

# DRC Performance Indicators

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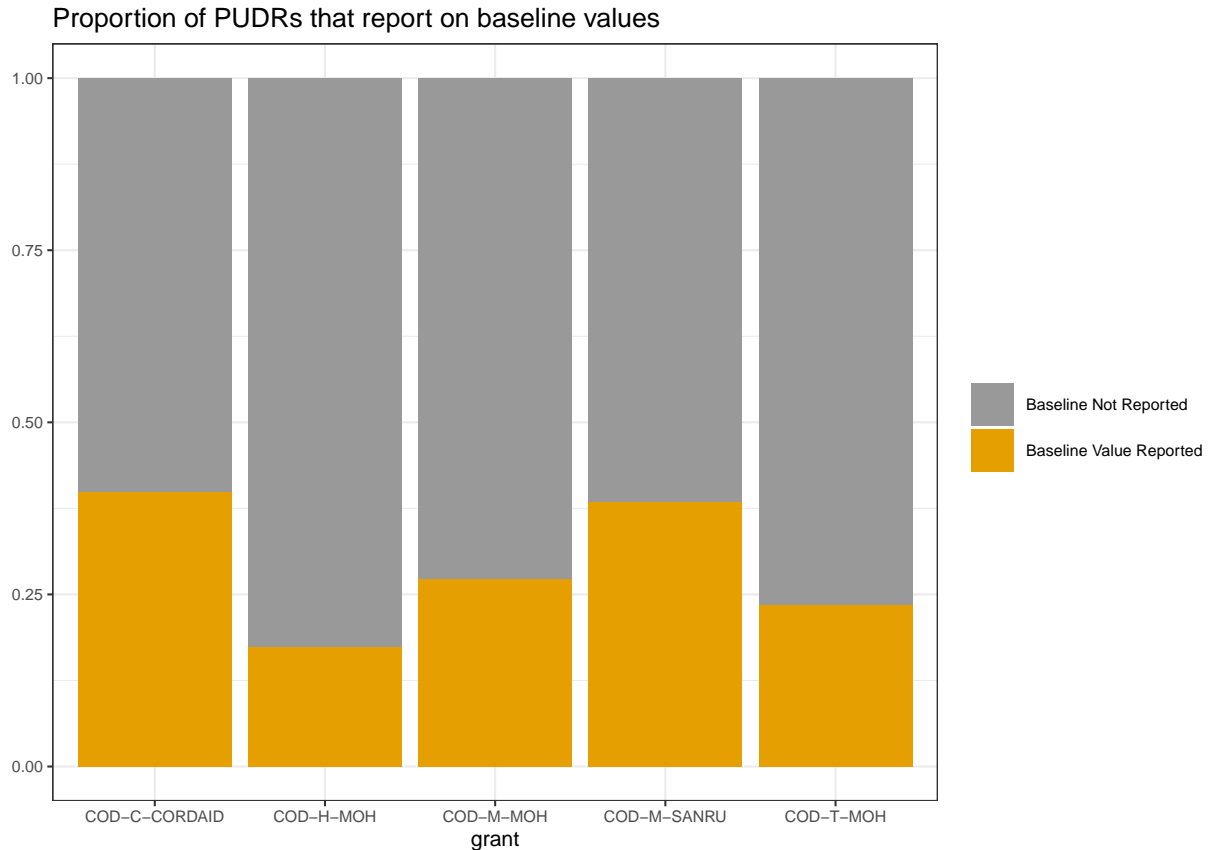
## 1. Introduction

This document highlights the data completeness, data sources, and changes over time for Outcome Indicators in DRC. Data for indicators all came from the latest available Progress Update and Disbursement Request forms (PUDRs) indicated below:

Most Recent PUDRs available
Malaria_MOH_PUDR_S1 2019_LFA verified.xlsx
Malaria_SANRU_PUDR_S1 2019_LFA verified.xlsx
CORDAID_PUDR_S1 2019_not verified.xlsx
HIV_MOH_PUDR_S1 2019_not verified.xlsx
Copy of LFA_COD-T-MOH_Progress Report_30Jun2019_CCF_Final_10092019.xlsx

## 2. Data Completeness

For each Outcome Indicator, the grant Principal Recipient (PR) *usually* must establish an indicator “Baseline Value”. This value—when available—can serve as a benchmark for progress reported in subsequent time periods.

