

Country	Zambia
Grant Name	ZMB-M-CHAZ
Implementation Period	01-Jan-2021 - 31-Dec-2023
Principal Recipient	Churches Health Association of Zambia

Reporting Periods	Start Date	01-Jan-2021	01-Jul-2021	01-Jan-2022	01-Jul-2022	01-Jan-2023	01-Jul-2023
	End Date	30-Jun-2021	31-Dec-2021	30-Jun-2022	31-Dec-2022	30-Jun-2023	31-Dec-2023
	PU includes DR?	No	Yes	No	Yes	No	No

Program Goals, Impact Indicators and targets

1	To eliminate local malaria infection and disease in Zambia by 2021
2	To maintain malaria-free status and prevent reintroduction and importation of malaria into areas where the disease has been eliminated

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	Responsible PR	2021	2022	2023
1	Malaria I-2.1 Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year	Zambia	N: 313.0000 D: P: %	2021 HMIS	Age,Species		N: 226.4000 D: P: % Due Date: 01-Mar-2022	N: 282.0000 D: P: % Due Date: 01-Mar-2023	N: 254.0000 D: P: % Due Date: 14-Feb-2024
	Comments Targets for this indicator have been updated to reflect targets in the current National Malaria Elimination Strategic plan 2022 - 2026. The program anticipates a 10% reduction due to vector control interventions applied every year on expected malaria cases for the period 2022 to 2026. This will translate in reduction of confirmed cases from 313 per 1,000 (2021 baseline) to 282 in 2022 and 254 in 2023. As per the official definition, the numerator for this indicator should be based on passive cases at both facility and community level. However, data on passive cases at community level is not completely available for 2019. As such, the baseline data and 2021 targets are based on confirmed passive cases at facility level only. Targets for 2022 and 2023 will be determined based on 2021 facility and community data, which are expected to be fully disaggregated (passive vs active) and following the end-term review planned for 2021. The HMIS does not disaggregate cases by species. The projected population for the country are: 18,400,556 in 2021, 18,926,743 in 2022 and 19,464,164 in 2023.								
2	Malaria I-3.1 ^(M) Inpatient malaria deaths per year: rate per 100,000 persons per year	Zambia	N: 7.7200 D: P: %	2019 HMIS	Age		N: 5.9000 D: P: % Due Date: 01-Mar-2022	N: 5.2000 D: P: % Due Date: 01-Mar-2023	N: 4.5000 D: P: % Due Date: 14-Feb-2024
	Comments In 2019, the country recorded 1,342 deaths which translates into 7.72 deaths per 100,000 of the 17,381,168 projected population (CSO, 2019). At the current trajectory it is projected that elimination may not be achieved by 2021. The end term review planned for 2021 will guide the targets for next strategic plan 2022 - 2026 and the development of the new operational plan and monitoring and evaluation plan. In the meantime, the program anticipates a 10% reduction due to vector control interventions applied every year on expected malaria cases for the period 2020 to 2023. This will translate into reduction in malaria deaths to 1,208 in 2020, 1,087 (2021), 978 (2022) and 880 (2023). The targets for mortality rate per 100,000 population are 5.9 in 2021, 5.2 (2022) and 4.5 (2023).The projected population for the country are: 18,400,556 in 2021, 18,926,743 in 2022 and 19,464,164 in 2023.								
3	Malaria I-5 Malaria parasite prevalence: Proportion of children aged 6-59 months with malaria infection	Zambia	N: 1095.5000 D: 3739 P: 29.30%	2021 Malaria Indicator Survey	Gender		N: D: P: 4.50% Due Date: 01-Mar-2022	N: D: P: % Due Date:	N: D: P: % Due Date:
	Comments The baseline is derived from the 2021 Malaria Indicator Survey (MIS) RDT results. During the remaining grant implementation period, the indicator will not be reported as the next MIS is planned for 2024 and currently there is no reporting system which captures this indicator.								

