending on priorities determined by national public health authorities. Possible activities include: - o Identify TB symptomatic, Collect sputum samples, Refer TB suspects, Notify/Record cases, Supervise treatment, Do smear microscopy, Diagnose TB, Prescribe treatment, Inform patients about TB, Identify and supervise treatment supporters, Follow up on defaulters, Training care providers, Supervision, Quality assurance for laboratories, Monitoring and evaluation, Drugs and supplies management, Provide stewardship, financing and regulation.
Unit of Measure: number of sites
Disaggregated by: country
Justification & Management Utility: This indicator measures the number of PPM DOTS certified sites. Penetration of TB control efforts into the private sector, which in some countries may be the predominant health care provider, is important to ensure effective detection, treatment, and control.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This is an output indicator and does not measure if the number of certified PPM-DOTS sites is ample, adequately dispersed, or effective in controlling TB spread in the population.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 4.1d: Number of TB cases reported to NTP by non-MOH sector in USAID targeted areas (F-plan)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result: TIR 4.1 Increased public-private partnerships for TB control
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of TB cases reported to NTP by non-MOH sector in USAID targeted areas. - Non-MOH sector can include prisons, social security, private sector clinics and hospitals, clinics and hospitals for military and police, faith-based clinics and hospitals, or other equivalents.
Unit of Measure: Number of TB cases
Disaggregated by: country
Justification & Management Utility: This is an indicator that measures the contribution of all providers outside of the MOH sector to TB case notification.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): It is possible that TB cases may be reported by more than one non-MOH organization, or by both MOH and non-MOH sectors. This will result in double counting.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to reporting cases multiple times.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 4.2a: Number of organizations provided with TB policy development technical assistance with USAID support
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result: TIR 4.2 Increased use of strategic information for policy-making
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Total number of organizations provided with technical assistance for the development of policies, laws, regulations, or guidelines for the prevention and control of tuberculosis with USAID support.
Unit of Measure: Number of organizations
Disaggregated by: country
Justification & Management Utility: This indicator monitors the support that is being provided to allow organizations to more effectively develop policies for the prevention and control of tuberculosis
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures policy development support but not the appropriateness of the policies developed by organizations assisted by USAID or the effectiveness of their implementation. In addition, different partners may report providing TA for policy development to the same organizations, thereby causing double counting.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to organizations receiving TA from multiple USAID partners.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Tuberculosis Indicator 4.2b: Number of countries that have policies that include 'incentives and enablers' for TB case-finding and treatment
Name of Strategic Objective : To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR4 Enabling environment strengthened
Name of Sub-Intermediate Result: TIR4.2 Increased use of strategic information for policy-making
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of countries that include policies for 'incentives and enablers,' either financial, or non-financial for TB case-finding and treatment. - Non-monetary incentives include: provision of free TB drugs, the opportunity to serve poor members of society, access to free training and continuing education, free microscopy services, the ability to deliver high quality services, recognition through a formal association with a government program, and the opportunity to expand their business/practice. - Depending on the healthcare structure within a country, these policies may be most applicable to private sector providers, especially within a PPM-DOTS certification program.
Unit of Measure: number of countries
Disaggregated by: None
Justification & Management Utility: This indicator measures the number of countries that incorporate 'incentives and enablers' into their NTP in order to encourage and improve detection and treatment of services. Such programs can help promote effective case finding and treatment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the extent to which 'incentive and enabler' policies are appropriate or efficiently implemented.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Tuberculosis Indicator 4.2c: Number of countries producing an annual report based on an existing M&E action plan for TB with USAID assistance
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR4 Enabling environment strengthened
Name of Sub-Intermediate Result: TIR4.2 Increased use of strategic information for policy-making
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ __, for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - The total number of countries that produce an annual report based on an existing M & E action plan for TB with USAID assistance. - Existing M & E action plan: an existing plan delineating the indicators, frequency of data collection, baselines and targets, responsible parties for data collection, instructions for disaggregation, and plans for quality assurance. - Annual report: a report with appropriate tables and graphs for collected indicators showing current levels, trends, and stipulated goals, that could be disseminated to facilities, donors, collaborating agencies, and policy-makers. - USAID assistance: Funding from USAID or technical assistance through a USAID sponsored partner.
Unit of Measure: number of countries
Disaggregated by: None
Justification & Management Utility: This indicator measures the number of countries utilizing an official M & E action plan to create an annual report. The periodic creation of a standardized report to analyze program efforts is important to evaluate progress, and to disseminate results.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the extent to which the annual report is accurate, useful, or disseminated.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 4.3a: Number of organizations provided with TB technical assistance for Global Fund proposal development and/or implementation with USAID support
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result: TIR 4.3 Evidence of leveraged funding from non-USAID sources
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - Total number of organizations provided with technical assistance for the development of Global Fund TB proposal development and/or implementation with USAID support. - Organization: existing or potential primary recipients (PRs) provided with USAID support for TB prevention and control
Unit of Measure: Number of organizations
Disaggregated by: country
Justification & Management Utility: This indicator allows for monitoring of the support that is being provided to organizations to more effectively leverage resources for TB prevention and control from the Global Fund. Programs can use this indicator to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the quality of the proposals developed or the effectiveness of their implementation.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 4.3b: For USAID funded TB projects receiving 10-50% of their budget from non-US government sources, the amount contributed in US dollars from these non-USG sources
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR4 Enabling environment strengthened
Name of Sub-Intermediate Result: TIR4.3 Evidence of leveraged funding from non-USAID sources
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ __, for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - For all USAID funded TB projects receiving between 10 to 50% of their funding from non-US government sources, the sum of the total amount contributed from these non-US government sources. - Non-US government sources: donor organizations from other countries, local government funds such as from the MOH, international donors, non-government donor sources from the US.
Unit of Measure: number of US dollars
Disaggregated by: country
Justification & Management Utility: This indicator measures the amount of financial resources leveraged by USAID for USAID TB projects. This measures the degree to which USAID TB projects are able to attract funding from other sources.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: Yes
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the extent to which leveraged funds increased program efficacy. Additionally it is not clear if leveraged funds would have been contributed without USAID financial assistance.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix D: TB Reference Sheets

