Performance Framework Years 3, 4 & 5: Performance Framework Year 3, 4 & 5a: Indicators, Targets, and Periods Covered

Malaria

Program Details

Country:	Bhutan
Disease:	Malaria
Grant number:	BTN-708-G05-M
Principal Recipient:	Ministry of Health, Royal Government of Bhutan

A. Periods covered and dates for disbursement requests and progress updates (typically completed by the Secretariat during Grant negotiations process)

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16	Period 17	Period 18	Period 19	Period 20
Period Covered: from	1-Jul-10	1-Oct-10	1-Jan-11	1-Apr-11	1-Jul-11	1-Oct-11	1-Jan-12	1-Apr-12	1-Jul-12	1-Oct-12	1-Jan-13	1-Apr-13
Period Covered: to	30-Sep-10	31-Dec-10	31-Mar-11	30-Jun-11	30-Sep-11	31-Dec-11	31-Mar-12	30-Jun-12	30-Sep-12	31-Dec-12	31-Mar-13	30-Jun-13
Date Progress Update due (typically 45 days after end of period)	14-Nov-10	14-Feb-11	15-May-11	14-Aug-11	14-Nov-11	14-Feb-12	15-May-12	14-Aug-12	14-Nov-12	14-Feb-13	15-May-13	14-Aug-13
Disbursement Request ? (Y,N)	N	Y	N	Y	N	Y	N	Y	N	Y	N	N

	Year 3	Year 4	Year 5
Audit Report Due Date:	01/11/2011	01/11/2012	01/11/2013

B. Program Goal, impact and

Goals:

1	Reduce malaria morbidity by 50% by 2013 compared to 2005

Impact indicator number	Indicator	Baseline			Targets									Comments*
		value	Year	Source	Year 1	Report due date	Year 2	Report due date	Year 3	Report due date	Year 4	Report due date	Year 5	Report due date	
1	API (Annual Parasite Index)	2	2009	Reports:VDCP	1	Routine report 2008 (January2009)	2	Routine report 2009 (January 2010)	1.9	Routine report 2010 (January 2011)	1.5	Routine report 2011 (January 2012)	1	Routine report 2012(January 2013)	Calculated with the population of 469,263 in year 2005 with annual growth rate of 1.3%
2	Laboratory-confirmed malaria deaths seen in health facilities	4	2009	Reports:VDCP	2	Routine report 2008 (January2009)	4	Routine report 2009 (january 2010)	2	Routine report 2010 (january 2011)	1	Routine report 2011 (january 2012)	0	Routine report 2012(January 2013)	Original targets were changed due to achievement in previous years.

Outcome indicator number	Indicator	Baseline			Targets									Comments*
		value	Year	Source	Year 1	Report due date	Year 2	Report due date	Year 3	Report due date	Year 4	Report due date	Year 5	Report due date	
1	% of children U5 sleeping under an ITN the previous night	93%	2010 MIS (Malaria Indicator Survey)	MIS (Malaria Indicator Survey)	80%	Indicator survey Jan. 2009	93% (MIS survey 2009-2010)	MIS survey Jan. 2010					>90%	MIS (Malaria Indicator Survey due in year 5 Jan. 2013	Baseline only in 2006 malaria indicator survey. Prior to that no survey was conducted
2	% of households with at least one ITN	20%	2003	MIS (Malaria Indicator Survey)	80%	Indicator survey Jan. 2009	92% in Gr I 91 % in Gr II 100% in GrIII (% is at least	MIS survey Jan. 2010					>95% in Gr I > 95% in Gr II; > 100 % Gr III (Planning to	MIS (Malaria Indicator Survey due in year 5 Jan.	Gr I (Endemic) 10; Gr II (seasonal transmission): Anticipated would

* please specify source of measurement for

C. Program Objectives, Service

Objective Number	Objective description
1	Strengthening malaria prevention and control.
2	Strengthening Early Diagnosis and Prompt Teatment including "hard to reach" areas
3	Supporting health system for malaria prevention and control

