



TRAC Plus

Center for Treatment and Research *on AIDS, Malaria, Tuberculosis
and Other Epidemics*

**NATIONAL MALARIA PREVENTION AND CONTROL
MONITORING AND EVALUATION STRATEGIC PLAN
2009-2012**

February 2009

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LIST OF ABBREVIATIONS

ACT	Artemisinin based Combination Therapy
AIS	AIDS indicator survey
ANC	Antenatal Care
AQ	Amodiaquine
AIDS	Acquired Immunodeficiency Syndrome
BTC	Belgian Technical Cooperation
CAMERWA	Centrale d’Achat de Médicaments Essentiels du Rwanda
CFR	Case Fatality Rate
CQ	Chloroquine
DDT	Dichlorodiphenyltrichloroethane
DHS	Demographic and Health Surveys
DSS	Demographic Surveillance System
EANMAT	East African Network for Monitoring Antimalarial Therapy
EARN	East African RBM Network
EDP	Essential Drugs Program
EPI	Expanded Program on Immunization
EID	Epidemic Infectious diseases
GFATM	Global Fund to Fight AIDS, TB and Malaria
GIS	Geographic Information System
HMIS	Health Management Information System
HBM	Home –Based Management of malaria
HIV	Human immunodeficiency Virus
IDSR	Integrated Disease Surveillance and Response
IMCI	Integrated Management of Childhood Illness
IMR	
IPTp	Intermittent Preventive Treatment in pregnancy
IRS	Indoor Residual Spraying
ITN	Insecticide-Treated Mosquito Net
LLIN	Long-Lasting Insecticide treated Net
MALARIA UNIT	(Programme National Intégré de lutte contre le Paludisme)
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MERG	Monitoring and Evaluation Reference Group
MICS	Multiple-Indicator Cluster Survey
MIS	Malaria Indicator Survey
MIS-MERG	Malaria Indicator survey from the RBM MERG
MoH	Ministry of Health
MMR	
MSP	Malaria Strategic Plan
NGO	Non-governmental organization
NISR	National Institute of Statistics Rwanda
NRL	National Reference Laboratory
PLH	
PMI	Presidents Malaria Initiative
PMTCT	Prevention of mother to child transmission
PRSP	Poverty Reduction Strategy Paper
PSI	Population Services International
RBM	Roll Back Malaria
RH	Reproductive Health
SFH	Society for Family Health/PSI
SPH	School of Public Health
SP	Sulfadoxine-pyrimethamine
SWAp	Sector-wide Approach

TRAC	Treatment and Research on AIDS Centre
TRAC Plus	Treatment and Research on AIDS Centre Plus
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WHO-AFRO	WHO-African Regional Office
WHOPES	WHO Pesticide Evaluation Scheme

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EXECUTIVE SUMMARY

The National Malaria Prevention and Control Malaria Monitoring and Evaluation Plan (NMPCMEP) is an official document that provides a framework for a comprehensive and coherent malaria Monitoring and Evaluation (M&E) system, in which reliable information is collected and analyzed routinely in order to provide managers, researchers, and donors with up to date information on the malaria situation in Rwanda and the progress towards the goal, objective and targets of the Malaria Strategic Plan (MSP).

This document is organized as follows:

In chapter 1, the Rwandan malaria situation, malaria control strategies and the goal, objective and targets of the Malaria Strategic Plan are described.

In chapter 2, the goal and objectives of the NMPCMEP and the M&E theoretical framework are described. This chapter contains the definitions of M&E, a list of all selected indicators to be used for monitoring, a schema for dataflow and a description of the main data sources.

In chapter 3, the implementation arrangements of the NMPCMEP are described. This includes a section on coordination of the NMPCMEP, and responsibilities of different organizations in terms of data collection and database management, data quality assurance, evaluation of malaria control, capacity building and a dissemination plan. Details of all indicators to be measured are given in an M&E matrix.

In the appendix, the MSP targets are translated into targets for all selected input, process, output, outcome, and impact indicators. Also, the M&E budget is detailed. Finally, the sentinel site data collection template is given.

1. INTRODUCTION

1.1 Background

Sound monitoring and evaluation of Roll Back Malaria (RBM) at country level is critical if the malaria community is to demonstrate progress in achieving outcomes and impact in malaria control efforts. A common, comprehensive and coherent M&E system contributes to more efficient use of data and resources by ensuring that indicators and sampling methodologies are comparable over time and by reducing duplication of efforts. Data generated by a comprehensive M&E system ought to serve the needs of many constituents, including program or project managers, researchers and donors, eliminating the need for each to repeat similar measurements when they might easily use existing data.

This document summarises the context of malaria control in Rwanda in light of the goals and targets for malaria control as outlined in the malaria strategic plan, reviews current issues and opportunities that exist at national, provincial, and district level, and summarizes M&E planning and the necessary capacity to be built in order to fulfil these functions. Furthermore, it provides guidance on specific indicators against which progress will be measured, outlines the available and desired data sources as well as the roles of all stakeholders in malaria M&E.

1.2 Malaria Situation in Rwanda

Malaria is a major, but apparently declining, public health problem in Rwanda which not only compromises the health of the population but also negatively impacts on the nation's economic development. Although malaria is seasonal and has different epidemic patterns, the entire population is at risk, particularly children under five, pregnant women, and People Living with HIV/AIDS. Additionally, people living in epidemic-prone areas are likely to suffer from the severe forms of the disease due to poorly developed immune status.

The country is divided into four natural "malarial ecozones" based on altitude, climate, plasmodic index (*Plasmodium* infestation), and disease vectors present. In terms of epidemiological stratification, malaria is meso-endemic in the plains while the high plateaus and hills are hypo-endemic. Due to changes in migration patterns and the increase in coverage of malaria control activities, this division in eco-zones is less clear today (Ivora Cano V, 1982).

	Epidemic-prone districts, linked likely to altitude and climate factors
	Districts where epidemic known to have occurred.
	District not generally known for epidemics but most likely prone based on altitude and climate conditions.
	Endemic areas

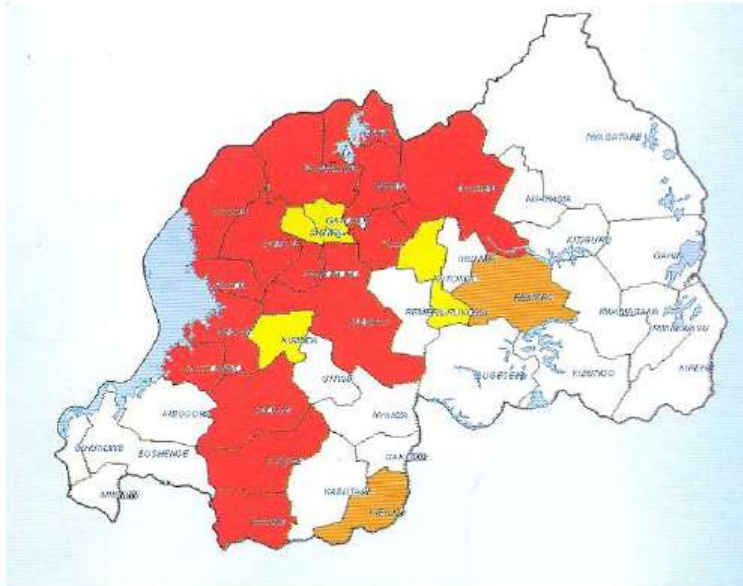


Figure 1: Malaria epidemiological map for Rwanda

Data from the Health Management Information System indicate that malaria transmission has decreased significantly in the past few years. The reported number of episodes of uncomplicated malaria treated in public sector health facilities fell from 1.5 million in 2005, to 1.3 million in 2006, and 900,000 in 2007. In 2006, malaria was the leading cause of morbidity and mortality representing 37% of outpatient consultations and 41% of hospital deaths; by 2007, these proportions had fallen dramatically to 15% and 22% respectively (clinical malaria – presumed and confirmed -all ages). Additionally, the number of severe malaria cases fell by 32.2% during the same period. In July 2007, the prevalence of malaria was 2.4% in children under five. Similar results were found in the IDHS 2007/08 with a prevalence of 2.1% in children under five and 1.1% in pregnant women. The groups most vulnerable to malaria’s devastating effects are pregnant women (8% of MMR), children under five (34% of IMR), and the chronically ill (prevalence of 10%). Malaria also takes a significant financial toll. The direct cost per episode has been estimated at \$2.09 and the indirect cost at over \$5.00. Additionally, studies have shown that malaria costs the nation about 2% of GDP, and consumes 34% of household and 20% of public health expenditure (Ministry of Finance, 2003).

Recent improvements are largely due to program inputs. While fewer than 5% of households owned an insecticide treated net (ITN) in 2000, 15% did so in 2005 and 33% in 2006; in the latter year, 13% of children under five and 17% of pregnant women reportedly slept under an ITN. Since 2006, The program distributed more than 3 millions of LLINs with the support of the GF from which 1,600,000 nets during the

2006 measles campaign; the Malaria Indicator Survey (NISR Rwanda, 2007) found that 54% of households owned at least one ITN and 60% of children under five and pregnant women had slept under one the night before. The IDHS found that 56% of households own at least 1 ITN while 58% of children under five and 62% of pregnant women had slept under an ITN the night preceding the survey.

DHS data for 2005 showed that < 5% of Rwandan children were brought to care within 24 hours after the onset of fever (Institut National de la Statistique & Macro, 2006). Results were much better by 2006: a survey in April of that year showed that 74.1% of children with fever were brought to health facilities, although only 24.5% sought care within 24 hours and 35.4% within 48 hours (TRAC, 2006). Home-based fever management shows promise to expedite treatment, with up to 80% of those seeking care doing so within 24 hours. The malaria unit database showed that the number of people who received effective treatment nationwide was above 60% in 2007, while the MIS in that year found a parasitemia level in children under five of 2.4%. Two-thirds (67%) of pregnant women received at least two doses of IPT.

1.3 Malaria Control Interventions in Rwanda

The main malaria control strategies in Rwanda are:

- ✓ Improvement of malaria case management through the provision of efficacious and high quality of antimalarial drugs to the population and improvement of the quality of diagnostic and health services.
- ✓ Strengthening of malaria preventive measures through provision of LLINs, and focalized Indoor Residual Spraying (IRS).
- ✓ Promotion of community based interventions such as home based management of fever.
- ✓ Prediction, containment and management of malaria epidemics.

Support Strategies include

- ✓ Strengthening partnerships and coordination of malaria control at all levels.
- ✓ Contribution to health systems strengthening by improving the health information management system.
- ✓ Monitoring and evaluation.
- ✓ Operational research.
- ✓ Strengthening behavior change communication.

1.4 Goals, objectives and targets of the Malaria Strategic Plan

Goal

Contribute to the improvement of the health status of the population and the fight against poverty by reducing the burden due to malaria.

Objectives of the Malaria control in Rwanda

The overall objective of the malaria control strategic plan is to scale up current interventions and consolidate achievements in order to reach the malaria pre-elimination phase in Rwanda by 2012.

Targets (this table is taken from the MSP 2008-2012)

The program has the following targets for 2012 in relation to 2007 baselines:

1. Reduce all cause mortality in the under 5 years old from 103‰ to 50‰ in 2012.
2. Reduce U5 mortality attributable to malaria from 8% in 2004 to 3% in 2012.
3. Reduce the incidence of confirmed malaria cases from 36‰ in 2007 to 5‰ in 2012.
4. Reduce the proportion of U5 morbidity attributed to malaria at health centers from 25% in 2007 to 10% in 2012.
5. Reduce the malaria parasite prevalence in children U5 from 2.1% in 2007 to 0.24% in 2012.
6. Reduce the number of malaria-attributed deaths at health facilities from 1453 in 2007 to 310 by 2012.
7. Reduce the malaria case fatality rate at district hospital from 3.0% in 2007 to 0.8% in 2012.
8. Reduce the Slide Positivity Rate (SPR) in fever cases from 22% in 2007 to below 5% in 2012.
9. Reduce the proportion of children aged between 6 and 59 months old with severe anemia from 0.4% in 2007 to 0.15% in 2012.
10. Reduce the proportion of women of reproductive age with severe anemia from 3.7% in 2007 to 1% in 2012.
11. Increase the proportion of children under 5 years with fever that receives timely, correct and affordable treatment within 24 hours after the onset of fever from 62% in 2007 to 90% in 2012.
12. Increase the proportion of simple malaria cases (incl. MDS) in the health facilities that are treated in accordance with the national treatment policy from 77% in 2007 to 90% in 2012.
13. Increase the proportion of cases of severe malaria in the health facilities that are treated in accordance with the national treatment guidelines/policy from 68% in 2007 to 90% in 2012.
14. Increase the proportion of patients that receive antimalarial drugs at health facilities and that are laboratory confirmed before treatment from 45% in 2007 to 80% by 2012.
15. The proportion of children U5 that receives ACTs at community level (in the HBM settings) and that will be laboratory confirmed before treatment will reach 70% by 2012.

16. Decrease the discordance rate for positive blood-smears at HC level from 30% in 2007 to 10% in 2012.
17. Decrease the discordance rate for negative blood-smears at HC level from 1% in 2007 to 0.08% in 2012
18. Increase the proportion of HH that possesses at least one LLN from 55.6% in 2007 to 90% in 2012.
19. Increase the proportion of HH that possesses at least two LLN increases from 55.6% in 2007 to 90% in 2012
20. Increase the proportion of children under 5 years, pregnant women, PLH, poorest of the poor, who slept under a LLIN the previous night, from 56.1% (for pregnant women) in 2007 to 80% in 2012.
21. Increase the proportion of pregnant women that receives Intermittent Presumptive Treatment for malaria during their last pregnancy -in accordance with the National Policy - from 17.2% in 2007 to 90% in 2012.
22. Detect all malaria epidemics within 1 week of passing the threshold.
23. At least 90% of malaria epidemics will be controlled within the 2 weeks following their commencement.
24. Increase the proportion of women of reproductive age group that knows the correct modes of transmission of malaria from 60.5% in 2007 to 90% in 2012.
25. Increase the proportion of women of reproductive age that knows preventive measures and treatment of malaria from 58.9% in 2007 to 90% in 2012.

1.5. Implementation Approaches for malaria control

Rwanda has a network of public sector health facilities, private health facilities, local and international NGOs involved in malaria control. Community health workers linked to health facilities and community based organizations contribute to malaria prevention and control. The Malaria Unit coordinates national partners undertaking malaria-related interventions and oversees malaria interventions carried out at the local level through health districts and health centers.

Other services of the Ministry of Health also contribute to malaria control. These include: the Health Communication Centre which designs health messages; HMIS that compiles malaria-related data reported by the district hospitals; the Integrated Disease Surveillance and response (EID) which contributes to analysis of malaria-related data and detection of malaria epidemics; the National Reference Laboratory (NRL) that ensures the quality control of laboratory diagnosis in the country. Other key partners in malaria control are CAMERWA and BUFMAR. These non-profit organizations procure and stock essential drugs and supplies for the country's health facilities.

In addition to government resources, many malaria control interventions are funded by partners. While some partners contribute directly to the MOH, others work through health facilities or NGOs. The major funding agencies for the program in general and M & E in particular include the Belgian Technical Cooperation, Global Fund, and PMI.

2. NATIONAL MONITORING AND EVALUATION PLAN

In order to measure progress toward achieving these goals and objectives, appropriate indicators for measuring progress are needed. The following sections review the relevant indicators and measures of impact, outcomes, and program performance that will be used for monitoring and evaluation of local, national, regional and international goals and targets.

2.1. Goals and objectives of the national Malaria M&E plan

2.1.1. Goal

The goal of M&E plan is to provide a framework for obtaining reliable information to determine progress in malaria control and inform decisions for program management and improvement.

2.1.2. Objectives

The objectives of the plan are:

- 1) To set the framework for development of Standard Operating Procedures for the collection, processing, analysis and use of malaria data in Rwanda
- 2) To guide the monitoring of planned activities and measure expected outcomes and impact
- 3) To provide a comprehensive list of malaria indicators that will guide all stakeholders involved in malaria control interventions that will be reported upon jointly (Three Ones Principle)
- 4) To outline key actions for implementing malaria M&E in Rwanda

2.2 Theoretical Framework for Monitoring and Evaluation

2.2.1 Definitions

It is important to clearly differentiate between monitoring and evaluation as they serve different purposes in an M&E system.

