

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

TB

Program Details

Country:	Union of Myanmar
Disease:	Tuberculosis
Grant number:	MYN-S10-G09-T
Principal Recipient:	UNOPS

A. Periods covered and dates for disbursement requests and progress updates (typically completed by the Secretariat during Grant negotiations process)

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9
Period Covered: from	1-Jan-11	1-Apr-11	1-Jul-11	1-Oct-11	1-Jan-12	1-Apr-12	1-Jul-12	1-Oct-12	1-Jan-13
Period Covered: to	31-Mar-11	30-Jun-11	30-Sep-11	31-Dec-11	31-Mar-12	30-Jun-12	30-Sep-12	31-Dec-12	31-Mar-13
Date Progress Update due (typically 45 days after end of period)	15-May-11	14-Aug-11	14-Nov-11	14-Feb-12	15-May-12	14-Aug-12	14-Nov-12	14-Feb-13	15-May-13
Disbursement Request ? (Y,N)	Y	Y	Y	Y	Y	Y	Y	Y	Y

	Year 1	Year 2
Audit Report Due Date:	30-Jun-12	30-Jun-13

B. Program Goal, impact and outcome indicators

Goals:

1 To reduce the burden of TB by 2015 in line with the MDGs and STOP TB Partnership targets.

Impact indic. No.	Indicator	Baseline			Targets							Comments*
		value	Year	Source	Year 1 2011	Report due date	Year 2 2012	Report due date	Year 3	Year 4	Year 5	
1	TB prevalence rate: Number of bacteriologically confirmed TB cases per 100 000 population	TBD	Jun-11	TB Prevalence Survey 2009							TBD	TB prevalence surveys will be conducted in 2009 & 2015. Targets for 2015 will be set based on results of 2009 prevalence survey by June 2011
2	TB mortality rate: Estimated number of deaths due to TB (all forms) per year per 100 000 population	50	1990	WHO, Global TB report 2005							25	TB mortality survey will be conducted in 2015
3	Prevalence of MDR TB among new sputum smear positive cases of TB	4.2%	2008	National drug resistance survey			<4.2%	Oct-13			<4.2%	National drug resistance surveys are repeated every third year. It is anticipated that, through strengthening and expanding quality DOTS through this grant, the MDR-TB rate among new TB patients will be contained at the current 4.2%.

Outcome indic. No.	Indicator	Baseline			Targets							Comments*
		value	Year	Source	Year 1 2011	Report due date	Year 2 2012	Report due date	Year 3 2013	Year 4 2014	Year 5 2015	
1	Case notification rate: Number of new smear-positive TB patients notified to the National TB Program per year per 100,000 population	83	2009	National TB program report	83	Feb-12	83	Feb-13	83	83	83	For setting baselines and targets the state and division level official population figures have been used. For reporting on results the same data source will be used. A population growth rate of 1.02% has been applied.
2	Case notification rate: Number of TB patients, (new and relapse, all forms of TB), notified to the National TB Program per year per 100,000 population	269.4	2009	National TB program report	269.4	Feb-12	269.4	Feb-13	269.4	269.4	269.4	For setting baselines and targets the state and division level official population figure have been used. For reporting on results the same data source will be used. A population growth rate of 1.02% has been applied.
3	Treatment success rate: Percentage of new smear positive TB patients successfully treated (cured plus completed treatment) among the new smear positive TB patients registered on treatment	85%	2008	National TB program report	≥85% (2010 cohort)	Jun-12	≥85% (2011 cohort)	Jun-13	≥85%	≥85%	≥85%	
4	Treatment success rate among MDR-TB cases (24Month treatment outcome): Number and percentage of laboratory-confirmed MDR-TB patients successfully treated (cured plus completed treatment) among those enrolled on second-line anti-TB treatment	Not available	2009						50%	50%	50%	There is no previous experience with MDR TB treatment in the country. Treatment outcome for the patients enrolled in 2009 will be available in 2013. Targets are an estimate and may need revision when results from the first cohort are available

* please specify source of measurement for indicator in case different to baseline source

C. Program Objectives, Service Delivery Areas and Indicators

Obj. No.	Objective description
1	Pursuing high quality DOTS: Enhancing the quality and expanding services to all TB patients, to sustain and further improve case detection and treatment success rates.
2	Addressing TB/HIV, MDR-TB and other challenges such as TB care for high risk groups in border areas and infection control
3	Engaging all health care providers through Public-Private Mix DOTS, Public-Public Mix DOTS and introducing the International Standards of TB Care (ISTC) in other sectors
4	Advocacy, Communication, Social Mobilization (ASCM) and community based DOTS in hard-to-reach areas by partner agencies.