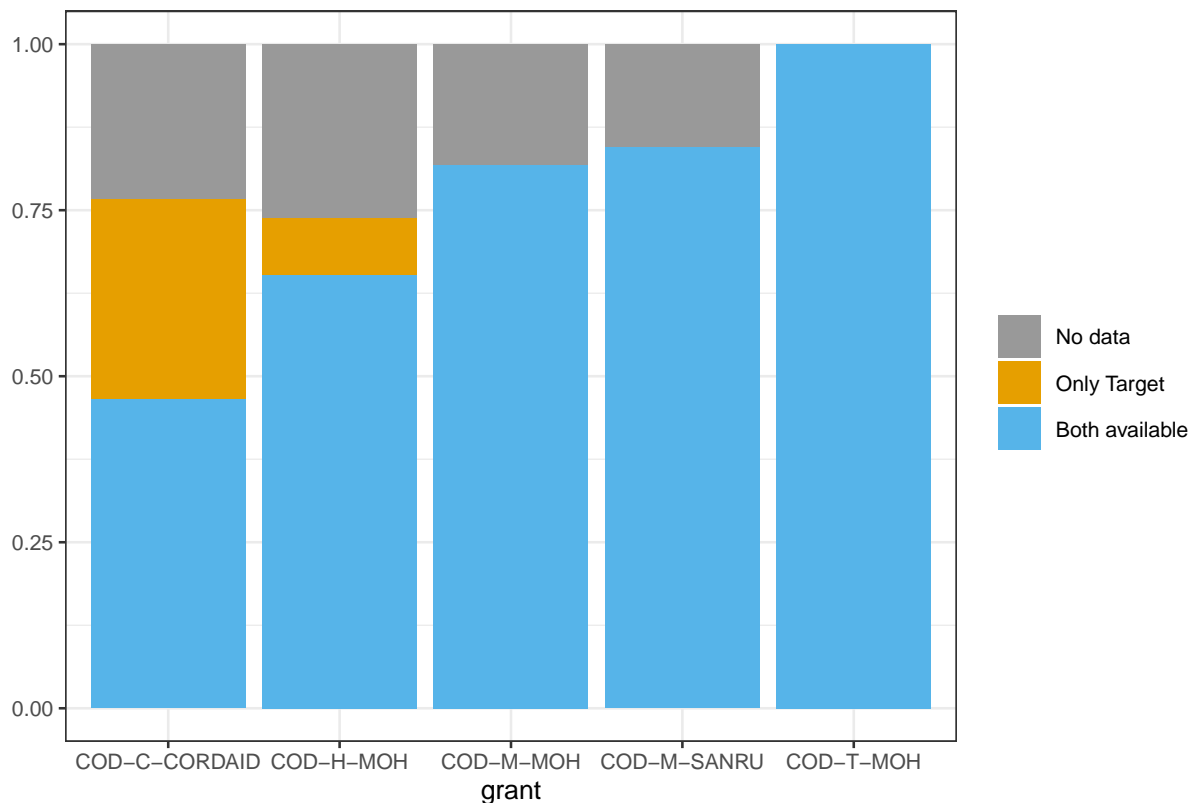


In the DRC grant, the use of the baseline value seems to be inconsistently applied as typically

around 60% and 75% of indicators in a the most recent PUDRs do not include a Baseline Value.

In order to calculate the achievement of an Outcome Indicator for a given grant, it is necessary to have information on (1) the target that was originally set and (2) the result.

Completeness of Indicators according to grants



Only the Tuberculosis grant (COD-T-MOH) provided the full data necessary to calculate progress on indicators. The two malaria grants also had a high level of data completeness (around 80%).

### 3. Data Sources

“Data Sources” are listed in the PUDR to indicate where information reported to the global fund came from. Examples of data sources include reports from the disease-specific National Programs, surveys such as the Demographic Health Survey (DHS), and Health Management Information systems such as DHIS2.

In some cases, the source of information used to establish the target of a goal is different from the source used to provide updates on progress. **In DRC, the HIV grant to the MOH had indicator data sources change the most often: 76% of indicators.**

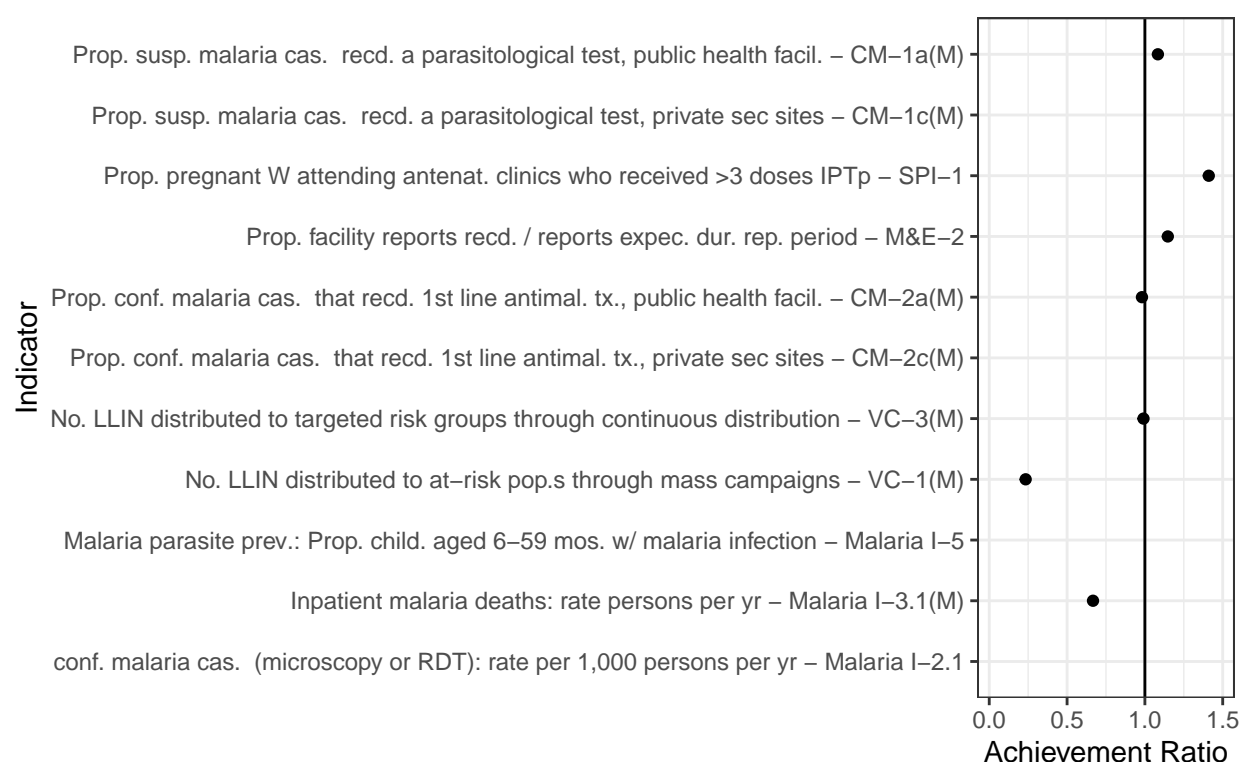
Grant	Indicators	Different Sources between Baseline and Result
COD-M-MOH	11	6
COD-M-SANRU	13	4
COD-C-CORDAID	30	0
COD-H-MOH	23	12
COD-T-MOH	17	13

