



PERFORMANCE AGREEMENT
BETWEEN
MINISTER AND SECRETARY
Ministry Of Health

(July 1, 2015 – June 30, 2016)

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Preamble

The Performance Agreement is entered into between the Minister and Secretary, Ministry Of Health.

The objectives of this Performance Agreement are:

- a) To establish clarity and consensus about annual priorities for the Ministry Of Health consistent with the 11th Five Year Plan , and Government's other priorities;
- b) To make the Ministry Of Health fully responsible for driving implementation and delivering the results against the annual priorities;
- c) To provide an objective and fair basis for evaluating the Ministry's overall performance at the end of the year;

The Performance Agreement represents an important accountability mechanism for inculcating a performance based culture at all levels of government.

THEREFORE, the parties hereto agree as follows:

Section 1: Vision, Mission and Objectives

Vision

A nation with the best Health

Mission

(1) To provide healthcare services of quality in both traditional and modern medicines; (2) To prevent, control, eliminate and eradicate diseases; (3) To rehabilitate and promote healthy living; and (4) To ensure sustainable, responsive, equitable, accessible, reliable and affordable health services.

Objectives

- 1) To strengthen diagnostic, curative and palliative healthcare services
- 2) To improve access to health facilities and services
- 3) To improve preventive, promotive and rehabilitative healthcare services
- 4) To strengthen traditional medicinal services in a sustainable manner
- 5) To promote good governance and financially sustainable healthcare
- 6) To enhance efficiency and effectiveness of G2C services
- 7) To implement National Integrity and Anti Corruption Strategy (NIACS)
- 8) To improve ease of doing business ranking

Section 2: Objectives, Success Indicators & Target

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]
To strengthen diagnostic, curative and palliative healthcare services	20	Improve pool and deployment of doctors	Number of Dzongkhags with at least three doctors	Number	3	16	15	14	13	12
		Increase nursing staff strength	Nurse to bed ratio	Percent	2	1:6.5	1:7	1:7.5	1:8	1:8.5
		Strengthen telemedicine services	Number of hospitals and BHU-I with functional telemedicine facilities	Number	3	20	19	18	17	16
		Ensure availability of essential drugs and consumables in health facilities	Percentage of health facilities with 95% of essential medicines available at any point of time	Percent	3	96	95	94	93	92
		Introduce specialized technology/procedures to reduce referral outside	Percentage of health facilities with 90% of standard consumables available at any point of time	Percent	3	90	88	86	84	82
		Promote community-based elderly care program	Number of new specialized health technology introduced	Number	2	2	1	-	-	0
To improve access to health facilities and services	20	Strengthen urban health services	Number of Dzongkhags with community-based elderly care program established	Number	2	5	4	3	2	1
		Expand health infrastructure	Number of Thromde health offices established	Number	2	4	3	2	1	0
			Percentage of physical progress in construction of 150 bedded Central Regional Referral Hospital	Percent	2	55	50	45	40	35
			Percentage of physical progress in construction of 40 bedded Samtse Hospital	Percent	2	100	98	96	94	92

To improve preventive, promotive and rehabilitative healthcare services	20	Strengthen communicable diseases prevention and control	Percentage of physical progress in construction of Public Health Laboratory (PHL)	2	100	98	96	94	92
			Percentage of physical progress in construction of 40 bedded Tsirang Hospital	2	30	25	20	15	10
			Percentage of physical progress in Remodeling, renovation and shifting of Deothang hospital	2	100	95	90	85	80
			Percentage of physical progress in construction of 40 bedded Deothang Hospital	2	15	12	10	8	6
			Percentage of physical progress in construction of 150 bedded MCH hospital	2	5	4	3	2	0
			Percentage of physical progress in construction of 20 bedded Haa hospital	2	10	8	6	4	0
			Percentage of physical progress in construction of VBDCP office	2	60	55	50	45	40
			Percentage of physical progress in construction of Dialysis Unit in JDWNRH	2	30	25	20	15	10
			Number of Dzongkhags with 95% immunization coverage of children under 1 year	1	15	13	11	9	8
			Timeline by which Inactivated Polio Vaccines (IPV) is introduced into routine immunization programme	1	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
			Number of Dzongkhags with 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendees	1	20	18	17	15	12

