Perform	ance F	ramew	ork. T	FM per	riod: I	ndic	atoi	rs, Targets	and Per	iods Co	vered							
Please carefully re								<u>, , , , , , , , , , , , , , , , , , , </u>										-
A. Program details				omproung the	, tompiato													Ē
Country / Applicant:		CCM Bhutan					PR1	Ministry of Health, Royal Gov	ernment of Bhutan									1
Component:		Malaria			Principal R	ecipients	PR2											
Start Year: 2013				(Please selec		PR3	-											
Start Month: July			add a ne	add a new one)														
SSF number:						PR5												
Reporting periods Period 21-22 Period 23-24 Period 25-26					Period 27-2	8	NA											
Period Covered: from	n	1-Jul-13	1-Jan-14	1-Jul-14	1-Jan-15													
Period Covered: to		31-Dec-13	30-Jun-14	31-Dec-14	30-Jun-15													
Due date Progress Up	pdate	14-Feb-14	14-Aug-14	14-Feb-15	14-Aug-15	;												
Disbursement Reque	est (Y,N)	Y	-	Y	-													
		Year 1	Year 2	NA	1			• •	•									
Audit report due date	es	31-Dec-14	31-Dec-15		1													
Due date periodic rev	view]		-													
																		_
B. Program goals	and impact ind	icators																
Goals:																		_
	API 1/1000 populatio																	• • • •
2 To achieve	zero malaria deaths																	-
# Q							В	aseline					Targets					
Linked to goal(s) #		Impact in	ndicator			value	Year	Source	Year 1	Report due date	Year 2	- Report due date	NA	Report due date	NA	Report due	NA	/
- <u>5</u> 8						value	Tear	Source	2013	Report due date	2014	Report due date		Report due date		date		1
Number of indigenous malaria cases confirmed by microscopy/RDT per 1000 population per year (API)							2010	Surveillance systems	0.5	14-Feb-14	0.5	14-Feb-15						
2 Number of r	malaria deaths repor	rted in the country	/			2	2010	Surveillance systems	1	14-Feb-14	0	14-Feb-15						

C. Program objectives and outcome indicators

Objectives:

 1
 To sustain malaria control and prevention in malaria endemic areas

 2
 To sustain early diagnosis and prompt treatment

 3
 To sustain essential health work force in malaria control and prevention

ed to ve(s) #	* (s)		Ba	seline											
nked	Outcome indicator	value	Year	Source	Year 1	Year 1 Report due date		Report due date	NA	Report due date	NA	Report due	NA	Report due	Comments
Li obje		Value	rear	obuice	2013	Report due date	2014	Report due date		Report due date		date		date	
1	Percentage of household with at least 2 LLINs in risk areas	NA	NA	Households survey	90%	14-Feb-14	90%	14-Feb-15							According to the national strategy 2 LLINs per HH will be distributed. The house hold survey is done annually by the health workers. The last LLIN distribution was done in 2010 and next distribution is due in 2013. Gaps in coverage will be made up in the subsequent years. Besides the general population specific population like students, army etc. will also be covered. The calculation for requirement of LLIN is based on at risk population in the seven endemic districts and nine seasonal districts.
	Percentage of cases treated within 24 hours of onset of fever in accordance with national malaria treatment guidelines	83%	2009	Households survey	92%	14-Feb-14	92%	14-Feb-15							The baseline data (2009) was collected by Malaria indicator survey supported by the grant BTN-708-G05-M . Malaria indicators survey is carry out in every three years, therefore the next is due in 2012. For TFM (2013 and 2014) the data will be collected through the annual household survey.
3	Percentage of reported cases investigated per year (Number of cases investigated/Number of cases confirmed) x100	NA	NA	Surveillance systems	60%	14-Feb-14	85%	14-Feb-15							The malaria case will be investigated as soon as the diagnosis is made (within 48 hours) and followed up for 28 days. The health workers will use the malaria case investigation forms and carry out the investigation and follow up as per the requirement. Investigation will provide the information whether the transmission is indigenous or imported. The investigator will also look for any breeding sites and conduct vector surveillance in the village where the cases got reported. The case investigation is case-based and not really an active case detection.

