



Malaria Indicator Selection Framework

A guide for selecting appropriate Global Fund performance monitoring indicators.



METRICS FOR MANAGEMENT

Abbreviations

ABER	Annual Blood Examination Rate	LQAS	Lot Quality Assurance Sampling
ANC	Antenatal Care	MDA	Mass Drug Administration
DHS	Demographic and Health Survey	MICS	Multiple Indicator Cluster Survey
eLMIS	Electronic Logistics Management Information System	OPD	Outpatient Department
EPI	Expanded Program on Immunization	PMC	Perennial Malaria Chemoprevention
HMIS	Health Management Information System	PHMES	Public Health Monitoring & Evaluation Specialist
IDP	Internally Displaced Person	PR	Principal Recipient
IPTp	Intermittent Preventive Treatment In Pregnancy	RDT	Rapid Diagnostic Test
IPTsc	Intermittent Preventive Treatment in School-aged Children	RSSH	Resilient and Sustainable Systems for Health
ITN	Insecticide Treated Net	SBC	Social and Behavior Change
IRS	Indoor Residual Spraying	SMC	Seasonal Malaria Chemoprevention
		SPI	Specific Prevention Intervention

Indicator Selection Frameworks Overview

Purpose: The Indicator Selection Frameworks are designed to assist in selecting appropriate Global Fund indicators for each intervention. They provide systematic guidance to ensure a comprehensive selection process that meets both mandatory requirements and best practice recommendations. The tool ensures inclusion of all required indicators for each intervention and facilitates the selection of additional indicators to support effective program monitoring. These indicators help measure intervention coverage, outcomes, and the overall impact of malaria interventions. Upon completing this process, users will have a comprehensive list of indicators suitable for inclusion in the Performance Framework.

Audience: Public Health Monitoring & Evaluation Specialists (PHMES) and Principal Recipients (PRs)

Logic Models: There are nine logic models, each representing a distinct Global Fund intervention, such as Seasonal Malaria Chemoprevention (SMC), Indoor Residual Spraying (IRS), etc. Each model outlines the inputs, activities/outputs, outcomes, and impacts associated with the intervention. Global Fund malaria indicators have been systematically mapped to their corresponding positions within each logic model.



Impact Indicators: The impact indicators are essential and span across all interventions. Since interventions work collectively to achieve the desired impact, these indicators are presented separately. It is recommended that grantees select indicators I-3.1 and I-10, plus at least two additional impact indicators to enable triangulation.

Indicator Selection Frameworks Overview

Indicator Summary Tables: In addition to the logic models, each page includes a summary table listing the relevant Group 1 mandatory indicators, intervention-specific mandatory indicators, recommended non-mandatory indicators, and relevant Resilient and Sustainable Systems for Health (RSSH) grant indicators. For some interventions, different indicators are recommended depending on whether recent Demographic and Health Survey (DHS) or Multiple Indicator Cluster Survey (MICS) results are available.

Group 1 (Mandatory)	Intervention-Specific Mandatory Indicator	Recommended	RSSH Grants
Indicator Codes	Indicator Codes	Indicator Codes	Indicator Codes

RSSH Indicators: Where relevant, RSSH indicators have been included to highlight their relevance to malaria interventions. These indicators provide important contextual information that supports the interpretation of malaria-specific data. Grants that include RSSH funding should consider selecting these indicators. However, they are not intended to replace core malaria indicators.

Disaggregations: If a selected indicator includes disaggregations, all disaggregated data must be reported. Some disaggregations may be more relevant to specific interventions. If the indicator is collected through a small area survey such as Lot Quality Assurance Sampling (LQAS), disaggregated data may not be feasible to collect due to the limited sample size.

Related Documentation:

The Indicator Selection Frameworks should be used in conjunction with the following complementary documents

- 1. Global Fund Malaria GC8 Indicator Guidance Sheet
- 2. Global Fund Modular Framework Handbook

Indicator Selection Workbook

Download the linked Indicator Selection Workbook and use it alongside the Indicator Selection Frameworks. The workbook can be used to track the indicators selected for inclusion in the grant and the Performance Framework.



Indicator Selection Workbook: Malaria

This Indicator Selection Workbook is designed to be used alongside the Indicator Selection Framework logic models. It offers a structured tool for documenting and tracking the indicators selected for inclusion in your grant proposal. Each indicator is associated with its corresponding logic model, as indicated by color coding. For indicators that appear in multiple logic models (e.g., ITN – Mass Campaigns and ITN – Continuous Distribution), both relevant colors are shown.

For further details on Global Fund malaria indicators and interventions, please refer to the GC8 Indicator Guidance Sheet and the GC8 Performance Framework.

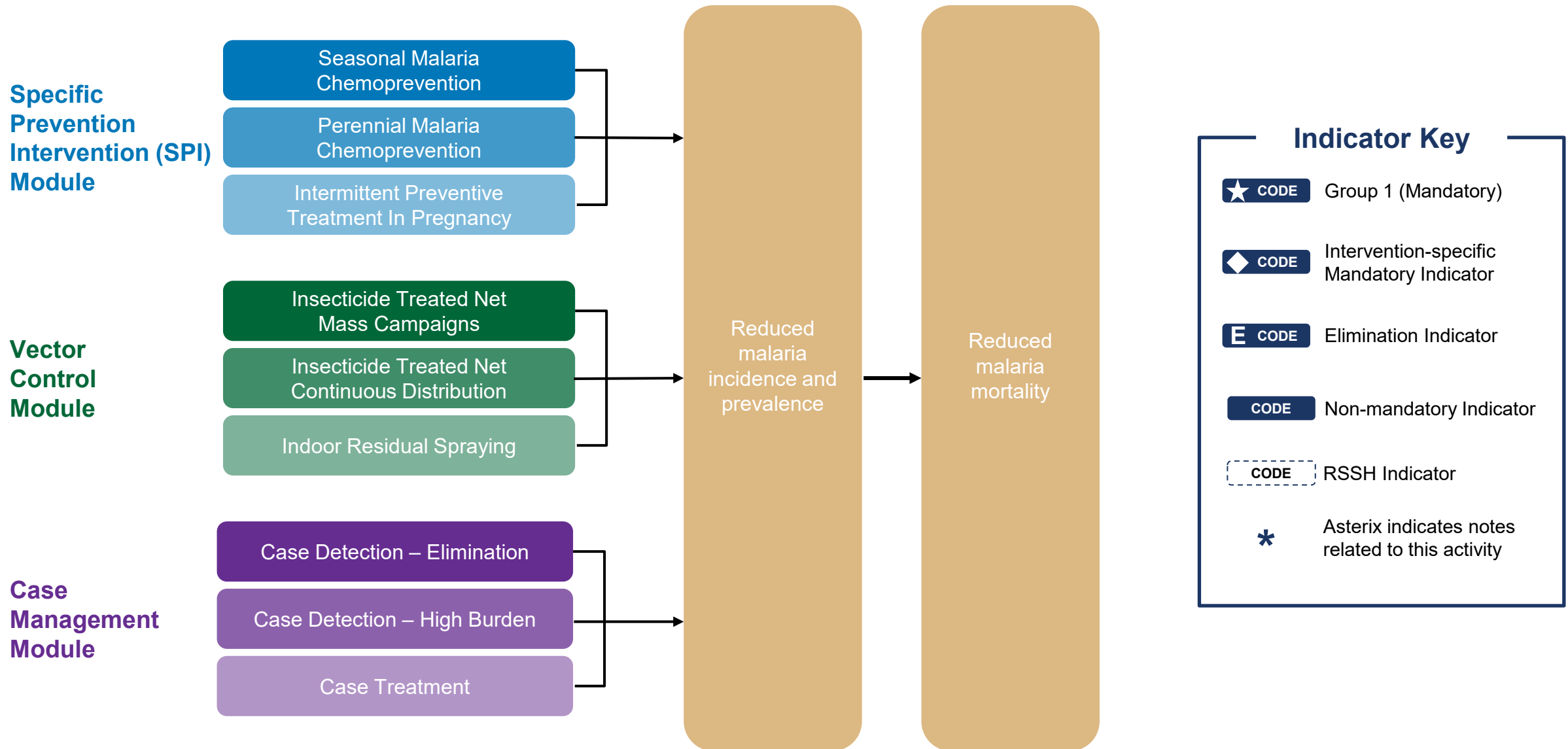
Note: Group 1 mandatory indicators have been pre-selected and are highlighted in **green**. These indicators may only be deselected if your grant does not include funding for the corresponding activities (e.g., if there is no funding for Seasonal Malaria Chemoprevention [SMC]).