Data used to establish targets in the TB grant came from reports from the National TB Control Program, but the majority of results were obtained from the Demographic Health Survey (DHS) in the country. The majority of baseline values for the HIV grant (COD-H-MOH) indicators came from other “PUDRs”, while the results were tracked using the DHS survey as well.

#### 4. Grant Results based on most recent PUDRs

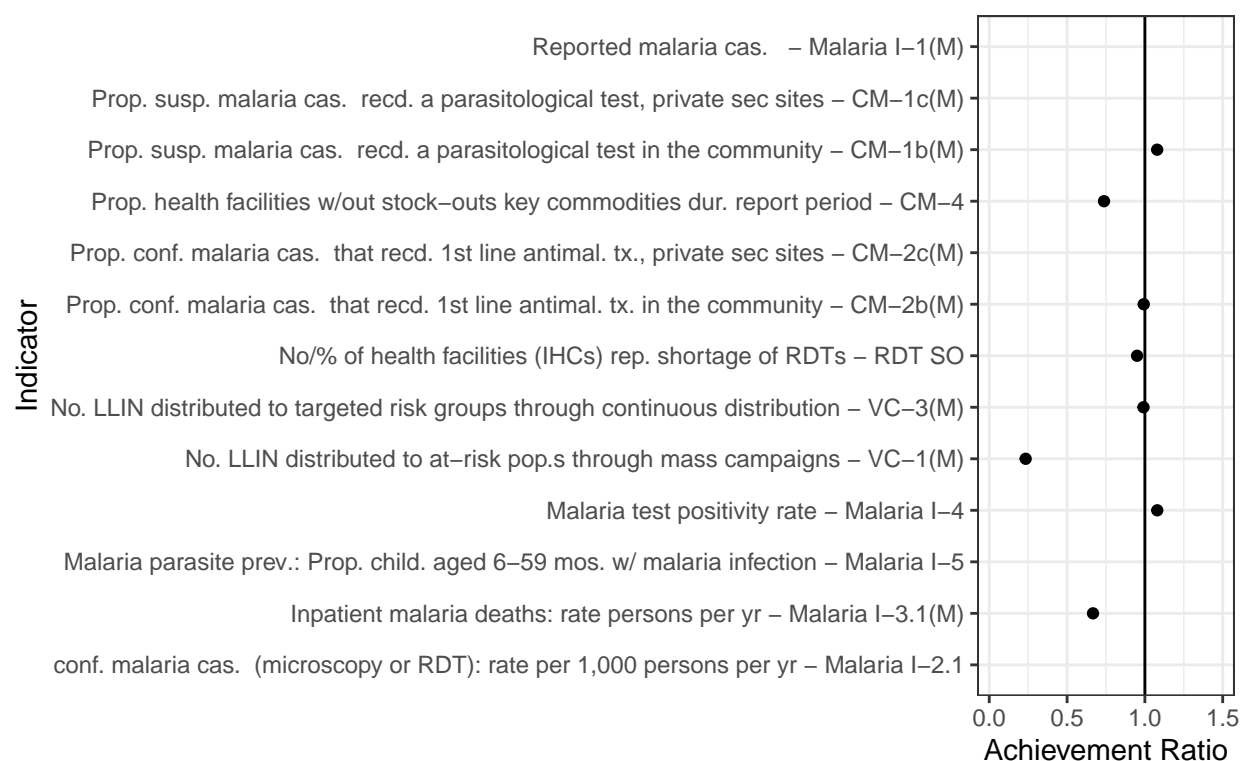
The “Achievement Ratio” is calculated in the PUDR to understand how close to the original target the Outcome Indicator result is. A value of 1.0 or greater means that the Indicators goal has been met or exceeded.

