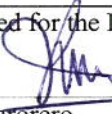
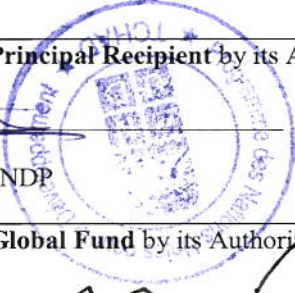
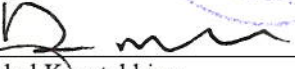


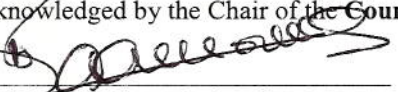
**PROGRAM GRANT AGREEMENT  
BETWEEN  
THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA  
("Global Fund")  
AND THE UNITED NATIONS DEVELOPMENT PROGRAMME  
("Principal Recipient")**

1. Country: Chad		
2. Program Title: A project to assist the anti malaria program in Chad (PALAT)		
3. Grant Number: TCD-708-G03-M		3A. Modification Number and Date: (Not applicable)
4. Program Starting Date: 1 January 2009	5. Program Ending Date: 31 December 2011	6. Proposal Completion Date: 31 December 2014
6A. Condition Precedent Terminal Date:	6B. Condition Precedent Terminal Date:	6C. Condition Precedent Terminal Date:
7. Global Fund Grant: US\$ 10,477,631 (Ten Million Four Hundred Seventy Seven, Six hundred and Thirty One United States Dollars)		
8. Program Coverage:   ___ HIV/AIDS   ___ Tuberculosis   _X_ Malaria   ___ HIV/AIDS/Tuberculosis		
9. Information for Principal Recipient Bank Account into Which Grant Funds Will Be Disbursed: Beneficiary: UNDP Account name: UNDP Contributions Account Account number: 015002284 Bank name: JPMorgan Chase Bank Bank address: International Agencies Banking 1166 Avenue of the America, 17th floor New York New York 10022 Bank SWIFT Code: CHASUS33 Bank Code: ABA Number: 021000021 Routing instructions for disbursements: n/a		
10. The fiscal year of the Principal Recipient runs from 1 January to 31 December		
11. LFA Swiss Centre for International Health / Swiss Tropical Institute Socinstr. 57, P.O. BOX, CH 4002 Basel, Switzerland Tel: +41 61 284 81 40 Fax: +41 61 271 86 54 Attention: Dr. Kaspar Wyss, Head of Unit E-mail: <a href="mailto:kaspar.wyss@unibas.ch">kaspar.wyss@unibas.ch</a>		
12. Principal Recipient Additional Representative  Justin Singbo Deputy Country Director/Programme UNDP Chad Avenue du Colonel D'Ornano, Immeuble ex-UEAC BP 906 N'djamena Tchad Tel : +235 251 8944 Fax : +235 251 8412 E-mail: <a href="mailto:pascal.karorero@undp.org">pascal.karorero@undp.org</a>		13. Global Fund Additional Representative:  William Paton Director of Country Programs Chemin de Blandonnet, 8 1214 Vernier Switzerland Tel: +41 58 791 17 00 Fax :+41 58 791 17 01 E-mail : <a href="mailto:hind.othman@theglobalfund.org">hind.othman@theglobalfund.org</a>

**14. This Agreement consists of the two pages of this face sheet and the following:**  
**Standard Terms and Conditions**                                      **Annex A – Program Implementation Abstract**

**15. Signed for the Principal Recipient by its Authorized Representative**  
  
 \_\_\_\_\_  
 Pascal Karorero  
 Country Director UNDP  
 \_\_\_\_\_  
 Date 29 Janvier 2009  


**16. Signed for the Global Fund by its Authorized Representative**  
  
 \_\_\_\_\_  
 Prof. Michel Kazatchkine  
 Executive Director  
 \_\_\_\_\_  
 Date January 9 2009

**17. Acknowledged by the Chair of the Country Coordinating Mechanism**  
  
 \_\_\_\_\_  
 Pr. Avocksouma Djona Atchenémou  
 Ministre de la Santé  
 Ministère de la Santé Publique  
 \_\_\_\_\_  
 Date 29 janvier 2009

**18. Acknowledged by Civil Society Representative of the Country Coordinating Mechanism**  
 [Distinct constituency from that of the Principal Recipient and the organization identified in block 17]  
  
 \_\_\_\_\_  
 (Name) GABDOURBELADISA  
 (Title) Vice Présidente ANCCA  
 (Organization) RNTAPT  
 \_\_\_\_\_  
 Date 29 janvier 2009  


**19. Entry into Force:** This Agreement, prepared in two originals, shall enter into force on the date of its signature by both the Principal Recipient and the Global Fund, acting through their duly Authorized Representatives identified in blocks 15 and 16 above.