[Click here to access the Indicator Selection Framework logic models in Genially.](#)

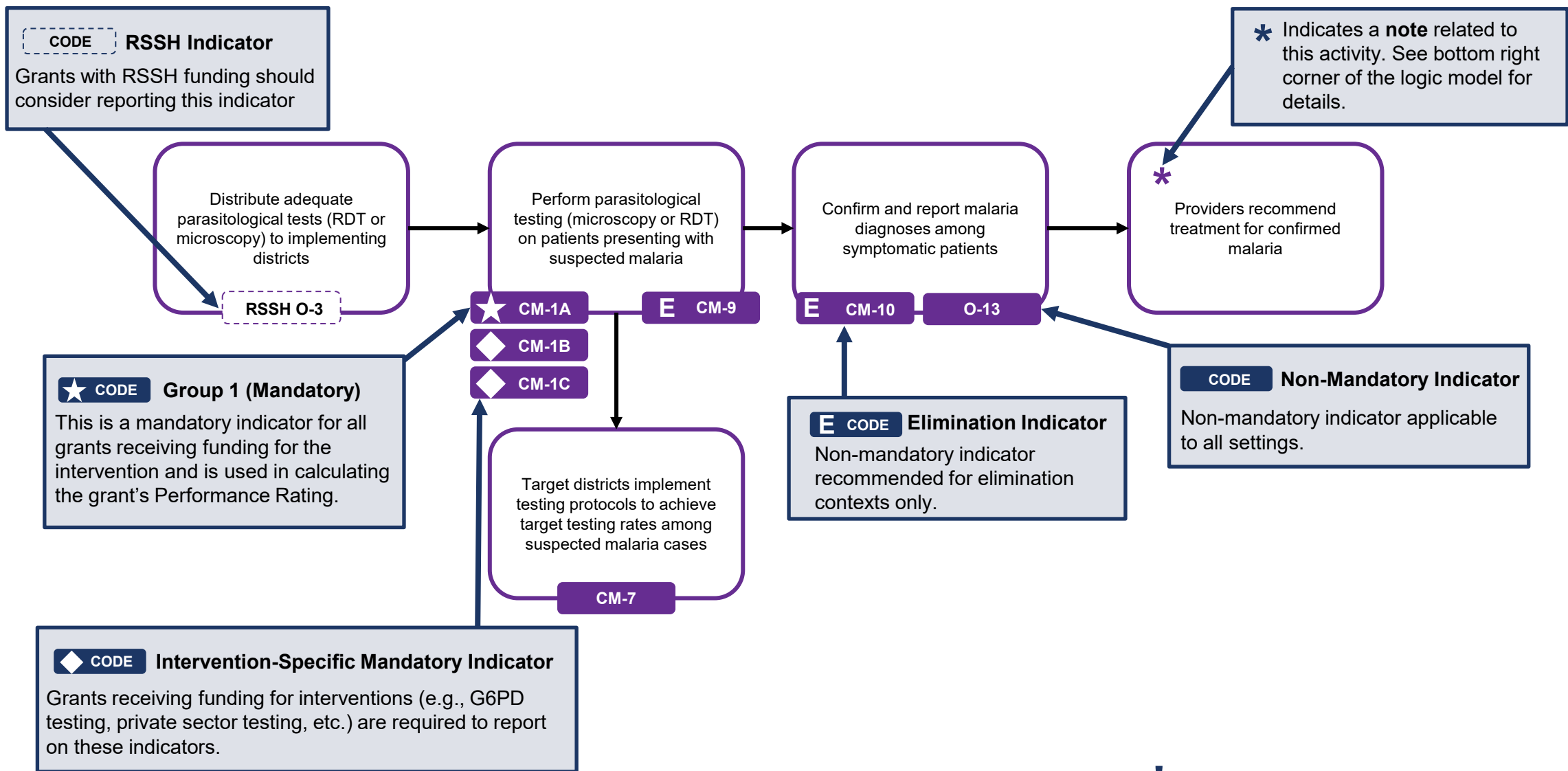
	LOGIC MODEL	GLOBLA FUND MODULE	GROUP 1	ELIMINATION SETTING?	INDICATOR CODE	INDICATOR	DISAGGREGATIONS	INCLUDE IN GRANT?
	Case Management - Treatment Logic Model	Case Management	X		CM-2a	Proportion of patients with confirmed malaria who received first-line antimalarial treatment, according to national policy, at public sector health facilities.	Age (<5, 5+)	☒
	Case Managment - Case Detection Logic Models	Case Management	X		CM-1a	Proportion of patients with suspected malaria who received a parasitological test (microscopy or RDT) at a public sector health facility.	Age (<5, 5+); Type of testing (microscopy, rapid diagnostic test)	☒
	IPTp Logic Model	Specific Prevention Interventions	X		SPI-1	Proportion of pregnant women and girls attending antenatal services who received three or more doses of intermittent preventive treatment for malaria.	Age (<15, 15+)	☒
	ITN - Continuous Distribution Logic Model	Vector Control	X		VC-3	Number of insecticide-treated nets distributed to targeted risk groups through continuous distribution.	At risk population group (Children 0-5, Pregnant women, School children, people in emergency situation, others)	☒
	ITN - Mass Campaign Logic Model	Vector Control	X		VC-1	Number of insecticide-treated nets distributed to populations at risk of malaria transmission through mass campaigns.	Type of mass campaign (Regular distribution, Emergency distribution)	☒
	SMC Logic Model	Specific prevention interventions	X		SPI-2.1	Percentage of children who received the full number of cycles of seasonal malaria chemoprevention (SMC) per transmission season in the targeted areas.	Age (<5, 5+)	☒
	Case Management - Treatment Logic Model	Case Management			CM-2b	Proportion of patients with confirmed malaria who received first-line antimalarial treatment, according to national policy, in the community.	Age (<5, 5+)	☐
	Case Management - Treatment Logic Model	Case Management			CM-2c	Proportion of patients with confirmed malaria who received first-line antimalarial treatment, according to national policy, at private sector sites.	Age (<5, 5+)	☐

[Click here to open the Indicator Selection Workbook.](#)

Indicator Selection Frameworks Overview



Key – Example Logic Model



Seasonal Malaria Chemoprevention (SMC)

Inputs

* Conduct planning using local epidemiological and intervention data, along with programmatic gap tables, to procure SMC medications and identify target districts

Distribute adequate supply of SMC medications to implementing districts before peak transmission season

RSSH O-3

Activities/Outputs

Implement targeted campaigns to administer SMC to children in target age groups during peak transmission seasons

Outcomes

Children in the target age group receive the full course of SMC as recommended

★ SPI-2.1

Districts monitor and achieve target SMC coverage among children in the target age group

SPI-5

Impacts

Decrease in malaria and severe malaria incidence and prevalence in children

Decrease in malaria mortality in children

Group 1 (Mandatory)	Recommended	RSSH Grants
SPI-2.1	SPI-5	RSSH O-3

* If Intermittent prevention treatment of malaria in school-aged children (IPTsc) is being implemented, it should be documented. There are no specific indicators for these interventions.

Seasonal Malaria Chemoprevention (SMC)

Code	Indicator	Disaggregations	Source	Info
SPI-2.1	Percentage of children who received the full number of cycles of seasonal malaria chemoprevention (SMC) per transmission season in the targeted areas.	Age (<5, 5+)	- Health management information system (HMIS)/routine surveillance system - Mass campaign registers	Grants implementing SMC must collect SPI-2.1 (Group 1 indicator). This indicator is a critical metric for measuring program coverage and completion rates of the required SMC course.
SPI-5	Percentage of targeted districts achieving national targets for the percentage of children who received the full number of cycles of seasonal malaria chemoprevention (SMC) per transmission season in the targeted areas.	-	- HMIS/routine surveillance system - Mass campaign registers	SPI-5 serves as a critical indicator for understanding subnational variation in SMC completion rates in children. This district-level indicator enables implementing partners to identify geographical areas that are not achieving target coverage rates and may require additional programmatic support or resource allocation.
RSSH O-3	On-Shelf Availability: Percentage of facilities with tracer health products for the three diseases- HIV, TB, malaria (as applicable) available on the day of the visit or day of reporting.	Type of Health Product (Malaria - First Line Drugs, Malaria - Second Line Drugs, Malaria - Diagnostics)	(1) For countries that have functioning electronic logistics management information systems (eLMIS), data source would be stock status reports from health facilities taken from eLMIS (2) For remaining countries, an on-site survey of a sampled list of health facilities to be conducted	RSSH-O3 measures health system readiness by assessing supply availability at health facilities. This indicator is critical for understanding the availability of SMC supplies and provides essential context for interpreting other SMC indicators. When SMC coverage appears low, RSSH-O3 helps determine whether the issue stems from supply constraints or other programmatic factors, enabling more targeted interventions.