##### 4.1 Malaria Grants



Source: Malaria\_MOH\_PUDR\_S1 2019\_LFA verified.xlsx

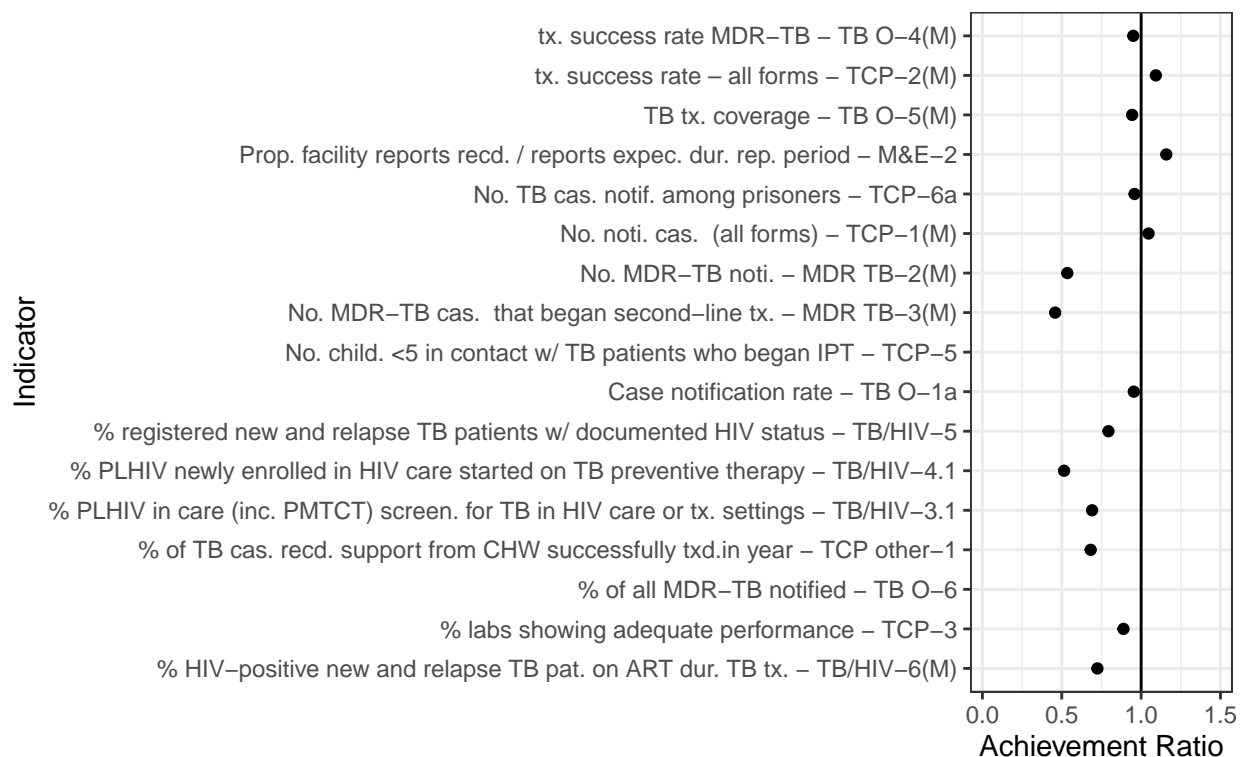
The lowest performing indicator is the number of LLIN distributed through mass campaigns. Although Indicator I-3.1(M) is also low, in that case a lower number indicates that they are performing better than their target (less deaths related to malaria were reported than the target value.)



Source: Malaria\_SANRU\_PUDR S1 2019\_LFA verified.xlsx

The SANRU Malaria grant reported similar results as the MOH Malaria grant for the lowest performing indicator (Number of LLIN distributed through mass campaign). Proportion of facilities without stock outs was the other indicator showing the lowest performance. The rest of the indicators for this grant appear to be close to the planned targets.

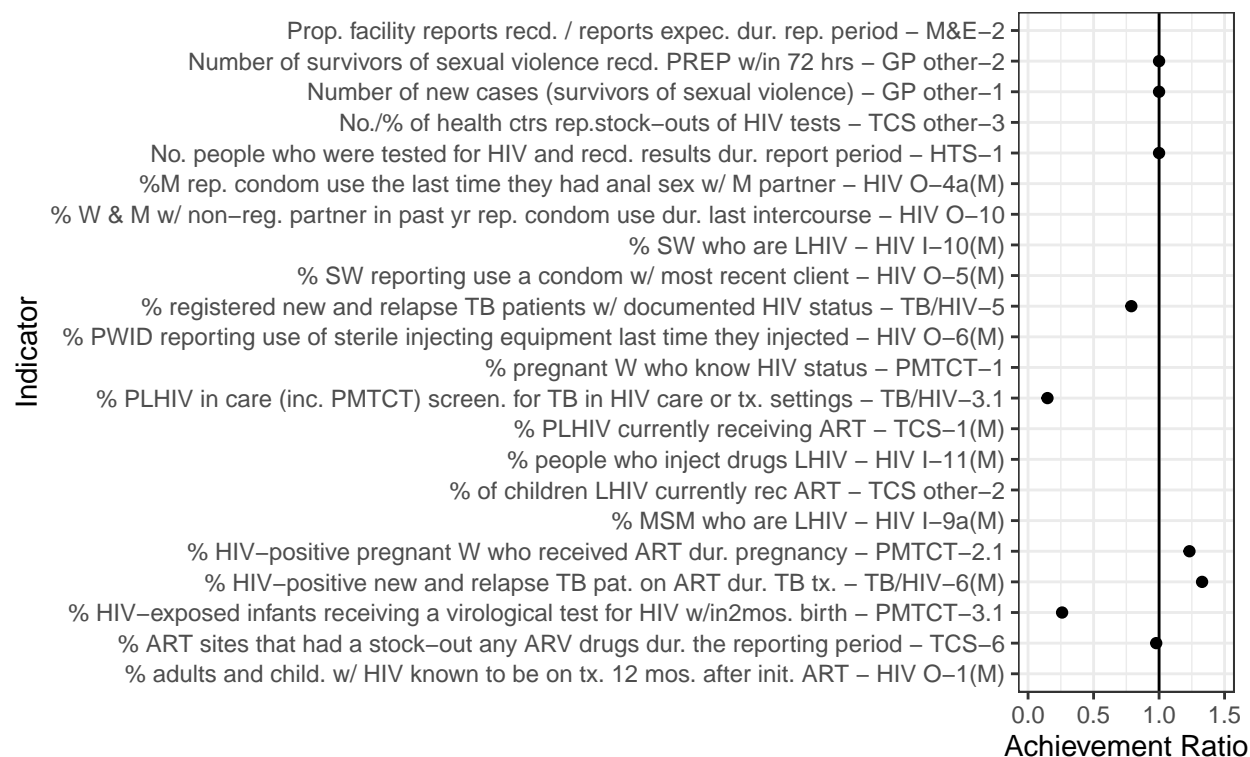
## 4.2 TB



Source: Copy of LFA\_COD-T-MOH\_Progress Report\_30Jun2019\_CCF\_Final\_10092019.xlsx

Although several general population-wide TB targets are being met such as treatment success rate, several indicators relating to TB/HIV preventive therapy, screening, and treatment are not reaching the intended targets.