**ANNEX A to the PROGRAM GRANT AGREEMENT**

**Program Implementation Abstract**

<b>Country:</b>	<b>Chad</b>
<b>Program Title:</b>	<b>A project to assist the anti malaria program in Chad (PALAT)</b>
<b>Grant Number:</b>	<b>TCD-708-G03-M</b>
<b>Disease:</b>	<b>Malaria</b>
<b>Principal Recipient:</b>	<b>United Nations Development Programme (UNDP)</b>

**A. PROGRAM DESCRIPTION**

**1. Background and Summary:**

Chad is a landlocked African country where life expectancy at birth is 54 years for women and 47 years for men. Malaria is a major public health problem in Chad both in its morbidity and mortality. For the last ten years or more, malaria has been the major cause of morbidity and mortality in children under 5. The data DSIS (Division Système Informatique Sanitaire) for 2005 indicate that malaria is the primary cause for medical consultations and hospitalization. The annual incidence, quoted in this report, was 5645 cases per 100,000 population. The mortality rate for malaria was between 13 and 17%. Presumptive Malaria is the main cause of morbidity in health institutions (27% of cases). Children under 5 and pregnant women are the most affected.

Chad is characterized by a low human development situation which is reflected in its 167th rank out of 177 countries in the world report on Human Development (UNDP, 2005). The Human Poverty Index (HPI1) places it 88<sup>th</sup> out of 95 developing countries studied. The mortality rate of children younger than 5 is 191 per 1000 live births (1 out of 5 children dies before his 5th birthday). The adjusted maternal death ration is 1100 per 100,000 live births (UNDP, 2005). The aim of the malaria component is to implement essential actions in combating malaria such as patient care which consists of using an artemisinin based combination therapy (ACT), improved diagnosis and prevention measures, in particular long lasting insecticide impregnated bed nets (MIILD) and preventative treatment for pregnant women.

The first line treatment in the majority of Chad's health facilities, which do not have diagnostic tools, remains chloroquin. Intermittent preventative treatment (IPT) for pregnant women is only available in those districts with aide from partners and must urgently be extended nationally. Even if the acceptance and use of bed nets is high and coverage is acceptable, most of these nets are not impregnated with insecticides and the vulnerable population (pregnant women and children under five) is not sufficiently protected.

The malaria component has proposed 3 objectives to respond to this urgent situation. The first objective is to cover health facilities in malaria infested zones with drugs (ACT) and rapid diagnostic tests (RDT). The second objective focuses on prevention with the use of

MILD and TPI. The third objective tackles the problem of potential epidemics in the Sahelian zone. Given the constraints presented by the existing health care system in Chad, this component does not pretend to cover the entire population but remains modest in attempting to cover the fundamental needs of the anti-malaria program.

2. **Goal:** To reduce malaria morbidity and mortality.

3. **Target Group/Beneficiaries:**

- Children under 5 years
- Pregnant women

4. **Strategies:**

- increasing the coverage of malaria prevention by enabling improved access to ante natal care (ANC) 1 and 2 to pregnant women in the Soudanian and Sahelian zones of the country
- improving the diagnostic capacity of health facilities in malaria infested zones by providing drugs (ACT) and rapid diagnostic tests

5. **Planned Activities:**

- To increase the coverage and methods of prevention in malaria affected districts for pregnant women and children under 5;
- Early detection and response to malaria epidemics in districts subject to epidemics; and
- Training of 125 person teams in residential spraying.