	Number of health screening/quarantine section at air and land crossing established	Number	1	2	1	1	1	0
Improve access to safe drinking water and sanitation	Percentage of rural population with access to improved sanitation	Percent	2	70	68	66	64	60
	Percentage of rural households with functional water supply coverage	Percent	2	80	79	78	77	76
	Promote institutional delivery	Percent	2	83	82.5	82	81.5	81
Enhance national response on non-communicable lifestyle related diseases	Number of Non-communicable Diseases clinics established in hospitals and BHU I	Number	2	7	5	3	1	0
	Timeline by which Health Impact Assessment Tool is developed	Date	2	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
	Number of Dzongkhags implementing active community outreach NCD prevention	Number	1	5	4	3	2	1
	Timeline by which Suicide Prevention Unit is established	Date	1	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
	Timeline by which Counseling services for suicide prevention integrated with Health Help Center	Date	1	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Improve nutrition status of the population	Number of Health facilities with detoxification services	Number	1	10	9	8	7	6
	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Percent	2	50	45	40	35	30
To strengthen traditional	Expand the reach of traditional medicine	Number	4	4	3	2	1	0
			15					

medicinal services in a sustainable manner	services	services	services	Date	Mar 2016	Apr 2016	May 2016
		Timeline by which corporatization of MSP is endorsed by Cabinet	3	Jan 2016	Feb 2016	Mar 2016	Apr 2016
		Number of Institutional linkages established with other countries	3	4	3	2	1
		Output production of traditional medicines	5	13	12.5	12	11.5
		Strengthen production capacity in traditional medicines					
		Develop National Health Act	2	Jan 2016	Feb 2016	Mar 2016	Apr 2016
		Improve quality and efficiency in management of health services	1	Apr 2016	May 2016	Jun 2016	Jul 2016
		Timeline by which first draft of National Health Bill is completed	2	Jan 2016	Feb 2016	Mar 2016	Apr 2016
		Timeline by which Patient Information System (Open Medical Record System) is developed	1	Apr 2016	May 2016	Jun 2016	Jul 2016
		Timeline by which web-based inventory management system for drugs and medical equipment is developed	1	Apr 2016	May 2016	Jun 2016	Jul 2016
		Number of health facilities implementing Hospital Adm. & Management Transformation (HAMT) initiative	2	12	11	10	9
		Increase fund capital and investments of BHTF	2	79	74	69	64
		Percentage of essential drugs financed by BHTF	1	100	95	90	85
		Percentage of Pentavalent vaccines financed by BHTF	1	100	95	90	85
		Percentage of services operational and functional for the 4 G2C services under MoH	4	>95	90	80	70
To promote good governance and financially sustainable healthcare	10						
To enhance efficiency and effectiveness of G2C	5	Provide G2C services effectively					<65

services	Develop service delivery standards	Service Delivery Standards is developed for the 4 services	Percent	>95	90	80	70	<65	
To implement National Integrity and Anti Corruption Strategy (NIACS)	5	To implement National Integrity and Anti Corruption Strategy (NIACS)	Date	1	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015
		Timeline by which gift register is instituted	Number	1	6	5	4	3	2
		Number of executives who have declared asset declaration on time	Number	2	6	5	4	3	2
		Number of executives who have done integrity diagnostic testing	Number	2	6	5	4	3	2
To improve ease of doing business ranking	5	Implement actions to 1. Promote the use of standardized transfer and sale agreements and checklists of documents required to register a transaction, 2. Electronic registration of properties.	Percent	5	100	90	80	70	<70