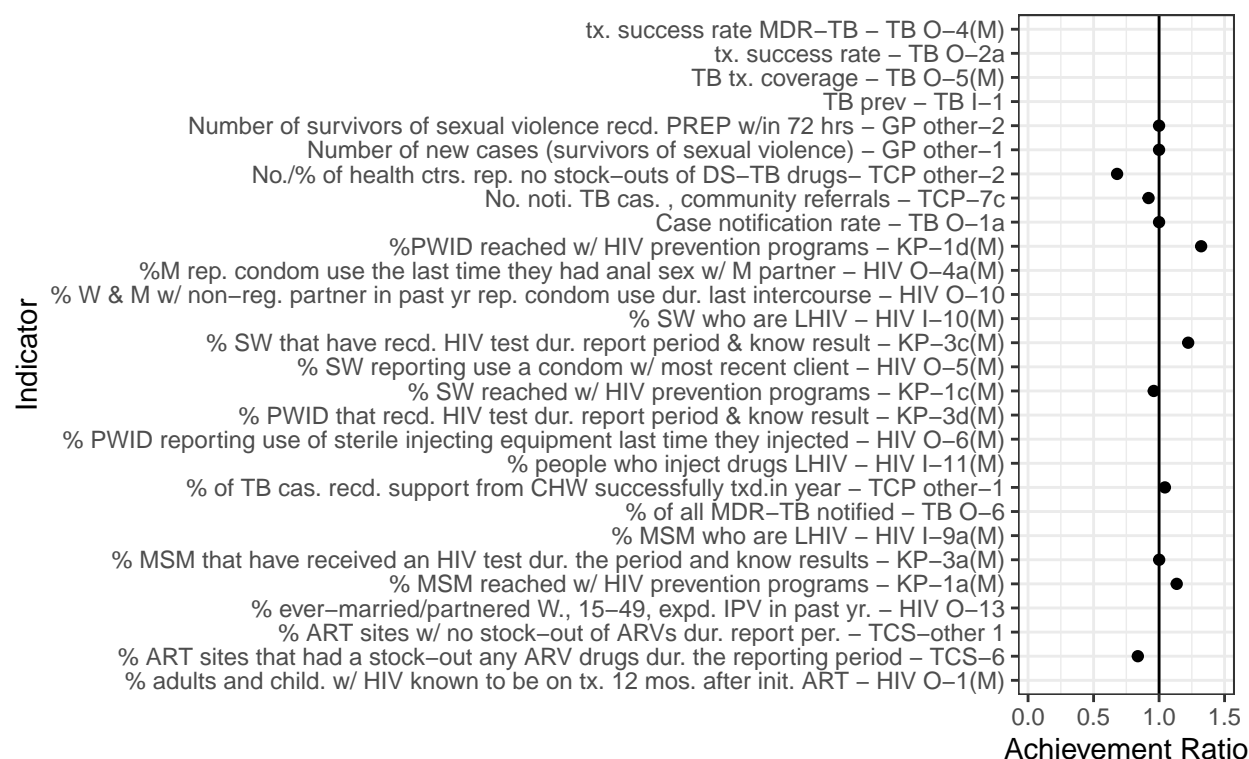
### 4.3 HIV



Source: HIV\_MOH\_PUDR\_S1 2019\_not verified.xlsx

Indicators with the lowest achievement ratios included people living with HIV who were screened for TB and HIV-exposed infants receiving a virological test for HIV shortly after birth. However, the rest of the grant's indicators were close to target.

