«Manas taalimi» National Program implementation monitoring package of indicators for 2010											
	INDICATOR	Source	2004 Baseline	2005	2006	2007 Midterm review	2008	2009	2010		Comments
									target	in fact	
A. IMPACT INDICATORS: IMPROVED HEATH STATUS FOR THE POPULATION WITH PARTICULAR FOCUS ON MCH, CVD, TB and HIV											
Impact on maternal and child health	**Infant mortality rate**	RMIC MICS	25,6 **66 (1997)**	29,7 **58.0**	29,2 **38.0**	30,6 **33.0**	27,1	25,0	0.6 ‰ annual decline	**22,8**	Decrease tendency remain on infant mortality rate, following 2010 results it is 22,9 per 1000 live-birth infant (2,2‰ or -8,8%).
	Girls	RMIC				**27,2**	23,5	22,2	-	**20,1**	Following 2010 results indicators decrease among girls for 9,5%.
	Boys	RMIC				**33,8**	30,6	27,7	-	**25,4**	Decrease among boys for 8,3%.
	Under-5 child mortality rate	RMIC MICS	31,8	35,2 **45.0**	34,6 **44.0**	35,3 **42.0**	31,5	29,3	0,8‰ annual decline	**26,3%**	Following 2010 results infant mortality rate decrease for 10,2% or 3 ‰, 26,3 per 1000 live born infant.
	Girls	RMIC				**32,0**	27,6	26,1	-	-	NSC date will be provided in June, 2011
	Boys	RMIC				**38,5**	35,2	31,6	-	-	NSC date will be provided in June, 2011
	Maternal mortality ratio	RMIC MICS	46,4	61,0 **150.0**	53,0 **104.0**	62,5	58,9	75,3	55,0	**50,6**	2010 Maternity mortality rate decreased for 50,6 per 100000 live born infants (for 32,8%).
Impact on cardio-vascular diseases	**Mortality from cardio-vascular diseases among 30-39 years old adults**	RMIC	55,0	55,8	56,1	60,3	54,2	51,7	53,8	**51,5** (the final data will be received from NSC in June, 2011.)	Target mortality indicators of CVD at the age of 30-39 and 40-59 years for 2010 have been achieved. Thus as planned there is a process of relative stabilization of CVD mortality rate decrease. This situation is due to actions on implementation of Complex CVD control program in the KR including actions on cardiological service integration into primary health care (gradual establishment of equipped oblast cardiological
	Female	RMIC				30,8	27,2	23,5	-	-	
	Male	RMIC				89,8	81,4	80,2	-	-	

«Manas taalimi» National Program implementation monitoring package of indicators for 2010											
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									target	**in fact**	
	Mortality from cardio-vascular diseases among 40-59 years old adults	RMIC	306.6	312,2	333,7	346,4	329,3	309,6	328,7	**309,4** (the final data will be received from NSC in June, 2011)	cabinets), training, retraining of specialists (on qualification "Cardiology with basic ECG"), and conduction of educational campaigns for population on fight against CVD risk factors and introduction of health life principles.
	Female	RMIC				206,4	199,6	180,2	-	-	
	Male	RMIC				497,1	468,9	451,2	-	-	
Impact on TB	**TB morbidity per 100,000 population**	RMIC	113,6	115,7	110,9	108,8	101,6	100,9	103,2	**97,4**	The stable tendency remains on TB morbidity decrease, following 2010 results it is 97,4 per 100000 population.
	Female					91,9	85,7	85,2	-	**84,7**	Morbidity rate increased among female for 0,6%.
	Male					140,5	117,9	117,1	-	**110,4**	TB morbidity rate among male decreased for 5,7%.
	TB mortality per 100,000 population	RMIC	11,2	11,0	10,2	9,6	9,2	8,7	9,1	**8,6**	TB mortality rate decreased from 8,7 in 2009 till 8,6 per 100000 population (-1,1%).
	Female					5,8	5,3	3,9	-	**4,8**	TB morality rate among female in comparison with previous year increased for 20,8%.
	Male					21,6	18,6	13,7	-	**12,5**	TB morality rate among male in comparison with previous year decreased for 8,8%.
Impact on HIV/AIDS	**Number of newly detected HIV/AIDS cases**	Republican AIDS center	161	171	244	409	552	687	932	**570** (including KR citizens - 554)	Relative decrease of newly detected HIV cases in 2010 is connected with HIV testing due to unstable situation in the republic in 2010.
B. EXPECTED PROGRAM OUTCOMES: IMPROVE EQUITY AND ACCESS, FINANCIAL BURDEN, EFFICIENCY, QUALITY AND TRANSPARENCY											
Program	**% not seeking care**	KIHS	2000: 11,2%	-	3,1%	-	-	**4,4%**	No more	-	Share of population that needed