**B. CONDITIONS PRECEDENT TO DISBURSEMENT**

**1. Condition(s) Precedent to First Disbursement (Terminal Date as stated in block 6A of the Face Sheet)**

The first disbursement of Grant funds is subject to the satisfaction of each of the following conditions:

a. the delivery by the Principal Recipient of a statement confirming the bank account into which the Grant funds will be disbursed as indicated in block 9 of the face sheet of this Agreement; and

b. the delivery by the Principal Recipient of a letter signed by the Authorized Representative of the Principal Recipient setting forth the name, title and authenticated specimen signature of each person authorized to sign disbursement requests under Article 6 of the Standard Terms and Conditions of this Agreement and, in the event a disbursement request may be signed by more than one person, the conditions under which each may sign.

**2. Condition Precedent to Second Disbursement (Terminal Date as stated in block 6B of Face Sheet)**

The second disbursement of Grant funds is subject to the satisfaction of the following condition:

a. written confirmation by the Principal Recipient that the following positions have been filled: Programme manager, M&E expert, PSM expert, pharmacist, and administration and finance (UNV). The confirmation should indicate the names of the incumbents, the dates of their recruitment and include their CVs.

**3. Condition(s) Precedent to Disbursement for Procurement of Health Products (as defined in Article 18 of the Standard Terms and Conditions) (Terminal Date as stated in block 6B of the Face Sheet)**

The disbursement by the Global Fund or use by the Principal Recipient of Grant funds to finance the procurement of Health Products (as defined in Article 18 of the Standard Terms and Conditions of this Agreement), is subject to the following conditions:

a. the delivery by the Principal Recipient to the Global Fund of a plan for the procurement, use and supply management of the Health Products for the Program as described in subsection (c) of Article 18 of the Standard Terms and Conditions of this Agreement (the "PSM Plan"); and

b. the written approval of the Global Fund of the PSM Plan.

**C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT**

a. Prior to disbursement of funds for LLINs, the Principal Recipient should provide the LFA with a copy of the LLIN distribution plan, to be made available upon request to the Global Fund;

b. The contract between UNDP and the CPA (with the PRAs) shall be reviewed by the LFA and cleared by The Global Fund prior to its approval by UNDP.

c. Within 6 months after the first receipt of ACTs and RDTs, the LFA shall verify that a system for capturing patient and inventory information across all levels is in place and that reporting and the analysis of information is routinely done and is used for determining future procurement and distribution of health products. This review should also include confirming that CPA has implemented the required system at all PRAs.

d. No later than 3 months after Grant signature, the Principal Recipient shall constitute a Technical Working Group of all Pharmaceutical and Health Product Management role players (e.g. UNDP, CPA, Project National de Lutte contre le Paludisme, UNICEF, WHO, MSF, other relevant NGOs, government departments and donors). This group should meet at least quarterly with the objective of overseeing all PHPM activities. Activities may include reviewing the reports on patient and inventory information (ACTs, RDTs), developing forecasts, and planning and coordination of future procurements and distribution, including LLINs. The minutes of these meetings should be available to the LFA upon request.

e. No later than 31 March 2009, the principal recipient shall open a separate bank account to deposit revenues generated by the sale of ACTs and notify the Global Fund of the details for this account. The Principal Recipient shall report on these generated revenues on a quarterly basis alongside the submission to the Global Fund of the program progress update and disbursement request. Any such generated revenues shall be treated as Grant funds by the Principal recipient for reporting and usage purposes.

**D. FORMS APPLICABLE TO THIS AGREEMENT**

For purposes of Article 13b(1) of the Standard Terms and Conditions of this Agreement entitled "Quarterly Reports," the Principal Recipient shall use the "On-going Progress Update and Disbursement Request", available from the Global Fund upon request.

**E. ANTICIPATED DISBURSEMENT SCHEDULE**

For the purposes of Article 6a. of the Standard Terms and Conditions of this Agreement, the anticipated disbursement schedule for the Program shall be *quarterly* starting from the Phase 1 Starting Date.

**F. PROGRAM BUDGET**

The Summary Budgets attached to this Annex A set forth anticipated expenditures for the Program term.

**G. PERFORMANCE FRAMEWORK**

The Performance Frameworks attached to this Annex A set forth the main objectives of the Program, key indicators, intended results, targets and reporting periods of the Program.