Indicator Number	Objective Number	Service Delivery Area	Indicator	Baseline (if applicable)			Phase 1		Periodical targets for											Tied to	Targets cumulative Y-over program term Y-cumulative annually N-not cumulative	Baselines included in targets (Y/N)	Top 10 indicator	Comments
				Value	Year	Source	targets (P8)	latest available results (P7)	P9	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20					
1	1.1	Prevention: Insecticide-treated nets (ITNs)	Number of LLIN distributed population at risk of Malaria (excluding hard to reach areas)	85,840	2006	Reports:VDCP	211,766	207,671	211,766	211,766	220,766	220,766	220,766	220,766	229,766	229,766	229,766	229,766	238,766	238,766	GF	Y - over program term	N	Top 10	The population mass distribution of LLINs was done in 2010, hence no replacement of nets will be needed in Phase 2. However, in years 3,4,5, respectively, about 9000 LLINs will be needed annually to accomodate population
2	1.2	Prevention: Insecticide-treated nets (ITNs)	Number of LLIN distributed among hard to reach population at risk of malaria	19,818	2009	report: VDCP and district report	12,000	20,219	21,318	21,318	22,818	22,818	22,818	22,818	24,318	24,318	24,318	24,318	25,818	25,818	GF	Y - over program term	N	Top 10	The LLINs for these areas were distributed in 2010, hence no replacement of nets will be needed in Phase 2. However, in years 3,4,5, respectively, about 1500 LLINs will be needed annually to accomodate population growth
3	1.3	Prevention: Vector control (other than ITNs)	Number of houses in areas at risk of malaria transmission that were sprayed with insecticide excluding hard to reach population	543	2004	Reports:VDCP	14,128	4,426	0	15,751	0	15,751	0	15,751	0	15,751	0	15,751	0	15,751	GF & other donors (not national)	N - not cumulative	N	Top 10	IRS is done twice a year in perennial districts and once a year in seasonal districts. The households reached per session may vary according to need (i.e., IRS is done focally, based on malaria positive cases); however, it is assumed that 15% of HHs are sprayed per session. Despite annual population growth the targets over the course of Phase 2 remain the
4	1.4	Prevention: Vector control (other than ITNs)	Number of houses in areas at risk of malaria transmission that were sprayed with insecticide (among hard to reach population)	1,141	2009	reports; VDCP and districts	1,173	414	0	1,141	0	1,141	0	1,141	0	1,141	0	1,141	0	1,141	GF & other donors (not national)	N - not cumulative	N	Top 10	IRS is done twice a year in perennial districts and once a year in seasonal districts. The households reached per session may vary according to need (i.e., IRS is done focally, based on malaria positive cases); however, it is assumed that 15% of HHs are sprayed per session. Despite annual population growth the targets over the course of Phase 2 remain the
5	2.1	Treatment: Diagnosis	Number of fever cases tested for malaria using RDTs/ microscopy (excluding in hard to reach areas)	60,152	2006	MOH (routine HIS or HMIS)	43,326	36,680	17,621	24,974	31,638	50,310	17,621	24,974	31,638	50,310	17,621	24,974	31,638	50,310	GF	Y - cumulative annually	N	Not Top 10	Targets on Blood Slide Examination (BSE) are based on 2009 collection for the period, assuming that an adequate number of fever cases has been screened in 2009 (ABER is 11%)
6	2.2	Treatment: Diagnosis	Number of fever cases tested for malaria using RDTs/ microscopy (in hard to reach areas)	N/A	N/A	N/A	3,600	2,052	1,500	1,958	2,466	4,246	1,500	1,958	2,466	4,246	1,500	1,958	2,466	4,246	GF	Y - cumulative annually	N	Not Top 10	Targets on Blood Slide Examination (BSE) are based on 2009 collection for the period, assuming that an adequate number of fever cases has been screened in 2009 (ABER is 13%)

