

Performance Framework, TFM period: Indicators, Targets and Periods Covered

Please carefully review the instructions work sheet before completing this template

A. Program details

Country / Applicant:	CCM Bhutan	Principal Recipients <i>(Please select from list or add a new one)</i>	PR1	Ministry of Health, Royal Government of Bhutan
Component:	Malaria		PR2	
Start Year:	2013		PR3	
Start Month:	July		PR4	
SSF number:			PR5	

Reporting periods	Period 21-22	Period 23-24	Period 25-26	Period 27-28	NA			
Period Covered: from	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 Update	14-Feb-14	14-Aug-14	14-Feb-15	14-Aug-15				
Disbursement Request (Y,N)	Y	-	Y	-				

	Year 1	Year 2	NA
Audit report due dates	31-Dec-14	31-Dec-15	

Due date periodic review	
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B. Program goals and impact indicators

Goals:	
1	To sustain API 1/1000 population or less
2	To achieve zero malaria deaths

Linked to goal(s) #	Impact indicator	Baseline			Targets						Comments			
		value	Year	Source	Year 1	Report due date	Year 2	Report due date	NA	Report due date		NA	Report due date	
					2013		2014							
1	Number of indigenous malaria cases confirmed by microscopy/RDT per 1000 population per year (API)	1	2010	Surveillance systems	0.5	14-Feb-14	0.5	14-Feb-15						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, 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.
2	Number of malaria deaths reported in the country	2	2010	Surveillance systems	1	14-Feb-14	0	14-Feb-15						There was one malaria death in 2011.

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

Linked to objective(s) #	Outcome indicator	Baseline			Targets						Comments			
		value	Year	Source	Year 1	Report due date	Year 2	Report due date	NA	Report due date		NA	Report due date	
					2013		2014							
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.
2	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.