**SUMMARY BUDGET**

Maldives	The Republic of Chad
Country	TCD/708-003-M
Grant No.	United Nations Development Programme
PR	USD
Currency	Phase 1
Grant Cycle phase	

Period Covered from	1-Mar-09	1-Jul-09	1-Oct-09	1-Jan-10	1-Apr-10	1-Jul-10	1-Oct-10	1-Jan-11
Period Covered to	30-Jun-09	31-Sep-09	31-Dec-09	31-Mar-10	30-Jun-10	30-Sep-10	31-Dec-10	28-Feb-11

**A- SUMMARY BUDGET BREAKDOWN BY EXPENDITURE CATEGORY**

#	Category	Year 1								Total Year 1	Year 2								Total Year 2	N/A	TOTAL Phase 1	%
		P1	P2	P3	P4	P5	P6	P7	P8		P1	P2	P3	P4	P5	P6	P7	P8				
1	Human Resources	164870	179670	164870	179670	164870	164870	164870	164870	688680	164870	164870	164870	164870	164870	164870	164870	688680	1341360	13%		
2	Technical Assistance	6400	47400	47262	8400	44800	112800	44800	44800	111462	44800	44800	44800	44800	44800	44800	44800	358662	358662	3%		
3	Training	39330	183654	28334	0	0	84440	0	84440	251318	0	84440	0	84440	0	84440	0	84440	339758	3%		
4	Health Products and Health Equipment	2502	1010937	81450	1010837	2502	1075089	2502	1075089	2105626	2502	1075089	2502	1075089	2502	1075089	2502	2155183	4260808	41%		
5	Medicines and Pharmaceutical Products	0	110699	0	110699	0	253114	0	253114	221397	0	253114	0	253114	0	253114	0	506227	727624	7%		
6	Procurement and Supply Management Costs	0	279547	105398	345997	730943	47938	95643	47938	730943	47938	95643	0	95643	0	95643	0	287256	1018189	10%		
7	Infrastructure and Other Equipment	252710	138500	24000	24000	1350	84000	1350	7500	439210	1350	7500	0	7500	0	7500	0	85350	524560	5%		
8	Communication Materials	0	12500	0	12000	0	0	0	12000	24500	0	12000	0	12000	0	12000	0	44000	44000	0%		
9	Monitoring and Evaluation	5840	9090	27540	16090	7310	173335	80350	29560	58560	7310	173335	80350	29560	7310	173335	80350	349115	349115	3%		
10	Living Support to Client/target Population	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%		
11	Planning and Administration	35640	111760	34473	104473	286347	80930	164930	72430	286347	80930	164930	72430	221430	221430	221430	539720	828067	8%			
12	Overheads	35636	145856	35919	128860	344271	24465	155093	132759	344271	24465	155093	132759	132759	132759	132759	341205	685477	6%			
13	Other									0								0	1047763	0%		
<b>TOTAL</b>		<b>544728</b>	<b>2229513</b>	<b>549046</b>	<b>5389328</b>	<b>5282314</b>	<b>373965</b>	<b>2370708</b>	<b>441578</b>	<b>2029065</b>	<b>5215317</b>	<b>0</b>	<b>1047763</b>	<b>0</b>	<b>1047763</b>	<b>0</b>	<b>1047763</b>	<b>100%</b>				

**B- SUMMARY BUDGET BREAKDOWN BY PROGRAM ACTIVITY**

#	Macro-category	Objectives	Service Delivery Area	Year 1								Total Year 1	Year 2								Total Year 2	N/A	TOTAL Phase 1	%
				P1	P2	P3	P4	P5	P6	P7	P8		P1	P2	P3	P4	P5	P6	P7	P8				
1	Mkt. Treatment	Cover 100% of health facilities with ART and IDR	Treatment, Prompt, effective antimalarial treatment	499949	877989	403404	608613	319975	1285061	387588	938703	2389955	319975	1285061	387588	938703	2931327	5321282	51%					
2	Mkt. Prevention	Strengthen the prevention methods for children under 5 years and pregnant women to 80%	Treatment, Prompt, effective antimalarial treatment	29388	1231994	112776	1265028	51294	1066901	51294	1071616	2639185	51294	1066901	51294	1071616	2241104	4880289	47%					
3	Mkt. Supportive Environment	Detection of epidemics which profited from a PID response.	Treatment, Diagnosis	15392	119531	32966	65384	2696	18746	2696	18746	233173	2696	18746	2696	18746	42886	276059	3%					
Please Select...				Please select...								0	Please select...								0	0	0%	
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<b>TOTAL</b>				<b>544728</b>	<b>2229513</b>	<b>549046</b>	<b>5389328</b>	<b>373965</b>	<b>2370708</b>	<b>441578</b>	<b>2029065</b>	<b>5215317</b>	<b>0</b>	<b>1047763</b>	<b>0</b>	<b>1047763</b>	<b>100%</b>							