- **Monitoring** is the routine tracking of the key elements of program performance through record keeping, regular reporting, surveillance systems and periodic surveys such as health facility observation and client surveys. More specifically, monitoring involves generating data on inputs, processes and outputs of an ongoing program over time. Program monitoring also assesses the extent to which the implementation of planned activities is consistent with the project or program design.

Monitoring assists programs to determine which areas require greater effort and will identify areas that contribute to improved performance. In a good M&E system, monitoring contributes greatly to evaluation. Indicators selected for

monitoring will be different depending on the reporting level within the health system and the interventions deployed. At the national and sub national levels of implementation, monitoring of inputs (human resources, financing, supplies), processes (procurements and training) and outputs (services delivered) is essential for assessing program performance. The regional and global levels are mostly concerned about outputs.

- **Evaluation** is the periodic assessment of the change in targeted results that can be attributed to an intervention. It attempts to link a particular outcome or impact directly to a particular intervention after a period of time. It helps to determine the value or worth of a particular program. Evaluation deploys various techniques including social research methods, to systematically investigate a program’s effectiveness and impact in order to determine the extent to which the invested resources have yielded the expected results.
- **Reporting** is the documentation of results of monitoring and evaluation and the presentation of them to appropriate audiences at specified times. To help ensure efficiency, the purpose of reporting should be clearly defined. Key purposes may be accounting for funds expended or feeding data directly into a decision-making process. The timeframe of reporting should also be defined to suit its purpose. While it is reasonable to expect reports on outputs delivered from a given investment regularly, perhaps even quarterly, it may be inappropriate to compile reports on outcomes within this same timeframe.

Table 1: Other key M & E definitions

<p>Inputs: are resources used to conduct and carrying out a project or a program. They include staff, finance, materials, and time. Example: funding obtained to purchase ITNs</p> <p>Processes are activities in which program resources (human and financial) are used to achieve the results expected from the program e.g. number of meetings, workshops, etc.</p> <p>Outputs are immediate and short-term results obtained by the program through the execution of activities. For example, the number of supervision missions and reports, number of commodities purchased and/or distributed number of staff trained, etc.</p> <p>Outcomes are immediate short-term effects including positive behavior change. For example, use of ITNs by pregnant women or under-five children.</p> <p>Impacts are longer term effects of a program and generally refer to overall long-term goals. For example the RBM goal of halving malaria-related morbidity and mortality by 2010.</p>

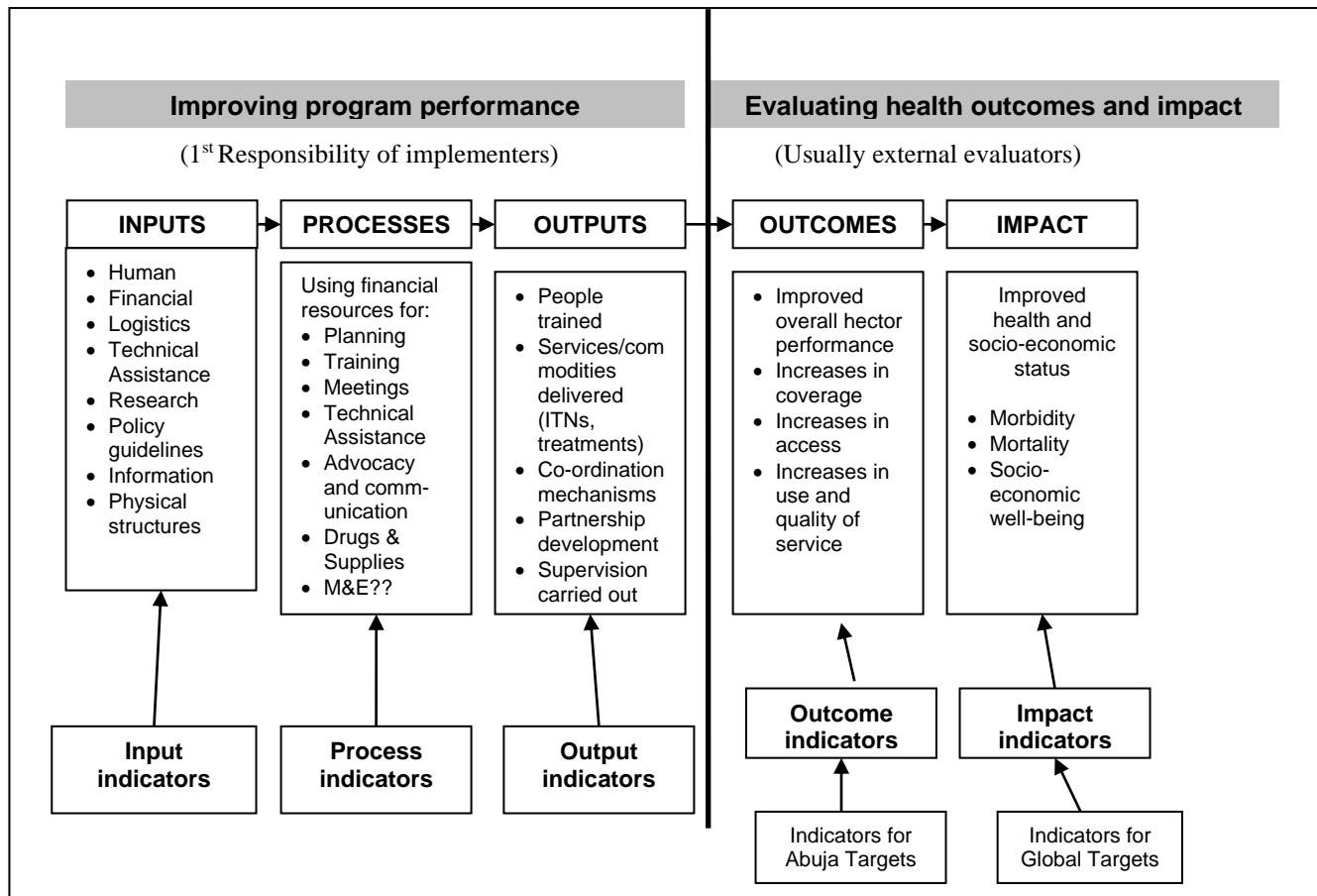


Figure 2: Monitoring and Evaluation Basic Framework

2.2.2. Main data sources in Rwanda

There are several sources of malaria data in Rwanda that include health management information systems, home based management of fever reporting system, LLINs reporting system by the community health workers, activity reports e surveys and special studies. As much as possible, malaria M & E will build on the existing systems and only deploy special studies and/or approaches if the existing systems cannot provide the required information. This will strengthen the health system and avoid the creation of parallel and unsustainable systems.

In the next section we review the most important systems with emphasis on how they can be harnessed to better serve the M and E needs of the Malaria Unit.

(see also annex)

Figure 3: Schematic diagram showing data flow from the community level to the National level

2.2.2.1. Health Management Information System (HMIS)

In Rwanda the Health Management Information Systems (HMIS) collects routine information for monitoring health and disease indicators, as well as expenditure and other management information within the public health sector.

Data collected by the HMIS includes probable and confirmed malaria cases and deaths for 4 age groups: 0-11 months, 1-4 years, 5-14 years and 15 and above. In addition the HMIS monthly reports provide data on malaria drug consumption. The information is reported monthly from health facilities to district hospitals which in turn transmit data to the central HMIS unit in the MOH. The data manager at the Malaria Unit collects the data from the HMIS unit on flash disk and updates the Malaria Unit database. Data received by the HMIS are often incomplete and/or reported late. In addition, the data from HMIS are not systematically analysed, and feedback provided to the health facilities. An English translation of the monthly reporting forms used to collect data for the HMIS are included in annex.

With the support of partners, the HMIS was assessed in 2006. Many of the problems stem from human resource capacity, data demands for specific programs, quality and completeness of data. Further strengthening of capacity within health facilities and within the district hospital (the focal point for ensuring timely and complete information reported at the local level), is needed.

In early 2009 the Community Health Desk worked with the HMIS unit to develop a standardized set of procedures for data collection and reporting for Community Health Workers (CHWs). These agents are responsible for providing home-based malaria care for children with presumptive malaria. Data on number of children treated before and after 24 hours of onset of fever as well as number of ACTs distributed from this system should become available in mid-2009.

The HMIS also includes weekly reporting module for disease surveillance, but very limited data make their way to the national level. This module is currently being enhanced by TracNet as part of an integrated disease surveillance system (IDSR) that will use mobile phone technology to ensure efficient and timely data about epidemic diseases, including malaria. The IDSR is discussed in detail below.

2.2.2.2 Sentinel Surveillance Systems

Rwanda established sentinel sites for monitoring antimalarial drug efficacy in 1999 based on agreed criteria¹. One sentinel site was chosen per province and is representative of the epidemiology of malaria in Rwanda as shown in figure. These

¹ A health centre in a functioning health district, has a functional laboratory . One sentinel site was established per province making a total of 10.

sentinel sites collect and report monthly data on malaria cases and deaths. Periodically, the sites conduct antimalarial drug efficacy studies, insecticide resistance monitoring and an annual malariometric survey in the catchment population of each site.

Each sentinel site is equipped with a cellular phone, a motor cycle, trained staff and a specially recruited malaria focal person to oversee sentinel surveillance activities. Data are collected on special forms and sent to the Malaria Unit, where they are checked for completeness and correctness at the Malaria Unit and then entered in an Access data base. Feedback is provided through meetings with the malaria focal points.

However, there is need for continuous capacity building and motivated staff to ensure that accurate data collection and basic analysis is carried out on site. There is also need for more staff to supervise the community based activities and laboratory technicians to ensure 24 hour laboratory services.

With the scaling up of malaria control interventions in Rwanda, data from the sentinel sites will be extremely useful for alerting the programme on progress in malaria control and possible need for reviewing implementation strategies. Collected data from sentinel sites have been used to determine malaria trend and take appropriate measures. These include but not limited to; monitoring antimalarials' efficacy, insecticide resistance, SP efficacy in IPT for pregnant women, detect changes in the environment, risk factors and health practices among the community and the effects of these changes.

Since sentinel sites are located in geographically representative areas in the country, collected data from sentinel sites may be generalized for the whole country. Data from sentinel sites have been providing malaria situation in the country and have been used as baseline information before conducting surveys covering the whole country.

the questionnaires are standardized and structured and change little between surveys hence, DHS and MIS results are comparable over time.

2.2.2.4.1 Demographic and Health Survey (DHS).

An RDHS was conducted in 1992, 2000 and 2007/2008. The DHS collected data on under-five all-cause mortality, treatment of fever among children under five, possession and use of ITNs as well as anaemia prevalence. An interim DHS was conducted in 2007-2008.

2.2.2.4.2 The Malaria Indicator Survey

Roll Back Malaria developed a standardized Malaria Indicator Survey (MIS) package and guidelines for assessing core global malaria coverage indicators at the household level². The survey package contains standard methods and questions for measuring household level possession and usage of insecticide-treated mosquito nets, treatment of febrile children with anti-malarial medicines, and use of intermittent preventive treatment for the prevention of malaria during pregnancy, prevalence of anaemia and malaria parasitaemia. The 1st MIS in Rwanda was conducted in mid-2007 and the next will be in 2010.

2.2.2.5 Health facility surveys

The tools and approach of this instrument are based mainly on that developed for evaluating the accelerated malaria control activities in the African Region and the integrated management of childhood illness (IMCI) instruments for a multi country evaluation. The instrument assesses the clinical skills of health care staff and the available supplies and equipment at the health facility. It also assesses the inpatient clinical practices, the dispensary and pharmacy services as well as the information system of the health facility. The advantage of the IMCI approach is that the assessment is not limited to skills for the management of malaria. It also addresses the management of the sick child, which includes children presenting with malaria. The health facility survey should also be undertaken as part of routine supervisory visits. The last malaria health facility survey was conducted at the end of 2004 and beginning of 2005 to assess the status of implementation of the new antimalarial drug policy. In May 2007, Rwanda conducted a service availability mapping survey that included malaria indicators.

2.2.2.6 NMCP Monitoring System

➤ ITNs

² The RBM Malaria Indicator Survey Package is available from RBM Monitoring and Evaluation Reference Group (MERG) website <http://rbm.who.int/merg>

The MALARIA UNIT through community health workers has established an ITN database that keeps track of all ITNs distributed through MCH services. It is a useful source of information on number of ITNs distributed and net status (intact or torn).

➤ **HMM**

The HMM database keeps track of all the inputs, processes and outputs of HMM. It is maintained by the HMM focal point in the MALARIA UNIT. Data are reported by the CMDs to the health facilities, which collate that data using special forms and submit to the MALARIA UNIT.

➤ **IRS**

Malaria Unit in collaboration with PMI has establishing a reporting system (and share the database) particularly during IRS operation which collects information such as house hold coverage, number of structures sprayed and IRS related side effects which collected by data managers, aggregated and analyzed at national level.

2.2.2.7 Community Health Worker Activity monitoring system

Until recently the HMIS was not collecting data on children treated at the community level, IPT uptake by pregnant women, ITN distribution and stock out of antimalarial drugs. These services have been reported by a parallel system established by the Malaria Unit . The data collected by parallel reporting system are used for monitoring health facility needs for antimalarial drug supplies and other malaria-related commodities. However with the establishment of the new SISCom, all malaria activities at community level will be captured in the SISCom as well as through the community PBF.

2.3 M&E efforts of other Ministry of Health programs

Other national health programmes/units, such as EPI, TRAC, MCH and the Essential Medicines Programmes (EMP), may operate parallel M&E systems. The Malaria Unit will establish formal M & E linkages with these programmes.

2.3.1 TRAC

With the current concept of changing TRAC into TRAC Plus where by Malaria, Tuberculosis and HIV programs will be under the same organisation, it is anticipated that monitoring and evaluation will be harmonized and will be under the same Unit/Directorate. In so doing there will not be duplication of efforts and resources in data collection and dissemination. It will be possible to collect data through the same channel such as TRACnet. This is a system where by an automated system collects information through direct communication using a mobile phone in every ARV site provided that there is mobile phone network coverage. This method has proved to be beneficial in sharing of information on a wide range of areas such as drug management to prevent stock outs, avoiding registering one patient at more than one site and patient

follow up. This system may also improve timeliness and completeness of the reporting system in sentinel sites, health facilities and community level in HBM.

2.3.2 EPI and Maternal child Health Unit

The Expanded Programme of Immunization in collaboration with the National Malaria Control Program (September 2006) conducted an integrated Measles campaign at national level that has registered significant achievements in increasing ITN coverage in under fives by distributing nearly 1.5 million ITN. Integrated measles campaign will continue to be done every 3- 5 years. Through a similar partnership, they have developed a management tool that will capture information on ITN distribution in routine vaccination and other child survival programs.

Maternal child health Unit plays a big role in integrating preventive measures such as IPT strategy and distribution of ITNs to pregnant women. IMCI component will also include HBM

3. IMPLEMENTATION ARRANGEMENTS OF MALARIA M&E

In this section, the implementation arrangements for all the M & E operations, coordination and an integrated action plan are described.

3.1 Coordination of malaria M & E

In order for all the partners to subscribe to one M & E plan in the spirit of “three ones”, the Malaria Unit will establish an M&E subcommittee aimed at coordinating M&E efforts.

Key functions of the M&E subcommittee are to:

- Co-ordinate malaria M&E activities
- Ensure that best practices in malaria M&E are promoted
- Reach consensus on key indicators to be monitored and continually revised the core indicators as well as harmonizing them with the overall Health Sector.
- Ensure that adequate technical support on survey design, data collection, analysis and interpretation is available
- Support the Malaria Unit M&E staff to prepare and update the country malaria profile
- Ensure that technical support to evaluate malaria control on a periodic basis is available
- Mobilize resources to support M&E activities

3.2 Malaria M & E within the Malaria Unit , Programmes and Key Partners

A description of the data collection methods is in section 2.2.2

The Malaria Unit has established an M & E unit that will collaborate with all the key stakeholders involved in malaria M & E.

