Coverage Indicators															
Coverage Indicator Number	**Module Name**	**Standard Indicator**	**Custom Indicator**	**Baseline N#**	**Baseline D#**	**Baseline %**	**Baseline Year**	**Baseline Source**	**Required Disaggregation**	**Subset of another indicator (when applicable)**	**Responsible PR**	**Country**	**Geographic Coverage (if sub-national specify in Comments)**	**Cumulation type**	**Comments**
1	Vector control	VC-1(M): Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns		1,327,852			2016	LLINs distribution reports			United Nations Office for Project Services (UNOPS)	Lao PDR	National	N-Non-cumulative	Mass distribution will be done only in 2019 as the largest mass distribution was completed in 2016. LLINs requirement for mass distribution in 2019 was calculated aiming for achieving the NSP objective of covering >90% population in burden reduction areas with LLINs. As in the funding request, LLINs will be distributed in strata 3 across the country and strata 2b in 5 southern provinces. The baseline population for these areas are referenced from 2016 stratification result, applying the annual population growth rate of 1.45%. There will be 444,444 LLINs committed by the government to contribute to mass distribution in 2019, while RAI2E will support 435,397 LLINs. All the LLINs from both government contribution and RAI2E will be pooled together before the actual distribution in early 2019. Considering the WHO reference figure of 1 net per 1.8 persons, the LLINs coverage in 2019 will be 96%. The past 3 years distribution figures will not be considered for coverage calculation. The coverage, however, can be further increased when there will be LLINs contributed by other fudings such as PMI although there is no known information on such figures as of now. All the cost related to LLINs under RAI2E will be covered by RAI. Government contributed LLINs will be procured through the government system.
2	Vector control	VC-3(M): Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution		88,553			2016	LLINs distribution reports	Target / Risk population group		United Nations Office for Project Services (UNOPS)	Lao PDR	National	N-Non-cumulative	Continuous distribution will be targeted to the risk groups such as MMPs, military and pregnant women. In addition, some number of LLINs will be reserved for outbreak/ foci response. The distribution will be done in the same strata as in mass distribution: strata 3 and strata 2b in 5 southern provinces. The estimated numbers of MMPs, military and pregnant women are mentioned in the LLINs assumption sheet. Out of the total requirement, RAI2E will be supporting 39,000 LLINs, 34,000 LLINs and 39,000 LLINs respectively in 2018, 2019 and 2020. In terms of disaggregation for RAI2E support: MMPs (single size LLINs): 20,000 each in 2018, 2019, 2020 Military (single size LLINs): 13,000, 10,000, 13,000 respectively in 2018, 2019, 2020 Pregnant women (family size LLINs): 2,000 each in 2018 and 2020, no distribution for pregnant women in 2019 as this will be covered by mass distribution Reserve for outbreak/ foci response (family size LLINs): 4,000 each in 2018, 2019, 2020 For MMPs, the distribution will be done through Health Centers, VMWs and MPs. For Military, the distribution will be done through Health Centers and MPs. Pregnant women will be provided with LLINs during ANC at the Health Centers and hospitals. Reserve LLINs for outbreak/ foci response will be kept until actual need at the provincial warehouses (2/3 of the LLINs) (in 13 elimination targeted provinces) and central level (1/3 of the LLINs). RAI2E contribution together for continuous distribution will be able to cover from 60-70% of the total estimated risk populations from 2018-2020. The coverage is likely to be increased when there will be additional support from other funding source such as PMI, however, such information is not available as of now.
3	Case management	CM-1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities		216,137	216,139	100.0%	2016	HMIS	Age,Type of testing		United Nations Office for Project Services (UNOPS)	Lao PDR	National	N-Non-cumulative	The baseline data was from 2016 when 99.99% of the suspected cases were tested. In 2016, 76% of the total whole country testing was contributed by the public sector (hospitals, government clinics, health centers). In 2018-2020, it is expected that 70% of the total testing will be from the public sector, a relative decline compared to 2016, when it was 76%. However, this decline is estimated in relation to increased testing proportion in the community (VMWs) given the fact that there will be not only regular monthly incentive provided to the VMWs but also outreach test and treat activities facilitated by CSOs along with VMWs and HCs to hard to reach areas. 100% of all suspected cases will be tested. RDT:Microscopy test ratio will be 70%:30%. All the testing need (both RDT and Microscopy) will be supported by RAI2E. The targets for each year will be as follows: 2018: 224,789/224,789 (100% tested); 2019: 248,780/248,780 (100% tested); 2020: 294,452/294,452 (100% tested) The total number of testings was estimated based on increasing ABER from year to year, see the comments in ABER indicator for more details. The results will be reported using the DHIS2 data.