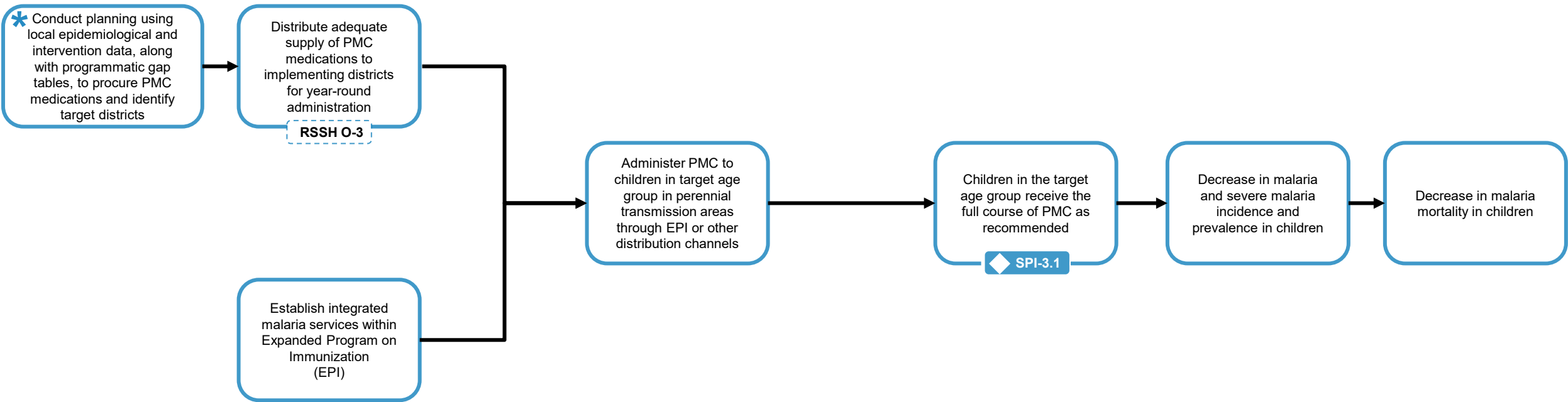
Perennial Malaria Chemoprevention (PMC)

Inputs

Activities/ Outputs

Outcomes

Impacts



Intervention-Specific Mandatory Indicator	RSSH Grants
SPI-3.1	RSSH O-3

* If Intermittent prevention treatment of malaria in school-aged children (IPTsc) is being implemented, it should be documented. There are no specific indicators for these interventions.

Perennial Malaria Chemoprevention (PMC)

Code	Indicator	Disaggregations	Source	Info
SPI-3.1	Proportion of children in the target age group who received the full number of doses of perennial malaria chemoprevention (PMC) according to national policy.	-	- HMIS/routine surveillance system - Mass campaign registers	Grants implementing PMC must collect SPI-3.1. This indicator is a critical metric for measuring program coverage and completion rates of the required PMC course.
RSSH O-3	On-Shelf Availability: Percentage of facilities with tracer health products for the three diseases- HIV, TB, malaria (as applicable) available on the day of the visit or day of reporting.	Type of Health Product (Malaria - First Line Drugs, Malaria - Second Line Drugs, Malaria - Diagnostics)	(1) For countries that have functioning eLMIS systems, data source would be stock status reports from health facilities taken from eLMIS (2) For remaining countries, an on-site survey of a sampled list of health facilities to be conducted	RSSH-O3 measures health system readiness by assessing supply availability at health facilities. This indicator is critical for understanding the availability of PMC supplies and provides essential context for interpreting other PMC indicators. When PMC coverage appears low, RSSH-O3 helps determine whether the issue stems from supply constraints or other programmatic factors, enabling more targeted interventions.

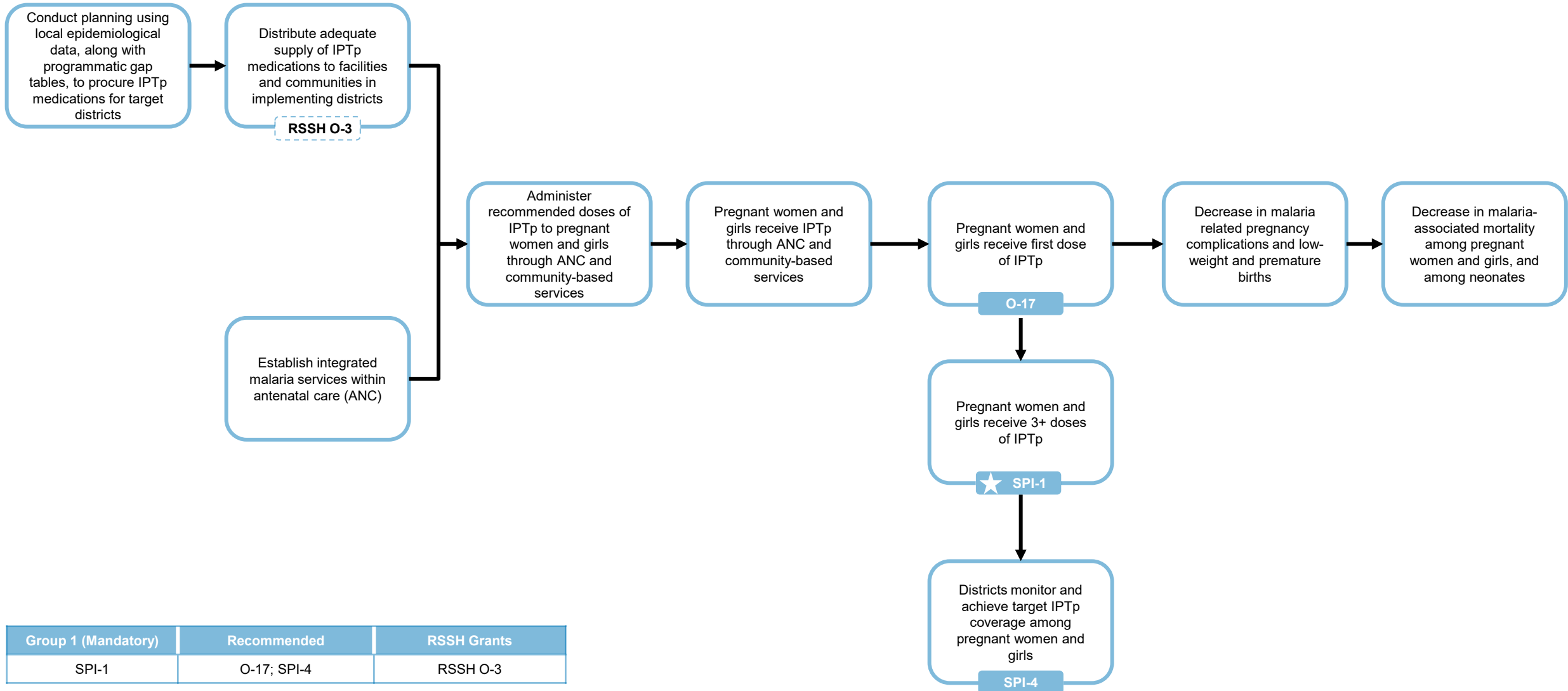
Intermittent Preventive Treatment in Pregnancy (IPTp)

Inputs

Activities/Outputs

Outcomes

Impacts



Intermittent Preventive Treatment In Pregnancy (IPTp)

Code	Indicator	Disaggregations	Source	Info
SPI-1	Proportion of pregnant women and girls attending antenatal services who received three or more doses of intermittent preventive treatment for malaria.	Age (<15, 15+)	HMIS/routine surveillance system	SPI-1 is a mandatory Group 1 indicator required for all grants implementing IPTp. SPI-1 measures completion rates of three or more recommended doses of IPTp.
SPI-4	Percentage of districts achieving national target for the proportion of pregnant women and girls attending antenatal services who received three or more doses of intermittent preventive treatment for malaria.	-	HMIS/routine surveillance system	SPI-4 is a recommended indicator and is critical for understanding subnational variation in IPTp completion rates among pregnant women and girls. This district-level indicator enables implementing partners to identify geographical areas that are not achieving target coverage rates and may require additional programmatic support or resource allocation.
O-17	Number of pregnant women and girls receiving one dose of IPTp.	-	HMIS (ANC and community registers)	As countries diversify the avenues for the delivery of IPTp beyond the ANC clinics, this indicator seeks to assess access to at least one dose of IPTp in the health facility or community. O-17 helps programs understand uptake of the first IPTp dose during pregnancy, while SPI-1 measures completion rates of three or more recommended doses. While O-17 is not factored into grant performance evaluations, it provides essential context for interpreting SPI-1 results.
RSSH O-3	On-Shelf Availability: Percentage of facilities with tracer health products for the three diseases- HIV, TB, malaria (as applicable) available on the day of the visit or day of reporting.	Type of Health Product (Malaria - First Line Drugs, Malaria - Second Line Drugs, Malaria - Diagnostics)	(1) For countries that have functioning eLMIS systems, data source would be stock status reports from health facilities taken from eLMIS (2) For remaining countries, an on-site survey of a sampled list of health facilities to be conducted	RSSH-O3 measures health system readiness by assessing supply availability at health facilities. This indicator is critical for understanding the availability of IPTp supplies and provides essential context for interpreting other IPTp indicators. When IPTp coverage appears low, RSSH-O3 helps determine whether the issue stems from supply constraints or other programmatic factors, enabling more targeted interventions.