#### 4.4 Combined HIV/TB Grant



Source: CORDAID\_PUDR\_S1 2019\_not verified.xlsx

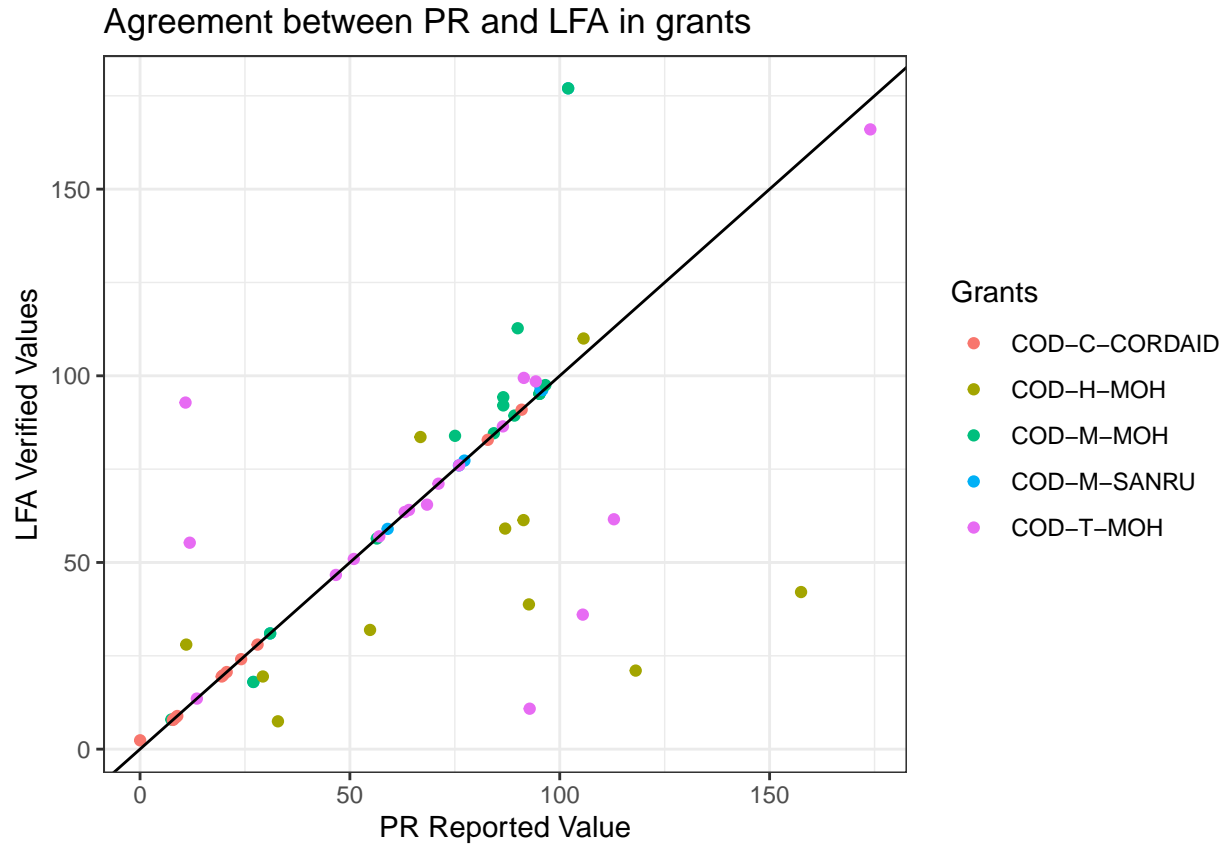
Several indicators related to key and vulnerable populations including people who inject drugs (PWID), sex workers (SW) and men who have sex with men (MSM) were close to or exceeding their targets. However, facility-level indicators on drugs such as stock-outs for anti-TB medications and ARV drugs were not meeting expected targets.

#### 5. Agreement between PR, LFA

After each PUDR is submitted by the PR, the LFA will verify the results reported on the Indicators. In some cases they may revise the original values provided by the PR.

The most recent LFA-verified PUDRs for this analysis include the following:

LFA Verified PUDR Files
Malaria_MOH_PUDR_S1 2019_LFA verified.xlsx
Malaria_SANRU_PUDR S1 2019_LFA verified.xlsx
LFA_Review_COD-C-CORDAID_PU 30 June 2018_Sent_27092018_OK.xlsx
LFA Review_COD-H-MOH_Progress Report_30Jun2018_07092018 ok_Sent 01102018.OK.xlsx
Copy of LFA_COD-T-MOH_Progress Report_30Jun2019_CCF_Final_10092019.xlsx



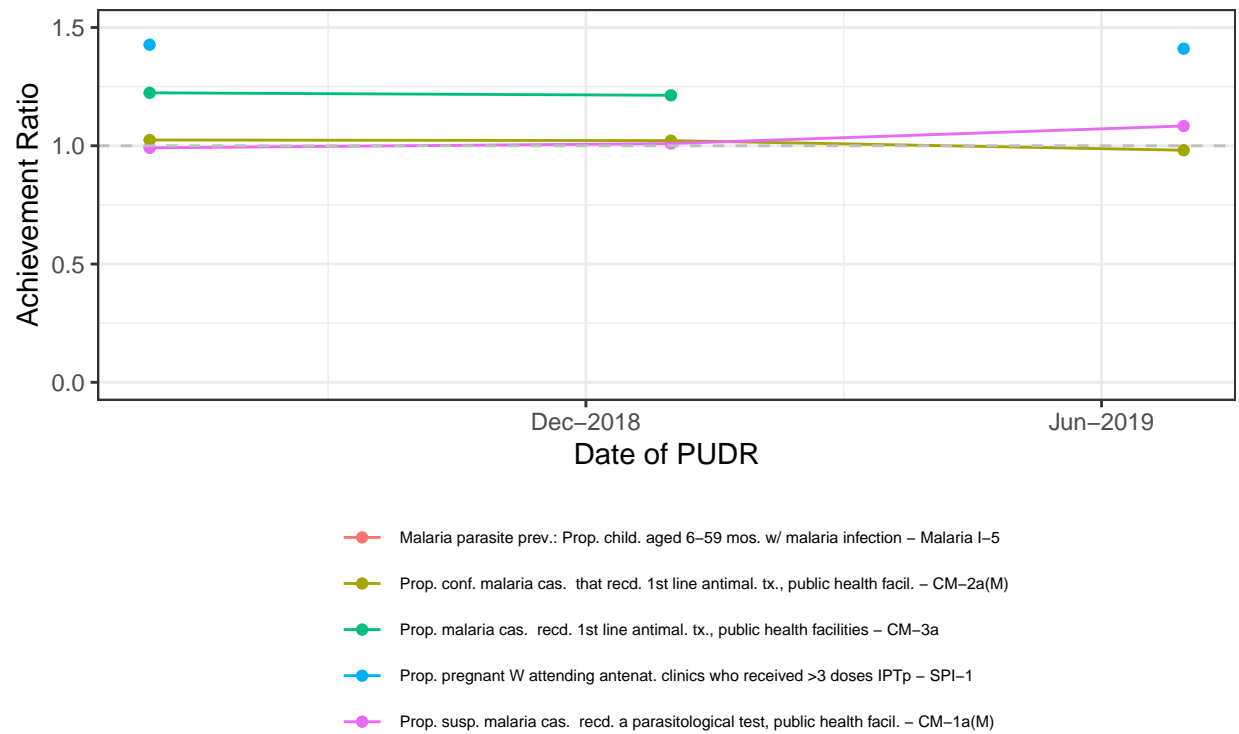
In general, the TB grant and HIV grants to the MOH had the most revisions made by the GF LFA. In some cases the GF LFA increased the GF Reported Result Values, but when usually their edits were in order to decrease the reported values.