Tuberculosis Indicator 5.1a: Number and type of training courses offered with USG support (disaggregated by the organizations/institutions offering the training)
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR5 Model programs expanded and use of best practices strengthened
Name of Sub-Intermediate Result: TIR5.1 Pilot programs expanded or scaled up
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): The total number and type of training courses offered with USG support aimed at improving TB control program activities.
Unit of Measure: number of courses
Disaggregated by: first by type of training, then by the organization/institution offering the training, and then by country (if applicable)
Justification & Management Utility: This indicator measures the number and type of training courses conducted by the TB Center of excellence – activities aimed at strengthening local NTP capacity.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the extent to which courses are effective in changing or improving practices. Additionally, this indicator does not measure if the number, frequency, and geographical distribution of courses meets the demand or need. There is potential for double-counting both within and between partner activities so partners are requested to take measures to track and reduce this.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Tuberculosis Indicator 5.1b: Number of instances in which TB pilot projects have been scaled up,
Name of Strategic Objective: To expand and enhance DOTS and improve management of MDR/TB and TB/HIV
Name of Intermediate Result: IR 5 Model programs expanded and use of best practices strengthened
Name of Sub-Intermediate Result: TIR 5.1 Pilot programs expanded or scaled up
Geographic Focus: Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Philippines, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): The total number of instances in which USAID supported TB pilot projects in one location have been scaled up.
Unit of Measure: Number of instances
Disaggregated by: country;
Justification & Management Utility: This indicator provides a measure of the extent to which USAID-supported model TB programs have been expanded, and/or replicated in another context with support from the national or sub-national governments, or by other donor funding.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): It may be difficult for implementing partners to collect information on scale up or replication if these projects are not tied to their activities. Additionally, this indicator does not capture the quality or the performance of the expanded programs.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix E: OPHT Reference Sheets

Appendix E:
Performance Indicator Reference Sheets

OPHT Indicator: Estimated incidence/prevalence of OPHT (by country and disease)
Name of Strategic Objective: To effectively and efficiently detect and respond to OPHT
Name of Intermediate Result: N/A – context level indicator
Name of Sub-Intermediate Result: N/A – context level indicator
Geographic Focus: Bangladesh, Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ___ Yes *_, for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): The incidence or prevalence of an OPHT disease per 100,000 population over a given time period.
Unit of Measure: number of cases per 100,000 per year
Disaggregated by: First by disease, then country, and then by sex.
Justification & Management Utility: Allows programs to track changes in OPHT incidence/prevalence in order to gauge impact of control activities.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): WHO and MOH reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): TBD
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: Data reviewed and discussed by interested parties for accuracy.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