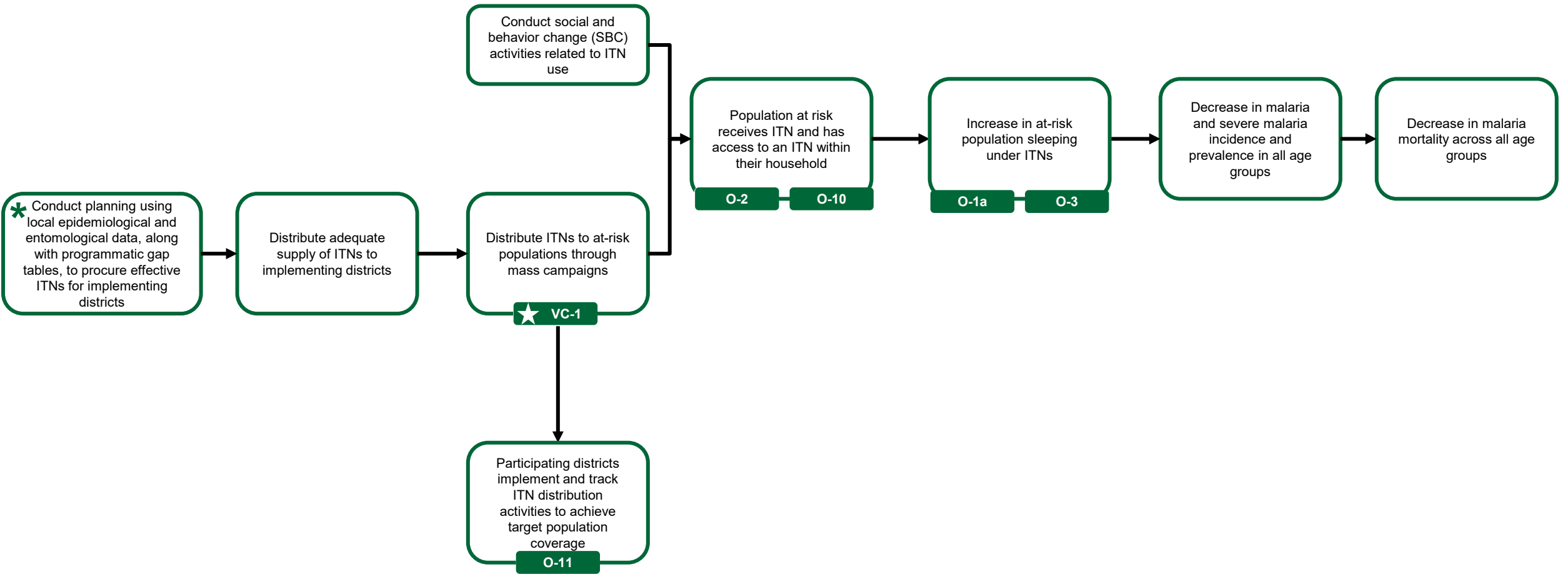
Insecticide Treated Net (ITN) Mass Campaigns

Inputs

Activities/
Outputs

Outcomes

Impacts



Group 1 (Mandatory)	Recommended: DHS/MIS	Recommended: No DHS/MIS
VC-1	O-1a; O-2 O-3; O-11	O-10; O-11

* If other environmental vector control strategies (e.g., bacterial larvicides, attractive toxic sugar baits, etc.) are being implemented, they should be documented. There are no specific indicators for these interventions.

Insecticide Treated Net (ITN) Mass Campaigns

Code	Indicator	Disaggregations	Source	Info
VC-1	Number of insecticide-treated nets distributed to populations at risk of malaria transmission through mass campaigns.	Type of mass campaign (Regular distribution, Emergency distribution)	Program records of ITN mass campaigns	This indicator enables tracking progress and performance in ITN mass distribution. The targets are set based on the timing for ITN replacement, procurement and distribution schedule, and a good performance on this indicator is crucial to ensure that programs maintain high household coverage with appropriate ITNs. It is a mandatory indicator in all settings where investments are supporting ITN mass distribution campaign at national and/ or subnational level.
O-1a	Proportion of population that slept under an insecticide-treated net the previous night in areas targeted for ITNs.	- Gender (female, male) - Targeted risk groups (<5 children, pregnant women, migrants, refugees, internally displaced people [IDPs], prisoners, others)	Household surveys such as periodic malaria indicator survey, DHS or MICS; OR Small area surveys such as LQAS	This indicator should be included and source of data defined in all settings where increasing access to and use of ITNs is a priority investment, either for the whole population or targeted population groups. This indicator measures the level of ITN use among all individuals who slept the previous night in surveyed households, regardless of whether those individuals had access to an ITN within their household. It also helps to assess ITN use among targeted risk population groups such as pregnant women and under-five children.
O-2	Proportion of population with access to an ITN within their household.	-	Household surveys such as periodic malaria indicator survey, DHS or MICS	O-2 measures household-level ITN availability and is key for evaluating whether distribution translates into accessible protection for all household members. This indicator is suitable especially in burden reduction settings where national population-based surveys and/or small area surveys are planned. It should be included and source of data defined in all settings where increasing access to and use of ITNs is a priority investment, either for the whole population or targeted population groups.

Insecticide Treated Net (ITN) Mass Campaigns

Code	Indicator	Disaggregations	Source	Info
O-3	Proportion of the population with access to an ITN in their household that slept under an ITN the previous night.	-	Household surveys such as periodic malaria indicator survey, DHS or MICS	O-3 measures actual ITN utilization among those with access to an ITN to assess behavioral uptake and real protection achieved. This indicator is suitable especially in burden reduction settings where national population-based surveys and/or small area surveys are planned. It should be included and the source of data defined in all settings where increasing access to and use of ITNs is a priority investment, either for the whole population or targeted population groups. The indicator could be calculated by dividing O-1a (numerator) by O-2 (denominator).
O-10	Proportion of population at risk potentially covered by distributed ITNs.	-	- Routine Program Reporting System, National Malaria Program records. - Numerator: Program records for ITN distribution - Denominator: Pre-distribution census/census projection	O-10 measures theoretical population coverage to assess distribution adequacy relative to at-risk populations. The indicator is critical for evaluating whether sufficient nets are distributed to achieve protective coverage. This indicator becomes increasingly useful as the paucity of data from population-based surveys becomes a real challenge for programmatic monitoring of trends in access to vector control interventions, particularly ITNs.
O-11	Percentage of districts achieving national target for the proportion of population at risk potentially covered by distributed ITNs.	-	- Numerator: Program records for ITN distribution & list of districts eligible for ITN distribution - Denominator: Pre-distribution census/ census projection; and list of districts eligible for ITN distribution	O-11 is a highly recommended indicator that enables assessment of sub-national variations in access to ITNs. The analysis for this indicator informs decisions on prioritization and subnational targeting for differentiated support.