4	Case management	CM-1b(M): Proportion of suspected malaria cases that receive a parasitological test in the community		35,210	35,210	100.0%	2016	HMIS	Type of testing,Age		United Nations Office for Project Services (UNOPS)	Lao PDR	National	N-Non-cumulative	The baseline data was from 2016 when 100% of the suspected cases were tested. In 2016, 13% of the total whole country testing was contributed by the community (VMWs, VHWs). In 2018-2020, it is expected that 20% of the total testing will be from the community, an increase compared to 2016, when it was 13%. Such increased proportion is estimated, considering the fact that there will be not only regular monthly incentive provided to the VMWs but also outreach test and treat activities facilitated by CSOs along with VMWs and HCs to hard to reach areas. 100% of all suspected cases will be tested. RDTs will be used. All the testing need will be supported by RAI2E. The targets for each year will be as follows: 2018: 64,225/64,225 (100% tested); 2019: 71,080/71,080 (100% tested); 2020: 84,129/84,129 (100% tested) The results will be reported using the DHIS2 data.
5	Case management	CM-1c(M): Proportion of suspected malaria cases that receive a parasitological test at private sector sites		23,336	23,337	100.0%	2016	HMIS	Type of testing,Age		United Nations Office for Project Services (UNOPS)	Lao PDR	National	N-Non-cumulative	The baseline data was from 2016 when 99.99% of the suspected cases were tested. In 2016, 8% of the total whole country testing was contributed by the private sector (private clinics/ hospitals, PPM clinics and pharmacies). In 2018-2020, it is expected that 10% of the total testing will be from the private sector, an increase compared to 2016, when it was 8%. The increased estimate is based on the expectation that there will be expansion of PPM services not only under NMCP but also under joint NMCP&PSI. 100% of all suspected cases will be tested. RDTs will be used. All the testing need will be supported by RAI2E. The targets for each year will be as follows: 2018: 32,113/32,113 (100% tested); 2019: 35,540/35,540 (100% tested); 2020: 42,064/42,064 (100% tested) The results will be reported using the DHIS2 data.

6	Case management	CM-2a(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities		9,991	10,082	99.1%	2016	HMIS	Age		United Nations Office for Project Services (UNOPS)	Lao PDR	National	N-Non-cumulative	The baseline data was from 2016 when 99.3% of the positive cases were treated. In terms of contribution % by public sector to the total overall positive cases, the result in 2016 was 61% (from government hospitals/ clinics, health centers). In 2018-2020, it is expected that 55% of the total positive cases will be from the public sector, a relative decline compared to 2016, when it was 61%. However, this decline is estimated in relation to increased case detection rate in the community (VMWs) given the fact that there will be not only regular monthly incentive provided to the VMWs but also outreach test and treat activities facilitated by CSOs along with VMWs and HCs to hard to reach areas. 100% of all positive cases will be treated with ACT (Artemether+Lumefantrine). All the ACT need will be supported by RAI2E. The targets for each year will be as follows: 2018: 8,502/8,502 (100% treated); 2019: 7,527/7,527 (100% treated); 2020: 7,127/7,127 (100% treated) The total number of positive cases was estimated based on declining positivity rate from year to year, see the comments in positivity rate indicator for more details. The results will be reported using the DHIS2 data.
7	Case management	CM-2b(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community		4,357	4,357	100.0%	2016	HMIS	Age		United Nations Office for Project Services (UNOPS)	Lao PDR	National	N-Non-cumulative	The baseline data was from 2016 when 100% of the malaria positive cases were treated. In 2016, 13% of the total whole country testing was contributed by the community (VMWs, VHWs). In 2018-2020, it is expected that 30% of the total positive cases will be from the community, an increase compared to 2016, when it was 26%. Such increased proportion is estimated, considering the fact that there will be not only regular monthly incentive provided to the VMWs but also outreach test and treat activities facilitated by CSOs along with VMWs and HCs to hard to reach areas. 100% of all positive cases will be tested. ACT (Artemether + Lumefantrine) will be used. All the ACT need will be supported by RAI2E. The targets for each year will be as follows: 2018: 4,637/4,637 (100% treated); 2019: 4,106/4,106 (100% treated); 2020: 3,888/3,888 (100% treated) The results will be reported using the DHIS2 data.