**C- SUMMARY BUDGET BREAKDOWN BY IMPLEMENTING ENTITY (If known by Grant signature line)**

#	PR/RR	Name	Type of Implementing Entity	Year 1								Total Year 1	Year 2								Total Year 2	N/A	TOTAL Phase 1	%
				P1	P2	P3	P4	P5	P6	P7	P8		P1	P2	P3	P4	P5	P6	P7	P8				
1	PR	PNDJ	UNDP	499238	1604652	333792	1478655	256677	1786656	251250	1687822	3982406	256677	1786656	251250	1687822	7898744	75%						
2	SR	GPA	Ministry of Health (Mh)	2500	361810	9100	312862	7450	55249	7450	55249	125398	7450	55249	7450	55249	801671	8%						
3	SR	PNLP	Ministry of Health (Mh)	31125	286011	39482	42110	61900	169090	60900	89150	368728	61900	169090	60900	89150	749768	7%						
4	SR	UNICEF	Other Multilateral Organisation	0	17040	0	0	0	0	0	17040	17040	0	0	0	17040	17040	0%						
5	SR	OMS	Other Multilateral Organisation	11865	0	61274	0	0	218775	74040	292815	73139	0	218775	74040	292815	369954	3%						
6	SR	Partenaires (NGO)	NGO/CBO/Academic	0	105398	0	105398	47938	140938	47938	196944	210796	47938	140938	47938	196944	644454	6%						
<b>TOTAL</b>				<b>544728</b>	<b>2229513</b>	<b>549046</b>	<b>5389328</b>	<b>373965</b>	<b>2370708</b>	<b>441578</b>	<b>2029065</b>	<b>5215317</b>	<b>0</b>	<b>1047763</b>	<b>0</b>	<b>1047763</b>	<b>100%</b>							

To add additional rows, right click the row number (row 52 in a blank template) to the left of the row above the row for TOTAL and select copy, then over the same number, right click again and select Insert Copied Cells. **WARNING:** Inserting Rows without CO

\* The sum of all three breakdowns should be equal (A- Budget Line-Item, B- Program Activity, C- Implementing Entity).  
 \*\* For the purposes of this report, the SDA Program management and administration should be included in the Supportive Environment Macro Category.

Objective description

- 1 Cover 100% of health facilities operating in malaria affected districts with Adomson based combination therapy (CTA)
- 2 To increase the coverage and methods of prevention in malaria affected districts for pregnant women and children under 5
- 3 Early detection and response to malaria epidemics in districts subject to epidemics