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									target	**in fact**	
outcome #1: Improved access and equality in access	**when needed due to geographic and financial reasons**		2003: 6.3%						then 5%		medical care but did not call in aid due to financial causes or services distance is substantially drawn in by the 2006. This index number reduced from 11.2% in 2000 r. till 3.1% in 2006. However, in accordance with findings of last survey, the rate raised till 4,4%, but whereby did not exceed target in 5%. Growth of indicator possibly related to consequences of world economic crisis, including Kyrgyzstan (growth of unemployment, return of migrants, etc.).
	Regional deviations from the national average expenditures of the Additional Drug Package (ADP) per 1 insured	MHIF	-59% (Talas) +56% (Bishkek)	-45% (Talas) +15% (Osh oblast)	+43,6% (Bishkek) -27,2% (Talas)	-13.3% (Chui) +25% (Bishkek)	-16% (Chui) +27% (Bishkek)	-31.4% (Chui) +34,5% (Naryn)	No more than +/- 20% deviation from national average	**-25% (Batken) +21,4% (Bishkek)**	In 2010 actual funds average expense on the Additional Drug Package per 1 insured in the republic was KGS 25,27. Deviation from the national average expenditures in Batken oblast is 25%, Jalal-Abad -21,9%, Chui oblast -7,5%, Bishkek city +21,4%, Naryn oblast +12,2%, Talas oblast +8%, Osh oblast +6,8% and Issyk-Kul oblast +5,9%. Deviation from per capita is connected with FMC/FGP managers work organization in situ, since there are no timely information on funds use on ADP.
Program outcome №2: Reduced population financial burden	**Ratio of co-payment to average salary**	MHIF, NSC	30,80%	20,3%	22.3%	17.8%	10.6%	10,7%	No more than 30%	**8,2%**	Average salary in the Kyrgyz Republic for 2009 is KGS 7167, average co-payment level in the republic for insured citizens who do not have benefits is KGS 586.
	Out-of-pocket as a share of household consumption in the two poorest quintiles	KIHS	Q1: 7.1% Q2: 5.5%	-	Q1: 4.9% Q2:4.2%	-	-	**Q1: 4,8 Q2: 2,9**	-	-	Over a period from 2004 to 2010 out-of-pocket cost distribution got more fair. In the poorest quintile group the out-of-pocket cost level as fraction from household means is reduced from 7.1% to 4.8% but in the second poorest quintile from 5.5% to 2.9%.