Obj./ Indic. No.	Service Delivery Area	Indicator	Baseline (if applicable)			Principal Recipient	Periodical targets for year 1 & 2									Tied to	Targets cumulative Y-over program term Y-cumulative annually N-not cumulative	Baselines included in targets (Y/N)	Top 10 indicator	GFATM Comments
			Value	Year	Source		P1	P2	P3	P4	P5	P6	P7	P8	P9*					
1.1	High quality DOTS	Number of new smear positive TB patients notified to the NTP	41,065	2009	R&R TB system, quarterly reports	STC UNOPS	10,840	21,680	32,519	43,359	11,057	22,113	33,170	44,226	11,280	National Program	Y - cumulative annually	N	Top 10	The targets are projected from the NTP notified case load Reported by NTP/UNOPS
1.2	High quality DOTS	Number and percentage of new smear positive TB patients successfully treated among the new smear positive TB patients registered on treatment	84% 35,060	2008 cohort	R&R TB system, quarterly reports	STC UNOPS	84%	84%	85%	85%	85%	85%	85%	85%	85%	National Program	Y - cumulative annually	N	Top 10	Targets refer to the cohorts from the previous year Results will be reported with actual numerators and denominators Reported by NTP/UNOPS
1.3	High Quality DOTS	Number of new TB patients (all forms) notified to NTP	124,127	2009	R&R TB system, quarterly reports	STC UNOPS	35,324	70,648	105,972	141,298	36,031	72,062	108,093	144,124	36,752	National Program	Y - cumulative annually	N	Top 10	Reported by NTP/UNOPS
1.4	Improving diagnosis	Number and percentage of microscopy centers monitored under the external quality control system out of all planned to be covered under the national EQA system	57/415 14%	2009	Central Reference Laboratory QA register & QC reports from microscopy centers	UNOPS	70/415 17%	80/415 19%	90/415 22%	100/415 24%	125/415 30%	150/415 36%	175/415 42%	200/415 48%	225/415	National Program	Y - over program term	Y	Not Top 10	Total number of labs in the country (both public and private) =415
1.5	Patient support	Number of patients receiving incentives in the form of transport costs for diagnosis and or treatment	0	2008	R&R TB system, quarterly reports	UNOPS	100	240	390	550	100	240	390	550	100	Current grant	Y - cumulative annually	N	Top 10 equivalent	1. In addition to the transportation cost other types of incentives will also be provided but are not included in these targets. 2. To be implemented by the SR MHAA in three townships
			8,696	2008	R&R TB system, quarterly reports	STC	3,200	7,277	11,754	16,230	5,385	10,770	16,415	22,058	5,795	GF & other donors (not national)	Y - cumulative annually	N	Top 10 equivalent	To be implemented by 732 providers in 166 townships. During year 1, 11,000 patients will be supported by 3DF. During year 2, PSI will support 10,065 patients. The rest will be supported by GF
1.6	Procurement and supply management (First line drugs)	Number and percentage of treatment units at township level reporting no stock out of first line anti-TB drugs on the last day of each quarter	336	2008	R&R TB system, quarterly reports	UNOPS	100% 336	100% 339	100% 339	100% 339	100% 342	100% 342	100% 342	100% 342	100% 345	National Program	N - not cumulative	N	Not Top 10	Total number of existing reporting units= 325 township level facilities + 11 PPM units. The denominator will vary with the implementation of the PPM expansion plan 289 of the 325 townships are supported by GF Data source- Drug registry cards submitted with quarterly request of drugs from townships (routine reporting)
1.7	HSS: Service delivery	Number and percentage of townships supervised and feedback provided during each quarter by the NTP out of all townships planned to be supervised	175/325 54%	2008	R&R TB system, quarterly reports	UNOPS	78/325 24%	156/325 48%	234/325 72%	312/325 96%	78/325 24%	156/325 48%	234/325 72%	312/325 96%	78/325 24%	National Program	Y - cumulative annually	N	Not Top 10	Total townships in the country= 325. 289 of the 325 townships are supported by GF. Remaining 36 counties account for 2% of the reported cases. The townships will be supervised once a year from either the divisional, state or central level. Data source: Supervision checklists and reports
1.8	HSS: Service delivery	Number of Basic Health Staff trained on TB management	3,059	2008	R&R TB system, yearly management report	UNOPS	750	1,500	2,250	3,000	750	1,500	2,250	3,000	750	Current grant	Y - cumulative annually	N	Top 10	
2.1	TB/HIV	Number of all registered TB patients 15 years and above who are tested for HIV	4,174 (11 TB/HIV townships)	2009	R&R TB system, quarterly reports, NTP	UNOPS	1,107	2,214	3,321	4,428	1,976	3,952	5,928	7,904	2,845	Current grant	Y - cumulative annually	N	Top 10	Targets for NTP are based on an assumption of 50% of total registered TB patients in year 1 and 60% of total registered TB patients in year 2 to be tested for HIV. These are based on the current experience in 11 TB/HIV project townships. Target area: 18 townships in phase 1 and additional 8 townships in phase 2 Every six months results will be reported as percentage (with numerator and denominator).
			2924 (2.3%)	2008	R&R TB system, quarterly reports	STC	550	1,100	1,650	2,200	563	1,125	1,688	2,250	569	GF & other donors (not national)	Y - cumulative annually	N	Top 10	To be reported by PSI and IOM Every six months results will be reported as percentage (with numerator and denominator) Implemented by IOM (in 76 villages in six townships of Mon State in year 1 & 2) and PSI at two facilities (in Yangon and Mandalay) During year 1, 700 patients will be supported by 3DF. During year 2, PSI will support 624 patients. The remaining targets are supported by GF. Baseline includes referral to HIV testing sites.