3.2.1 Malaria M & E within the Malaria Unit

The Malaria Unit M & E sub-unit shall:

- Collect, compile relevant M&E information
- Establish and maintain the malaria database
- Establish and maintain functional linkages with other relevant partners involved in malaria M&E, including the Ministry of Health (e.g. HMIS or IDSR) and elsewhere (e.g. Central Statistics Office)
- Analyse and interpret programmatic as well as outcome and impact data
- Prepare and regularly update the national malaria profile
- Provide feedback; prepare quarterly monitoring reports and annual malaria reports and reviews.
- Develop capacity at the sub national level in M&E
- Serve as the Secretariat of the M&E Subcommittee

The M & E sub-unit is staffed by 2 medical officers with public health training and a data manager. In addition, other personnel in the Malaria Unit with complementary and specialized skills complete the M & E capacity. Well-planned and appropriately structured in-service training in data management, analysis and interpretation, support supervision, etc. will enhance M & E capacity of the staff.

3.2.2 Malaria M & E within other programs and among partners

The National Institute of Statistics of Rwanda (NISR) is responsible for conducting nationally representative surveys such as DHS. During the MIS 2007 they assisted the Malaria Unit and SPH in the methodology, determining the appropriate sample size, selection of enumeration areas, survey personnel, data management as well as analysis. All future household surveys in Rwanda will be conducted in partnership with NISR to ensure that the data collected are comparable over time.

The School of Public Health SPH of the University of Rwanda has experience with conducting surveys and had been involved with the NISR in the MIS 2007. The SPH can also contribute to capacity development especially in the areas of data management and epidemiology.

PSI is the main implementation partner on ITN distribution and social marketing of home management of malaria. Their ITN database and activity monitoring system is a useful source of data on ITN availability and usage in the country. PSI also has

considerable expertise in conducting household surveys especially on ITN use among their clients and BCS.

CAMERWA is the main procurement agency for essential drugs and health related commodities such as ITNs . It also distribute antimalarials to district pharmacies. Data form their logistics management information system is useful for monitoring commodity availability at service delivery points.

The Global Fund monitoring system has been used to track activities funded by the Global Fund. An M & E officer based in both the PMU and Malaria Unit help facilitate monitoring and evaluation of activities.

The M & E sub-unit has strong linkages with HMIS and IDSR as well as TRAC Plus, EPI, etc and will obtain relevant malaria data on a regular basis. It shall also liaise with other stakeholders described above to harness relevant information on malaria prevention and control.

3.2.3 Monitoring of malaria control programs

The Malaria Unit as well as implementing partners have established activity monitoring systems that are used to report on input, process and output indicators.

The Malaria Unit will mainly track key program indicators. Table 3 shows these key indicators, their targets, frequency of collection and how the data will be used.

3.2.4 Evaluation of Malaria Control in Rwanda

Program evaluations will comprise of internal and external components. The Malaria Unit will also commission special surveys that evaluate specific interventions and these may not always be nationally representative.

The impact indicators are related to reductions in malaria morbidity and mortality and the improvement in the socio-economic indices resulting from expenditure on malaria prevention and control. Data on malaria cases and deaths will be collected continuously from the HMIS and sentinel surveillance sites. Data on anaemia and parasite prevalence will be collected through household surveys.

The main outcome measurements are on the coverage of ITNs, access to treatment and IPT at household level. Household surveys shall be conducted every 2-3 years. Table 3 shows the key indicators, sources of data, targets and responsible entities.

Evaluations that will be conducted regularly in Rwanda are shown in Table 2 and details are shown in the M & E matrix.

Table 2: Evaluation Processes in Rwanda 2008-2010

	Evaluation	Frequency	Responsible Entity	Comments
1	GFATM Evaluation	Annual	GF, Malaria Unit	The recent one was conducted in 2007
2	Malaria Indicator Survey	2 years	Malaria Unit , NISR, SPH	the recent one was conducted in 2007
3	Demographic and health survey	5 years	NISR	Interim DHS was conducted in 2007-2008
4	Health facility survey	2-3 years	Malaria Unit	
5	Evaluation of strategic plan	5 years	Malaria Unit, WHO	Next 2010
6	Sentinel Surveillance	Monthly, Annually	Malaria Unit	Under restructuring based on the pre-elimination phase preparation
7	HMIS	Monthly Quarterly Annually	MOH	
8	IDSR	Monthly	MOH	
9	Program Performance assessments (PPAs)	Bi-annually	Malaria Unit, Partners	Assess program reports

The Malaria Unit shall coordinate and collaborate with key stakeholders to conduct the evaluations. Nevertheless, the Malaria Unit in collaboration with implementing partners will conduct semi-annual performance assessments (PPAs) to monitor coverage and progress toward targets. Data from the PPAs will offer a basis for triangulation and comparison with service statistics. This will allow district health staff to identify low-coverage areas and remedy problems proactively. It will also motivate health center staff to perform better, through peer acknowledgement of good performance, and by allowing them to rapidly identify and address problems. The results will be fed into the databases and various reports as outlined in section 3. The information highlighted in the periodic evaluation reports will help guide the direction and emphasis of the program in the short and long-term.

3.3 Data Quality Assurance

A. The Malaria Unit will:

- 1. In collaboration with HMIS,**

- Facilitate and coordinate the standardization of instruments and methodologies for data collection. Besides, it will establish data quality assessment protocols in a participatory and consultative manner with all the stakeholders.
 - Verify rapidly the quality of reported data for key indicators at selected sites and the ability of data-management systems to collect, manage and report quality data.
 - Implement measures with appropriate action plans for strengthening the data management and reporting system and improving data quality.
 - Monitor capacity improvements and performance of the data management and reporting system to produce quality data.
 - Integrate data quality assessment within the current supportive supervision activities
2. Conduct integrated facilitative supervision at the district level and it will ensure that district staff receives training in effective approaches to supervision. This may include the development of supervisory checklists as well as problem-solving approaches to supervision. Currently an integrated supervision tool is under development at the MOH and will be used for main health programs. There's also an opportunity within TRAC *Plus* to integrate a supervision tool for the 5 specific disease units activities at different level of health care.
3. Coordinate sustained capacity building and training programs in M&E at all levels, especially in the areas of data collection, analysis, interpretation, production of information and use of the data for decision making and programming.
4. Analyzing the data monthly, and providing regular feedback on inconsistent data

Frequency of Conducting Routine Data Quality Assessment

There will be two levels of Malaria Routine Data Quality Assessment:

- (1) **Malaria Unit, in collaboration with M&E Unit Task Force leading the Team to assess District Hospitals and a few sampled Health Centers. This can be done every six months.**
- (2) **District M&E Officer leading the Team to assess Health Centers. Since this is designed to be part of supportive supervision, every effort must be implemented to assess all the Health Centers in the respective district within quarter. It is recommended that, if resources are not available to visit all sites in a given quarter then a rolling schedule should be arranged so that each site is visited as often as possible.**

Decide on the indicators.

The criteria for selecting indicators can be:

- The indicator is one of the key indicators among ten top indicators
- The indicator is one of the national level indicators
- The indicator is one of the indicators audited during the last DQA in order to assess the implementation of recommendations given previously.

Selection of the health facilities:

Routine Data Quality Assessment should be integrated into the current routine supervision. This means that all sites should be visited on a regular basis by District M&E Officer.

However, the Malaria Unit cannot visit all the health facilities, so they will have to sample a few health facilities following the proposed sampling procedures:

Prepare a list of health facilities by their latest reporting numbers on the indicator selected then use the following selection procedures

- Purposive
- Probability Proportional to Size Sampling procedures

1. Prepare a list of primary sampling units with a corresponding measure of size for each;
2. Starting at the top of the list, calculate the cumulative measure of size and enter these figures in a column next to the measure of size for each health facility;
3. Calculate the sampling interval (SI) by dividing the total cumulative measure of size for the domain or stratum (M) by the number of health facility to be selected (a)- that is $SI = M/a$;
4. Select a random number (RS) between 1 and (SI). Compare this number with the cumulated measure of size column. The health facility within whose cumulated measure of size the number (RS) falls is the first sample unit;
5. Subsequent health facilities are chosen by adding the sampling interval (SI) to the number identified in step (4); that is $RS + SI$, $RS + 2SI$, $RS + 3SI$, etc;

This procedure is followed until the list has been exhausted.

Note: in selecting sample Health Facilities, it is important that the decimal points in the sampling interval be retained. The rule to be followed is when the decimal part of the sample selection number is less than .5, the lower numbered cluster is chosen, and when the decimal part of the sample selection number is .5 or greater, the higher numbered cluster is chosen.

3.4 Capacity building

The Malaria Unit has identified gaps in M & E within the country with the aid of the GF MESST. The existing gaps in M&E skills and infrastructure will be filled to the realization of the M&E plan. The strategy will include institutional capacity building, strengthening of existing structures and systems, building linkages between ongoing systems, and development of procedures and guidelines for implementation. Measures to ensure the long-term sustainability of a good malaria control M&E system will include technical guidance, close supervision, periodic and continued capacity building through on-site mentoring and coaching.

3.4.1 Staffing and Competencies

A first step to ensure good malaria control M&E systems will be to examine staffing needs and needed staff competencies. The Malaria Unit will examine the full set of M&E tasks to be done, identify personnel terms of reference for the sets of tasks, examine existing staff capacity and establish a plan for strengthening current staff capacities and identifying additional competent staff to fill needed positions.

Ensure key staff are trained and retrained in specialized monitoring techniques (drug efficacy testing and monitoring, pharmacovigilance, and insecticide resistance and vector behavior monitoring). Such specialized monitoring could be delegated to research institutions or done in collaboration with the Malaria Unit. Consequently, the Malaria Unit needs to have the capacity to network with these organizations, oversee the conduct of the tests, manage available data, analyze and correctly interpret reports. Improving data quality requires making changes at the source, where data are actually collected.

3.4.2 Infrastructure, Tools and Technologies

The Malaria Unit will assess its current infrastructure and identify gaps and needs for a fully operational M&E unit to undertake the necessary primary or secondary collection, management, analysis and dissemination of information. Examples of further strengthening will include, but not be limited to provision of space, computer soft and hardware as well as appropriate technology such as PDAs for conducting surveys.

3.5 Dissemination Plan /Information Products

The main results expected from M&E plan are:

3.5.1 Malaria data properly managed

Malaria control interventions generate large amounts of information that should be captured and properly managed. The range of data includes HMIS data, activity reports, commodities and supplies procured, survey data, data from drug efficacy, entomological and insecticide resistance monitoring, operational research findings etc.

The WHO GMP has developed an Access database that shall be adapted to Rwanda and used to track all the key malaria activities in the country. Key implementing partners will also maintain databases but will share reports on achievements with the Malaria Unit, that will be summarized and fed into the database. Such data will be easy to retrieve, analyze and use for the production of reports.

3.5.2 Monthly monitoring report

Monthly monitoring reports summarize inputs, outputs and track the implementation of planned activities. This information will enable the Malaria Unit and partners to track progress made in program implementation and shall be discussed during monthly review and re-planning meetings as well as contribute to quarterly reports.

3.5.3 Quarterly review report

The monthly reports will be summarized in the quarterly review reports which will include information on key process and output indicators against set targets for the

quarter. This information can then feed into the (annual) health sector review and planning processes, Joint Review Missions on specific subjects, reviews for the GFATM, etc.

3.5.4 National malaria meeting

This activity will be conducted every year in September with key stakeholders in malaria control and key district officials to review activities of the previous year and to re-plan for the new year. These meetings will show-case some best practices aimed at spurring scale up.

3.5.5 Annual malaria report

At the end of every financial year, the Malaria Unit will produce an Annual Malaria Report that objectively highlights key achievements, constraining factors and the way forward. The source of information for the report is from the reports listed above; work done by other partners and special studies. The Annual Malaria Report will be used by the Malaria Unit, the Ministry of Health and partners for review and planning processes as well as feed into the National Annual Health Sector Report.

4. ANNEXES

ANNEX 1 : Monitoring and Evaluation matrix

Table 3: Monitoring and Evaluation matrix_ impact and outcome indicators

IMPACT INDICATORS

Indicator	Definition	Source of data	Frequency	Level of measurement	Responsible entities	Baseline	Year	Targets (M&E doc)			
								2009	2010	2011	2012
IMPACT INDICATOR'S											
1. All-cause under-5 mortality rate	The probability of dying before the 5th birthday, expressed per 1000 live births	DHS	5years	National	NISR	103‰	2007/8	NA	80‰	NA	50‰
2. U5 mortality attributable to malaria by 70% by the end of 2012	Numerator: total number of U5 death due to malaria Denominator: total number of U5 deaths	HSSP	Every year	National	MOH/HMIS	8%	2 004	6%	5%	4%	3%
3. Incidence of confirmed malaria cases (all ages)	Numerator : Total number of confirmed and suspected malaria cases in a year Denominator: total population in year	HMIS	Every year	National	MOH/HMIS	44.9‰	2007	36‰	25‰	15‰	5‰
4. Incidence of clinical malaria cases (all ages)	Numerator: number of malaria cases treated. Denominator: total population in year	HMIS	Every year	National	Malaria Unit/ HMIS	101‰	2007	90‰	70‰	60‰	50‰
5 Slide Positivity rate in fever cases	Numerator: Number of positive slide Denominator: Number of slides tested for malaria	HMIS	Every year	National, Sub- national	Malaria Unit	225 (2007 HMIS)	2007	18%	13.5%	9%	less than 5%
6 Laboratory confirmed malaria death in health facilities	Number of confirmed malaria death	HMIS	Every year	National, sub-national	Malaria Unit	1017	2007	845	770	552	279

Indicator	Definition	Source of data	Frequency	Level of measurement	Responsible entities	Baseline	Year	Targets (M&E doc)			
						Baseline		2009	2010	2011	2012
7. Proportion of morbidity attributed to malaria at health facilities	Numerator: reported malaria cases Denominator: All disease cases at health facilities	HMIS	Every year	National	MOH/HMIS	25%	2007	25%	20%	15%	10%
8. Malaria parasite prevalence in the under five	Numerator: Children aged 6-59 months with malaria infection detected by microscopy. Denominator: Children aged 6-59 months tested for parasitemia with microscopy during household surveyed	MIS, Malariometric survey	Every 2 years, Every 1 year	National	Malaria Unit , NISR	2.1% (DHS)	2007/8	NA	NA	0.60%	0.24%
9. Number of malaria attributed deaths at the health facilities	Numerator: Number of deaths in HFs that are attribute to malaria Denominator: Total number of deaths of registered in all HFs countrywide	HMIS	Every year	National	Malaria Unit	1453	2007	1126	963	637	310
10.Number of malaria attributed deaths under five at the health facilities	Numerator: Number of deaths under five in HFs that are attribute to malaria Denominator: Total number of deaths of registered in all HFs countrywide	HMIS	Every year	National	Malaria Unit	255	2007	200	150	140	127
Proportion of children under five with severe anemia (<7 g/dl)	Numerator: number of under five with severe anaemia. Denominator: total number of children under five surveyed	MIS/DHS	Every two year and five year	Natonal	Malaria Unit/ NISR	9%	2007/8	8,50%	8%	7,50%	7%
OUTCOME INDICATORS											
CASE MANAGMENT											
1. Case fatality rate of malaria at health district hospital	Numerator: Number of deaths in DHs that are due biologically confirmed malaria Denominator: Total number of biologically confirmed malaria cases registered in all HFs countrywide	HMIS	Every year	National	Malaria Unit	3,0% (2007/8 HMIS)		2,50%	1,90%	1,40%	