«Manas taalimi» National Program implementation monitoring package of indicators for 2010											
	INDICATOR	**Source**	**2004 Baseline**	**2005**	**2006**	**2007 Midterm review**	**2008**	**2009**	**2010**		**Comments**
									target	**in fact**	
											This shows positive trends of reducing population financial burden. However possibly reducing of this indicator is related to low level of population applies for health services from the poorest quintiles. More detailed analysis of indicator will be provided in the final analysis of Program Manas Taalimi 2006-2010.
Program outcome №3: Increased efficiency	**Direct expenditures on patient care (drugs, medical supplies, and food) as % of public expenditures on hospitals implemented by SGBP**	MHIF	20.4 %	20,1%	21,2%	29,3%	29.9%	29.5%	No less than 30%	**36,0%**	Inpatient expenditures – KGS 3030,6 million. Among them for medicines, medical supplies and food - KGS 1091,0 million, including: budget – KGS 422 million, co-payment funds – KGS 231,7 million.
	Expenditures for primary health care as % of total health expenditures in SGBP	MHIF	26,4%	19,5%	23,2%	37.9%	38,1%	37.7%	Up to 40%	**38,6%**	For 2009 % of primary health care calculated from consolidated expenditures of Single Payer System. Consolidated costs of health organizations in Single Payer System in 2010 amount to KGS 4942,1 million, i.e. PHC costs: KGS 1911,5 million, it is 38,6% from total funds amount.
Program outcome №5: Improved transparency	**% of population aware of their rights in the SGBP**	KIHS	-	-	PHC: 46% Hospital: 67%	-	-	**PHC: 57,4% Hospital: 76,4%**	PHC: 55% Hospital: 70%	-	Research results shows that patients are aware of the benefits in inpatient system, at PHC level and on Additional Drug Package. Share of patients aware of their rights for the period of 2006 till 2009 at PHC level has been increased from 46 till 57,4%, and at outpatient level from 67% till 76,4%.

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	INDICATOR	**Source**	**2004 Baseline**	**2005**	**2006**	**2007 Midterm review**	**2008**	**2009**	**2010**		**Comments**
									target	**in fact**	
	% of inpatients who make informal payments to medical staff, for drugs and medical supplies	Survey among WHO patients	**2001**: Staff: 70% Drugs: 81% Medical supplies: 72% **2004**: Staff: 66% Drugs: 48% Medical supplies: 32%	No survey	Staff: 52% Drugs: 51% Medical supplies: 35%	No survey	No survey	Data will be available in 2010	Staff: 50% Drugs: 40% Med. suppl: 30%	**Data will be provided in September, 2011**	In December 2010 the next research was conducted. At the moment data collection was completed and data has been analyzing. The final results on this indicator will be provided in September 2011.
	Average informal payment among population who paid to staff, for drugs and medical supplies (in 2001 KGS)	Survey among WHO patients	**2001**: Staff: 342 Drugs: 763 Medical supplies: 172 **2004**: Staff: 576 Drugs: 556 Medical supplies: 137	No survey	Staff: 536 Drugs: 559 Medical supplies: 127	No survey	No survey	Data will be available in 2010	Staff: 500 drugs: 500 Med.suppl: 100	**Data will be provided in September, 2011**	In December 2010 the next research was conducted. At the moment data collection was completed and data has been analyzing. The final results on this indicator will be provided in September 2011.
C-1. EXPECTED PROGRAM OUTPUTS: HEALTH FINANCING **Linked to the outcomes of improving access, reducing financial burden, increasing efficiency, improving quality of care and transparency**											
Health financing component output #1: Domestic resources are effectively mobilized for health care	**Government spending as % of total government expenditure**	MoH/ Treasury	—	11.3%	10.7%	11.5%	11.8%	12,4%	13.0%	**13%**	This indicator is sustained.
	SWAp target				10.6%	11.2%	11.8%	12,4%	13.0%		
	Budget deviation index	MoH/ Treasury		+15.6%	+13,1%	+8,4%	-2,3%	-5,4%	No more than -5%	**-0,2%**	Budget deviation index does not exceed the determinate indicator
	SWAp target				No more than -5%	No more than -5%	No more than -5%	No more than -5%	No more than -5%		