Objective/ Indicator Number	Service Delivery Area	Indicator	Baseline (if applicable)			Periodical targets for year 1 & 2								Directly Led (Y/N)	Baselines included in over program term / Y / N - not cumulative	Targets cumulative (Y/ N - not cumulative)	Comments	
			Value	Year	Source	Year1	Year2	P1	P2	P3	P4	P5	P6					P7
1	Treatment: Prompt, effective anti-malarial treatment	Number and percentage of health care facilities that have not reported a stock shortage of recommended anti-malarial drugs on a national scale lasting more than one week over the last three weeks	0 (0.00%)	2008	PNLP	69 10.04% (69/687)	275 40% (275/687)	0	20	3%	44 6%	69 10%	86 14%	121 17.6%	156 28%	275 40%	Y - over program term	PNLP is responsible for data collection for this indicator
1	Treatment: Prompt, effective anti-malarial treatment	Number and percentage of providers trained for accordance with the national policy	0	2007	PNLP	173 25% (173/685)	695 100% (695/695)	15 2%	68 9.7%	125 18%	173 25%	347 50%	521 75%	596 86%	696 100%	Y - over program term	After verifying the quantities of ACTs, it emerges that in year 1 there is a planned acquisition of 419 697 ACTs of which 250 975 for uncomplicated malaria and 168 022 for complicated malaria and 258 248 for complicated malaria. These numbers are determined on the basis of the number of malaria cases registered per year in the health centres from statistical data compiled by the DSS of the country. The attached annex provides explanation of the items recorded as for the prediction of RDTs, it is assumed that 70% of the patients who will present with the RDTs will come from the health centres. The RDTs coming back negative, allowing them to be offered to actually if persons. The quality of RDTs is lower than that of ACTs due to the fact that children under 5 will be systematically taken charge of during the high transmission period. See explanation in annex.	
1	Treatment: Prompt, effective anti-malarial treatment	Number of people receiving anti-malarial treatment for accordance with the national policy	87/000	2008	MSFL	419/697	705/772	0	121/65	207/633	419/697	591/901	705/772	Y	Y - cumulative annually			
1	Treatment: Diagnosis	Number of rapid diagnostic tests performed	140/000	2008	MSFL	260/698	500/885	0	84/200	155/372	260/698	253/413	422/929	500/885	Y	Y - cumulative annually		
1	Treatment: Diagnosis	Number of establishments equipped for the biological diagnosis of malaria	3.6% (28/687)	2008	PNLP	60 1.0% (60/687)	275 40% (275/687)	0	20 3%	44 6%	60 10%	86 14%	121 17.6%	156 28%	275 40%	Y - over program term	The PNL P is charged with documenting partner meetings. A test meeting is planned in the last quarter of 2008, after the signature of grant with the Global Fund.	
1	Supportive environment: Coordination and partnership development (national, community, public-private)	Number of meetings organized by the NMCP among all partners involved in the fight against malaria	N/A	2008	PNLP	4	8	1	2	3	4	5	6	7	8	Y - over program term		
1	HSS (Health Systems Strengthening) Services delivery	Number and percentage of districts supervised at least once per quarter by the NMCP	N/A	2008	PNLP	28 80% (28/35)	56 100% (56/56)	28 50%	28 50%	28 50%	28 50%	56 100%	56 100%	56 100%	56 100%	Y - cumulative annually	- In year 1, values and percentages relate to 28 of the 56 districts and in year 2 to 56 districts - Supervision activities will not cover BET region - PNL P is responsible for completion of supervisory mission reports	
1	HSS (Information system & Operational research)	Number and percentage of districts having reports of a district level within 15 days	N/A	2008	PNLP	252 100% (252/252)	672 100% (672/672)	0	128	160	252 100%	346	440	534	627	Y - cumulative annually	In year 1, values and percentages relate to 28 districts and in year 2 to 56 districts. In year 1 the denominator is 252 activity reports (28 districts multiplied by 9 months) and in year 2 the denominator is 672 reports (56 districts multiplied by 12 months).	
2	Prevention: Insecticide-treated nets (ITNs)	Number of ITNs distributed to the population (pregnant women and children of less than 5 years)	317/000	2007	PNLP	353/485	708/980	0	0	212/297	353/485	353/485	585/592	708/980	Y - over program term			
2	Prevention: Malaria prevention during pregnancy	Number of pregnant women receiving a full course of preventive treatment according to national guidelines	N/A	2008	DISIS,PNLP	1,37/500	275/000	0	0	54/375	137/500	171/375	206/256	240/255	275/000	Y - over program term	In view of the fact that IPT will only be available in 2009, the first results will be collected during this period.	
3	HSS: Information system & Operational research	Number of epidemiological risk of epidemics are transmitted within 7 days	0	2008	PNLP	108 100% (108/108)	352 100% (352/352)	0	36 33%	72 67%	108 100%	36 97%	72 71%	108 63%	144 100%	Y - cumulative annually	There are 12 epidemiological surveillance centres in year 1. The denominator is 108 reports (12 centres multiplied by 9 months) and in year 2 the denominator is 344 (12 centres multiplied by 12 months). - essential sites to become operational in 2009 and reporting once HF reports have been acquired	
	Treatment: Prompt, effective anti-malarial treatment	Number and percentage of districts with sufficient supply of anti-malarial drugs (based on estimates) to respond to epidemics within 2 weeks of detection	N/A	2008	PNLP	12 100%	12 100%	0	12 100%	12 100%	12 100%	12 100%	12 100%	12 100%	12 100%	Y	N - not cumulative	- 12 DS in the epidemic-prone zone. Treatment will be distributed one per year, and renewed the following year