Indicator	Definition	Source of data	Frequency	Level of measurement	Responsible entities	Baseline	Year	Targets (M&E doc)			
						Baseline		2009	2010	2011	2012
2. Proportion of children under 5 years with fever in the last two weeks who received antimalarial treatment according to the national policy within 24 hours from the onset of fever	Numerator: Number of children under 5 years old who had a fever in previous 2 weeks who received recommended antimalarial treatment according to national policy <24 hours from onset of fever. Denominator: Total number of children under 5 years old who had a fever in previous 2 weeks	MIS, DHS	Every 2 and 5 years	National	Malaria Unit , NISR	62%	2007	65%	75%	85%	90%
3. Proportion of under five with malaria/fever receiving appropriate treatment within 24h (in HBM district)	Numerator: number of children under five who receive antimalarial treatment within 24 h. Denominator: number of under five who received antimalarial treatment in HBM districts	HBM database	Every year	Sub-national	Malaria Unit	83%	2007	85%	87%	90%	95%
4. Proportion of under five with malaria/fever receiving correct treatment(health facilities)	Numerator: number of children under five who receive antimalarial treatment within 24 h. Denominator: number of under five who received antimalarial treatment in HBM districts	Health facilities survey	Every two year	National	Malaria Unit/ WHO	84%	2008	82%	85%	88%	90%
5. Proportion of people with malaria/fever receiving correct treatment(health facilities)	Numerator: number of patients who receive antimalarial treatment within 24 h. Denominator: number of patients who received antimalarial treatment surveyed	Health facilities survey	Every two year	National	Malaria Unit/ WHO	ND	2008	60%	70%	75%	80%
6. Proportion of severe malaria cases at the health facilities that are treated in accordance with the national treatment guidelines/policy	Numerator: Number of severe malaria cases treated in accordance with national guidelines Denominator: Total number of observed cases of severe malaria	Health facility survey	Every 2 years	National	Malaria Unit/ WHO	68%	2006	70%	75%	80%	85%
7. Proportion of patients who receive antimalarials at health facilities that are laboratory confirmed before treatment	Numerator: Number of treated malaria cases with positive laboratory result Denominator: Total number treated malaria cases	Sentinel sites, HMIS	Every year	National	Malaria Unit/ HMIS	45%		52.5%	60%	75%	80%

Indicator	Definition	Source of data	Frequency	Level of measurement	Responsible entities	Baseline	Year	Targets (M&E doc)			
								2009	2010	2011	2012
8. Proportion of children under 5 receiving antimalarials at community level that are laboratory confirmed before treatment	Numerator: Number of treated malaria cases with positive laboratory result. Denominator: Total number treated malaria cases at community level	Sentinel sites, HMIS	Every year	National	Malaria Unit	Unknown		20%	40%	60%	70%
PREVENTION											
LLINs											
1. Proportion of households with at least one LLIN	Numerator: Number of households surveyed with at least one mosquito net, which has been treated within 12 months or has been permanently treated. Denominator: Total number of households surveyed	MIS, DHS	Every two years; Every five years	National	NIS /Malaria Unit	55,60%		70%	90%	90%	90%
2. Proportion of households with at least two LLINs	Numerator: Number of households surveyed with at least two mosquito net, which has been treated within 12 months or has been permanently treated. Denominator: Total number of households surveyed	MIS ,DHS	Every two years; Every five years	National	NIS	23,70%		60%	80%	80%	80%
3. Proportion of children under five who own LLIN	Numerator: number of children under five who own LLIN. Denominator: number of children under five surveyed	MIS	Every two year	National	Malaria Unit	56,10%		75%	85%	90%	95%
4. Proportion of pregnant who own LLIN	Numerator: number of pregnant women who own LLIN. Denominator: number of pregnant women surveyed	MIS	Every two year Every five year	National	Malaria Unit	55,6%		75%	80%	85%	95%
5. Proportion of children under five years old who slept under a LLIN the previous night.	Numerator: Number of children under five who slept under an LLIN the previous night. Denominator: Total number of children under five years surveyed	MIS, DHS	Every two years; Every five years	National	NISR/ Malaria Unit	60%		65%	70%	75%	80%

Indicator	Definition	Source of data	Frequency	Level of measurement	Responsible entities	Baseline	Year	Targets (M&E doc)			
								2009	2010	2011	2012
6. Proportion of pregnant women, who slept under a LLIN the previous night.	Numerator: Number pregnant who slept under an LLIN the previous night Denominator: Total number of pregnant women surveyed	MIS, DHS	Every two years; Every five years	National	NISR/ Malaria Unit	60%		65%	70%	75%	80%
7. Proportion of persons owning LLINs are using them	Numerator: number of persons who using a LLIN. Denominator: number of persons who owning a LLINs	MIS DHS	Every two years; Every five years	National	NISR/ Malaria Unit	NA		65%	70%	75%	80%
INDOOR RESIDUAL SPRAYING											
1. Proportion of breeding sites in targeted areas that is treated by larvicide according to the national vector control guidelines	Numerator : Number of breeding sites treated by larviciding Denominator: Number of targeted breeding sites	Malaria Unit activity report	Every year	Targeted area	Malaria Unit	Unknown		50%	60%	70%	80%
2 Proportion of household in targeted areas that was sprayed in the past 12 months (depending on insecticide holding capacity)	Numerator: Number of sprayed households with a residual insecticide in the last 12 months. Denominator: total number of targeted households	Malaria Unit activity report	Every year	Targeted area	Malaria Unit	NA		75%	80%	85%	90%
3.Proportion of targeted structures which are sprayed	Numerator: Number of sprayed households with a residual insecticide in the last 12 months. Denominator: total number of targeted households	Malaria Unit activity report	Every year	Targeted area	Malaria Unit	94%		94%	95%	95%	96%
INTERMITTENT PRESUMPTIVE TREATMENT											
1. Proportion of women who received intermittent preventive treatment for malaria during ANC visits during their last pregnancy according to the national policy	Numerator: Number of women who received IPT according to the national policy during ANC visits to prevent malaria during their last pregnancy that led to a live birth within the last 2 years. Denominator: Total number of women surveyed who delivered a live baby within the last 2 years.	MIS, DHS	Every two years; Every five years	National	NISR/ Malaria Unit	64,90%	2007	75%	80%	85%	90%

Indicator	Definition	Source of data	Frequency	Level of measurement	Responsible entities	Baseline	Year	Targets (M&E doc)			
						Baseline		2009	2010	2011	2012
BEHAVIOUR CHANGING COMMUNICATION											
1. Proportion of women of reproductive age group that knows the correct modes of transmission of malaria	Numerator: Number of women that know the mosquito bite as the mode of transmission of malaria Denominator: Total number of women surveyed	MIS, DHS	Once in 2 years for MIS and once in 5 years for DHS	National	NISR/ Malaria Unit	60,50%		67.5%	75%	82.5%	90%
2. Proportion of women of reproductive age group that knows the correct measures for preventing and treating malaria	Numerator: Number of women that know the malaria can be prevented through the use of mosquito nets. Denominator: Total number of women surveyed	MIS, DHS	Once in 2 years for MIS and once in 5 years for DHS	National	NISR/ Malaria Unit	58,90%		67.5%	75%	82.5%	90%
3. Percentage of mothers who know the cause of, symptoms of, treatment for or preventive measures for malaria	Numerator: Number of women that know the cause of, symptoms of, treatment for or preventive measures for malaria. Denominator: Total number of women surveyed	MIS, DHS	Once in 2 years for MIS and once in 5 years for DHS	National	NISR/ Malaria Unit	NA		67.5%	75%	82.5%	90%

Table 4: Monitoring and Evaluation matrix output and process indicators

OUTPUT INDICATORS

Service Delivery Area	Indicators	Source of data	Frequency	Level of measurement	Baseline	Year	2009	2010	2011	2012
	PREVENTION									
Vector Control: LLINs	Proportion and number of public and private not for profit HC that have had no stock out of LLIN in EPI services	Distribution report/ /Malaria Unit , District Hospitals	Quarterly	National, district	NA	2007	98.5%	99.5%	100%	100%
	Number of LLINs purchased	Bills of loading, Delivery notes, stock reports/CAMERWA and district pharmacies	Annually	National	2159729	2008	4 779 117	966 492	993 554	4 847 593
	Number of children under five receiving LLINs through routine immunization (LLINs for NB included)	HMIS report/ Malaria Unit	quarterly	National, District	1761957	2008	1966515	2445648	2890318	3347438
	Number of pregnant women receiving LLINs through ANC clinic	HMIS report/Malaria Unit	Monthly	National, district	317772	2008	689743	435557	444669	457120
	Number of LLINs distributed to the households	Distribution report/ /Malaria Unit ? District Hospitals	Quarterly	National, district	NA	2008	1 957 095	101 378	104 216	126 137
Indoor residual spraying	Number of structures sprayed by IRS in last 12 months	IRS campaign reports/Malaria Unit and IRS partners	Every year	National, District	189000	2008	275000	275000	286000	286000
	Number of HWs trained on IRS	Malaria Unit /partners report	When conducted	National	1885	2008	2222	3115	3115	3240
Epidemic preparedness	Proportion of epidemics that are detected within one week after passing the threshold	Malaria Unit activity report	As and when they occur	Targeted area	85%	2008	89%	93%	96%	100%
	Proportion of epidemics that were controlled within two weeks after their onset	Malaria Unit activity report	As and when they occur	Targeted area	75%		79%	83%	86%	90%
	Proportion of epidemics that are detected and controlled within two weeks after passing the threshold	Malaria Unit activity report	As and when they occur	Targeted area	80%		82.5%	85%	87.5%	90%

Service Delivery Area	Indicators	Source of data	Frequency	Level of measurement	Baseline	Year	2009	2010	2011	2012
	Proportion of district epidemic management committee meeting at least once in a quarter	Malaria Unit activity report	Quarterly	District	0	2008	85%	90%	95%	100%
Malaria in pregnancy	Number of people trained on integration of maternal and newborn services	Malaria Unit activity report	Quarterly	National, district	0	2007	120	120	120	120
	New revised national guidelines on malaria in pregnancy available	Malaria Unit	Annually	National	1 (2006)	2006	1	1	1	1
	Number of pregnant women on Intermittent Preventive Treatment according to the national policy	Malaria Unit	Quarterly	National, District	555 500	2007	275216	304047	NA	NA
CASE MANAGEMENT										
Diagnosis	Number of laboratory technicians trained on Malaria diagnosis	Activity report	Quarterly	National District	408	2007	900	900	900	900
	Number and percentage of health Facilities with microscopy capability	Activity report	Quarterly	National District	390 (82%)	2008	452 (95%)	452 (95%)	475 (100%)	475 (100%)
	Number of RDTs done and read at Community level	Activity report	Monthly	District	NA	2008	182324	255254	312688	312688
	Number of CHWs trained /retrained on integrated HBM and using RDT	Activity report	Quarterly	National, District	305	2008	9000	18000	27000	36000
	Number and Percentage of Under five children with fever tested with rapid diagnostic tests at the community level	Activity reports	Quarterly	National	305	2008	182 324 (20%)	255 254 (40%)	312686 (70%)	312686 (100%)
	Proportion of health facilities underwent quality control for malaria diagnosis during the last 3months	Activity reports	Quarterly	District	42%	2008	55%	75%	90%	100%
Treatment	Number of doses of ACTs delivered	Bills of loading, Delivery notes, stock reports/CAMERWA and district pharmacies	Monthly	National , District	869580	2008	976735	1004083	1032197	1061098
	Number of doses of Artemether delivered	Bills of loading, Delivery notes, stock reports/CAMERWA and district pharmacies	Monthly	National , District	110856	2008	113960	117151	120431	123803
	Number of doses of Quinine tablets delivered	Bills of loading, Delivery notes, stock reports/CAMERWA and district pharmacies	Monthly	National District	1700133	2008	1747737	1796674	1846981	1898696

Service Delivery Area	Indicators	Source of data	Frequency	Level of measurement	Baseline	Year	2009	2010	2011	2012
Service Delivery Area	Number of ACTs repackaged for private sector	Delivery notes, stock reports/CAMERWA/PSI	Quarterly	National, District	150000		187793	131455	92019	64413
	Number of ACTs repackaged for Public sector	Delivery notes, stock reports/CAMERWA/PSI	Quarterly	National, District	630000		751176	525824	368076	257654
	Number of doses of Quinine Ampoules delivered	Bills of loading, Delivery notes, stock reports/CAMERWA and district pharmacies	Monthly	National District	1530011	2008	1572852	1616892	1 662 165	1708705
	Number and percentage of health facilities reporting no stock out of ACTs nationally recommended antimalarial drugs lasting more than one week at any time during the past three months	HMIS monthly and quarterly reports	Quarterly	National, District	93%	2007	98.5%	99.5%	100%	100%
	Number of health care providers trained on management of malaria cases management	Activity report, HMIS	Quarterly	National, District	2165 (2007)		180	180	180	180
	Number of uncomplicated malaria cases treated using ACTs	HMIS report/Malaria Unit	monthly	National, District	916860 (2007)		660139	462097	323468	226428
	Number of severe malaria cases among children under five treated	HMIS report/Malaria Unit	Monthly	National, District	9495	2007	3116	2804	2524	2244
	Number of fever cases in children under 5 treated under HBM with ACTs	Activity report	Quarterly	HBM districts	267644	2008	911621	638135	446694	312686
	Number of district implementing HBM	Malaria Unit report	Quarterly	National District	11	2008	18	24	28	30
Coordination and partnership development	Health System Strengthening and Supportive Environments									
	Number of partners involved in the country Roll Back Malaria partnership	Malaria Unit	Annually	Malaria Unit	6	2006	6	6	6	6
	Number of community based groups involved in malaria control in the country (ONGs,PFTH associations members)	Malaria Unit	Annually	Malaria Unit	7	2008	60	60	60	60
	Number of meetings of the coordination held	Malaria Unit reports	Quarterly	National	2	2008	2	2	2	2

Service Delivery Area	Indicators	Source of data	Frequency	Level of measurement	Baseline	Year	2009	2010	2011	2012
	Number of semi annual workshops for feed back and dissemination report on HBM community level organized at the health district	Malaria Unit reports	2 a year	2008	2	2008	2	2	2	2
	Number of follow-up visits conducted to HH by CHW	District activity reports	Quarterly	2008	NA	2008	7 828 380	6035682	4136454	8504548
Information education and communication and BCC	Number of people reached through malaria-related IPC	Participants lists, Quarterly reports, HMIS	Annually	National, District	NA	2008	1920	1920	1920	1920
	Number sketches on LLIN use aired	PSI activity report	Quarterly	National	NA	2008	324	324	324	324
	Number of MVU on malaria control activities	PSI activity report	Quarterly	National	NA	2008	832	NA	NA	832
	Number of Interpersonal communications (IPC) done related to malaria	IPC materials, Quarterly reports, HMIS	Annually	National, District	NA	2008	48	48	48	48
	Number of health seeking behaviour surveys carried out	Survey and quarterly activity report	Annually	National	1	2008	0	1	0	1
	Number of studies of drug efficacy completed according to WHO protocol	Study and quarterly activity report	Annually	National, District	1	2008	1	1	1	1
Drug efficacy monitoring	Proportion of expired ACTs at CAMERWA	Stock management forms, Quarterly activity report	Quarterly	National	5%	2008	1%	0,5%	0,3%	0%
	Number of malaria related indicator surveys carried out (including prevalence)	Survey and quarterly activity report	Annually	National	2	2008	0	2	3	2
	Number of malaria drug samples(batches) taken for quality test	Activity reports	Quarterly	District	0	2008	320	360	400	480
	Number of people trained in monitoring ADRs and pharmacovigilance	Training workshop reports, Quarterly activity report/	Quarterly	National, District	0	2008	70	70	70	70
	Number of studies of insecticide efficacy completed according to WHO protocol	Malaria Unit activity report	2 a year	District	0	2008	1	2	2	2

Service Delivery Area	Indicators	Source of data	Frequency	Level of measurement	Baseline	Year	2009	2010	2011	2012
Insecticide efficacy monitoring	Number of sentinel sites established for monitoring insecticide resistance	Malaria Unit activity report	Annually	National	0	2008	1	1	1	1
	Contribution to the development of the health system									
Others	Number of people participating in international conferences, seminars and workshops	Conference/seminar/workshop report	Quarterly	National	10	2008	26	26	26	26
	Number and proportion of sentinel sites submitting timely monthly reports	Quarterly activity reports	Quarterly	National	14 (74%)	2008	14 (75%)	15 (800%)	16 (85%)	17 (90%)
	Number of staff trained in public health masters	Malaria Unit reports	Annually	National	1	2008	2	2	2	2
	Number of health worker trained on drug supply management	Activity reports	Quarterly	National	435	2008	125	70	70	70
	Proportion of health facilities supervised per quarter	Activity report	Quarterly	National, District	425	2008	425	500	500	550
	Number of CHWs(HBM) supervised by health center by month	Activity report	Quarterly	Health center	9132	2008	9000	18000	27000	36000

ANNEX 1: Monitoring and Evaluation Plan Budget (USD)