Program Objectives, Outcome Indicators and targets

1	Increase the implementation rate of interventions from 36% in 2015 to 95% by 2021
2	Reduce malaria incidence from 336 cases per 1,000 population in 2015 to less than 5 cases per 1,000 population by 2021

3	Increase the malaria-free health facility catchment areas (HFCAs) from 0.5% in 2015 to 100% in 2021
4	Reduce malaria deaths from 15.2 deaths per 100,000 in 2015 to less than 5 deaths per 100,000 population by 2021

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	Responsible PR	2021	2022	2023
1	Malaria O-1a Proportion of population that slept under an insecticide-treated net the previous night	Zambia	N: 7263.0000 D: 18527 P: 39.20%	2021 Malaria Indicator Survey	Gender		N: D: P: 100.00%	N: D: P: %	N: D: P: %
Comments							Due Date: 01-Mar-2022	Due Date:	Due Date:
The baseline for this indicator was derived from the 2021 National Malaria Indicator Survey (MIS). The baseline was revised to reflect the most recent vector control performance, as per the latest MIS. During the remaining grant implementation period, the indicator will not be reported as the next MIS is planned for 2024 and currently there is no reporting system which captures this indicator.									
2	Malaria O-1b Proportion of children under five years old who slept under an insecticide-treated net the previous night	Zambia	N: 1444.5000 D: 3147 P: 45.90%	2021 Malaria Indicator Survey			N: D: P: 100.00%	N: D: P: %	N: D: P: %
Comments							Due Date: 01-Mar-2022	Due Date:	Due Date:
The baseline for this indicator was derived from the 2021 National Malaria Indicator Survey. The baseline was revised to reflect the most recent vector control performance, as per the latest MIS. During the remaining grant implementation period, the indicator will not be reported as the next MIS is planned for 2024 and currently there is no reporting system which captures this indicator.									
3	Malaria O-1c Proportion of pregnant women who slept under an insecticide-treated net the previous night	Zambia	N: 121.1000 D: 296 P: 40.91%	2021 Malaria Indicator Survey			N: D: P: 100.00%	N: D: P: %	N: D: P: %
Comments							Due Date: 01-Mar-2022	Due Date:	Due Date:
The baseline for this indicator was derived from the 2021 National Malaria Indicator Survey. The baseline was revised to reflect the most recent vector control performance, as per the latest MIS. During the remaining grant implementation period, the indicator will not be reported as the next MIS is planned for 2024 and currently there is no reporting system which captures this indicator.									
4	Malaria O-4 Proportion of households with at least one insecticide-treated net for every two people and/or sprayed by IRS within the last 12 months	Zambia	N: 1117.8000 D: 1961 P: 57.00%	2021 Malaria Indicator Survey			N: D: P: 100.00%	N: D: P: %	N: D: P: %
Comments							Due Date: 01-Mar-2022	Due Date:	Due Date:
The baseline for this indicator was derived from the 2021 National Malaria Indicator Survey. The baseline was revised to reflect the most recent vector control performance, as per the latest MIS. During the remaining grant implementation period, the indicator will not be reported as the next MIS is planned for 2024 and currently there is no reporting system which captures this indicator.									
5	Malaria O-9 ^(M) Annual blood examination rate: per 100 population per year (Elimination settings)	Zambia	N: 579942.0000 D: 1873815 P: 30.95%	2021 HMIS	Case detection		N: D: P: %	N: 608939.1000 D: 1926282 P: 31.61%	N: 669833.0100 D: 1980218 P: 33.83%
Comments							Due Date:	Due Date:	Due Date:

5 Numerator: Number of persons receiving a parasitological test for malaria (microscopy or RDT) health facility catchment areas in level 0 and 1 (Southern Province) Denominator: Population at risk living in health facility catchment areas in level 0 and 1 (Southern Province) The baseline was revised to reflect the most recent increase in the burden of dmalaria, and to include elimination settings only, as per indicator definition. The indicator includes passive and active tests done at facility and community levels in pre-elimination catchment areas of Southern Province. Zambia has a well-established annual program of stratifying each health facility catchment area (HFCA). The levels of malaria transmission intensity are stratified as “high” level 4 (above 500 cases per1000 population/year), “moderate” level 3 (between 200 and 500 cases per 1000 population per year), “low” level 2 (between 50 and 200 cases per1000 population/year), “very low” level 1 (between 0 and 50 cases per 1000 population/year), or “no malaria” level 0. In 2021, 1% of the population of Zambia were lviing level 0 and 33% in level 1 areas with above zero but less than 50 cases per 1000 (HMIS/MRRS, 2021). The number suspected cases tested in levels 0 and 1 at facility and community was 579942. This translates in 30.95% annual blood examination rate of the 1,873,815 projected population (CSO, 2021) living in these levels. The targets for 2022 (31.6/ 100,000) and 2023 (33.8 per 100,000) are based on 5% annual increase in the level of effort to improve active case finding, based on the current sub-optimal performance of contact tracing.