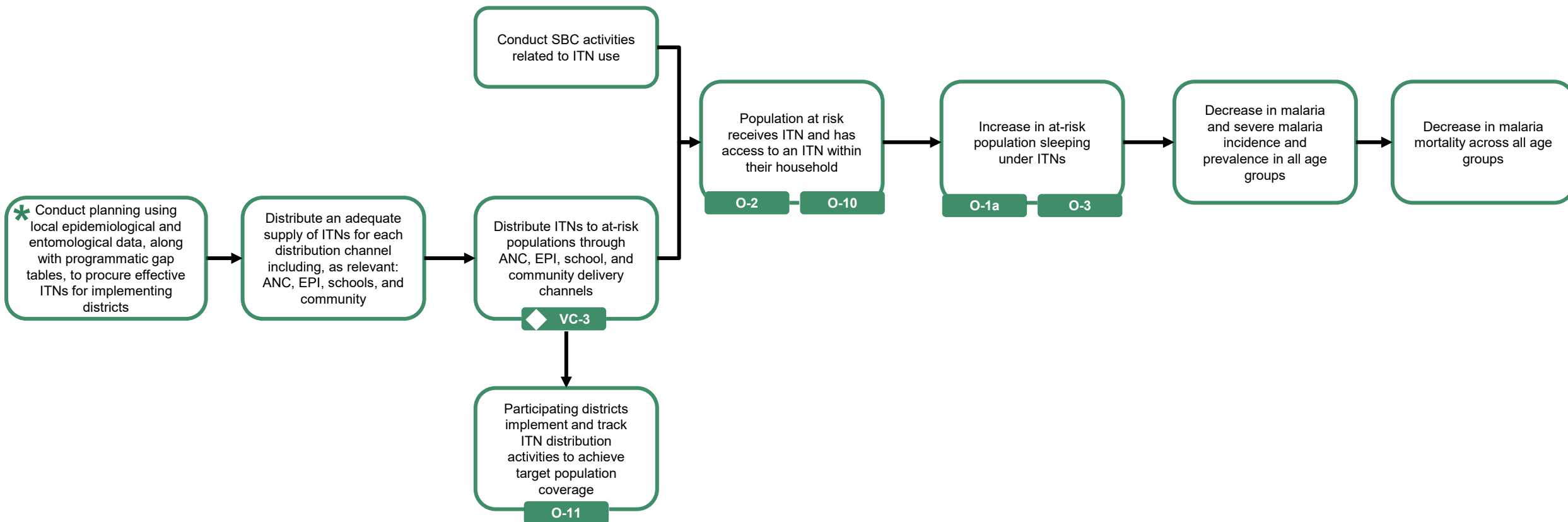
Insecticide Treated Net (ITN) Continuous Distribution

Inputs

Activities/ Outputs

Outcomes

Impacts



Intervention-Specific Mandatory Indicator	Recommended: DHS/MIS	Recommended: No DHS/MIS
VC-3	O-1a; O-2 O-3; O-11	O-10; O-11

* If other environmental vector control strategies (e.g., bacterial larvicides, attractive toxic sugar baits, etc.) are being implemented, they should be documented. There are no specific indicators for these interventions.

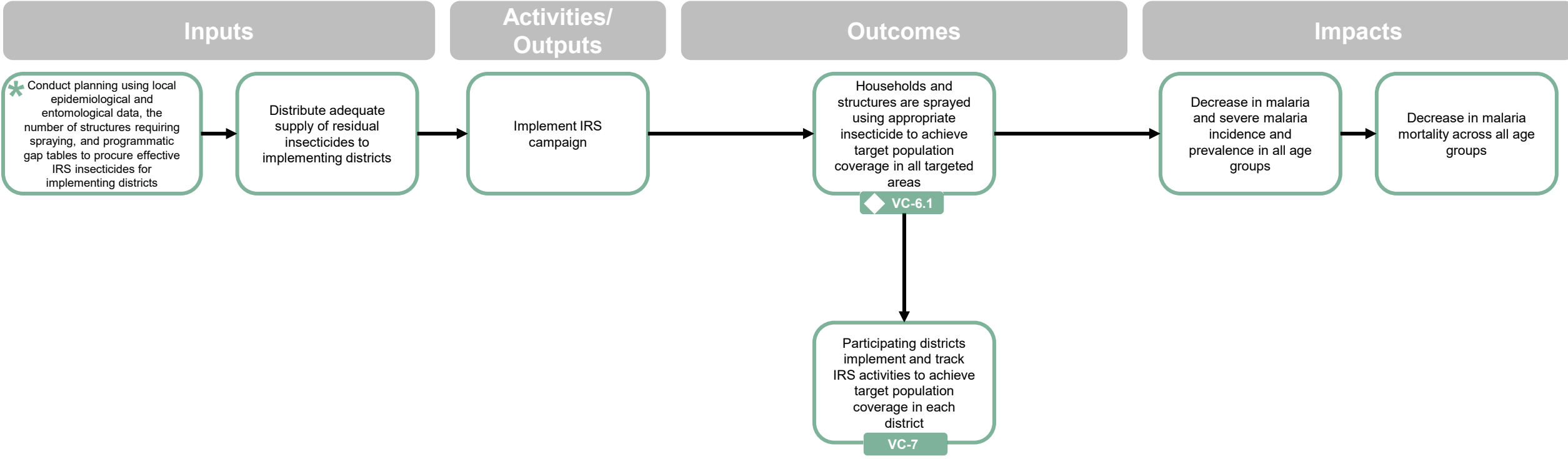
Insecticide Treated Net (ITN) Continuous Distribution

Code	Indicator	Disaggregations	Source	Info
VC-3	Number of insecticide-treated nets distributed to targeted risk groups through continuous distribution.	At risk population group (Children 0-5, Pregnant women, School children, people in emergency situation, others)	- HMIS - Program records of ITN continuous distribution	Grants implementing ITN continuous distribution must collect VC-3. This indicator enables tracking progress and performance in ITN continuous distribution among high-risk and vulnerable population groups such as children, pregnant women, prison population and those living in refugee camps as well as those living in emergency situations. The targets are set based on the estimated size of the targeted groups. A good coverage through continuous distributed between mass campaigns also helps to fill the gap created due to decay/loss of ITNs distributed through mass campaigns.
O-1a	Proportion of population that slept under an insecticide-treated net the previous night in areas targeted for ITNs.	- Gender (female, male) - Targeted risk groups (<5 children, pregnant women, migrants, refugees, IDPs, prisoners, others)	Household surveys such as periodic malaria indicator survey, DHS or MICS; OR Small area surveys such as LQAS	This indicator should be included and source of data defined in all settings where increasing access to and use of ITNs is a priority investment, either for the whole population or targeted population groups. This indicator measures the level of ITN use among all individuals who slept the previous night in surveyed households, regardless of whether those individuals had access to an ITN within their household. It also helps to assess ITN use among targeted risk population groups such as pregnant women and under-five children.
O-2	Proportion of population with access to an ITN within their household.	-	Household surveys such as periodic malaria indicator survey, DHS or MICS	O-2 measures household-level ITN availability and is key for evaluating whether distribution translates into accessible protection for all household members. This indicator is suitable especially in burden reduction settings where national population-based surveys and/or small area surveys are planned. It should be included and source of data defined in all settings where increasing access to and use of ITNs is a priority investment, either for the whole population or targeted population groups.

Insecticide Treated Net (ITN) Continuous Distribution

Code	Indicator	Disaggregations	Source	Info
O-3	Proportion of the population with access to an ITN in their household that slept under an ITN the previous night.	-	Household surveys such as periodic malaria indicator survey, DHS or MICS	O-3 measures actual ITN utilization among those with access to an ITN to assess behavioral uptake and real protection achieved. This indicator is suitable especially in burden reduction settings where national population-based surveys and/ or small area surveys are planned. It should be included and the source of data defined in all settings where increasing access to and use of ITNs is a priority investment, either for the whole population or targeted population groups. The indicator could be calculated by dividing O-1a (numerator) by O-2 (denominator).
O-10	Proportion of population at risk potentially covered by distributed ITNs.	-	- Routine Program Reporting System, National Malaria Program records. - Numerator: Program records for ITN distribution - Denominator: Pre-distribution census/ CSA projection	O-10 measures theoretical population coverage to assess distribution adequacy relative to at-risk populations. The indicator is critical for evaluating whether sufficient nets are distributed to achieve protective coverage. This indicator becomes increasingly useful as the paucity of data from population-based surveys becomes a real challenge for programmatic monitoring of trends in access to vector control interventions, particularly ITNs.
O-11	Percentage of districts achieving national target for the proportion of population at risk potentially covered by distributed ITNs.	-	- Numerator: Program records for ITN distribution & list of districts eligible for ITN distribution - Denominator: Pre-distribution census/ census projection; and list of districts eligible for ITN distribution	O-11 is a highly recommended indicator that enables assessment of sub-national variations in access to ITNs. The analysis for this indicator informs decisions on prioritization and subnational targeting for differentiated support.

Indoor Residual Spraying (IRS)



Intervention-Specific Mandatory Indicator	Recommended
VC-6.1	VC-7

* If other environmental vector control strategies (e.g., bacterial larvicides, attractive toxic sugar baits, etc.) are being implemented, they should be documented. There are no specific indicators for these interventions.