Obj/ Indic. No.	Service Delivery Area	Indicator	Baseline (if applicable)			Principal Recipient	Periodical targets for year 1 & 2									Tied to	Targets cumulative Y-over program term Y-cumulative annually N-not cumulative	Baselines included in targets (Y/N)	Top 10 indicator	GFATM Comments
			Value	Year	Source		P1	P2	P3	P4	P5	P6	P7	P8	P9*					
2.2	MDR-TB	Number of laboratory confirmed MDR-TB patients enrolled in the MDR-TB treatment programme (DOTS Plus)	64	2009	R&R TB system, yearly management report	UNOPS	50	100	150	200	100	200	300	400	150	Current grant	Y - cumulative annually	N	Top 10 equivalent	MDR-TB program is currently being implemented in 10 townships and will be expanded to 22 by year 5
2.3	High-risk groups	Number of new smear positive TB patients notified and registered in 6 targeted border townships (Myawaddy, Tachileik, Muse, Maungtaw, Tamu, Kawthaung)	243	2007	R&R TB system, quarterly reports	UNOPS	133	265	298	530	237	473	709	945	341	Current grant	Y - cumulative annually	N	Top 10 equivalent	Total number of targeted border townships supported by GF= 6
3.1	All care providers (PPM, ISTC)	No. of smear-positive TB patients registered for treatment in PPM DOTS clinics (scheme 3 includes both diagnosis and treatment by the private providers)	560 (under scheme 3, MMA)	2007	R&R TB system, quarterly reports	UNOPS	300	600	750	1,000	300	600	750	900	300	GF & other donors (not national)	Y - cumulative annually	N	Top 10 equivalent	1. PPM DOTS Scheme 3 is being implemented by MMA in 15 townships currently by approximately 115 providers. 2. Patients will be treated and reported from 130 providers in Year 1, increasing by 15 providers per year for years 2, 3, 4 & 5. 3, 18 townships will be supported during year 1 and 21 in year 2. These include the existing 15 PPM townships. During phase 2 it will be expanded to 24, 27 and 30 townships during year 3, 4 & 5.
			10,079 (PSI)	2007	R&R TB system, quarterly reports	STC	3,500	7,000	10,500	14,000	3,750	7500	11,250	15000	3,878	Current grant	Y - cumulative annually	N	Top 10 equivalent	Targets refer to the patients treated under Scheme 3 in PSI clinics in 166 townships and 732 private providers at Sun Clinics. Drugs for year 1 and 2 are provided by GF however operational costs during year 1 are supported by 3DF and during year 2 by PSI
4.1	Community TB care	Number of Community Health Workers (CHW) trained and actively involved in TB case finding and/or treatment activities at the community level during the reporting period	Not available	Jun-10	R&R TB system, quarterly reports	UNOPS	98	108	118	118	118	128	138	138	148	Current grant	N - not cumulative	N	Top 10 equivalent	Incentives will be given to all CHWs who have been trained and are active. The criterion for providing incentives will be developed by the end of 2010. The term "Community Health Worker" refers to individuals who are involved in community DOTS and do not receive salaries from governmental or non-governmental entities (including community DOT providers, volunteers etc). There is no overlap in the number of villages covered by the two PRs.
			Not available	Jun-10	R&R TB system, quarterly reports	STC	1,840	1,965	2,110	2,235	2,696	2,821	2,956	3,091	3,016	GF & other donors (not national)	N - not cumulative	N	Top 10 equivalent	Year 1: 1720 supported by 3DF Year 2: fully supported by GF

* Applicable if First Implementation Period is extended by three months.

No overlap in target areas and targets between the two PRs