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	INDICATOR	**Source**	**2004 Baseline**	**2005**	**2006**	**2007 Midterm review**	**2008**	**2009**	**2010**		**Comments**
									target	**in fact**	
Health financing component output #2: Geographic distribution of resources are equalized due to centralization of pooling arrangements	**Deviation of medical service standard payment from national budget from average republican level:**	MoH, MHIF									-
	Hospital		From -30,7% to+14,4%	From -4,4% To +19,5%	From -30,7% to+7,1%	From 8,8% to+8,2%	0%	From -5,6 to +16,7%	0%	**-4,7% to +15,3%**	In 2010 medical services payment norms from national budget were approved for all regions in the amount of KGS 1700 except Bishkek city, for city HO in average KGS 1431 and republican HO in the amount of KGS 1880.
	PHS		From -8,1% to +14,3%	From -31,4% to +27,5%	From -16,4% to +18,7%	From -4,7% to +6,8%	From -3,4 to +6,3%	From -2,4 to +4,9%	From -1,3% to +3,9%	**0%**	-
	Emergency		From -26,8% to +11,2%	From - 28,2% to+43,4 %	From -18,2% to +12,3%	0%	0%	0%	0%	**0%**	-
	Dentistry		From -20% to +10%	From -25,6% to +17,2%	From -20,9% to +13,7%	0%	0%	0%	0%	**0%**	-
	Public Health				From -31,9% to +32,6%	From -3,7% to +13,7%	From -5,9% to +17,6%	From -4,8 % to + 14,4	From -4,8 % to + 14,4%	**-0,2% to +13,5%**	-
	TB					From -34,5% to +23,2%	From -2,5% to +26,5%	From -2,1% to +11,5%	From - 2,1% to +11,5%	**-4,1 to +19,7%**	-

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									target	**in fact**	
Health financing component output #3: Strengthened purchasing mechanisms provide incentives for access, quality and efficiency in service delivery	**% of rayons where PHC health care providers participate in the GAVI HSS performance bonus program**	MHIF	0	0	0	0	2/54 3,7%	27/54 50,0%	54/54 100%	**54/54 100%**	Aiming at FGP/FMC medical workers motivation to increase the quality of provided medical services, within GAVI project on component "Health system strengthening" in 2010 the incentives were introduced in all rayons of the KR.
	# of pharmacies contracted for the Additional Drug Package	MHIF	167 /633	189 /685	203 /768	221 /775	231/886	208/806	236 /900	**254/878**	Pharmacy quantity increase is due to opening new pharmacies and access to work the trained medical workers and workers who have certificates on pharmacy.
	# of villages with FGP without pharmacies contracted for the Additional Drug Package	MoH, MHIF	142	121	116	102	100	93	99	**103**	Increase of the number of FGP where there are no pharmacies is connected with outflow of medical manpower from remote rayons.
C2. OUTPUT INDICATORS: INDIVIDUAL SERVICES COMPONENT Linked to improving outcomes of access and quality											
Individual services component output #1: Optimized and modernized service delivery with a focus on FAP's, emergency medicine, high-technology and laboratory services	**% of FAPs, equipped with necessary facilities**	DAHCD	-	-	-	22%	94,5%	92,3%	97,0%	**98,9%**	In 2008 908 FGPs were equipped. In 2010 additionally 72 newly built FAPs will be equipped that is 98,9% from total quantity of FAPs (990)
	% of FGP, equipped with necessary facilities	DAHCD	-	-	-	-	-	-	90%	**51,5%**	359 FGP/CCDP were equipped in Naryn, Talas, Jalal-Abad, Issyk-Kul and Batken oblasts from total number of FGP (694) of the republic.
	% of rural FGP with population registered for more than 2000 people for each family practice doctor of FGP	RMIC DAHCD	57,7	73,0	76,8	81,3	79,6	77,6	75	**77,3**	Low salary, lack of incentive for retaining PMHC specialists is the reason for personnel outflow
Individual services	**% of rayons which have implemented**	AFGP	0	32%	32%	32%	44%	58%	67,4%	**65%** (in 26 rayons	Indicator was counted with the financing of SRC (Talas, Naryn