Indoor Residual Spraying (IRS)

Code	Indicator	Disaggregations	Source	Info
VC-6.1	Proportion of population at risk receiving at least one round of IRS within the last 12 months in areas targeted for IRS.	-	- Malaria program records for IRS - Numerator: Program records - Denominator: household enumeration data / population census projection	Grants implementing IRS must collect VC-6.1. Indicator enables assessing campaign effectiveness in terms of proportion of the household population in targeted areas that may have been protected by IRS conducted over the last 12 months.
VC-7	Percentage of districts achieving national target for the proportion of population at risk receiving at least one round of IRS within the last 12 months in areas targeted for IRS.	-	Malaria program records for IRS	VC-7 is highly recommended for grants implementing IRS. VC-7 measures geographic equity in IRS delivery by tracking district-level performance against national standards. This indicator is essential for identifying underperforming areas and optimizing resource allocation for vector control.

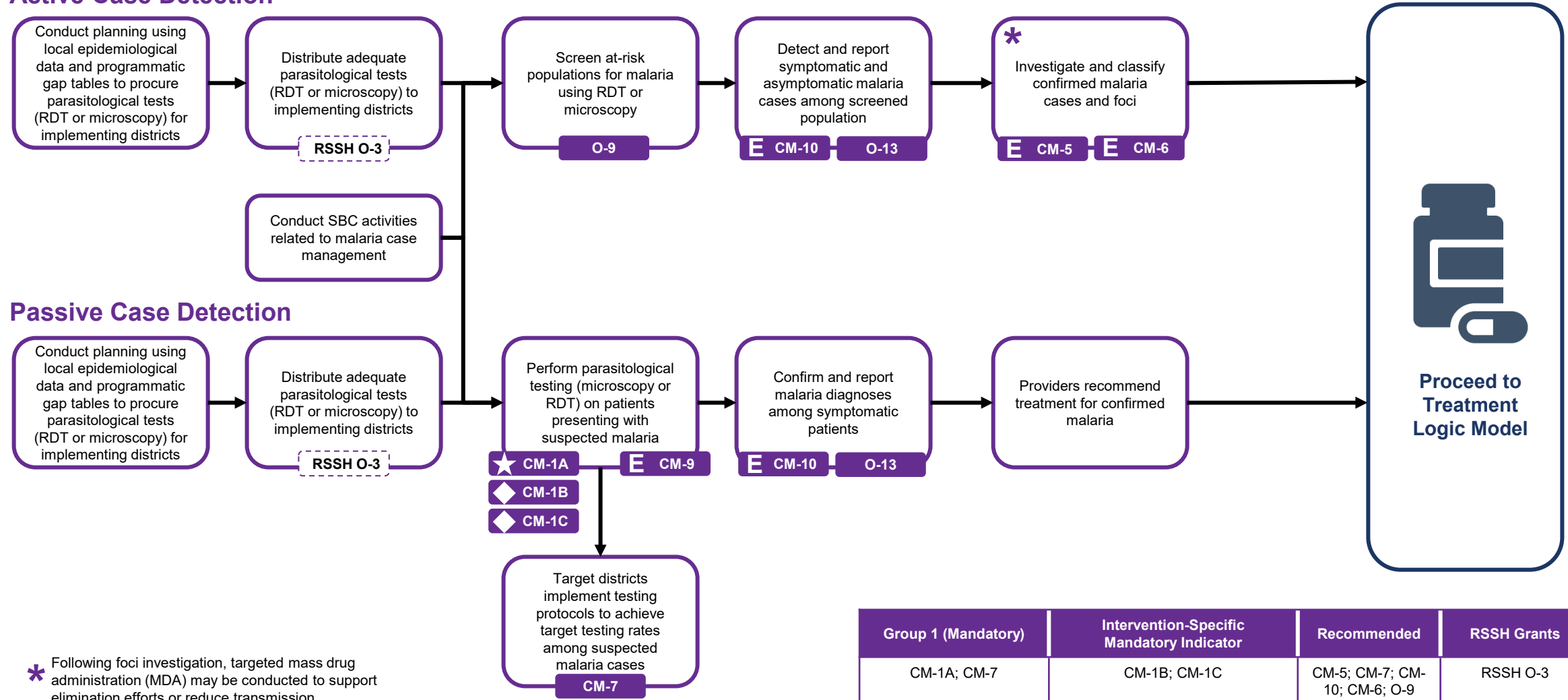
Case Management: Case Detection (Elimination Settings)

Inputs

Activities/Outputs

Outcomes

Active Case Detection



Group 1 (Mandatory)	Intervention-Specific Mandatory Indicator	Recommended	RSSH Grants
CM-1A; CM-7	CM-1B; CM-1C	CM-5; CM-7; CM-10; CM-6; O-9	RSSH O-3

Case Management: Case Detection (Elimination Settings)

Code	Indicator	Disaggregations	Source	Info
CM-1A	Proportion of patients with suspected malaria who received a parasitological test (microscopy or RDT) at a public sector health facility.	- Age (<5, 5+); - Type of testing (microscopy, rapid diagnostic test)	- HMIS - Numerator: Patient treatment register (type of test column) - Denominator: Suspect register/ outpatient department (OPD) register/ patient treatment register (initial or provisional diagnosis column)	CM-1A is a Group 1 indicator and must be measured by all grants implementing case management activities.
CM-1B	Proportion of patients with suspected malaria who received a parasitological test (microscopy or RDT) in the community.	- Age (<5, 5+); - Type of testing (microscopy, rapid diagnostic test)	- HMIS - Numerator: Patient treatment register (type of test column) - Denominator: Suspect register/ patient treatment register (initial or provisional diagnosis column)	CM-1B must be collected for grants where funding is allocated towards community testing programs.
CM-1C	Proportion of patients with suspected malaria who received a parasitological test (microscopy or RDT) at private sector sites.	- Age (<5, 5+); - Type of testing (microscopy, rapid diagnostic test)	- HMIS - Numerator: Patient treatment register (type of test column) - Denominator: Suspect register/ OPD register/ patient treatment register (initial or provisional diagnosis column)	CM-1C must be collected for grants where funding is allocated towards private testing programs.
CM-5	Proportion of confirmed cases classified (elimination settings).	Source of infection (indigenous, introduced, relapsing, recrudescent, induced, imported)	HMIS/routine surveillance system	The indicator enables assessing compliance with the third component (tracking) of the test, treat and track (T3) cascade, in elimination settings. It also helps to assess the promptness of the surveillance system. Countries may have their own rules on reporting, investigation and classification (e.g., 1,3, 7-day rule, etc.).

Case Management: Case Detection (Elimination Settings)

Code	Indicator	Disaggregations	Source	Info
CM-6	Proportion of foci classified as active, residual non-active and cleared (elimination settings).	-	HMIS/routine surveillance system	The indicator helps to assess the ability of the surveillance system to investigate, map and classify malaria foci in elimination settings. It is an important indicator to track the programmatic impact of elimination efforts over time.
CM-7	Percentage of districts achieving national target for the proportion of patients with suspected malaria who receive a parasitological test.	Type of provider (public, private, community)	HMIS/routine surveillance system	CM-7 is recommended to be collected by all grants receiving funding for Case Management. This indicator enables assessing sub-national variations in malaria diagnostic testing coverage among suspected cases of malaria visiting public, community, and private sector health facilities. It informs decisions on prioritization and targeting of subnational units for differentiated support (expansion of testing services, commodities, training, supervision, etc.).
CM-9	Proportion of detected malaria patients that contacted health services within 48 hours of symptoms (elimination settings).	-	HMIS/routine surveillance system	This indicator represents an important metric of prompt access to care, particularly in elimination settings, where the target should be to achieve full coverage for this indicator.
CM-10	Proportion of cases reported to relevant reporting system within 24 hours of diagnosis (elimination settings).	-	HMIS/routine surveillance system	This indicator represents an important metric for surveillance capacity monitoring particularly in elimination settings, where the target should be to achieve full coverage for this indicator. This indicator helps to assess promptness of reporting to the relevant national system.