OPHT SO Indicator 1: Number of countries reporting and responding to OPHT outbreaks in a timely manner
Name of Strategic Objective: To effectively and efficiently detect and respond to OPHT
Name of Intermediate Result: N/A – SO indicator
Name of Sub- Intermediate Result: N/A – SO indicator
Geographic Focus: Bangladesh, Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ___ Yes <u> * </u> , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The number of countries with an OPHT outbreak inside its borders that - report the outbreak to MOH and supranational authorities and - respond to the OPHT in a timely manner - Supranational authorities: WHO, CDC, USAID, etc. - Respond in a timely manner: response to contain the disease formulated and begun within a month of notification to supranational authorities
Unit of Measure: number of countries
Disaggregated by: N/A
Justification & Management Utility: This indicator measures a country's ability to identify, report, and begin a response to OPHT outbreaks.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure appropriateness of mounted responses. In addition, the timeliness of a response depends on the nature and extent of an outbreak, and any rigid time period would probably be arbitrary.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: Data reviewed and discussed by interested parties for accuracy.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

OPHT Indicator 2.1a: Number of health care staff trained in OPHT case management with USAID funds (disaggregated by private, public, and type of provider) (F-plan)
Name of Strategic Objective: To effectively and efficiently detect and respond to OPHT
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result OIR 2.1 Improved case management for OPHT
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - Total number of healthcare staff trained in OPHT case management with USAID funds. - OPHT case management: diagnosis and treatment of suspected OPHT cases according to national and supranational guidelines
Unit of Measure: number of individual health care providers
Disaggregated by: First focally funded OPHT disease program, and then by public and private sector providers, and then by type of provider (pharmacists, nurses, physicians, community health workers), and lastly by sex.
Justification & Management Utility: This indicator allows programs to measure and track the number of providers trained in OPHT case management, and their breakdown by sector and provider type. Programs can use these numbers to track trends, and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): Measurement of individuals trained serves as a process indicator, and does not reflect actual retention and behavior change, the desired outputs and outcomes. Additionally variations in training duration, intensity, appropriateness, efficacy, and repetition are not captured.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to individuals attending repeat training sessions.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

OPHT Indicator 2.1b: The percentage of health care units supported by USAID with at least one health care professional trained in OPHT case detection and treatment
Name of Strategic Objective: To effectively and efficiently detect and respond to OPHT
Name of Intermediate Result: IR 2 Access increased to care, support, and treatment
Name of Sub-Intermediate Result: OIR2.1 Improved case management for OPHT
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - The percentage of health care units such as clinics and hospitals with at least one health care professional trained in OPHT case detection and management. Numerator: the number of health care units with at least one healthcare professional trained in OPHT case detection and management Denominator: the total number of health care units supported by USAID - Healthcare professional: doctor, nurse, pharmacist, or other professional deemed appropriate for this activity - Trained in OPHT: definition depends on the country and the specific OPHT diseases that threaten it.
Unit of Measure: percentage of health care units
Disaggregated by: by country
Justification & Management Utility: This indicator measures the percentage of health care units with personnel trained in OPHT case detection and treatment. These skills that are necessary at the facility level to control the spread of OPHT.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure the extent to which trained healthcare professionals are correctly implementing OPHT case detection and treatment.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

OPHT Indicator 3.1a: The percentage of USAID assisted service delivery sites submitting case finding and treatment outcome reports to the MOH each quarter
Name of Strategic Objective: To effectively and efficiently detect and respond to OPHT
Name of Intermediate Result: IR3 Access increased to strategic information
Name of Sub-Intermediate Result: OIR3.1 Improved surveillance and detection of OPHT
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s)
DESCRIPTION
Precise Definition(s): - The percentage of USAID assisted service delivery units submitting case finding and treatment outcome reports to the MOH each quarter. Numerator: the number of USAID -assisted service delivery units submitting case finding and treatment outcome reports to the MOH each quarter Denominator: the total number of USAID-assisted service delivery units - Service delivery unit: public or private clinic, hospital, pharmacy, or health post
Unit of Measure: percentage of service delivery units
Disaggregated by: country; public or private sector
Justification & Management Utility: This indicator measures the percentage of USAID assisted service delivery sites submitting case finding and treatment outcome reports to the MOH each quarter. This is necessary to ascertain whether ample units are reporting regularly to the MOH on OPHT services.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator does not measure if the reports submitted to the MOH are accurate or useful.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