Coverage indicators and targets															
CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jan-2021 30-Jun-2021	01-Jul-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jan-2023 30-Jun-2023	01-Jul-2023 31-Dec-2023
Vector control															
1		VC-1 ^(M) Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	Country: Zambia; Coverage: Geographic Subnational, less than 100% national program target	N: 1272836 D: P: %	2017 CHAZ Adminstrative Reports	Target / Risk population group	No		Non cumulative	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 1825606 D: P: %
	Comments NMEP will conduct 2020 mass distribution covering 55% population. The next LLIN mass distribution will be conducted in 2023, with 6,085,352 LLINs to be distributed and will cover 46% of the total population. The assumption in quantifying the number of LLINs needed was 1 LLIN for 1.8 people to account for odd numbers of people in households. The campaign will be funded by GRZ, GF and PMI. Global Fund will procure 1,000,000 LLINs while 2.1 million LLINs are committed by PMI in 2023. The data will be reported through the national HMIS. Implementation of mass campaigns will be carried out in collaboration with CHAZ and PMI. The program will look to mobilize resources through GF savings, insurance and other partners. CHAZ will distribute 30% (1,825,606) of the 6,085,352 LLINs national malaria program target.														
Case management															
2		CM-1a ^(M) Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Country: Zambia; Coverage: Geographic Subnational, 100% of national program target	N: 1360140 D: 1368880 P: 99.36%	2017 HMIS	Age, Type of testing	No		Non cumulative	N: 5331249 D: 5331249 P: 100.00%	N: 2284821 D: 2284821 P: 100.00%	N: 5120629 D: 5120629 P: 100.00%	N: 2194555 D: 2194555 P: 100.00%	N: 4893236 D: 4893236 P: 100.00%	N: 2097101 D: 2097101 P: 100.00%
	Comments Numerator: Suspected malaria cases who receive a parasitological test at public sector health facilities Denominator: Number of suspected malaria cases that present at public sector health facilities The aim of the programme is to test 100% of suspected malaria cases tested by microscopy or rapid diagnostic tests (RDTs). This is in line with the Guidelines for the Diagnosis and Treatment of Malaria in Zambia 2017. Targets are based on the revised RBM gap analysis informed by 2019 F&Q report. The CHAZ targets are 30% of the national program target.														
3		CM-1b ^(M) Proportion of suspected malaria cases that receive a parasitological test in the community	Country: Zambia; Coverage: Geographic Subnational, less than 100% national program target	N: 737477 D: 737875 P: 99.95%	2019 Malaria Rapid Reporting and CHAZ Adminstrative Reports	Age, Type of testing	No		Non cumulative	N: 2429255 D: 2429255 P: 100.00%	N: 1041109 D: 1041109 P: 100.00%	N: 2846727 D: 2846727 P: 100.00%	N: 1220026 D: 1220026 P: 100.00%	N: 3286991 D: 3286991 P: 100.00%	N: 1408711 D: 1408711 P: 100.00%
	Comments Numerator: Number of tests done in the community Denominator: Number of suspected malaria cases in the community The program will continue to increase quality and access to care through the expansion of community case management by training and deployment of CHWs for case management and surveillance, mentorship for adherence to testing and treatment guidelines, monitoring and supportive supervision. It is expected that 25% of the total suspected malaria cases (passive) in the country will be tested at community level using RDTs, 30% in 2022 and 35% in 2023. Community case management data will be reported through DHIS2 (Malaria Rapid Reporting System). The CHAZ targets are 30% of the national program targets.														
4		CM-3a Proportion of malaria cases (presumed and confirmed) that received first line antimalarial treatment at public sector health facilities	Country: Zambia; Coverage: Geographic Subnational, less than 100% national program target	N: 443823 D: 480925 P: 92.29%	2019 HMIS	Age	No		Non cumulative	N: 1755864 D: 1755864 P: 100.00%	N: 752513 D: 752513 P: 100.00%	N: 1477325 D: 1477325 P: 100.00%	N: 633140 D: 633140 P: 100.00%	N: 1236627 D: 1236627 P: 100.00%	N: 529983 D: 529983 P: 100.00%
	Comments Numerator: Number of malaria cases (presumed and confirmed) that received first-line antimalarial treatment at public sector health facilities Denominator: Number of estimated malaria cases at public sector health facilities The target is to treat 100% of malaria cases in all the years. This is in line with the Guidelines for the Diagnosis and Treatment of Malaria in Zambia 2017. Numerator and denominator value in the targets are based on the programmatic gap analysis. It is expected that 70% of the total malaria cases treated in the country will be at public health facilities in 2021-2023 period. Drawn from the updated RBM gap analysis, the targets assume a 10% reduction annually in total passive cases (facility and community). Facility share is 75% in year 1, 70% in year 2 and 65% in year 3. 8,361,257 cases will be treated in 2021: 7,034,883 in 2022: 5,888,702 in 2023 at facility level. Due to the seasonality of malaria transmission, an estimated 70% of cases are reported in the first semester of the year and 30% in the last semester. This indicator captures all malaria cases - complicated and uncomplicated, both outpatient and inpatient. The CHAZ targets are 30% of the national program targets.														
5		CM-2b ^(M) Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	Country: Zambia; Coverage: Geographic Subnational, less than 100% national program target	N: 248568 D: 250139 P: 99.37%	2019 Malaria Rapid Reporting and CHAZ adminstrative reports	Age	No		Non cumulative	N: 634156 D: 634156 P: 100.00%	N: 271781 D: 271781 P: 100.00%	N: 700737 D: 700737 P: 100.00%	N: 300316 D: 300316 P: 100.00%	N: 730348 D: 730348 P: 100.00%	N: 313006 D: 313006 P: 100.00%