Report due date	Comments
	In 2011 there were a total of 194 confirmed cases (Pf - 87, Pv-92 and Mixed- 15) and 29 Clinical cases. The Vector Disease Control Programme is responsible to carry out all the surveillance of vector-borne disease in the country including malaria surveillance. For malaria surveillance the programme does weekly fever surveillance. For malaria surveillance the programme does weekly fever surveillance, monthly case report, case investigation and follows up, monthly vector surveillance, drug efficacy studies, and insecticide susceptibility test. The programme also initiated GIS mapping of vectors species, cases reported, breeding sites using mobile phone as pilot. Reporting will include total number of cases in the year with break-up by species will be given. The PR will also provide the population for that year as used by MoH or other national agency.
	There was one malaria death in 2011.

D. Service delivery areas and output/coverage indicators																								
Objective & Indicator Number				Latest av	/ailable b	aseline/result	- Durin	104.00	Perdio 23-24		Period 25-26		Targets 6 Period 27-28		NA	 			_		Responsible Principal			
	Service Delivery Area	Output/coverage indicator	N #	1	1	1		d 21-22		1-Jan-14		ul-14		Jan-15	NA	 NA	NA	NA	Target cumulation	Tied to	Recipient(s)	Top 10	Comments	
			D#	%	Year	Source		Dec-13	-	Jun-14	-	ec-14	-	Jun-15	+						(comma separated)			
1.1	Vector control: insecticide- treated nets (ITNs)	Number of LLIN distributed to risk population	97,400		2010	Surveillance systems	97,531		0		10,000		0						Not cumulative	Current grant	PR1	Top 10	The programme uses the mass distribution data as the baseline of the year 2010. Mass distribution will be done in 2013. There will be no scale up of LLIN distribution under TFM. The 10,000 nets in Y2 of TFM are proposed for new settlements, transfer cases, new projects and new admission in institutions and is to cover the gaps from mass distribution.	
2.2	Diagnosis	Percentage of confirmed malaria cases among all reported cases (clinical and confimed cases)	194 207	93.7%	2011	Surveillance systems		95%		95%		97%		97%					Not cumulative	Current grant	PR1	Top 10	Confirmed cases (microscope and RTDs) diagnosed as numerator and denominators will be (confirmed cases+ clinically treated cases). The confirmed cases include all Pt/Pv and mixed. The source of information will be generated through routine surveillance system. All cases should be confirmed by microscope even if the RDT is shown positive. There is no chance for double report as the monthly reporting formats will not allow it as reporters will have to give details information of cases, their household number and village/block and household number etc. Targets are set in % but reporting will be in numerator, denominator and %.	
2.4	Treatment	Percentage of malaria cases treated as per national treatment guideline	436 436	100%	2010	Surveillance systems		100%		100%		100%		100%					Not cumulative	Current grant	PR1	Top 10	All malaria cases diagnosed will be treated as per the national treatment guidelines. The numerator and the denominator will be the confirmed cases treated as per the national treatment protocol . The data source is through surveillance system. Targets are set in % but reporting will be in numerator, denominator and %.	
3.1	CSS: Building community linkages, collaboration and coordination	Number of CAG supported per year	80		2010	Surveillance systems	0		30		0		30						Annually	Current grant	PR1	Not top 10	Total of 60 CAG will be supported for two years to sustain the CAG activities in the community such as review and planning of community activity (logistic support like supply of dustbin in community/torch for LLIN supervision etc and technical support such as Refresher update of CAG members and review). CAG meetings are held twice a year in 7 endemic districts.	
3.2	HSS: Routine data collection, analysis and use	Percentage of health facilities sending timely and complete report	210 220	95.5%	2011	Surveillance systems	215	97.7%			220 220	100%							Not cumulative	National program	PR1	Not top 10	There are 220 health centers in the country. Out of this 210 health centers submit report to the programme. The timely and complete report means sending the report within 14 days after end of month in a standard forms.	