OPHT Indicator 3.1b: Number of active USAID-assisted sentinel sites for monitoring OPHT
Name of Strategic Objective: To effectively and efficiently detect and respond to OPHT
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result: OIR 3.1—Improved surveillance and detection of OPHT
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): • The total number of USAID-assisted sentinel sites for monitoring OPHT. • For a site to be active it must record OPHT data at least once a month. • Site: an administrative unit charged with regularly collecting and compiling data from at least one service delivery point.
Unit of Measure: number of individual sites
Disaggregated by: country
Justification & Management Utility: This indicator allows programs to measure the number of active sites monitoring OPHT in order to track trends and to justify program adjustment.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures the number of active sites - it does not capture the efficiency or intensity of surveillance, the use of appropriate levels of technical expertise, or the effective and strategic dispersal of sites geographically.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

OPHT Indicator 3.1c: Number of trainees graduating each year from Field Epidemiology training course
Name of Strategic Objective: To effectively and efficiently detect and respond to OPHT
Name of Intermediate Result: IR3 Access increased to strategic information
Name of Sub-Intermediate Result: OIR3.1 Improved surveillance and detection of OPHT
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ___ Yes __*, for Reporting Year(s) _
DESCRIPTION
Precise Definition(s): The total number of trainees graduating from the Field epidemiology course during the past year
Unit of Measure: number of trainees
Disaggregated by: by country
Justification & Management Utility: This indicator measures the number of trainees graduating from the Field Epidemiology Course during the past year. This indicator measures efforts to increase basic epidemiological skills and capacity within the region.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: annually
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator is an output indicator, and does not measure the extent to which trainees are utilizing acquired skills effectively.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

OPHT Indicator 3.2a: Number of special studies conducted with USAID support
Name of Strategic Objective: To effectively and efficiently detect and respond to OPHT
Name of Intermediate Result: IR 3 Access increased to strategic information
Name of Sub-Intermediate Result OIR 3.2 Existence of an operational research agenda on vector control and program scale-up
Geographic Focus: Bangladesh, Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of special studies for OPHT conducted during the reporting period. - Special studies: special projects aimed at evaluating and improving OPHT program activities that are beyond regular and periodic trouble shooting and quality improvement, this includes formal research, applied research, and operations research.
Unit of Measure: number of studies
Disaggregated by: Focally funded OPHT disease program; country
Justification & Management Utility: This indicator measures and tracks the number of special studies conducted on OPHT with USAID support.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures the existence of OPHT special studies; it does not capture their appropriateness, validity, or translation into practice.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDM/A ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

OPHT Indicator 4.1a: Number of supranational OPHT-related networks that met at least once during the past 6 months with USAID support
Name of Strategic Objective: To effectively and efficiently detect and respond to OPHT
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result OIR 4.1 Improved supranational coordination and collaboration for OPHT control
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ * Yes ☐ , for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): - The total number of supranational OPHT-related networks that held at least one meeting during the past year with USAID support. - Supranational OPHT-related networks include, ANEQAM, and other organizations that organize individuals and programs within the region around specific aspects of OPHT prevention and control.
Unit of Measure: Number of networks
Disaggregated by: focally funded OPHT disease program
Justification & Management Utility: This indicator measures the number of supranational OPHT-related networks that are active and meet regularly. This fosters communication, the sharing of knowledge and best-practices, and cooperation on activities.
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator captures whether OPHT-related networks met, but does not measure the effectiveness of the meetings, or the resulting actions/products.
Actions Taken or Planned to Address Data Limitations: TBD
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

OPHT Indicator 4.1b: Number of organizations provided with OPHT program implementation technical assistance with USAID support
Name of Strategic Objective: To effectively and efficiently detect and respond to OPHT
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result OIR 4.1 Improved supranational coordination and collaboration for OPHT control
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Total number of organizations provided with technical assistance for the implementation of OPHT prevention and control programs
Unit of Measure: Number of organizations
Disaggregated by: focally funded OPHT disease program; country;
Justification & Management Utility: This indicator measures the support that is being provided to allow organizations to more effectively implement programs for OPHT prevention and control
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures program implementation support but not the appropriateness of the TA given. In addition, different partners may report providing TA for program implementation to the same organizations, thereby causing double counting.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to organizations receiving TA from multiple USAID partners.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