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									target	**in fact**	
component output #2: Improved content of medical services	**continuous quality improvement system on PHC level**									from 40)	oblasts) Schedule for SWAp funds were received with great delay, and СНПК often were completed on 3 round instead of 4, transportation costs has increased significantly as well as accommodation costs in the hotels, there is human resource outflow and lack of skilled health personnel.
	% of infectious control in hospitals requirement execution	NGO «Preventive medicine»	-	-	-	-	45,5	60-62	60	**62-64**	Based on selective research data.
C3. OUTPUT INDICATORS: EVIDENCE BASED MEDICINE COMPONENT Linked to outcomes of quality											
Outcome №1 on component EBM: Improvement of CG/CP development and implementa-tion process	**Quantity of trained CG/CP developers**	RCHSD&IT	-	-	-	-	30	70	60	**87**	For 201 4 seminars were conducted for developed of CG/CP "Basic evidence based medicine. CG/CP development methodology" and 44 medical workers were trained on 2 seminars on basic epidemiology and biostatistics and SPSS.
	% of developed CG/CP according to approved development methodology of 2008	RCHSD&IT	-	-	-	-	2	93% (13 from 14)	40%	**32% (9 from 28 CG/CP)**	19 CG/CP were inconsistent to EBM methodology requirements but were approved as recommended for practice due to actuality, presence of external expertise and contented format as agreed with DAHC of MOH of the KR
	% of CG/CP developed according to the agreed plan (PMA/EBM)	RCHSD&IT DAHCD, PMA	-	-	-	-	30	64,3% (9 from 14)	70%	**70,6%**	According to time schedule.
Outcome №2 on component EDM: Promotion of evidence	**% of university professors, who were trained on the principles of EBM**	RCHSD&IT, PMA educational institutions	-	-	-	-	1	5%	15%	**10%**	Considered trained only at EBMD RCHP&IT.
	% of academic		-	-	-	-	1	0	50	**30,7%**	Despite of efforts on EBM introduction

«Manas taalimi» National Program implementation monitoring package of indicators for 2010											
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									target	**in fact**	
based medicine in health care, education and science	**councils, where scientific secretaries were trained on principles of EBM and medical research design**	RCHSD&IT, Science centers, RDE								**(9 from 26)**	into science there is no enough interest and incomplete EBM arrangements execution by Scientific centers and scientific council.
C4. OUTPUT INDICATORS: HUMAN RESOURCES COMPONENT Linked to outcomes of access and quality											
HR component output #1: Reduced geographic inequality in the distribution of human resources	**# of doctors per 10,000**	RMIC	25,6	25,1	24,4	23,4	23,43	23,0	23,4	**23,3**	This indicator testifys on average level of doctors density. The problem of geographic disbalance remains, i.e. medical workers center in cities and lack of doctors in villages.
	% of current year graduates working in the health system of KR (on budget basis)	MoH	28%	42%	57,2%	52,1%	68,6%	70,5%	73%	**75,3%**	Control strengthened from MoH side on graduates staying in regions distributed on MoH order. Accordingly responsibility of health organization managers increased during hiring.
HR Component output #2: Improved medical education	**# of accredited family practitioners per 10 thousand population/ their % to total quantity of practitioners in health care system**	KSMIRCE RMIC	4,5 per 10 thousand / 22%	5,1 per 10 thousand / 25%	5,2 per 10 thousand./ 26,4%	5,3 per 10 thousand / 27,3%	5,4 на 10 тыс./ 27,8%	5,34 per 10 thousand /28,5%	5,6 per 10 thousand ./28%	**5,35 per 10 thousand./ 28,36%**	The number of certified specialist on family medicine (2915) is approaching the target figure. But there is a shortage of family doctors, may be not all doctors work in the specialty.
	# of accredited family nurses per 10 thousand population / their % to total quantity of specialist with secondary medical education in health system	RMIC	6,3 per 10 thousand/ 13,1%	7,8 per 10 thousand / 16,7%	8,6 per 10 thousand / 18,9%	9,2 per 10 thousand / 20,5%	9,9 per 10 thousand / 22,4%	10,0 per 10 thousand./ 22,9%	10 per 10 thousand /23%	**10,04 per 10 thousand/ 23,14%**	The number of certified specialists with secondary medical education - 5472.
	% of feldshers of FAP and ambulance, who took career	RMIC	-	32,4%	34,7%	69,7%	64,7%	7,7%	70%	**27,66%**	The number of FAP and emergency felshers trained on refresher courses this year (434) *100/total number of