Program Details  
Country: The Republic of Chad  
Disease: Malaria  
Grant number: TCD-708-G03-M  
United Nations Development Programme  
Principal Recipient: Programme

A. Periods covered and dates for disbursement requests and progress updates

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Period Covered: from	1-Mar-08	1-Jul-08	1-Oct-08	1-Jan-10	1-Apr-10	1-Jul-10	1-Oct-10	1-Jan-11
Period Covered: to	30-Jun-08	30-Sep-08	31-Dec-08	31-Mar-10	30-Jun-10	30-Sep-10	31-Dec-10	28-Feb-11
Date Progress Update due (typically 45 days after end of period)	14-Aug-08	14-Nov-08	14-Feb-10	15-May-10	14-Aug-10	14-Nov-10	14-Feb-11	14-Apr-11
Disbursement Request 7 (Y/N)	N	Y	N	Y	N	Y	N	-

Annual Report Due Date: 30-Mar-10 30-Mar-11

Audit Report Due Date: 30-Jun-10 30-Jun-11

B. Program Goal, Impact and outcome indicators

- Goals:
- Cover 100% of health facilities operating in malaria affected districts with Artemisinin based combination therapy (ACT)
  - To increase the coverage and methods of prevention in malaria affected districts for pregnant women and children under 5
  - Early detection and response to malaria epidemics in districts subject to epidemics

Impact / outcome indicator	Indicator	Baseline					Targets					Comments*	
		value	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5				
Impact	Prevalence of malaria parasite infection	N/A	2008	N/A								50% of baseline value	A prevalence study (MS) will be conducted in program year 1 so to establish the baseline value. The study will be repeated in program year 5 for an impact evaluation. The indicator relates to high transmission zones (see M&E Toolkit)
Impact	Malaria-attributed deaths in sentinel sites (10 district hospitals)	67/228	2005	PNL P	60/776	54/023	47/270	40/517	33/784			80% of baseline value	Data will be regularly collected at sentinel sites so as to have consolidated data by year.
Outcome	Percentage of US children (and other target group) with uncomplicated malaria correctly managed at health facilities	15.90%	2001	WHO/PNL P	20%	30%	40%	60%	80%			80%	Data for this indicator will be collected through routine supervision of the MNCP. The baseline prevalence study (MS) will also include a question relating to this indicator.
Outcome	Percentage of households with at least one LLN	5.40%	2001	WHO/PNL P study	20%	30%	40%	60%	80%			80%	-MIS in Y2 and Y5 -During the first two years 706/990 ITNs will be distributed. Under the assumption that all bednets are being used, this would correspond to a target population of 354/956 pregnant women and children under 5
Outcome	Percentage of children US sleeping under an LLN the previous night	3%	2001	WHO/PNL P	20%	30%	40%	60%	80%			80%	-MIS in Y2 and Y5 -During the first two years 706/990 ITNs will be distributed. Under the assumption that all bednets are being used, this would correspond to a target population of 354/950 pregnant women and children under 5
Outcome	Percentage of pregnant women sleeping under an ITN the previous night	7.20%	2001	WHO/PNL P	20%	30%	40%	60%	80%			80%	-MIS in Y2 and Y5 -During the first two years 706/990 ITNs will be distributed. Under the assumption that all bednets are being used, this would correspond to a target population of 354/950 pregnant women and children under 5
Outcome	Percentage of pregnant women on intermittent preventive treatment (IPT) according to national policy (specific to Sahelian Africa)	0.93%	2005	Reports: NSF, Lubumbi, Bengou Project	10%	20%	40%	60%	80%			80%	The target denominator are all pregnant women consulting a post-natal consultation for a IT 2 (192/115 women in 2005) in "endemic" zone of Chad.

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

C. Program Objectives, Service Delivery Areas and Indicators

**M&E comments**  
blue = no action for confirmation only  
red = please provide updated information and/or clarification  
General comment  
-all targets (and especially impact/outcome targets) should be set according to planned/budgeted data collection activities