Objectives/Key activities	Source of budget	Responsible	Unit Qty	Unit cost	Year 2010	Year 2011	Year 2012
To set the framework for development of Standard Operating Procedures for the data collection, processing, analysis and use of malaria data					1 194 352	209	760 850
Production and disseminations of documents							
Hire a consultant to develop SOPs for the health M&E system at all levels(HMIS, data quality, completeness, obvious mistakes, archives	HMIS	HMIS/Malaria/PTF	1	0	18 140	0	0
Multiplication and dissemination of SOP on data management and Monitoring tools	PMI	HMIS/Malaria/PTF	1088	16	17 408	0	0
Finalisation of the Malaria BCC strategy	PSI	Malaria Unit	1	0	0	0	0
Elaboration of the BCC training module	GF Mal/R8	Malaria Unit	1	20 000	20 000	0	0
Develop and disseminate BCC data collection forms	Malaria Unit/HMIS			12 300	12 300	0	0
Elaborate, print and distribute standardized forms (test requisition form; result report form) and registers	NRL	NRL/Malaria Unit	1	6 091	6 091	0	0
Produce and distribute harmonized and standardized data collection tools	M&E Unit/Malaria Unit	M&E Unit/Malaria Unit	2	760 641	760 641	0	760 641
Harmonise the reporting systems (HBM, drugs management, HMIS, quarterly GF reports)	TO BE MOBILIZED	Malaria Unit/HMIS. CH desk	1600000	75	210 526	0	0
Develop and multiplication of sheet log for IEC materials and promotional materials	R8/PNILP 1.2.2.6	Malaria Unit	5	2 916	2 916	0	0

Objectives/Key activities	Source of budget	Responsible	Unit Qty	Unit cost	Year 2010	Year 2011	Year 2012
Production of technical documents/malaria case management pocket guide	TO BE MOBILIZED	Malaria /M&E	1	7 300	7 300	0	0
Develop manual for data management procedures, including data collection, storage, data quality assurance, verification and feedback	PMI	HMIS/ Malaria Unit	1	45 800	0	0	0
Develop and reproduce integrated DQA tools	M&E Unit/Malaria Unit	M&E/Malaria Unit	3	209	209	209	209
Strengthening the filing of all documents and tools used for program and patients monitoring (from community level to health centers)	To be mobilized	Malaria Unit		125 921	125 921	0	0
Develop/update and produce guidelines and tools(forms, registers)	TO BE MOBILIZED	Malaria Unit/M&E	1	12 900	12 900	0	0
To guide the monitoring of planned activities and measure expected outcomes and impact					4 329 836	3 209 416	3 195 453
Monitoring of activities and data							
Develop a methodology to follow up sub reporting entities and data quality issues	Malaria Unit	Malaria Unit	1	702	702	0	0
Supervision and maintenance of weather station equipment					53 900	0	0
Investigation and detection of epidemics	TO BE MOBILIZED	Meteorology dept	1	9 000	9 000	0	0
Develop epidemic threshold in all health centres	TO BE MOBILIZED	Malaria Unit	1	6 000	6 000	0	0
To contract when needed local or international expertise	TO BE MOBILIZED	Malaria Unit	1	20 000	20 000	0	0
Review of the malaria strategic plan by the year 2010	GF/RCC	Malaria Unit	1	5 000	5 000	5 000	0
Developement of a malaria strategic plan for 2010-2013	GF/R5	Malaria Unit	1	20 000	20 000	20 000	0
Monitoring of drug distribution and storage	GF/RCC	Malaria Unit	3	24 750	24 750	24 750	24 750

Objectives/Key activities	Source of budget	Responsible	Unit Qty	Unit cost	Year 2010	Year 2011	Year 2012
Monitoring of ACTs stock at community level (integrated in regular supervision activity)	GF/RCC	Districts	3	5 000	5 000	5 000	5 000
Organise HBM data collection /analyses	TO BE MOBILIZED	Malaria Unit	1	30 000	30 000	0	0
Organise technical audit at DH level	TO BE MOBILIZED	Malaria Unit	1	20 000	20 000	0	0
Population surveys (sentinel sites)							
Organise entomological survey and other entomological activities and make sure all indicators have baseline values	Activity planned in RCC/R3, 7,3,9	Malaria Unit	3	40 000	120 000	0	0
Conduct MIS survey	GF/RCC	OR	2	75 000	150 000	0	150 000
Conduct malariometric survey in 10 sentinel sites	GF/RCC	OR	3	52 000	156 000	100 000	100 000
Health facility survey (qualitative+quantitative)	GF/R5,GOR	M&E	2	38 292	38 292	0	38 292
Review of malaria incidence and case fatality (Impact assessment)	GF/RCC	M&E	2	20 000	40 000	20 000	0
Review of the malaria strategic plan by the year 2010	GF/RCC	Unit Coord.	1	5 000	5 000	0	0
Developpement of a malaria strategic plan for 2010-2013	TO BE MOBILIZED	Unit Coord.	1	20 000	20 000	0	20 000
KAP survey on the usage of Nets	GF/RCC/PSI	VC resp.	2	15 000	30 000	0	10 000
Conduct Vector susceptibility tests	GF/RCC, GF/R8	VC resp.	1	30 000	30 000	60 000	60 000
Collect samples from pharmacy stocks for QC (once per quarter)	GF/RCC	M&E	3		15 800	15 800	15 800
KAP survey on the knowledge of the people concerning malaria disease	GF/RCC/PSI	IEC	2	15 000	20 000	0	10 000
Annual rapid BCC assessment	GF/R8	IEC	2	27 273	27 273	27 273	0
Produce tools on pharmacovigilance	GF/RCC	Malaria Unit	3	3 600	3 600	3 600	3 600
Multidisciplinary investigations field visits and data collection Investigation on ACTs side-effects	TO BE MOBILIZED	Malaria Unit	3		26 630	2 880	2 880

Objectives/Key activities	Source of budget	Responsible	Unit Qty	Unit cost	Year 2010	Year 2011	Year 2012
Establishing a RBM database	GF/RCC	Malaria Unit	1	20 000	20 000	0	0
To produce supervision tools/review of data collection tools (in R5)	GF/RCC	Malaria Unit	3		16 600	3 800	3 800
Put in place a system of management of ACTs	GF/RCC	camerwa	3		64 100	9 100	9 100
Monitoring of drug distribution and storage	GF/RCC	M&E	3	24 750	24 750	24 750	24 750
Monitoring of ACTs stock at community level (integrated in regular supervision activity)	GF/RCC	districts	3	5 000	5 000	5 000	5 000
Financial External audit for the malaria projects	GF/RCC		3	0	35 000	15 000	15 000
Conduct regular integrated supervision to the District Hospitals	GF/RCC	Malaria Unit	3	0	73 000	64 000	64 000
Conduct regular integrated supervision to the Health Centers	GF/RCC	districts hospital	3	0	549 200	499 200	499 200
Supervision at the community level (HBM)	GF/RCC	districts hospital	3	0	327 440	192 000	192 000
To ensure regular supervision of community interventions by the Health Center (epidemic control committees, HBM, income generating projects)	GF/RCC	districts hospital	3	166 400	166 400	166 400	166 400
Organise LLINs data collection at community level	TO BE MOBILIZED	Malaria Unit	5	25 000	0	0	0
Conduct external Data Quality Audits (once a year)	TO BE MOBILIZED	Malaria Unit	1	70 681	70 681	70 681	70 681
Organise HBM data collection analysis	TO BE MOBILIZED	Malaria Unit	1	30 000	30 000	0	0
Organise Quarterly review meeting with District management team		Malaria Unit				0	0
Develop methodology to follow up Sub reporting Entities and data quality issues	Malaria Unit	Malaria Unit	1	702	702	702	702
To organize a workshop for feedback and dissemination report on HBM community level	GF/RCC	Malaria Unit			15 200	15 200	15 200

Objectives/Key activities	Source of budget	Responsible	Unit Qty	Unit cost	Year 2010	Year 2011	Year 2012
Organise technical audit at DH level	TO BE MOBILIZED	Malaria Unit		20 000	20 000	0	0
ITN Data quality auditing at Health facilities	GF/R8	Malaria Unit		0	33 818	33 818	33 818
ITN Data quality auditing at Health facilities	GF/R8			0	21 491	21 491	21 491
Conduct (ITN) feedback meetings at district level	GF/R8	VC resp.		0	27 355	27 355	27 355
Hiring data entry clerks at district hospitals	GF/R8	districts		0	43 636	43 636	43 636
Printing of LLINs use and needs reports for all decentralised level (District, Sector, Cells)	GF/R8	Malaria Unit		0	27 273	27 273	27 273
Quarterly supportive supervision by NGO to strengthen the behavior change interventions done by CHW	GF/R8	IEC		0	409 091	409 091	409 091
Annual review meetings (on LLINs) with all stakeholders	GF/R8	VC resp.		0	45 404	45 404	45 404
Evaluation of the LLINs community mass distribution campaign	GF/R8			0	15 000	0	0
CHWs coordination meetings (on LLINs) twice a year at HC level		districts		0	490 909	490 909	490 909
Quarterly household visits by CHW (on LLINs)	GF/R8	districts	12	0.1	701 368	540 832	370 850
Conduct quarterly sensitization Meetings for opinion leaders at cell level (on LLINs)	GF/R8	IEC	120000	4.5	179 221	179 221	179 221
Design an multiply tools for supervision of CHWs by health centres	GF/RCC	Malaria Unit			70 000	70 000	70 000
Production and disseminations of the list of indicators					51 000	120 000	0
Recruit a consultant for exploitation/assessment of Malaria Unit data base	GF/RCC	Unit Coord.			20 000	0	0
Technical assistance for data analysis , publication and dissemination	TO BE	Unit Coord.			31 000	0	0

Objectives/Key activities	Source of budget	Responsible	Unit Qty	Unit cost	Year 2010	Year 2011	Year 2012
	MOBILIZED						
Bioassay testing	GF/R8	VC resp.				120 000	0
To outline key actions for implementing malaria M&E plan					3 300	0	0
Organise M&E plan dissemination workshop for stakeholders	TO BE MOBILIZED	Unit Coord.			1 650	0	0
Organise M&E plan annual review meeting with stakeholders	TO BE MOBILIZED	Malaria Unit			1 650	0	0
Recruitment of staff for M&E malaria related activities:					297 968	270 168	385 168
Data entry (casual staff)	TO BE MOBILISED	Malaria Unit			20 000	0	0
District supervisors based at Malaria Unit	TO BE MOBILIZED	Malaria Unit			20 000	20 000	20 000
National GIS staff	TO BE MOBILIZED	Malaria Unit			7 800	0	0
M&E officer based at Malaria Unit	GF /RCC/R8	Malaria Unit			156 000	156 000	156 000
Sentinel sites staff	TO BE MOBILIZED	Malaria Unit			25 000	25 000	25 000
BCC specialist based at Malaria Unit	GF/Malaria R8	Malaria Unit			23 340	23 340	23 340
Hire 41 lab technicians to strengthen supervision for lab QC from DH to HC	NRL	NRL	41	373	45 828	45 828	45 828
Recruit and pay research team to monitor efficacy of antimalaria	GF/RCC	Malaria Unit			0	0	115 000
Trainings, workshop and meetings					802 962	332 738	332 738
Training of epidemic management committee members	GF/RCC	Surveillance			37 780	37 780	37 780
Train of PNILP staff on utilisation of Arc view ,ArcGIS etc	TO BE MOBILIZED	CGIS/NUR			24 000	0	0

Objectives/Key activities	Source of budget	Responsible	Unit Qty	Unit cost	Year 2010	Year 2011	Year 2012
Train PNILP staff and HMIS on data mgt	PMI	Malaria Unit			1 835	0	0
Train PNILP and HMIS on M&E	PMI	M&E			1 835	0	0
Train data mgt staff at all level on data management	PMI/GF/M&E Unit	M&E / Malaria Unit			95 614	0	0
Training of health personnel on drug forecasting, procurement and supply management	GF/RCC	camerwa			9 100	9 100	9 100
Training of HWs on Pharmacovigilance	TO BE MOBILIZED	M&E			9 100	9 100	9 100
Conduct training and annual epidemiological country settings review workshops	GF/RCC	M&E			30 000	30 000	30 000
Train subrecipient staff on National Malaria Strategic Plan	GF/RCC	Unit Coord.			2 000	0	0
Train of health workers on M&E at all levels	TO BE MOBILIZED	M&E			40 000	0	0
Refresher training for public and private sector laboratory technicians on malaria diagnosis	GF/RCC	NRL			273 600	136 800	136 800
Train health workers and NGOs staff involved in malaria programs in BCC	Malaria Unit	Malaria Unit			135 000	0	0
Organize a workshop for clinics and referral hospitals on the importance to report to the HMIS	HMIS/Malaria Unit	Health sector M&E strategy 2.3. 2a/2.3.2b			38.540	0	0
Organize twice a year dissemination meetings at national level to share malaria data reports	Malaria Unit	Malaria Unit	5	4 979	4 979	9 958	9 958

Objectives/Key activities	Source of budget	Responsible	Unit Qty	Unit cost	Year 2010	Year 2011	Year 2012
Organize a workshop to update and finalise National Malaria M&E plan	Malaria Unit	Malaria Unit	1		4 979	0	0
Training on epidemic surveillance and response	TO BE MOBILIZED	Malaria Unit			15 000	0	0
Organize a workshop to share results from the M& E assessment (to share the information on all challenges identified)	Malaria Unit/M&E Unit	Gvt budget			18 140	0	0
Training of community health workers and other cadres of health care providers (50 health mobilisers at each health center)	GF/RCC	district hospitals			100 000	100 000	100 000
Strengthening sentinel sites surveillance					194 000	25 000	25 000
Install community HMIS /MEWS in 19 sentinel sites (data collection and transfer tools)		Surveillance			97 000	0	0
Verification of SIS and sentinel sites' data/ support functioning	TO BE MOBILIZED	Malaria Unit			72 000	0	0
Running costs	TO BE MOBILIZED	Malaria Unit			25 000	25 000	25 000
MEWS set up					44 000	0	0
Produce 10 MEWS maps for 10 districts	GF/RCC	Malaria Unit			20 000	0	0
Equipment (PDAs, GPS)	GF/ RCC	Malaria Unit			24 000	0	0
GRAND TOTAL					6 917 418	3 957 531	4 699 209

ANNEX 4: HMIS report for healthcenters

Health Center or Dispensary Monthly Report

IDENTIFICATION

Year		Month	
Province		District	
Catchment Area		Sector	
Facility Name		Cell	

REMARQUES IMPORTANTES POUVANT ENTRAVER LE BON FONCTIONNEMENT DE LA FOSA

Epidemiology
Medicines/supplies
Vaccines - cold chain
Equipment
Infrastructure
Transport
Personnel
Other

Name of In-charge		Date sent	
Qualification		Signature	
Date of reception		Date entered	
Signature			

POPULATION

Population Total of the catchment area	Target population of the e HMO	HMO Population (subscribers + indigents)	< 30 days	1-11 months	12-59 months	5-14 yrs	15-24 yrs	25-49 yrs	50 yrs et +	Pregnant women	Women of reproductive age
			??%	??%	??%	??%	??%	??%	??%	??%	??%

Outpatient Consultations

Morbidity (New cases) (Major causes of Morbidity)		< 30 days		1-11 months		12-59 months		5-14 yrs		15-24 yrs		25-49 yrs		50 yrs +		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1.	Malaria (presumptive)																
	Of which Pregnant women																
2.	Malaria confirmed																
	Of which Pregnant women																
3.	Malaria (presumptive) with minor digestive symptoms																
	Of which Pregnant women																
4.	Malaria confirmed with minor digestive symptoms																
	Of which Pregnant women																
ARI																	
Of which	5. Flu symptoms																
	6. Angina																
	7. Otitis																
	8. Mumps																
9.	Pneumonia																
10.	Whooping cough																