8	Case management	CM-2c(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites		2,081	2,089	99.6%	2016	HMIS	Age		United Nations Office for Project Services (UNOPS)	Lao PDR	National	N-Non-cumulative	The baseline data was from 2016 when 99.6% of the positive cases were treated. In 2016, 13% of the total whole country testing was contributed by the private sector (private clinics/ hospitals, PPM clinics and pharmacies). In 2018-2020, it is expected that 15% of the total testing will be from the private sector, an increase compared to 2016, when it was 13%. The increased estimate is based on the expectation that there will be expansion of PPM services not only under NMCP but also under joint NMCP&PSI. 100% of all positive cases will be treated using ACT (Artemether + Lumefantrine). All the ACT need will be supported by RAI2E. The targets for each year will be as follows: 2018: 2,319/2,319 (100% treated); 2019: 2,053/2,053 (100% treated); 2020: 1,944/1,944 (100% treated) The results will be reported using the DHIS2 data.
9	Case management	CM-4: Proportion of health facilities without stock-outs of key commodities during the reporting period		220	440	50.0%	2016	Monthly reports			United Nations Office for Project Services (UNOPS)	Lao PDR	Sub-National	N-Non - cumulative (special)	The baseline is from 2016 when 220 out of 440 (143 DAMNs, 216 Health Centers in Strata 2 and 81 Health Centers in Strata 3) health facilities (50%) reported no stock out. In 2018-2020, the result for this indicator will be reported from total 683 health facilities (36 provincial hospitals, 131 district hospitals, all the health centers in strata 3 & 2 (114 in strata 3, 99 in strata 2a and 303 in strata 2b based on 2016 stratification result, total 516 health centers). Instead of DAMNs, hospitals will be considered for the result of this indicator as the impact from the stock out is most relevant to the service delivery points. The stock out will be defined as: 1) type of commodities: either RDT or ACT adult dose_24 tablets blister is out of stock 2) duration: at least 7 days of stock out in any period during the reporting period The target is set at 95% for all 3 years from 2018-2020. Numerator: Number of health facilities reporting no stock-out of key commodities at any time during the reporting period Denominator: Number of health facilities (683 health facilities, see above for breakdown)
10	Case management	CM-5(M): Percentage of confirmed cases fully investigated and classified		77.00	137	56.2%	2016	Activity reports			United Nations Office for Project Services (UNOPS)	Lao PDR	National	N-Non-cumulative	From 2018-2020, the case investigation activity will be done in 13 northern provinces. There is no baseline data from 13 northern provinces. Although the pilot case investigation activity was done under RAI1 in high endemic southern provinces and the baseline data from 2016 is showing 56% achievement on this indicator, the data from this pilot project may not be comparable to northern provinces which has very low API. The country is now developing the surveillance manual which will include revised SOP on case investigation/ foci investigation too. More defined procedure will be made clearer in July/ August when the manual is finalized. For the moment, what's planned for the case investigation in 13 provinces is 1-3-7 strategy (case notification within 1 day, case investigation within 3 days, foci investigation within 7 days). Case notification will be made to the nearest Health Centers by any primary case detection points such as VHV, pharmacies and private clinics. Case investigation and hence the classification of cases will be then done by DAMN along with Health Center staff by visiting the patient at the village. At the end of the case investigation, the cases will be classified as indigenous/ imported/ introduced/ induced/ relapse. In 2017, with WHO support, pilot case investigation/ foci investigation activity will be done in 2 northern provinces (Xiengkhuang, Luangprabang). In terms of targets, the country is aiming for the same targets as in NSP: 70%, 80% and 95% of the confirmed cases fully investigated and classified in 2018, 2019 and 2020 respectively. Numerator: Number of confirmed cases fully investigated and classified during the reporting period Denominator: Total number of confirmed cases during the reporting period