## 6. Results Over Time

The tables below highlights how indicators available in the three most recent PUDRs have changed over time for each of the grants.

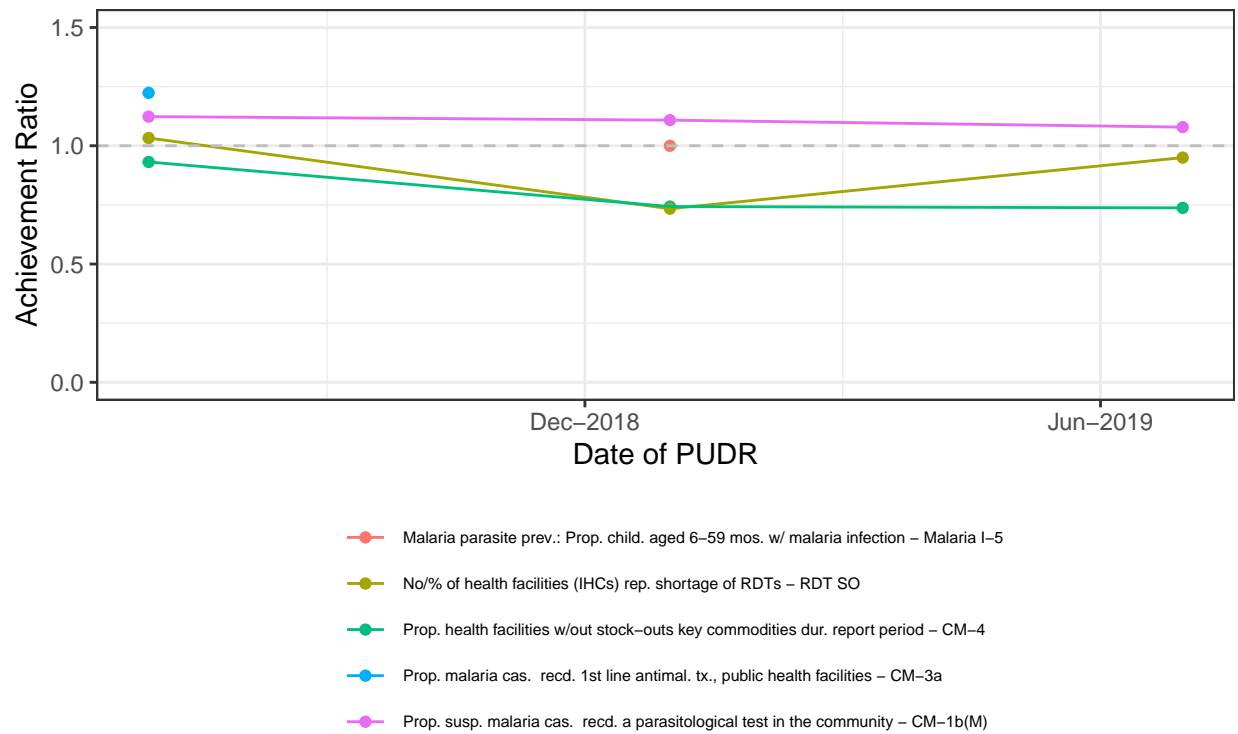


## COD-M-MOH Performance Over Time

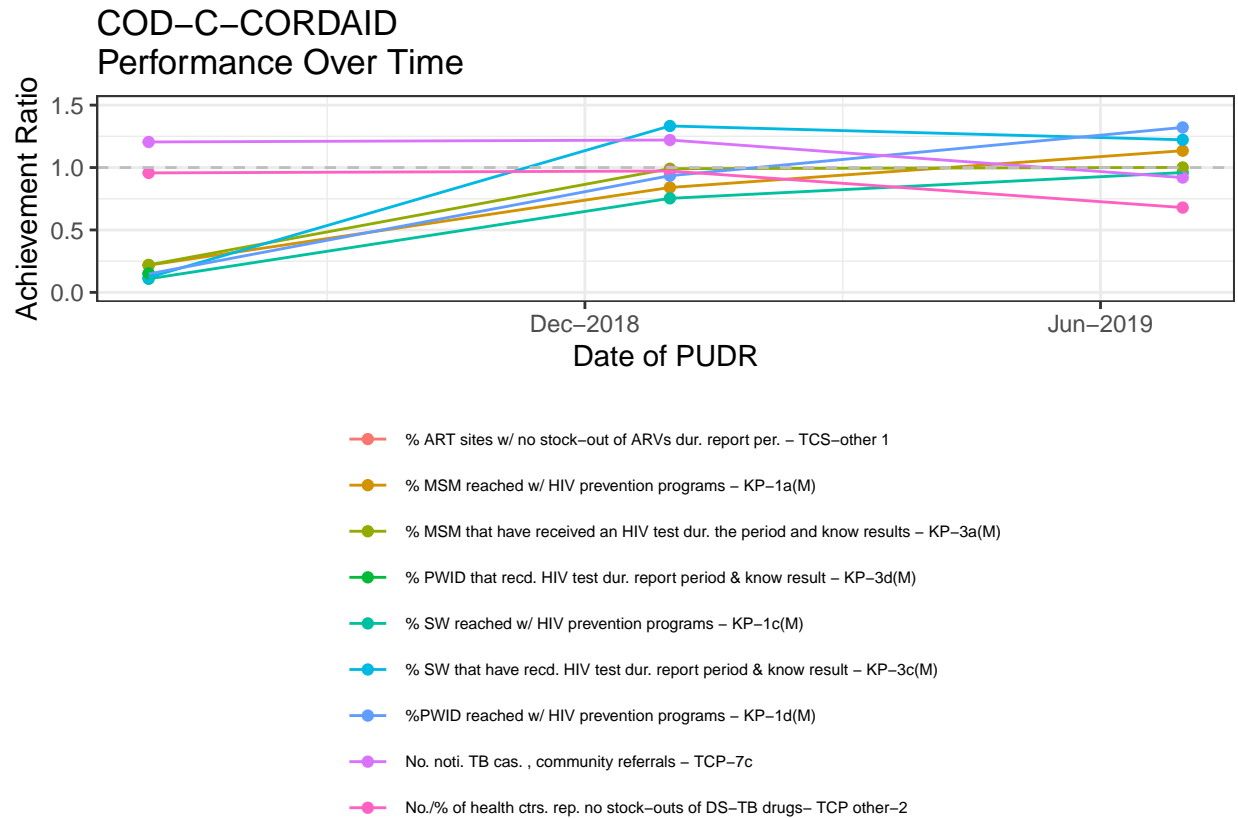


There has been relatively little change in the Malaria grant MOH indicators (among those indicators with multiple time-points of data available).

## COD-M-SANRU Performance Over Time

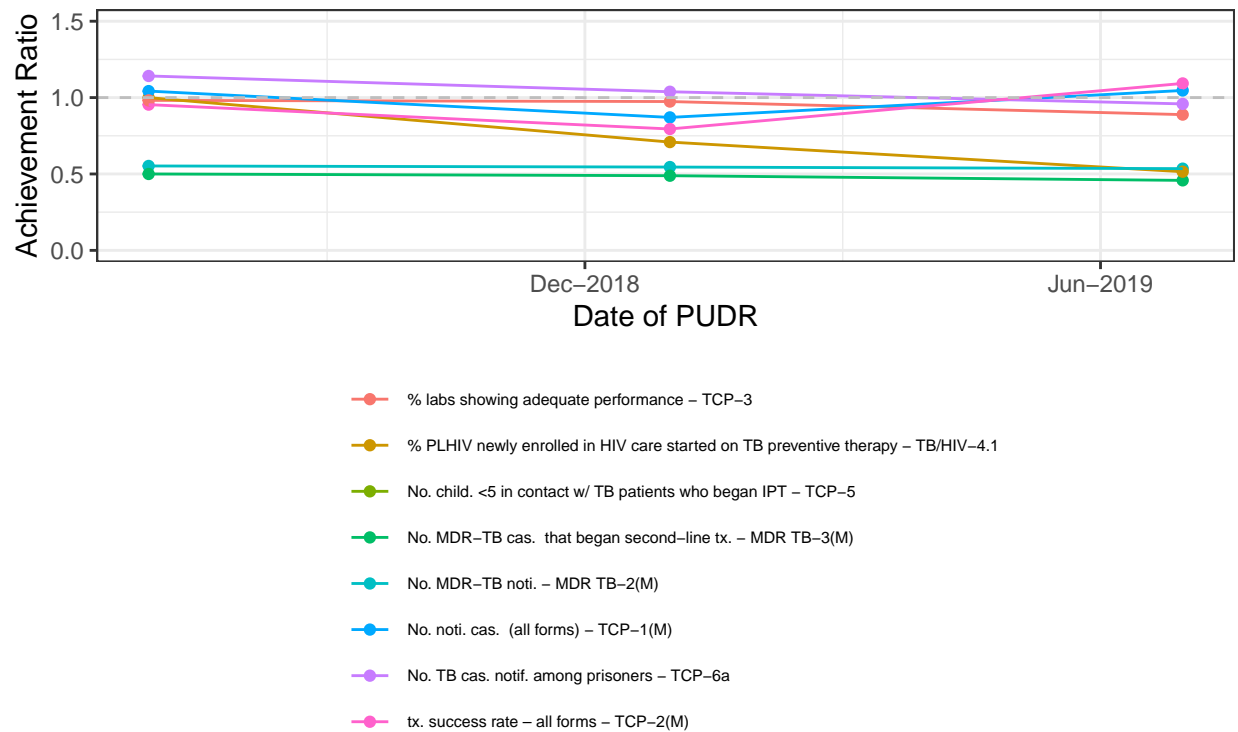


Health facility shortages in RDTs and other “key commodities” have remained at slightly below target for the past few semesters.



The majority of indicators started out far below targets in the first half 2018, however they have shown great improvement. Community referrals of TB and health facilities without stock-outs started out above target and appear to be slightly trending downward.

## COD-T-MOH Performance Over Time



There has been less change over time in the majority of indicators, except that TB/HIV-4.1 (PLHIV that started TB preventive therapy) has been failing to reach its targets in each of the last few semesters. Indicators relating to MDR-TB have also been consistently below their targets (bottom two lines).