11. Other acute respiratory infections																	
12. Infections of teeth and gums																	
13. Conjunctivitis (bacterial or allergic)																	
14. Ocular trauma																	
15. Cataract																	
16. Other ocular problems																	
17. Vitamin A deficiency																	
18. Diarrhea without bleeding (acute)																	
19. Diarrhea with bleeding																	
20. Intestinal parasites																	
21. Gastritis / Epigastric pain																	
22. Skin infections																	
23. Abscess																	
24. Infected wound																	
25. Physical trauma																	
26. Joint pain																	
Protein-calorie Malnutrition																	
Of which	27. Kwashiorkor																
	28. Marasmus																
	29. Marasmus-Kwashiorkor																
30. Neonatal tetanus < 28 days																	
31. Tetanus																	
32. Acute flaccid paralysis																	
33. Congenital Malformations																	
34. Diabetes																	

35. Arterial Hypertension																	
36. Urinary Infections																	
37. Tuberculosis BK+																	
38. Leprosy																	
39. Urethral discharge																	
40. Vaginal discharge																	
41. Genital Ulceration																	
42. Conjunctivitis of newborn																	

		< 30 days		1-11 months		12-59 months		5-14 yrs		15-24 yrs		25-49 yrs		50 yrs +		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
43.	Swelling of scrotum ???		■		■		■		■		■		■		■		■
44.	Bubon inguinal ????																
45.	Genital herpes female	■		■		■		■		■		■		■		■	
46.	Genital herpes male ????????		■		■		■		■		■		■		■		■
47.	Syphilis confirmed																
48.	Other STI																
49.	Chronic diarrhea																
50.	Prolonged fever > 1 month																
51.	Candidose bucco pharyngée ???																
52.	Chronic cough																
53.	Headaches resistant to analgesics																
54.	Zona ???																
55.	Generalized skin infections																
56.	AIDS																
Gyneco-obstetrical problems		■		■		■		■		■		■		■		■	
Of which	57. Métrorragie ????	■		■		■		■		■		■		■		■	
	58. Pregnancy related issues	■		■		■		■		■		■		■		■	
	59. Miscarriage	■		■		■		■		■		■		■		■	
	60. Risk of premature birth	■		■		■		■		■		■		■		■	
	61. post partum infections	■		■		■		■		■		■		■		■	
	62. other gyneco-obstetric problems	■		■		■		■		■		■		■		■	

63. Epilepsy																	
64. Post Traumatic Stress																	
65. Psychiatric problems																	
66. Neurological problems																	
67. Psychosomatic problems																	
68. Other Psychological																	
	< 30 days		1-11 months		12-59months		5-14 years		15-24 years		25-49 years		50 years +		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
69. Trypanosomiasis																	
70. Rabies																	
71. Meningitis																	
72. Measles																	
Of which	73. Non-vaccinated cases																
74. Yellow fever																	
75. Viral Hemorrhagic Fever																	
76. Typhus																	
77. Plague																	
Other morbidity not mentioned above																	
78. 1.																	
79. 2.																	
80. 3.																	
Total																	

Morbidity summary table

Consultations	Zone	Outside of	Outside of	Total	HMO Members
---------------	------	------------	------------	-------	-------------

	Zone		District								NC non-paying	
	M	F	M	F	M	F	M	F	M	F		
New cases												
Old cases												Of which
Total cases												Number of Indigents

Referred to the HD Counter-referrals

Old cases HMO members	Frequency of consultations			Number of HMO members referred to the HD
	2	3	4 or more	

HOSPITALIZATIONS

Number of beds (a)		
Present at the beginning of the month (1)		
Admissions during the month (2)		
Discharges during the month (b)		
Of which	Cured	
	Died	
	Fled	
	Referred to the district hospital	
Present at the end of the month (1+2-b)		

Of which

Zone	Outside of Zone	Outside of District
Admissions who are members of HMO		
Potential Number of hospitalization days : $a \times \text{days in the current month}$		
Total hospitalization days (d) : Hospitalization Effective		
Number of hospital days of discharged patients (e)		
Bed occupancy rate : $(d \times 100) / (c)$		
Average duration of hospitalization : e / b		

Principal causes of hospitalization at discharge	< 30 days		1-11 months		12-59 months		5-14 yrs		15-24 yrs		25-49 yrs		50 yrs +		Total	
	Number	Deaths	Number	Deaths	Number	Deaths	Number	Deaths	Number	Deaths	Number	Deaths	Number	Deaths	Number	Deaths
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F

PRENATAL CONSULTATIONS

	Zone	Non-Zone	Non-District	Total	ANC attendance rate : <small>a x 100 / (expected pregnancies/ 12)</small>
New Registrations	a				
ANC visit 1 st trimester					
ANC visit 2 nd trimester					
ANC visit 7 th or 8 th month					
ANC visit during 9 th month					Adequate ANC coverage rate: <small>b x100 / (expected pregnancies/ 12)</small>
Number of women with 4 standard ANC visits	b				
Number of women who made non-standard ANC visits					
Number of high risk pregnancies detected					
Number of high risk pregnancies referred.					
Number of women who received TPI ???					
Of which	TPI I				
	TPI II				
	TPI III if indicated				
Total number of women who received TT					
Of which	TT 1				
	TT 2 (a)				
	TT 3 (b)				
	TT 4 (c)				
	TT 5 (d)				
TOTAL TT2 to TT5 (a+b+c+d)					
Number of women who received Iron and Folic Acid supplements					
Number of women who received Insecticide Treated Bed nets					

PMTCT

Total number of women who received counseling	
Number of women counseled and tested for HIV	
Number of women counseled and tested for RPR ???	
Number of women tested who returned to receive their results	
Number of women counseled with their partners	
Total number of women tested for HIV	
Number of partners tested	
Total number of women tested for RPR ???	
Number of HIV+ women eligible for Tritherapy (ARV)	
Number of HIV+ women eligible for prophylaxis	

Of which HIV+
Of which HIV+
Of which
RPR+ ???

ACCOUCHEMENTS

	Total number (eut + dys)*	Number of Dystocic ????	Number of HIV+ women delivered	Number of women referred to the District Hospital during labor	Number of maternal deaths at the maternity
Deliveries at the Health Facility					
Deliveries outside of the Health Facility reported by a CHW					

By geographic origin

	Zone	Outside of Zone	Outside of District	Total*
Number of deliveries at the health center	<i>a</i>			

* The total must be the same in all tables.

Coverage rate for assisted deliveries

--

a x 100 / (Pop Expected Pregnancies /12)

Assisted deliveries by the Number of standard ANC Visits :

Number of FOSA deliveries with only 2 standard ANC visits.	
Number of FOSA deliveries with only 3 standard ANC visits.	
Number of FOSA deliveries with 4 standard ANC visits..	
Number of FOSA deliveries with > 2 non-standard ANC visits.	
TOTAL FOSA deliveries with at least 3 visits (standard et non-standards)	

By PMTCT

	Zone	Hors Zone	Hors District	Total
Number of HIV + women expected to deliver at the FOSA				
Number of HIV + women who delivered at the FOSA				
Number of HIV + women who delivered at home				
HIV+ women who received AZT/NVP during labor (received at the 28th SA)				
Children who took ARV				

BIRTHS	Total Number	Weight < 2.5 kg	Number referred	Infant deaths		
				Number total	At birth	In utero
At the FOSA						
Reported by the CHWs						

MONITORING OF HIV+ CHILDREN AND MOTHERS

Children born of seropositive mothers.			
Children monitored who were born of seropositive mothers			
Children born of seropositive mothers tested at 6 months for PCR ???		Of which HIV+	
Children tested for PCR at 7 ^{1/2} months (PCR confirmation)		Of which HIV+	
Children born of seropositive mothers tested at 9 months		Of which HIV+	
Children born of seropositive mothers tested at 15 months		Of which HIV+	

CONSULTATION OF CHILDREN UNDER 5 YEARS

VACCINATIONS

	Zone						Outside of zone						Outside of district						Total	
	0 -11 months		≥1 year		TOTAL		0 -11 months		≥1 year		TOTAL		0 -11 months		≥1 year		TOTAL		M	F
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
BCG	a	a'																		
PO																				
P1-DTP-HepB/Hib1																				
P2-DTP-HepB/Hib2																				
P3-DTP-HepB/Hib3	b	b'																		
MEASLES	c	c'																		
Number of children who received insecticide impregnated bed nets																				

BCG coverage rate : $(a+a')*100 / (\text{Expected number of children } <1 \text{ year } /12)$	
DTC-HepB/Hib3 coverage rate : $(b+b')*100 / (\text{Expected number of children } <1 \text{ year } /12)$	
Measles coverage rate : $(c+c')*100 / (\text{Expected number of children } <1 \text{ year } /12)$	
Dropout rate : $[(a+a')-(c+c')]*100 / (a+a')$	
Number of Adverse Post-Immunization Reactions (MAPI) ????	

GROWTH MONITORING

<i>Par le CS</i>	Children expected	Children weighed	Children in green zone	Children in yellow zone	Children in red zone	Edema	Malnutrition rate	Children referred to the district hospital	Child deaths	Number of children who received Vit. A	Number of children who received mebendazol
0-11 months											
12-23 months											
24-35 months											
36-59 months											
Total											

<i>Par la community</i>	Cells covered	Children expected	Children weighed	Children in green zone	Children in yellow zone	Children in red zone	Edema	Malnutrition rate	Children referred to the district hospital	Child deaths	Number of children who received Vit. A	Number of children who received mebendazol	Number of children who received zinc
0-11 months													
12-23 months													
24-35 months													
36-59 months													
Total													

Mild and moderate cases managed within the community	
Number of children referred back from the FOSA to the community	

HOSPITALISATION OF MALNOURISHED CHILDREN

Hospitalized	Present at the beginning of the month	Admissions			Discharges					Present at the end of the month			
		NC	OC	Total	Cured	Ref	Abandoned	Died	Total	Z	Non-Z	Non-D	Total
< 5 years													
≥ 5 years													
Total													

Average number of hospital days for children under 5 years	
--	--

OUTPATIENT CARE OF MALNOURISHED CHILDREN

Outpatients	Present at the beginning of the month	Registered			Issue					Present at the end of the month			
		NC	OC	Total	Cured	Hospitalized	Abandoned	Deaths	Total	Z	Non-Z	Non-D	Total
< 5 years													
≥ 5 years													
Total													

Average number of days of outpatient care for children under 5 years	
--	--

FAMILY PLANNING

	Zone	Outside Zone	Outside District	Total
Newly Registered				

By Method

Methods	New Users				Active Users at the end of the month				Quantity distributed
	ZR	Non-Zone	Non-District	Total	ZR	Non-Zone	Non-District	Total	
Oral Contraceptives									
Injectables (Depo-Provera)									
Implants									
IUD									
Cycle beads									
Barriers									
Auto-observation ???									
Surgical contraception									
Of which									
Tubal ligations									
Vasectomy									
Total									

Methods By Age

Methods	Age					Total
	15-24 years	25-34 years	35 -44 years	45- 49 years	50 years +	
Oral Contraceptives						
Depo-Provera						
Implants						
IUD						
Cycle beads						
Barriers						
Auto-observation ???						
Surgical contraception						

LABORATORY

		Results		Total
		Positives	Negatives	
<input type="checkbox"/>	Exams			
<input type="checkbox"/>	Blood Smears			
	Of which			
	Plasmodium			
	Borrelia			
<input type="checkbox"/>	Stools			
<input type="checkbox"/>	Of which			
	Amoebiasis			
	Ascariasis			
	Ankylostomiasis			
	Bilharzia			
	Other parasites			
<input type="checkbox"/>	Urine			
<input type="checkbox"/>	Of which			
	Sugar			
	Albumin			
	Pregnancy test			
<input type="checkbox"/>	Sputum			
<input type="checkbox"/>	Of which			
	Diagnosis BK			
	Control BK			
<input type="checkbox"/>	Blood			
<input type="checkbox"/>	Of which			
	Hemoglobin			
	RPR ???			
	SRV (VIH)			
	VS			
	NFS			
	Biochemistry			
	CD4			
	Glycemia			
<input type="checkbox"/>	Others			
TOTAL tests conducted in the laboratory				

PHARMACY MANAGEMENT

Tracer drugs	Initial Stock	Quantity received	Consumption		Expiration/Loss		Number of days of stock out
			Quantity	Value	Quantity	Value	
Anti-biotics :							
Amoxicillin gel. or tabs 250 mg							
Amoxicillin oral susp. 125 mg/ 5ml							
Benzathin benzylpenicillin inj, 2,4 MUI							
Benzyl penicillin procaine inj, 4 MUI							
Ciprofloxacin tabs 250 mg							
Bactrim tabs 480 mg							
Anti-helminthes :							
Mebendazol tab 100mg							
Mebendazol oral susp. 100mg/5ml							
Metronidazol tab 250mg ; 500mg							
Metronidazol oral susp. 250mg/5ml vial							
Metronidazol oral susp. 125mg/5ml vial							
Antimalarial							
Coartem tabs							
	5-15 Kg						
	15-25 Kg						
	25- 35 Kg						
	> 35 Kg						

	Initial stock	Quantity received	Consumption		Expiration/Loss		Number of days of stock out
			Quantity	Value	Quantity	value	
Arthemeter							
Vial 80 mg / ml							
Vial 20 mg / ml							
Quinine tab 300 mg							
Quinine inj. 300 mg							
Quinine syrup 100 mg/5 ml							
Anti-diarrheal							
ORS							
Zinc							
Antituberculosis							
1st Line Treatment							
RHZE (R150+H75+Z400+E275)							
RH (R150+H75)							
RHE (R150+H75+E275)							
Streptomycin 1 gr							
Pediatric formulary:							
RHZ (R60+H30+Z150)							
RH (R60 + H30)							
Ethambutol 400 mg							
Others:							
INH 100							
Pyridoxin 25 mg							
Pyridoxin 50 mg							
2nd Line Rx:							
Kanamycine 1 gr							
Pyrazinamide 400 mg							
Ofloxacin 200 mg							
Prothionamide 250 mg							

	Initial stock	Quantity received	Consumption		Expiration/loss		Number of days of stock out
			Quantity	Value	Quantity	value	
Cyclosérine 250 mg							
PAS tab 1gr							
PASER granules							
Clofazimine tab 100 mg							
Matériel for injections							
Syringes							
Diluents							
Reagents and Lab Consumables							
Kinyoun A							
Kinyoun B							
Fuchsine							
Sulfuric acid							
Methylene Blue							
Spittoons							
Slides							
Anti-leprosy							
Plaquettes MB adulte ???							
Plaquettes MB enfant ???							
Plaquettes PB adulte ???							
Plaquettes PB enfant ???							
Prednipac							
Solutions for perfusion of which							
Glucose 5% 500 ml							
Ringer's Lactate 500 ml							

Total value of stock on record	
Actual value of inventory	
Total value of expired items	

HEALTH EDUCATION

a. At the FOSA

Themes	Number of sessions	Number of participants	Number of household visits
Vaccination			
HIV/AIDS			
STD			
Malaria			
ARI			
Nutrition			
Childbirth			
Diarrheal disease			

b. In the community

Themes	Number of sessions	Number of participants	Number of household visits
Vaccination			
HIV/AIDS			
STD			
Malaria			
ARI			
Nutrition			
Childbirth			
Diarrheal disease			

Themes (cont.)	Number of sessions	Number of participants	Number of household visits
ANC/ IPT/Bed nets			
Postnatal care			
FP			
Hygiene/environmental health			
Tuberculosis			
PMTCT/ VCT			
Health Mutuals			
Total			

Themes (cont.)	Number of sessions	Number of participants	Number of household visits
ANC/ IPT/Bed nets			
Postnatal care			
FP			
Hygiene/environmental health			
Tuberculosis			
PMTCT/ VCT			
Health Mutuals			
Total			

COMMUNITY PARTICIPATION

Community health information

Number of home deliveries			
Number of maternal death due to pregnancy or delivery			
Number of deaths at home		Male	Female
Number of still born births		Male	Female
Number of infant deaths < 1 months		Male	Female
Number of infant deaths 1 months-11 months		Male	Female
Number child deaths >=12-59 months		Male	Female
Number of neonates referred for tetracycline ophthalmic ointment			
Number of household visits reported by the CHWs			
Number of households that are members of the health mutual			

Community based distribution

Number of bed nets sold	
Number of condoms sold	
Number of children 6-11 months who received Vit A	
Number of children 1- 4 years who received Vit A	
Number of children de >6 months who received mebendazol	

Number of children who received SRO for diarrhea	
Number of children under 5 years treated for fever (Malaria-HBM)	
Number of children under 5 years treated for fever (Malaria-HBM) and cured	
Number of oral contraceptives distributed	
Number of children who received Zinc	

HUMAN RESOURCE MANAGEMENT

		Status of personnel					
		No status	Contracted by FOSA	Contracted by NGO/Project	Expatriate	Govt. Employees	Daily workers
Doctors							
Qualified Paramedicals	Mid-wife						
	Nurse A1						
	Medical Assistant						
	Nurse A2						
	Nurse A3						
Nutritionists	Nutritionist A1						
	Nutritionist A2						
Social Workers	Nutritionist A3						
	Assistant Social A1						
	Assistant Social A2						
	Assistant Social A3						
	Others						
Medical technicians	Lab technician A1						
	Lab technician A2						
	Lab technician A3						
	Biologist A1						
	Environmental Health Technician A1						
	Environmental Health Technician A2						
Non diploma health workers	Nurse's Aide , Health Auxiliary...						
Administrative Personnel	Accountant A1						
	Accountant A2						
	Cashier A2						
	Secretary A2						
Non-medical technical staff	Chauffeur, carpenter...						
Non-qualified worker	(laborer, guard...)						