5	Comments														
	Numerator: Number of confirmed cases that received first-line antimalarial treatment in the community Denominator: Number of confirmed malaria cases in the community It is expected that 25% of the malaria cases will be treated at community level during 2021, 30% in 2022 and 35% in 2023. 3,019,790 cases will be treated in 2021: 3,336,844 in 2022: 3,477,846 in 2023 for both passive and active cases. In 2021, 232,704 active are expected to be seen, 321,894 in 2022 and 307,007 in 2023 Community case management data will be reported through DHIS2 (Malaria Rapid Reporting System) and administrative reports in 2021 with complete transition to MRR in 2022. The CHAZ targets are 30% of the national program targets.														
RSSH: Health management information systems and M&E															
6	M&E-2a Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received	Country: Zambia; Coverage: Geographic Subnational, less than 100% national program target	N: 10782 D: 10790 P: 99.93%	2019 HMIS	Type of report	No		Non cumulative	N: 10782 D: 10790 P: 99.93%	N: 10782 D: 10790 P: 99.93%	N: 10782 D: 10790 P: 99.93%	N: 10782 D: 10790 P: 99.93%	N: 10782 D: 10790 P: 99.93%	N: 10782 D: 10790 P: 99.93%	
	Comments														
Numerator: Actual reports Denominator: Expected reports The PR expects completeness reporting rate to be 99.9% throughout the Grant period.															
7	M&E-2b Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines	Country: Zambia; Coverage: Geographic Subnational, less than 100% national program target	N: 12232 D: 12768 P: 95.80%	2019 HMIS	Type of report	No		Non cumulative	N: 12513 D: 12768 P: 98.00%	N: 12513 D: 12768 P: 98.00%	N: 12513 D: 12768 P: 98.00%	N: 12513 D: 12768 P: 98.00%	N: 12513 D: 12768 P: 98.00%	N: 12513 D: 12768 P: 98.00%	
	Comments														
Numerator: Actual reports Denominator: Expected reports The PR expects timely reporting rate to be 98% throughout the Grant period.															

Workplan Tracking Measures					
Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country
Comments					