11	Case management	CM-6(M): Percentage of malaria foci fully investigated and classified		0.00	1	.0%	2016	Activity reports			United Nations Office for Project Services (UNOPS)	Lao PDR	National	N-Non-cumulative	From 2018-2020, the case investigation and hence foci investigation activity will be done in 13 northern provinces. There is no baseline data from 13 northern provinces. Although the pilot case investigation activity was done under RAI1 in high endemic southern provinces, the data from this pilot project may not be comparable to northern provinces which has very low API. The baseline data from 2016 showed 0% achievement on this indicator. The country is now developing the surveillance manual which will include revised SOP on case investigation/ foci investigation too. The detail procedure will be made clearer in July/ August when the manual is finalized. For the moment, it's been discussed that, once the case investigation activity has been completed and the case been classified as indigenous case, focus investigation/ focus response will be initiated by a team of staffs from PAMS, DAMN and CMPE (some time) and should include epidemiologist, laboratory technician and entomologist. The country is aiming for the ambitious targets: 85%, 90% and 95% of the malaria foci fully investigated and classified in 2018, 2019 and 2020 respectively. Numerator: Number of malaria foci fully investigated during the reporting period and classified during the reporting period Denominator: Number of malaria foci identified during the reporting period
12	RSSH: Health management information systems and M&E	M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines		1,202	1,451	82.8%	2016	Monthly reports			United Nations Office for Project Services (UNOPS)	Lao PDR	National	N-Non - cumulative (special)	The baseline data is from 2016 when 1,202 out of 1,451 (82.8%) health facilities submitted reports (epi data reports) on time. Timely reporting was counted by looking at the report dates on the hard copy reports from each health facility to respective level of reporting, which included Health Centers, hospitals, PPMs, DAMNs and PAMS: 5th of the following month from village to Health Centers, 10th of the following month from Health Centers to Districts, 15th of the following month from Districts to Provinces, 25th of the following month from Provinces to Central. However, starting from 2018, DHIS2 data will be used to report on this indicator. In the DHIS2, there is a dashboard where the timeliness on monthly malaria data reporting from each health facility can be seen. The reporting cut off dates for timeliness at respective levels in DHIS2 are: 5th of the following month from village to Health Centers; 15th from Health Centers to Districts; 20th from Districts to Provinces; 25th from Provinces to Central. However, DHIS2 data entry occurs at the District level, where districts enter all the aggregate data from each health center, village and PPM, hence, the factor on timeliness reporting from villages/ health centers/ PPMs will depend on how soon the districts are entering the data for each of these levels. As of March 2017, there were 1,314 health units reported in DHIS 2, out of which 887 did the timely reporting (67.5%) (see the sheet "Timely reports"). In 2018-2020, the target is set in each year as 85%, 90% and 95% of reporting units submitting on time reports. The denominator may be changing from time to time based on addition/

Coverage Indicator Targets

Coverage Indicator Number	Coverage Indicator Name	Period	Target N#	Target D#	Target %	Mark if target is TBD?
1	VC-1(M): Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	1-Jan-18 to 30-Jun-18	0			
1		1-Jul-18 to 31-Dec-18				
1		1-Jan-19 to 30-Jun-19	435,497			