FINANCES

Receipts		Expenditures	
<i>Description</i>	<i>Total Amount</i>	<i>Description</i>	<i>Total amount</i>
1. Curative Consultations		1. Purchase of medicines, medical materials	
2. Care		2. Salaries, social security, professional taxes, personnel payments	
3. Laboratory		3. Employee bonuses	
4. Deliveries		4. Travel expenses	
5. Hospitalization		5. Office supplies / printed materials / medical records	
6. Sale of medicines/ supplies		6. Maintenance and repair of medical equipment	
7. Sale of bed nets		7. Maintenance and repair of non-medical equipment	
8. Minor surgery		8. Maintenance and repair of transport	
9. Doc. médico-légaux ?????		9. Maintenance and repair of infrastructure	
10 Sale of patient records/forms		10. Maintenance/cleaning supplies	
11. Transport of patients		11. Fuel and motor oil	
12. Performance Based Financing		12. Water and Electricity	
13. Other State Subsidies		13. Communication (Telephone, Internet...)	
14. Contributions from other donors		14. Training	
15. Bank interest		15. Costs associated with indigents	
16. Mutuelles		16. Purchase medical equipment	
Co-payments		17. Purchase non-medical equipment	
Payment for care		18. Purchase transport	
Payment for medication		19. Other expenses	
17. Other health insurance (RAMA / MMI / FARG/ Private insurers)			
Co-payments			
Payment for care			
Payment for medication			
18. Other receipts			
Total Receipts (A)		Total Expenses (B)	

Credits		Debts	
<i>Description</i>	<i>Amount</i>	<i>Description</i>	<i>Amount</i>
Credits at the beginning of the month (e)		Debts at the beginning of the month (i)	
(+) Additional credits during the month (f)		(+) Total debts this month (j)	
(-) Reimbursements during the month (g)		(-) Reimbursements this month (k)	
Total credits at the end of the month (H) = (e+f)-(g)		Debt at the end of the month (L) = (i+ j) -(k)	

Total credits : all parties who owe the FOSA money, goods (e.g. medicines) or services (ex. consultations) provided.

Total debts : all parties who whom the FOSA owes money, goods (e.g. medicines) or services (ex. consultations) provided.

Financial Statement				
<i>Description</i>	<i>Amount</i>		<i>Description</i>	<i>Amount</i>
General bank account (m)			Total available at the beginning of the month (r)	
(+) Pharmacy band account (n)			(+)balance of receipts and expenses (s) = (A-B)	
(+) general cash on hand (o)				
(+)pharmacy cash on hand (p)				
Total available at the end of month (Q) = m+n+o+p		Q=T	Total available at the end of the month (T) = r + s	

<i>Receipts in hand</i>	<i>Pending Receipts</i>			<i>Total pending receipts</i>	
From the population (C)	Indigents (u)	Other non-paying clients* (v)	Credits for goods and services during the month** (w)	Total receipts not received (X) = u+v+w	(Y)= (C) + (X)

* Other non-paying clients : patients other than indigents for whom was not paid for by the patient nor any other organization.	Ratio of pending receipts/receipts in hand (Z) =(X) X100/ (Y)	
** All credits in goods (e.g. medicines) or services (ex. consultations) - financial credits are not counted.		

Value of outside donations and gifts in kind					
Sub-category	Quantity (units)	Amount by source (frws)			
		Population	Donors	State	Total
Pharmaceuticals/Consumables					
ARV					
Anti-TBC					
Vaccines					
Contraceptives					
Medical equipment					
Non medical equipment					
Computer equipment					
Office supplies					
Transport					
Food					
Salaries and other personnel costs					
Other types of interventions					
TOTAL					

ANNEX 5: HMIS for district hospitals

DISTRICT HOPITAL MONTHLY REPORT FORM

IDENTIFICATION

Year		Month	
Province		Sector	
District		Cell	
District Hospital Name			

IMPORTANT COMMENTS ABOUT ISSUES THAT AFFECT THE NORMAL FUNCTIONING OF THE DISTRICT HOSPITAL

Epidemiology
Medicines/ Vaccines
Infrastructure - Material, cold chain
Transport
Personnel
Other

Name of In-charge		Date sent	
Qualification		Signature	
Date of reception		Date entered	
		Signature	

POPULATION

Total Population of the catchment area	Target Population of the mutuelle	Beneficiary Population (adherents + indigents)	< 30 days	1-11 months	12-59 months	5-14 years	15-24 years	25 -49 years	50 years +	Expected pregnancies	Women of childbearing age
			??%	??%	??%	??%	??%	??%	??%	??%	??%

Source : 3rd Population and Household Census Year : Aug 2002 (with growth rate applied?)

CONSULTATIONS

Morbidity (New cases) (Major causes of Morbidity)	< 30 days		1-11 months		12-59 months		5-14 yrs		15-24 yrs		25-49 yrs		50 yrs +		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Simple Malaria																
Of which Pregnant women																
Malaria simple with minor complications																
Of which Pregnant women																
Malaria with major complications																
Of which Pregnant women																
Borréliose confirmée???																
ARI																
Angina																
Asthma																
Pneumonia																
Other ARI																
Diarrhea without bleeding (acute)																
Of which With dehydration																
Diarrhea with bleeding																
Of which Bacterial Dysentery																
Of which Amoebic Dysentery																
Of which Shigellosis																
Other intestinal parasites																
	< 30 days		1-11months		12-59 months		5-14 years		15-24 years		25-49 years		50 years et +		Total	

	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Bilharzia intestinal																
Bilharzia urinairy																
Skin infections																
Fractures																
Other physical trauma																
Dental cavities																
Gingivitis																
Periodontal disease																
Congenital Malformations (hair lip)																
Other gum and dental problems																
Diabetes																
Arterial Hypertension																
Heart failure																
Other cardio-vascular diseases																
Goiter																
Acute Abdomen																
Other abdominal surgery																
Hepatitis																
Cirrhosis of the liver																
Other liver disease																
Gastritis																
Gastric-duodenal ulcer																
Kwashiorkor																
Marasmus																
Kwashiorkor with marasmus																
Pulmonary Tuberculosis BK+																
Pulmonary Tuberculosis BK-																
	< 30 days		1-11months		12-59 months		5-14 years		15-24 years		25-49 years		50 years et +		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Non-pulmonary Tuberculosis																
Syndrome néphrotique???																

Other urinary tract infections																
Prostate disease																
Urethral discharge																
Vaginal discharge																
Genital ulcers																
Syphilis confirmed																
Pelvic/abdominal pain																
Swelling of the scrotum																
Bubon inguinal																
Neonatal Conjunctivitis																
Female Genital herpes																
Male Genital herpes																
Chronic diarrhea																
Prolonged fever > 1 month																
Candidose bucco pharyngée ???																
Pneumonia due to pneumocystis carinii																
Skin Pathologies related to HIV																
Chronic Lymphadenopathies																
Kaposi's sarcoma																
Meningitis cryptococal																
AIDS disease																
Gyneco-obstetrical diseases																
Hemorrhage during pregnancy																
Risk of premature birth																
	< 30 days		1-11months		12-59 months		5-14 years		15-24 years		25-49 years		50 years et +		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Miscarriage																
Sterility																
Epilepsy																
Post Traumatic Stress																
Psychiatric problems																

Neurological problems																
Psychosomatic problems																
Other psychological problems																
Sexual Violence																
Cataract																
Trachoma																
Ectropion																
Entropion																
Vitamin A deficiency																
Conjunctivitis allergic																
Conjunctivitis bacterial																
Ocular trauma																
Glaucoma																
Corneal ulcer																
Other ocular disease																
Otitis																
Other ear disease																
Leprosy																
Trypanosomiasis																
Joint disease																
Whooping cough																
	< 30 days		1-11months		12-59 months		5-14 years		15-24 years		25-49 years		50 years et +		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Plague																
Typhus																
Rabies																
Yellow fever																
Viral Hemorrhagic fever																
Neonatal Tetanus < 28 days																
Tetanus																
Acute flassic Paralysis																

Measles																				
Of which	Measles in non-vaccinated patients																			
Bacterial Meningitis																				
Other pathologies not listed above																				
Total																				

Medical-Legal Documents																				
dont	Certificate physical aptitude																			
	Birth certificate																			
	Autopsy / death certificate																			
	Medical rest and certificate of consolidation																			

Morbidity Summary Table

Consultations	District Referred by HCs	Not referred	Outside of District	Total	New cases mutualistes	
					Fee for service curative consultations	
New cases					Fixed tariffs for new case consultations and medical services	
					Average cost of Medicines for new cases	
Old cases					Total non-paying new cases	
Total cases					Of which the number of indigents	

Referrals from primary care Health Centers

	Total number			Sur demande???			Justified			Late Referrals			Hospitalized		
	Mutualistes	Other insurance	Without insurance	Mutualistes	Other insurance	Without insurance	Mutualistes	Other insurance	Without insurance	Mutualistes	Other insurance	Without insurance	Mutualistes	Other insurance	Without insurance
ANC															
Delivery															
Diagnosis															
Appropriate case management															
Specialized exams not available in the HC															
Medico-legal Documents (Medical Certificates, autopsies, etc...)															

Other (specify)					
TOTAL referred by the HCs and received at the District Hospital					

Counter-referrals by the District Hospital to the HCs

MANAGEMENT OF CASES OF SEXUAL VIOLENCE

a. Cases of Rape

	Age and sex										
	Under 5 years			5-18 years			> 18 years			TOTAL	
	M	F	Total	M	F	Total	M	F	Total	M	F
Number of cases received by the hospital with suspicion of sexual violence											
Number of cases with symptoms of sexual violence.											

b. Symptoms of sexual violence

Age	Sex	HIV+	HIV-	Tears	STI+	STI-	Other types of lesions	Total
<5 years	M							
	F							
5- 18 years	M							
	F							
> 18 years	M							
	F							
Total	M							
	F							

HOSPITALIZATIONS

	Méd. inter.	Pédiatrie	Chirurgie	Gyn.Obst	Réhab.nut.	Soins intensifs	Services spécialisés	Total
--	-------------	-----------	-----------	----------	------------	-----------------	----------------------	-------

Number of beds (a)								
Present at the beginning of the month								
Admissions during the month of which:								
Patients from the cantchment area Referred from the CS								
Non-referred patients from the catchment area								
Admissions from outside the catchment area								
Discharges during the month (b) of which								
Number Authorized/Cured								
Number fled/Abandoned								
Number of deaths								
Number referred								
Number counter-referred								
Present at the end of the month								
Total hospitalization days for discharged patients (c)								
Average length of stay (c/b)								
<i>Potential hospitalization days</i> <i>(a x days in the month = d)</i>								
<i>Actual hospitalization days (e)</i>								
Bed occupancy rate: (e/dx100)								
Discharged members of Mutuelles								
Non-paying discharges								
Indigents								
Other non-paying discharges								

Ration of Referrals/Admissions

Principal causes of hospitalizaiton (at discharge)

		< 30 days				1-11 months				12-59 months				5-14 years '				15'-24 years				25 -49 years				50 years et +				Total	
		M		F		M		F		M		F		M		F		M		F		M		F		M	F				
		Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC				
Malaria simple with TDM ³																															
Malaria complex																															
Of which	Cerebral/neurologic																														
	With Severe Anemia																														
	Other forms																														
Borréliose																															
Acute Respiratory Infection																															
Of which	Bronchial Pneumonia																														
	Non Tubercular pleurisy																														
Asthma																															

³ TDM : Troubles Digestifs Mineurs

	< 30 days				1-11months				12-59 months				5-14 years'				15'-24 years				25 -49 years				50 years et +				Total			
	M		F		M		F		M		F		M		F		M		F		M		F		M		F		M			
	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC	Nb	DC		
Acute Diarrhea without bleeding																																
Of which were Dehydrated																																
Diarrhea with bleeding																																
Of which Amoebic dysentery																																
Bacillary Dysentery																																
Shigellosis																																
Cholera																																
Salmonella (typhoid fever)																																
Meningitis																																
Measles																																
Diphtheria																																
Tuberculosis pulmonary BK+																																
Tuberculosis pulmonary BK-																																
Tuberculosis extra pulmonary																																
SIDA confirmed																																
Infections opportunistes																																
Of which chronic Diarrhea																																
Fever prolonged																																
Pneumopathies ???																																
Encephalitis																																
Meningitis à cryptocoques																																
???																																
Affections dermatological																																
Traumatismes																																
Of which																																
Cranial Traumatismes																																
Rupture of the spleen																																

		< 30 days				1-11months				12-59 months				5-14 years ¹				15 ¹ -24 years				25 -49 years				50 years et +				Total			
		M		F		M		F		M		F		M		F		M		F		M		F		M		F					
		No	DC	No	DC	No	DC	No	DC	No	DC	No	DC	No	DC	No	DC	No	DC	No	DC	No	DC	No	DC	No	DC	No	DC				
Intestinal Occlusion																																	
Urinary tract infections																																	
Renal infections																																	
Of which	Syndrome néphrotique???																																
	Gromérulonéphrites???																																
Arterial Hypertension																																	
Cardiopathy																																	
Stroke (CVA)																																	
Diabetes																																	
Obstetrical problems:																																	
Of which	Abortions, Miscarriages																																
	Ectopic pregnancies																																
	MAP ⁴																																
	Placenta previa																																
	Dystocic pregnancy																																
Post partum Observation																																	
Post partum Complications																																	
Of which	Infection puerpérale																																
	Fistula (vesico-vaginal or rectal)																																
	Hemorrhage																																
Premature birth																																	
Congenital Anomalies																																	
Ostitis et Osteomyalitis???																																	
Other bone or joint disease																																	

⁴ MAP : Menace d'Accouchement Prématuro

Follow-up

Follow-up of PLA	NC		AC		Total	
	M	F	M	F	M	F
Children under 5 years						
School age children 5-14 years						
Adolescents (15-24 years)						
Adults						
25 - 34 years						
35 - 49 years						
≥ 50 years						
Total						

HIV/AIDS Treatment

Category of persons living with AIDS	Treated with ARV						Treated for OI						Treated for STI						Bactrim Prevention						Treated for TB											
	NC		OC		Total		NC		OC		Total		NC		OC		Total		NC		OC		Total		NC		OC		Total							
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
Children (< 5 years)																																				
School age children (5 -14 years)																																				
Adolescents (15-24 years)																																				
Adults																																				
Of which																																				
25 -34 years																																				
35-49 years																																				
≥50 years																																				

ACTIVITES DE MATERNITE

ACCOUCHEMENTS

	Total	Of which referred by HC during labor	Of which referred by HC for ANC	Of which referred for pregnancy related illness	Number HIV+
Eutocic					
Dystocic					
dont par					
Cesareans					
Suction					
Forceps					
Craniotomy					
Total Accouchements					
Number of maternal deaths at the Maternity					
Number de femmes under post-partum observation during at least 72 hours					

by geographic origin	District	Non-District	Total
Number of deliveries at the DH			

by PMTCT	District	Non-District	Total
HIV+ women taking ARVs			
Children taking ARVs			

CAUSES OF CESARIENS

Causes	Number of cases	Fate of the child	
		Number born alive	Number of still-births
Dystocic pregnancy			
Fetal distress			
Pre-eclampsia			
Eclampsia			
Fetal presentation			
Cesarien iterative????			
Other causes not listed above			