7	2.3	Treatment: Prompt, effective anti-malarial treatment	No and percent of malaria cases treated as per national treatment guideline (in areas at risk of malaria exluding hard to reach areas)	1,868	2006	MIS (Malaria Indicator Survey)	1,210	664	395	597	646	888	355	537	581	799	319	483	523	719	GF	Y - cumulative annually	N	Top 10	Targets are based on 2009 data and assumed 10% decrease of case load per year. Due to the decreasing trend in the number of cases and the goal to eliminated malaria in seasonal areas, the ratio for number of fever cases tested/number of cases diagnosed and treated has been projected to be lower than in Phase 1.
8	2.4	Treatment: Prompt, effective anti-malarial treatment	No and percent of malaria cases treated as per national treatment guideline (in hard to reach areas)	N/A	N/A	N/A	97	23	15	23	30	69	14	22	31	56	13	20	28	51	GF	Y - cumulative annually	N	Top 10	Targets are based on 2009 data and assumed 10% decrease of case load per year. Due to the decreasing trend in the number of cases and the goal to eliminated malaria in seasonal areas, the ratio for number of fever cases tested/number of cases diagnosed and treated
9	3.1	Supportive environment: Monitoring insecticide resistance	Number of insecticide resistance monitoring studies and therapeutic efficacy studies carried out at sentinel sites as per WHO protocol and reports completed	N/A	N/A	Reports:VDCP	N/A	N/A	0	0	2	2	2	2	4	4	4	4	6	6	GF	Y - over program term	N	Not Top 10	Studies on vector surveillance and insecticide susceptibility are carried out monthly at 5 sites resulting in: One report on vector surveillance and insecticide resistance per year (in annual malaria report). One annual report on therapeutic efficacy sudies, with data collection as follows: 5 sites monthly for uncomplicated P.f. malaria (ACT) - one study per year and for P.v. malaria, one study every 2 years
10	3.2	HSS: Human resources	Number of health workers trained on case management certificate course for entomological studies out side country	21	2006	Reports: training records	24 (15 for case management and 9 for entomolgy)	20 (12 for case management and 8 for entomolgy)	24 (15 for case management and 9 for entomolgy)	24 (15 for case management and 9 for entomolgy)	35 (21 for case management and 14 for entomolgy)	35 (21 for case management and 14 for entomolgy)	35 (21 for case management and 14 for entomolgy)	35 (21 for case management and 14 for entomolgy)	52(26 for case management and 26 for entomolgy)	52(26 for case management and 26 for entomolgy)	52(26 for case management and 26 for entomolgy)	52(26 for case management and 26 for entomolgy)	57(31 for case management and 26for entomolgy)	57(31 for case management and 26for entomolgy)	GF	Y - over program term	N	Top 10	Since training takes longer than one year reporting of results is delayed/once activitiy is accomplished. 12 MT will be trained in year 4 from balance fund saving of year 1 & 2
11	3.3	HSS: Community Systems Strengthening	Number of Community Action Group trained for implementing community based acivities including in hard to reach areas	N/A	N/A	Reports:VDCP	240	125	240	320	400	600 (400 CAG and 200 farmers in IVM)	600 (400 CAG and 200 farmers in IVM)	600 (400 CAG and 200 farmers in IVM)	600 (400 CAG and 200 farmers in IVM)	600 (400 CAG and 200 farmers in IVM)	600 (400 CAG and 200 farmers in IVM)	600 (400 CAG and 200 farmers in IVM)	600 (400 CAG and 200 farmers in IVM)	600 (400 CAG and 200 farmers in IVM)	GF	Y - over program term	N	Top 10	In phase 2 , CAG training will be expanded to 2 districts(160). And 200 farmers will be trained in IVM in two blocks (sub district) in one district.
12	3.4	HSS: Human resources	Number of Basic Health Unit health workers having undergone refresher training (In-country) on case management	375	2007	Reports: training records	80	78	110	190	190	190	190	270	270	270	350	350	350	350	GF	Y - over program term	N	Top 10	
13	3.5	HSS: Human resources	Number of Basic Health Unit and laboratory staff trained (In-country) on malaria diagnosis by RDT and microscopy	28	2007	Reports: training records	80	21	110	190	270	270	270	270	350	350	350	350	350	350	GF	Y - over program term	N	Top 10	These trainings are for the new health workers posted in malarious areas and refresher trainings for the existing health workers from BHUs and lab technicians from hospitals
		HSS: Information system & Operational research	Number and percentage of health facilities sending timely reports	N/A	2008	Reports:VDCP					194 (>90%)				205 (>95%)				Sustained 205 (>95%)		National Program	N - not cumulative	N	Not Top 10	The total Inumber of health facilities in malarious areas is 216, out of which 197 are currently reporting in time (VDCP programme monthly report). The aim is to improve reporting beahaviour of facilities.