OPHT Indicator 4.2a: Number of organizations provided with policy development, technical assistance with USAID support
Name of Strategic Objective: To effectively and efficiently detect and respond to OPHT
Name of Intermediate Result: IR 4 Enabling environment strengthened
Name of Sub-Intermediate Result OIR 4.2 Increased use of strategic information for policy-making
Geographic Focus: Burma, Cambodia, China, Laos, Thailand, Vietnam
Is This an Annual Report Indicator? No ☐ Yes ☐ for Reporting Year(s) _____
DESCRIPTION
Precise Definition(s): Total number of organizations provided with technical assistance for the development of policies, laws, regulations, or guidelines for the prevention and control of OPHT with USAID support.
Unit of Measure: Number of organizations
Disaggregated by: focally funded OPHT disease program; country;
Justification & Management Utility: This indicator monitors the support that is being provided to allow organizations to more effectively develop policies for the prevention and control of OPHT
PLAN FOR DATA ACQUISITION BY USAID
Data Collection Method: program reports
Data Source(s): USAID implementing partner reports
Method of Data Acquisition by USAID: program reports to USAID
Frequency and Timing of Data Acquisition by USAID: biannually (reporting period is prior 6 months)
Budget Mechanism: N/A
Individual(s) Responsible at USAID: Chansuda Wongsrichanalai
Individual(s) Responsible for Providing Data to USAID: implementing partners
Location of Data Storage: USAID
DATA QUALITY ISSUES
Date of Initial Data Quality Assessment: 2009
Known Data Limitations and Significance (if any): This indicator measures policy development support but not the appropriateness of the policies developed by organizations assisted by USAID or the effectiveness of their implementation. In addition, different partners may report providing TA for policy development to the same organizations, thereby causing double counting.
Actions Taken or Planned to Address Data Limitations: Partners are requested to account and correct for double counting due to organizations receiving TA from multiple USAID partners.
Date(s) of Future Data Quality Assessments: 2010
Procedures for Future Data Quality Assessments: The RDMA ID Strategic Information (SI) specialist will perform site visits, monitor databases, and evaluate quality using tools such as interviews and semiannual meetings with implementing partners, cooperating agencies, and national/international partners. If deemed necessary, additional outside evaluations of data quality will be commissioned.
OTHER NOTES
Notes on Baselines/Targets:
Other Notes:
PERFORMANCE INDICATOR VALUES (See Annex?)
THIS SHEET LAST UPDATED ON: 04/25/2009

Appendix F: Data Quality Checklist

**Appendix F:
Data Quality Checklist**

Name of Strategic Objective:	
Name of Intermediate Result (if applicable):	
Name of Sub-Intermediate Result:	
Name of Performance Indicator:	
Data Source(s):	☐ Survey/KAP ☐ Service Statistics ☐ Health facility assessment (HFA) ☐ Other
USAID Control Over Data:	☐ High (USAID is source and/or funds data collection) ☐ Medium (Implementing partner is data source) ☐ Low (Data are from a secondary source.)
Partner or Contractor Who Provided the Data (if applicable):	
Year or Period for Which the Data Are Being Reported:	
Is This Indicator Reported in the Annual Report?	(circle one) YES NO
Date(s) of Assessment:	
Location(s) of Assessment:	
Assessment Team Members:	
<i>For Office Use Only</i>	
Copies to:	

Comments:			
CATEGORY	YES	NO	COMMENTS
Validity			
Is there a solid logical relation between the program activity and what is being measured?			
Are the people collecting data qualified and properly supervised?			
Were known data collection problems appropriately assessed?			
Are steps being taken to limit transcription error?			
Are steps taken to correct known data errors?			
Reliability			
Is a consistent data collection process used from year to year, location to location, data source to data source?			
Are there procedures in place for periodic review of data collection, maintenance, and processing?			
Are data collection, cleaning, analysis, reporting, and quality assessment procedures documented in writing?			
Are data quality problems clearly described in final reports?			
Timeliness			
Is a regularized schedule of data collection in place to meet program management needs?			
Is data properly stored and readily available?			
Precision			
Is there a method for detecting duplicate data?			
Is there a method for detecting missing data?			

Appendix F: Data Quality Checklist

CATEGORY	YES	NO	COMMENTS
Integrity			
Are there proper safeguards in place to prevent unauthorized changes to the data?			
Has there been or is there a plan for an independent review of reported results?			

IF NO RELEVANT DATA WERE AVAILABLE	COMMENTS
If no recent relevant data are available for this indicator, why not?	
What concrete actions are now being undertaken to collect and report these data as soon as possible?	
When will data be reported?	
SUMMARY	COMMENTS
Based on the assessment relative to the five standards, what is the overall conclusion regarding the quality of the data?	
Significance of limitations (if any):	
Actions needed to address limitations (given level of USAID control over data):	