COMPLICATIONS OF CHILDBIRTH

<i>Complications</i>	<i>Number</i>
Retained Placenta	
Post-partum Hemorrhage	
Uterine Rupture	
Anemia	
Fever	
Infections	
Perineal tear	
Torn cervix	
Spleen or recto-vaginal fistula	
Maternal death at the maternity	

BIRTHS

Total Births	Live births		Deaths		
			Perinatal Mortality		
	< 2,5 Kg	≥ 2 ,5 Kg	In Utero	At birth	Neonatal

SUIVI DES ENFANTS DES MERES VIH+

Children monitored who were born of seropositive mothers		
PCR at 6 weeks		Of which HIV+
Children tested at 9 months		Of which HIV+
Children tested at 18 months		Of which HIV+
Exclusively breastfed children		
Children receiving supplementary feeding		
HIV+ women who stopped breastfeeding at six months		

FAMILY PLANNING

	From catchment area of the District Hospital	Outside District	Total
Newly Registered			
Continuing users registered			

UTILISATION DES METHODES DE CONTRACEPTION PAR AGE

Méthodes	Age					Total
	15-24 years	25-34 years	35 -44 years	45-49 years	50 years et +	
IUD						
Vasectomy						
Tubal ligation						
Implant						
Injectables						
Pills						
Condoms						
Cycle beads						
Other natural FP methods						
Total						

ACTIVITES DU BLOC OPERATOIRE

Services	Type d'intervention	urgent interventions	Planned interventions	Post-surgical Infection	Total
General surgery	Appendicitis				
	Hernias				
	Laparotomy				
	Thyroidectomy				
	Cataract				
	Adénomectomie ???				
	Trachoma				
	Glaucoma				
	Other				
	Total				
Gyneco - obstetrical	Cesarean				
	Hysterectomy				
	Laparotomy (GEU)				
	Other Laparotomies				
	Myomectomie				
	Curettage				
	Total				
Orthopedic	Amputations				
	Ostéosynthèse ???				
	Other				
TOTAL SURGICAL INTERVENTIONS					
Of which	Major surgery				
	Minor surgery				

ANESTHESIA

Types of anesthesia	Total
General Anesthesia	
with gas	
with Ketamine	
Spinal-anesthesia	
Local Anesthesia	
Other types of anesthesia not mentioned	
Total	

Physical Therapy

Physical Therapy

	Outpatients	Hospitalized	Total
New cases			
Number of therapy sessions			

DIAGNOSTIC TESTING

LABORATORY

		Exams	Résultats		Total
			Positifs	Négatifs	
Parasitology	Blood Smears Of which	Total			
		Plasmodium			
		Borrelia			
		Trypanosomiasis			
		Micro-filaria			
	Stools Of which	Total			
		Amebiasis			

			Giardia			
			Bilharzia			
			Other parasites			
Bacteriology	Smear	PAP	A frais ???			
			Gram			
			Of which Diplococcus Gram (-)			
	Urethral	A frais ???				
		Gram				
		Of which Diplococcus Gram (-)				
	Urine	Culot ???				
		Gram				
	Others					
Sputum	Ziehl					
Hematology	VS ???					
	FNS ???					
	Hemoglobin					
	Blood group					
	Other					
Blood chemistry	Glycemia					
	Urea					
	Creatinine					
	Transaminases ???					
	Others					
Biochimie d'urine	Albumin					
	Sugar					
	Other					
Serology	RPR ???					
	HIV					
	Pregnancy test					
	Widal ???					
Other Liquids	LCR???					
	Amniotic fluid					

Other exams			
TOTAL			

MEDICALE IMAGERY

Type		Number
Radiology		
Of which	Lung	
	Os	
	Abdomen without preparation	
	Abdomen with dye	
	Other RX	
Gastroscopy		
Echography		
ECG		

BLOOD BANK SECURITY

By service

	Pediatrics	Internal medicine	Gyne-cology	Maternity	Surgery	Bloc opératoire	Total
Number of patients transfused							
Number de packs de sang utilisées							

Selon l'âge et le sexe

< 30 days	1-11months	12-59 months	5-14 years	15-24 years	25-49 years	50 years et +	Total	Femmes enceintes

	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Number patients transfused																	
Number de packs of blood used																	

By blood group, age and sex

	< 30 days		1-11 months		12-59 months		5-14 years		15-24 years		25-49 years		50 years et +		Total		Femmes enceintes
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Quantity of packs of group A																	
Quantity of packs of group B																	
Quantity of packs of group AB																	
Quantity of packs of group O																	

HUMAN RESOURCE MANAGEMENT

Qualification/Specialty/Level	Status ⁵						Total
	Sous Statut???	Contracted by FOSA	Contracted by NGO/Project	Expatriate	Govt. Employees subsidized	Daily workers	
Qualified Medical Personnel							
Doctor							
Pharmacist							
Midwife A1							
Nurse A1							
Anesthetist A1							
Nurse ophthalmologist A1							
Dental Nurse A1							
Mental Health Nurse A1							
Physiotherapist A1							
Medical Assistant							
Nurse A2							
Nurse A3							
Non-qualified care providers							
Qualified medical technicians							
Lab tech A1							
Lab tech A2							
Lab tech A3							
Radiology Technician A1							
Non-qualified medical technicians							
Paramedical Personnel							
Assistant Social A0							

⁵ Tout le personnel doit être déclaré dans cette liste, y compris le personnel de soutien.

Assistant Social A1							
Assistant Social A2							
Counselors A0							
Counselors A1							
Nutritionist A1							
	Sous Statut	S/C avec FOSA	S/C avec ONG/Projets	Expatriés	Agréé Subsidié	Journaliers	TOTAL
Environmental Health Technician A1							
Environmental Health Technician A2							
Non-qualified paramedical Personnel							
Administrative Personnel							
Public Health A0							
Public Health A1							
Manager A0							
Manager A1							
Administrator A0							
Administrator A1							
Economist A0							
Economist A1							
Accountant A1							
Accountant A2							
Statistician A0							
Statistician A1							
Secretary A1							
Secretary A2							
Unqualified administrative personnel							
Non-medical technical personnel							
Computer technician A0							
Computer technician A1							

Maintenance worker A0							
Maintenance worker A1							
Maintenance worker A2							
Unqualified Non-medical technical personnel							
Unqualified support staff							
Divers							
First aid workers							
Workers							
Total							

MANAGEMENT OF THE PHARMACY

Médicaments	Initial Quantity	Quantity received	Consumption		Péremption		Number of days of stock out
			Quantity	Value	Quantity	Value	
Anesthetics							
1. Ketamine inj 50mg/ml							
2. Lidocain inj. 1%							
3. Lidocain inj. 2%							
4. Lidocain inj. 5%							
5. Atropine							
Analgesics opiates							
1. Codeine tabs 30 mg							
2. Morphine inj.10 mg/ml							
3. Morphine tab 10 mg							
4. Pentazocine inj.30 mg/ml							
Anticonvulsants/antiepileptics							
1. Carbamazepine tab 200 mg							
2. Diazepam tab 5 mg							
3. Diazepam inj.5 mg/ml							
4. Phenobarbital tab 30 mg							
5. Phenobarbital inj.100mg/ml							
Antibiotics							
1. Amoxicillin géll ou tab 250mg							
2. Amoxicillin susp.buv.125mg/5ml							
3. Benzathine benzylpenicillin inj. 2,4 MUI							
4. Benzylpenicillin procaine forte inj. 4 MUI							
5. Ciprofloxacin tab 250 mg							

6. Benzylpénicillin inj.5MUI							
7. Cloxacillin gél.250 mg							
8. Chloramphenicol gél.250 mg							
9. Gentamicin inj. 40mg/ml							
10. Ampicillin inj. 500 mg							

	Quantité initiale	Quantité acquise	Consommation		Péréemption		Number de days de rupture de stock
			Quantité	Valeur	Quantité	valeur	
Antimalarial							
1. Quinine tab 300 mg							
2. Quinine syrup 100 mg/5 ml							
3. Quinine inj 100 mg/ml							
4. Quinine inj.300 mg/5ml							
5. Artemether + Lumefantrin 20mg + 120 mg							
6. Coartem syrup							
7. Arthemeter Vial 80 mg / ml							
8. Arthemeter Vial 20 mg / ml							
Médicaments used for cardiogic							
1. Digoxin tab 250µg							
2. Digoxin inj.250µg/ml							
3. Propanolol tab 40mg							
4. Methyldopa tab 250mg							
Uterotoniques ????							
1. Ocytocin Vial 10UI							
Anti-tuberculolosis							
1st line treatment							
RHZE (R150+H75+Z400+E275)							
RH (R150+H75)							
RHE (R150+H75+E275)							
Streptomycin 1 gr							
Pediatric formulary:							

RHZ (R60+H30+Z150)							
RH (R60 + H30)							
Ethambutol 400 mg							
Others							
INH 100							
Pyridoxine 25 mg							
Pyridoxine 50 mg							
2nd line treatment							
Kanamycin 1 gr							
Pyrazinamide 400 mg							
Ofloxacin 200 mg							
Prothionamide 250 mg							
Cycloserin 250 mg							
PAS tab 1gr							
PASER granules							
Clofazimine tab 100 mg							
Material for injection							
Syringes							
Diluents							
Reagents and Lab Consumables							
Kinyoun A							
Kinyoun B							
Fuchsine							
Sulfuric acide							
Methylene Blue							
Spittoons							

Slides							
Anti-leprosy							
Plaquettes MB adulte???							
Plaquettes MB enfant???							
Plaquettes PB adulte???							
Plaquettes PB enfant???							
Prednipac							
Perfusion Solutions							
1. Glucose 5% 500 ml							
2. Ringer Lactate 500 ml							
3. Glucose hypertonic (10% ou 50%)							
4. NaCl 500 ml							
5. Haemacel 500 ml							

Total Value of stock total on record (in Frws)	
Actual value of inventory (in FRWs)	
Difference (in FRWs)	
Total value of expired items (in FRWs)	

GESTION FINANCIERE

RECETTES		DEPENSES	
Libellé	Montant total	Libellé	Montant total
1. Outpatient Curative Consultations		1. Purchase of medicines, medical materials	
2. Hospitalization		2. Personnel	
Medicine general		Salaries of personnel paid by the hospital	
Surgery		Employee bonuses	

	Pediatrics		Social Security contributions		
	Gyneco-Obstetrics		Income taxes for personnel		
	Private rooms (Clinical)		3. Running costs:		
	Nutritional Rehabilitation			Travel expenses	
	Intensive care			Office supplies	
3. Deliveries				Purchase of medical records and other printed material	
4. Sale of medicines/ medical supplies				Fuel and lubricants	
5. Laboratory			Communication		
6. Minor Surgery			Water -Electricity		
7. Operating room (Major and minor surgery)			Cleaning material and supplies		
8. Physiotherapy			Costs associate with indigents		
9. Medical imagery			4. Purchase medical equipment		
10. Medico-legal documentation (Autopsies, Medical certificates)			5. Purchase non-medical equipment		
11. Sale of patient records/forms			6. Purchase transport		
12. Performance Based Financing			7. Maintenance		
13. Other State Subsidies				Hygiene and infrastructure	
14. Financial Contributions from other donors			Non-Medical equipment		
15. Patient transport (Ambulances)			Medical equipment		
16. Mutuelles			Transport (Vehicles, Motorcycles, Ambulances)		
Co-payments			9. Training		
Payment for care			10. Other expenses		
Payment for medication			11. Funds paid to health centers		
17. Other receipts					
18. funds received to support health center activities					
Total receipts (a)			Total expenses (b)		

Credits		Debts	
Description	Amount	Description	Amount

Credits at the beginning of the month (e)		Debts at the beginning of the month (i)	
(+) Additional credits during the month (f)		(+) Total debts this month (j)	
(-) Reimbursements during the month (g)		(-) Reimbursements this month (k)	
Total credits at the end of the month (H) = (e+f)-(g)		Debt at the end of the month (L) = (i+ j) -(k)	

Comparison of receipts with payments due					
Receipts in hand	Pending Receipts				Total pending receipts
From the population (C)	Indigents (u)	Other non-paying clients* (v)	Credits for goods and services during the month** (w)	Total receipts not received (X) = u+v+w	(Y)= (C) + (X)
Ratio of pending receipts/receipts in hand (Z) = (X) X100/ (Y)					

Financial Statement				
Description	Amount		Description	Amount
General bank account (m)			Total available at the beginning of the month (r)	
(+) Pharmacy band account (n)			(+)balance of receipts and expenses (s) = (A-B)	
(+) general cash on hand (o)				
(+)pharmacy cash on hand (p)				
Total available at the end of month (Q) = m+n+o+p		Q=T	Total available at the end of the month (T) = r + s	

Value of outside donations and gifts in kind					
Sous-catégorie	Quantity (units)	Amount by source (frws)			
		Population	Donors	State	Total
Pharmaceuticals/Consumables					
ARV					
Vaccines					
Contraceptives					
Medical equipment					
Non medical equipment					
Computer equipment					
Office supplies					
Transport					
Food					
Salaries and other personnel costs					
Other types of interventions					

ANNEX 6: Community HMIS



REPORT MENSUEL D'ACTIVITE DES AGENTS DE SANTE MUNAUTAIRE

Niveau de compilation		<input type="checkbox"/> Village <input type="checkbox"/> Cellule <input type="checkbox"/> Coopérative		Année			
Nom du Village/Cellule/Coopérative				Mois			
District				Population cible totale			
Nombre d'ASC total	Nombre qui ont rapporté			Nombre d'enfants de 0 à 5 ans			
Nom du Responsable				Nombre de femmes de 15 à 49 ans			
Prise en charge d'enfants malades				Nom bre	Gué ris	Déc ès	Réfé rés
1 Nombre total de cas de 0 à 5 ans reçus							
2 Nombre de cas de moins de 2 mois référés							
3 Nombre de contre-références reçues							
4 Nombre de cas de 6 mois à 59 mois avec fièvre traités avant 24h.							
5 Nombre de cas de 6 mois à 59 mois avec fièvre traités après 24h.							
6 Nombre de cas diarrhée traités							
7 Nombre de cas pneumonie traités							
B. Etat Nutritionnelle (Poids ou MUAC) et Vaccination				Nom bre	Gué ris	Déc ès	Réfé rés
1 Nombre d'enfants Verts (V)							
2 Nombre d'enfants Jaunes (J)							
3 Nombre d'enfants Rouges (R)							
4 Nombre d'enfants de 9 à 12 mois qui ne sont pas encore complètement vaccinés							
C. Supervisions reçues et Participation aux réunions/IEC			Nom bre	G. Stock	Distrib ué	Re ste	
1 Nombre de supervisions reçues du Coordinateur des ASC				Pilules			
2 Nombre de supervisions reçues de la cellule				Condoms			
3 Nombre de réunions des ASC au Centre de Santé				Cycle beads			
4 Nombre de sessions d'IEC de masse				Contraceptif injectable			
D. Santé Maternelle			Nom bre	Coartem (rouge)			
1 Nombre de femmes accompagnés au CS par l'ASC pour CPN <= 4 mois de grossesse.				Coartem (jaune)			
2 Nombre de femmes enceintes accompagnées au CS par l'ASC pour facteur de risque				Zinc			
3 Nombre total d'Accouchements ce mois				SRO			

4	Nombre accompagne par l'ASC pour l'accouchement au CS		Amoxiciline		
5	Nombre d'accouchements à domicile		Mebendazole		
6	Femmes accouchés à domicile et référés au CS/Hôpital		SurEau		
7	Nombre de couples référés pour PMTCT		Vitamine A		
8	Planning Familiale: Nouveaux utilisateurs référés ce mois		Bednets		
E. Mortalité a domicile		Nomb			
		re			
1	Nombre de décès maternel (liés à la grossesse ou l'accouchement)				
2	Nombre de décès des enfants <5 ans dans la communauté				
F. Surveillance et VIH		Nomb			
		re			
1	Nombre de nouveau cas de tuberculose suspect référés				
2	Nombre de cas de tuberculose suivi à la maison				
3	Nombre de cas suspect de paralysie flasque/rougeole référés				
4	Nombre de ménages accompagnés au CS pour VCT				