Case Management: Case Detection (Elimination Settings)

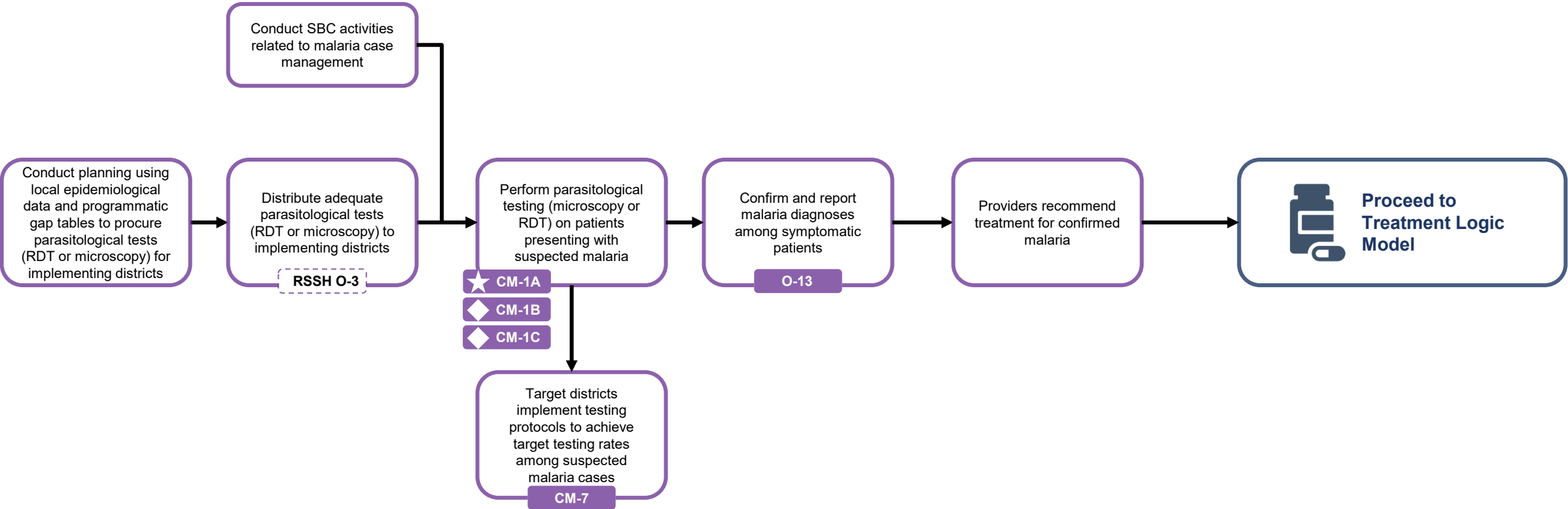
Code	Indicator	Disaggregations	Source	Info
O-9	Annual blood examination rate (ABER): Number of people receiving a parasitological test during 1 year out of the total population at risk.	Case detection (active, passive)	Health information system/routine surveillance system	Analysis of ABER enables assessing malaria diagnostic effort through analysis of the number of patients receiving a parasitological test for malaria (blood slide for microscopy or malaria rapid diagnostic test) out of the total population living in malarious areas.
O-13	Proportion of malaria cases detected by the surveillance system.	-	- Numerator: HMIS/routine surveillance system - Denominator: World Health Organization (WHO) estimate; or a country estimate, if justified and agreed to be more accurate.	This indicator enables estimating the reach of the health system to detect, treat and notify all the malaria cases in the country. It enables assessing what proportion of estimated malaria cases has actually been detected, confirmed, treated and reported (and what proportion has been “missing”). This gives an indication of the gap between estimated cases and notified cases of malaria, and where additional efforts should be spent to provide access to populations.
RSSH O-3	On-Shelf Availability: Percentage of facilities with tracer health products for the three diseases- HIV, TB, malaria (as applicable) available on the day of the visit or day of reporting	Type of Health Product (Malaria - First Line Drugs, Malaria - Second Line Drugs, Malaria - Diagnostics)	(1) For countries that have functioning eLMIS systems, data source would be stock status reports from health facilities taken from eLMIS (2) For remaining countries, an on-site survey of a sampled list of health facilities to be conducted	RSSH-O3 measures health system readiness to support passive/active case detection by assessing diagnostic supply availability at health facilities. This indicator is critical for understanding the availability of testing supplies and provides essential context for interpreting other case management testing indicators. When testing coverage appears low, RSSH-O3 helps determine whether the issue stems from supply constraints or other programmatic factors, enabling more targeted interventions to improve diagnostic capacity.

Case Management: Case Detection (High-burden Settings)

Inputs

Activities/Outputs

Outcomes



Group 1 (Mandatory)	Intervention-Specific Mandatory Indicator	Recommended	RSSH Grants
CM-1A	CM-1B; CM-1C; CM-7	CM-7	RSSH O-3

Case Management: Case Detection (High-burden Settings)

Code	Indicator	Disaggregations	Source	Info
CM-1A	Proportion of patients with suspected malaria who received a parasitological test (microscopy or RDT) at a public sector health facility.	- Age (<5, 5+); - Type of testing (microscopy, rapid diagnostic test)	- HMIS - Numerator: Patient treatment register (type of test column) - Denominator: Suspect register/ OPD register/ patient treatment register (initial or provisional diagnosis column)	CM-1A is a Group 1 indicator and must be measured by all grants implementing case management activities.
CM-1B	Proportion of patients with suspected malaria who received a parasitological test (microscopy or RDT) in the community.	- Age (<5, 5+); - Type of testing (microscopy, rapid diagnostic test)	- HMIS - Numerator: Patient treatment register (type of test column) - Denominator: Suspect register/ patient treatment register (initial or provisional diagnosis column)	CM-1B must be collected for grants where funding is allocated towards community testing programs.
CM-1C	Proportion of patients with suspected malaria who received a parasitological test (microscopy or RDT) at private sector sites.	- Age (<5, 5+); - Type of testing (microscopy, rapid diagnostic test)	- HMIS - Numerator: Patient treatment register (type of test column) - Denominator: Suspect register/ OPD register/ patient treatment register (initial or provisional diagnosis column)	CM-1C must be collected for grants where funding is allocated towards private testing programs.
CM-7	Percentage of districts achieving national target for the proportion of patients with suspected malaria who receive a parasitological test.	Type of provider (public, private, community)	HMIS/routine surveillance system	CM-7 is a highly recommended indicator in combination with the CM-1 series. This indicator enables assessing sub-national variations in malaria diagnostic testing coverage among suspected cases of malaria visiting public, community, and private sector health facilities. It informs decisions on prioritization and targeting of subnational units for differentiated support (expansion of testing services, commodities, training, technical support, and supervision).

Case Management: Case Detection (High-burden Settings)

Code	Indicator	Disaggregations	Source	Info
O-13	Proportion of malaria cases detected by the surveillance system.	-	- Numerator: Health information system/routine surveillance system - Denominator: WHO estimate; or a country estimate, if justified and agreed to be more accurate.	This indicator enables estimating the reach of the health system to detect, treat and notify all the malaria cases in the country. It enables assessing what proportion of estimated malaria cases has actually been detected, confirmed, treated and reported (and what proportion has been “missing”). This gives an indication of the gap between estimated cases and notified cases of malaria, and where additional efforts should be spent to provide access to populations.
RSSH O-3	On-Shelf Availability: Percentage of facilities with tracer health products for the three diseases- HIV, TB, malaria (as applicable) available on the day of the visit or day of reporting.	Type of Health Product (Malaria - First Line Drugs, Malaria - Second Line Drugs, Malaria - Diagnostics)	(1) For countries that have functioning eLMIS systems, data source would be stock status reports from health facilities taken from eLMIS (2) For remaining countries, an on-site survey of a sampled list of health facilities to be conducted	RSSH-O3 measures health system readiness to case detection by assessing diagnostic supply availability at health facilities. This indicator is critical for understanding the availability of testing supplies and provides essential context for interpreting other case management testing indicators. When testing coverage appears low, RSSH-O3 helps determine whether the issue stems from supply constraints or other programmatic factors, enabling more targeted interventions to improve diagnostic capacity.