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									target	**in fact**	
	development course to total quantity of feldshers (annually)										feldshers (1569). Low share of FAP and emergency felshers trained at training courses in comparison with total number of felshers in the republic is connected with late SWAp funds release.
C-5. OUTPUT INDICATORS: PUBLIC HEALTH AND COMMUNITY INVOLVEMENT COMPONENTS[2]											
Public health component output #1: Effective health protection function	**% of iron-fortified flour in total flour consumption of the first and superior quality**	MoH KR	12	16	18	10	8	0	10	**1,7**	Connected with late receive of iron.
	% of adequately iodated salt at producer level	MoH KR	72	85	89	94	96	89,2	96	**92,1**	In accordance with procurement plan potassium iodate by salt producers.
	% of public health care system specialists with higher and secondary education who take part in advanced training courses	MoH KR	50	52	48	52	48	45,5	49	**48**	In accordance with specialists retraining schedule.
Public health component output #2: Effective health promotion	**Number of established village health committees**	RHPC	124	219	489	807	824 1083	1135	1372	**1312**	By the end of 2010 the number of VHC had been increased till 1312 due to CAH program introduction in 2 rayons of Osh oblast (Alay, Chon-Alay).
	Quantity/percent of those who involved into CAH program	RHPC	126\7	216\12	468\26	774\43	791/44	1064\59	1332/74	**1254/70**	By the end of 2010 share of villages had been increased due to CAH program introduction in 2 rayons of Osh oblast (Alay and Chon Alay)
	Quantity/percent of rayon centers and cities covered by health promotion program	RHPC	-	-	-	-	2\8	2/8	4/16	**4/16**	Bishkek, Tokmok, Kara-Balta and Osh cities were involved into program.
C-6. OUTPUT INDICATORS: STEWRDSHIP COMPONENT Linked to outcomes of access, financial protection, efficiency, quality and transparency											

«Manas taalimi» National Program implementation monitoring package of indicators for 2010											
	INDICATOR	**Source**	**2004 Baseline**	**2005**	**2006**	**2007 Midterm review**	**2008**	**2009**	**2010**		**Comments**
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Stewardship outcome #1: Health system policy formulation, regulatory framework improvement, improvement of inter-sectoral cooperation, donor aid coordination, provision of effective institutional structure	**% of implemented annual recommendations/ next steps on component of joint review**	MoH DCRI	-	-	-	-	-	84,4%	No less than 90%	**83%**	This indicator is relative, because it is difficult to define exact execution evaluation criteria.
Stewardship outcome # 2: Strengthening management capacity of providers	**Quantity of managers, who received certificate on graduation of complete training course (basic and advanced) on «Policy and health management» program**	RCHSD&IT	0	0	207	132	108	115	120	**82**	Due to social and political events in the republic the autumn courses were postponed for the first quarter of 2011. (22 people were trained).
Stewardship outcome #3: Improved mechanisms of data collection, monitoring and evaluation channeled to the policy	**Number of research projects ordered by MOH and used for policy decisions**	MoH DCRI	-	-	4	6	10	10	No less than 10	**12**	10 research were conducted by Public Funds "Center of Health Policy Analysis" and 2 by RCHP&IT.

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									target	**in fact**	
making process											

Note to indicator on evidence based medicine (C-3): "– " - no data (new indicators were initiated).

Note to indicator on public health (C-5): *% of iron-fortified flour in total wheaten flour consumption of the first and superior quality:* Absence of iron for flour fortification in the republic negatively influenced on index in 2009-2010.

Note to indicator on STEWARSHIP (C-6, Outcome №3): "– " - no data (new indicators).

Note to indicator on financing (C-1) – TB organizations budget formation rate on the number of hospitalization for 2010 is calculated separately on organizations: NPC – KGS 10900,0, for oblast centers – KGS 9200, for TH (territorial TB hospitals) – KGS 9100,0, for childhood – KGS – 18600,0.