1		1-Jul-19 to 31-Dec-19				
1		1-Jan-20 to 30-Jun-20	0.00			
1		1-Jul-20 to 31-Dec-20				
2	VC-3(M): Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	1-Jan-18 to 30-Jun-18	19,500			
2		1-Jul-18 to 31-Dec-18	19,500			
2		1-Jan-19 to 30-Jun-19	17,000			
2		1-Jul-19 to 31-Dec-19	17,000			
2		1-Jan-20 to 30-Jun-20	19,500			
2		1-Jul-20 to 31-Dec-20	19,500			
3	CM-1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	1-Jan-18 to 30-Jun-18	101,155	101,155	100.0%	
3		1-Jul-18 to 31-Dec-18	123,634	123,634	100.0%	
3		1-Jan-19 to 30-Jun-19	111,951	111,951	100.0%	
3		1-Jan-20 to 30-Jun-20	136,829	136,829	100.0%	
3		1-Jul-19 to 31-Dec-19	132,503	132,503	100.0%	
3		1-Jul-20 to 31-Dec-20	161,949	161,949	100.0%	

Coverage Indicator Targets						
Coverage Indicator Number	**Coverage Indicator Name**	**Period**	**Target N#**	**Target D#**	**Target %**	**Mark if target is TBD?**
4	CM-1b(M): Proportion of suspected malaria cases that receive a parasitological test in the community	1-Jan-18 to 30-Jun-18	28,901	28,901	100.0%	
4		1-Jul-18 to 31-Dec-18	35,324	35,324	100.0%	
4		1-Jan-19 to 30-Jun-19	31,986	31,986	100.0%	
4		1-Jul-19 to 31-Dec-19	39,094	39,094	100.0%	
4		1-Jan-20 to 30-Jun-20	37,858	37,858	100.0%	
4		1-Jul-20 to 31-Dec-20	46,271	46,271	100.0%	
5	CM-1c(M): Proportion of suspected malaria cases that receive a parasitological test at private sector sites	1-Jan-18 to 30-Jun-18	14,451	14,451	100.0%	
5		1-Jul-18 to 31-Dec-18	17,662	17,662	100.0%	
5		1-Jan-19 to 30-Jun-19	15,993	15,993	100.0%	
5		1-Jul-19 to 31-Dec-19	19,547	19,547	100.0%	
5		1-Jan-20 to 30-Jun-20	18,929	18,929	100.0%	
5		1-Jul-20 to 31-Dec-20	23,135	23,135	100.0%	
6	CM-2a(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	1-Jan-18 to 30-Jun-18	3,826	3,826	100.0%	
6		1-Jul-18 to 31-Dec-18	4,676	4,676	100.0%	
6		1-Jan-19 to 30-Jun-19	3,387	3,387	100.0%	
6		1-Jul-19 to 31-Dec-19	4,140	4,140	100.0%	
6		1-Jan-20 to 30-Jun-20	3,207	3,207	100.0%	
6		1-Jul-20 to 31-Dec-20	3,920	3,920	100.0%	
7	CM-2b(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	1-Jan-18 to 30-Jun-18	2,087	2,087	100.0%	
7		1-Jul-18 to 31-Dec-18	2,550	2,550	100.0%	
7		1-Jan-19 to 30-Jun-19	1,848	1,848	100.0%	
7		1-Jul-19 to 31-Dec-19	2,258	2,258	100.0%	
7		1-Jan-20 to 30-Jun-20	1,750	1,750	100.0%	
7		1-Jul-20 to 31-Dec-20	2,138	2,138	100.0%	
8	CM-2c(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites	1-Jan-18 to 30-Jun-18	1,044	1,044	100.0%	
8		1-Jul-18 to 31-Dec-18	1,275	1,275	100.0%	
8		1-Jan-19 to 30-Jun-19	924	924	100.0%	
8		1-Jul-19 to 31-Dec-19	1,129	1,129	100.0%	
8		1-Jan-20 to 30-Jun-20	875	875	100.0%	
8		1-Jul-20 to 31-Dec-20	1,069	1,069	100.0%	

Coverage Indicator Targets						
Coverage Indicator Number	**Coverage Indicator Name**	**Period**	**Target N#**	**Target D#**	**Target %**	**Mark if target is TBD?**
9	CM-4: Proportion of health facilities without stock-outs of key commodities during the reporting period	1-Jan-18 to 30-Jun-18	649	683	95.0%	
9		1-Jul-18 to 31-Dec-18	649	683	95.0%	
9		1-Jan-19 to 30-Jun-19	649	683	95.0%	
9		1-Jul-19 to 31-Dec-19	649	683	95.0%	
9		1-Jan-20 to 30-Jun-20	649	683	95.0%	
9		1-Jul-20 to 31-Dec-20	649	683	95.0%	
10	CM-5(M): Percentage of confirmed cases fully investigated and classified	1-Jan-18 to 30-Jun-18	177	252	70.0%	
10		1-Jul-18 to 31-Dec-18	216	309	70.0%	
10		1-Jan-19 to 30-Jun-19	101	126	80.0%	
10		1-Jul-19 to 31-Dec-19	123	154	80.0%	
10		1-Jan-20 to 30-Jun-20	59	62	95.0%	
10		1-Jul-20 to 31-Dec-20	72	75	95.0%	
11	CM-6(M): Percentage of malaria foci fully investigated and classified	1-Jan-18 to 30-Jun-18	31	36	85.0%	
11		1-Jul-18 to 31-Dec-18	38	45	85.0%	
11		1-Jan-19 to 30-Jun-19	18	20	90.0%	
11		1-Jul-19 to 31-Dec-19	22	25	90.0%	
11		1-Jan-20 to 30-Jun-20	12	13	95.0%	
11		1-Jul-20 to 31-Dec-20	15	15	95.0%	
12	M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	1-Jan-18 to 30-Jun-18	1,117	1,314	85.0%	
12		1-Jul-18 to 31-Dec-18	1,117	1,314	85.0%	
12		1-Jan-19 to 30-Jun-19	1,183	1,314	90.0%	
12		1-Jul-19 to 31-Dec-19	1,183	1,314	90.0%	
12		1-Jan-20 to 30-Jun-20	1,248	1,314	95.0%	
12		1-Jul-20 to 31-Dec-20	1,248	1,314	95.0%	