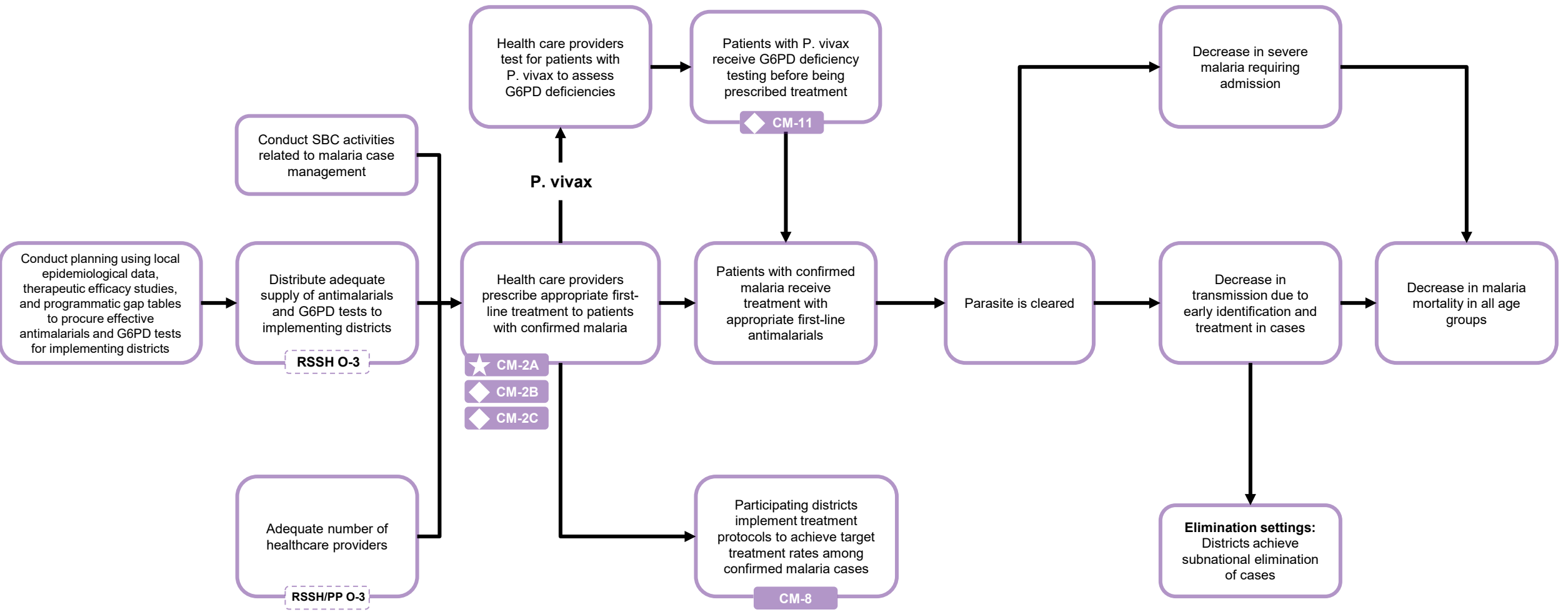
Case Management: Treatment (All Settings)

Inputs

Activities/Outputs

Outcomes

Impacts



Group 1 (Mandatory)	Intervention-Specific Mandatory Indicator	Recommended	RSSH Grants
CM-2A	CM-2B; CM-2C; CM-11	CM-8	RSSH O-3; RSSH/PP O-3

Case Management: Treatment (All Settings)

Code	Indicator	Disaggregations	Source	Info
CM-2A	Proportion of patients with confirmed malaria who received first-line antimalarial treatment, according to national policy, at public sector health facilities.	Age (<5, 5+)	- HMIS - Numerator and denominator: OPD register/ Malaria treatment register	CM-2A is a Group 1 indicator and must be measured by all malaria grants implementing case management activities. This indicator assesses compliance with the second component (treatment) of the T3 cascade; and contributes to assessment of quality of case management.
CM-2B	Proportion of patients with confirmed malaria who received first-line antimalarial treatment, according to national policy, in the community.	Age (<5, 5+)	- HMIS - Numerator & Denominator: Malaria treatment register/ Community worker records	CM-2B must be collected by grants where community treatment is funded. This indicator assesses compliance with the second component (treatment) of the T3 cascade; and contributes to assessment of quality of case management.
CM-2C	Proportion of patients with confirmed malaria who received first-line antimalarial treatment, according to national policy, at private sector sites.	Age (<5, 5+)	- HMIS - Numerator and denominator: OPD register/ - Malaria treatment register/ Pharmacy/ records	CM-2C should be measured in grants where private treatment is funded. This indicator assesses compliance with the second component (treatment) of the T3 cascade; and contributes to assessment of quality of case management.
CM-8	Percentage of districts achieving national targets for the proportion of patients with confirmed malaria who received first-line antimalarial treatment.	Type of provider (public, private, community)	HMIS/routine surveillance system	CM-8 is a highly recommended indicator in combination with the CM-2 series. This indicator enables assessment of sub-national variations in first-line treatment coverage among confirmed cases of malaria diagnosed at public, community, and private sector health facilities. It informs decisions on prioritization and targeting of sub-national units for differentiated support - in terms of interventions, approaches, technical support, and supervision.

Case Management: Treatment (All Settings)

Code	Indicator	Disaggregations	Source	Info
CM-11	Proportion of P. vivax cases tested for G6PD deficiency.	-	HMIS/routine surveillance system	CM-11 must be measured in all grants where G6PD testing is funded. This indicator is relevant for settings with P. vivax or mixed infections where treatment with primaquine or tafenoquine would be required for clearance of the liver stage of the parasite. This indicator assesses trends in testing coverage for G6PD deficiency in patients receiving primaquine or tafenoquine for radical cure of P. vivax.
RSSH O-3	On-Shelf Availability: Percentage of facilities with tracer health products for the three diseases- HIV, TB, malaria (as applicable) available on the day of the visit or day of reporting.	Type of Health Product (Malaria - First Line Drugs, Malaria - Second Line Drugs, Malaria - Diagnostics)	(1) For countries that have functioning eLMIS systems, data source would be stock status reports from health facilities taken from eLMIS (2) For remaining countries, an on-site survey of a sampled list of health facilities to be conducted	RSSH-O3 measures health system readiness to support case treatment by assessing antimalarial supply availability at health facilities. This indicator is critical for understanding the availability of treatment supplies and provides essential context for interpreting other case management treatment indicators. When treatment coverage appears low, RSSH-O3 helps determine whether the issue stems from supply constraints or other programmatic factors, enabling more targeted interventions to improve diagnostic capacity.
RSSH / PP O-3	Density of active health workers per 10,000 population.	-	Facility survey or supervision records	RSSH/PP O3 assesses whether there are sufficient health workers available to provide malaria treatment.

Impact Indicators

Impact indicators are cross-cutting across interventions and are used to track progress toward primary objectives, such as reductions in case incidence and mortality rates. The highest-priority impact indicators across all settings are I-3.1 and I-10. **It is recommended that grants select I-3.1, I-10 (★), and at least two additional impact indicators to support triangulation.**

Code	Indicator	Disaggregations	Source	Benefit Of Tracking
I-1	Reported malaria cases (presumed and confirmed) from all reporting sectors throughout the country.	- Age (<5, 5-14, 15+) - Malaria case definition (Confirmed, Presumptive)	HMIS	Indicator enables assessing the reported malaria caseload in the general population.
★ I-3.1	In-patient malaria deaths: rate per 100,000 persons per year.	Age (<5, 5-14, 15+)	HMIS	Indicator is used to assess and track trends in malaria mortality in clinical settings; critical for monitoring in-patient case management quality.
I-4	Malaria test positivity rate: proportion of positive results among all tests performed by microscopy and/or RDT.	Type of testing (microscopy, rapid diagnostic test)	HMIS	Indicator serves as a proxy indicator for infection rate among symptomatic malaria suspects.
I-5.1	Malaria parasite prevalence: proportion of individuals tested for malaria with malaria infection detected at one point in time or over a specified time period.	- Age (<5,5+) - Gender (female, male)	- Population survey - ANC Surveillance	Indicator provides a direct measure of parasite prevalence in the general population and/ or sub-populations at the national and/ or sub-national level.
★ I-10	Malaria incidence: Number of confirmed malaria cases during a pre-defined period, per 1,000 population at risk.	Burden reduction settings: - Age (<5, 5-14, 15+) - Species (P. falciparum, P. vivax, mixed, other) Elimination settings: - Source of infection (indigenous, introduced, relapsing, recrudescence, induced, imported)	HMIS	Indicator assesses the burden of confirmed malaria in the general population at risk of malaria.
I-13	Malaria case fatality rate: Percentage of deaths among confirmed malaria cases (for elimination settings) .	Age (<5, 5-14, 15+)	HMIS	Indicator enables assessing the quality of malaria case management (prompt diagnosis and treatment), the effect of a possible ongoing malaria epidemic, as well as the effectiveness of the surveillance and response mechanisms put in place.
I-14.1	Malaria admissions: Number of malaria cases admitted as inpatients per 10,000 population.	Age (<5, 5-14, 15+)	HMIS	Indicator serves as a proxy to measure the magnitude of and trends in severe malaria.
I-15	Number of cases contracted locally with no evidence of importation or no direct link to an imported case (elimination settings) .	Species (P. falciparum, P. vivax, mixed, other)	HMIS	Indicator is critical in evaluating progress towards a malaria-free status.
I-16	Number of malaria free districts (elimination settings) .		HMIS	Indicator enables tracking sub-national geographic progress towards malaria elimination.