Section 3: Trend values of success indicators

Objective	Action	Success Indicator	Unit	Actual Values [FY 2013-14]	Actual Values [FY 2014-15]	Target Values [FY 2015-16]	Projected Values [FY 2016-17]	Projected Values [FY 2017-18]
To strengthen diagnostic, curative and palliative healthcare services	Improve pool and deployment of doctors	Number of Dzongkhags with at least three doctors	Number	11	14	16	18	19
	Increase nursing staff strength	Nurse to bed ratio	Percent	1:7.5	1:7	1:6.5	1:6.2	1:6
Strengthen telemedicine services	Number of hospitals and BHU-I with functional telemedicine facilities	Number of hospitals and BHU-I with functional telemedicine facilities	Number	14	0	20	28	32
	Ensure availability of essential drugs and consumables in health facilities	Percentage of health facilities with 95% of essential medicines available at any point of time	Percent	NA	95	96	97	100
Introduce specialized technology/procedures to reduce referral outside	Percentage of health facilities with 90% of standard consumables available at any point of time	Percentage of health facilities with 90% of standard consumables available at any point of time	Percent	NA	85	90	92	95
	Promote community-based elderly care program	Number of Dzongkhags with community-based elderly care program established	Number	0	10	15	20	20
Strengthen urban	Number of Thromde	Number of Thromde	Number	0	0	4	4	4

health services	health offices established
To improve access to health facilities and services	Expand health infrastructure
Percentage of physical progress in construction of 150 bedded Central Regional Referral Hospital	Percent
NA	30
55	75
100	100
Percentage of physical progress in construction of 40 bedded Samtse Hospital	Percent
NA	90
100 (Aug 2015)	NA
NA	NA
Percentage of physical progress in construction of Public Health Laboratory (PHL)	Percent
NA	90
100 (Oct 2015)	NA
NA	NA
Percentage of physical progress in construction of 40 bedded Tsirang Hospital	Percent
NA	10
30	75
100	100
Percentage of physical progress in Remodeling, renovation and shifting of Deothang hospital	Percent
NA	90
100 (Jul 2015)	NA
NA	NA
Percentage of physical progress in construction of 40 bedded Deothang Hospital	Percent
NA	0
15	65
100	100
Percentage of physical progress in construction of 150	Percent
NA	0
5	25
45	45

	bedded MCH hospital.	NA	0	10	40	100
	Percentage of physical progress in construction of 20 bedded Haa hospital	Percent				
	Percentage of physical progress in construction of VBDCP office	Percent	NA	10	60	100
	Percentage of physical progress in construction of Dialysis Unit in JDWNRH	Percent	0	0	30	75
	Number of Dzongkhags with 95% immunization coverage of children under 1 year	Number	NA	8	15	20
To improve preventive, rehabilitative and healthcare services	Strengthen communicable diseases prevention and control					
	Timeline by which Inactivated Polio Vaccines (IPV) is introduced into routine immunization programme	Date	NA	NA	Introduced	NA
	Number of Dzongkhags with 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendees	Number	7	12	20	20
	Number of health screening/quarantine section at air and land crossing established	Number	NA	NA	2	4
						5

Improve access to safe drinking water and sanitation	Percentage of rural population with access to improved sanitation	Percent	NA	60	70	72	75
	Percentage of rural households with functional water supply coverage	Percent	NA	75	80	85	90
Promote institutional delivery	Percentage of institutional delivery	Percent	69	81	83	85	87
Enhance national response on non-communicable lifestyle related diseases	Number of Non-communicable Diseases clinics established in hospitals and BHU I	Number	0	20	27	40	NA
	Timeline by which Health Impact Assessment Tool is developed	Date	NA	NA	Developed	Implemented	Implemented
	Number of Dzongkhags implementing active community outreach NCD prevention	Number	NA	0	5	15	20
	Timeline by which Suicide Prevention Unit is established	Date	NA	NA	Established	NA	NA
	Timeline by which Counseling services for suicide prevention integrated with Health Help Center	Date	NA	NA	Established	NA	NA
	Number of Health facilities with detoxification services	Number	NA	3	13	20	30

		Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Percent	NA	0	50	90	100
Improve nutrition status of the population								
To strengthen traditional medicinal services in a sustainable manner	Expand the reach of traditional medicine services	Number of health facilities providing traditional medicine services	Number	51	54	58	61	64
		Timeline by which corporatization of MSP is endorsed by Cabinet	Date	NA	NA	Corporate entity	NA	NA
		Number of Institutional linkages established with other countries	Number	0	1	5	6	7
		Output production of traditional medicines	MT	8	12	13	15	18
To promote good governance and financially sustainable healthcare	Develop National Health Act	Timeline by which first draft of National Health Bill is completed	Date	NA	Draft	Draft for internal discussion	Draft for Parliament	NA
		Improve quality and efficiency in management of health services	Date	NA	NA	Launched	User Training	NA
		Timeline by which web-based inventory management system for drugs and medical equipment is developed	Date	NA	NA	Launched	User Training	NA

	Number of health facilities implementing Hospital Adm. & Management Transformation (HAMT) initiative	Number	NA	35	47	59	71
	Increase fund capital and investments of BHTF	Nu. (Million)	NA	1156	1235	1245	1255
	Percentage of essential drugs financed by BHTF	Percent	NA	100	100	100	100
	Percentage of Pentavalent vaccines financed by BHTF	Percent	NA	70	100	100	100
To enhance efficiency and effectiveness of G2C services	Provide G2C services effectively	Percent	-	-	-	-	-
	Develop service delivery standards	Percent	-	-	-	-	-
To implement National Integrity and Anti Corruption Strategy (NIACS)	To implement National Integrity and Anti Corruption Strategy (NIACS)	Timeline by which gift register is instituted	NA	NA	Jul 2015	NA	NA
		Number of executives who have declared asset declaration on time	NA	NA	6	NA	NA
		Number of executives who have done integrity diagnostic testing	NA	NA	6	NA	NA

	Percent	100	100	NA	NA
<p>To improve ease of doing business ranking</p> <p>Implement actions to</p> <ol style="list-style-type: none"> Promote the use of standardized transfers and sale agreements and checklists of documents required to register a transaction, Electronic registration of properties. 	<p>Status of action plan implementation for Ease of Doing Business Ranking developed by MoEA</p>				

Section 4: Definition of Success Indicators

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Number of Dzongkhags with at least three doctors	Number of Dzongkhags with 3 or more doctors available. Does not include dentists.	HR database	Biannually	HRD records
Nurse to bed ratio	Ratio of total nursing staff to bed strength	HR database	Biannually	HRD records
Number of hospitals and BHU-I with functional telemedicine facilities	Health facilities which have telemedicine services established and in operation with active consultations	Administrative records	Biannually	Program reports, Telemedicine, DMS
Percentage of health facilities with 95% of essential medicines available at any point of time	Health facilities with 95% of the essential medicines available at any point of time	Administrative records	Biannually	Program reports, DoMSI
Percentage of health facilities with 90% of standard consumables available at any point of time	Health facilities with 90% of the standard consumables available at any point of time	Administrative records	Biannually	Program reports, DoMSI
Number of new specialized health technology introduced	Introduction of specialized health technology (drugs, equipments, instruments, devices and procedures) in the country	Administrative records	Biannually	Program reports, EMTD, DMS
Number of Dzongkhags with community-based elderly care program established	Health facilities providing community based elderly (geriatric) care services	Administrative records	Biannually	Program reports, DMS
Number of Thromde health offices established	Establishment of health office at thromdes	Administrative records	Biannually	Program reports, DMS
Percentage of physical progress in construction of 150 bedded Central Regional Referral Hospital	Construction progress rate	Calculation of physical progress of actual construction assessed by engineers	Monthly	Progress reports, HIDD, DoMSHI
Percentage of physical progress in construction of 40 bedded Samtse Hospital	Construction progress rate	-do-	Monthly	Progress reports, HIDD, DoMSHI

Percentage of physical progress in construction of Public Health Laboratory (PHL)	Construction progress rate	-do-	Monthly	Progress reports, HIDD, DoMSHI
Percentage of physical progress in construction of 40 bedded Tsirang Hospital	Construction progress rate	Calculation of physical progress of actual construction assessed by engineers	Monthly	Progress reports, HIDD, DoMSHI
Percentage of physical progress in Remodeling, renovation and shifting of Deothang hospital	Construction progress rate	-do-	Monthly	Progress reports, HIDD, DoMSHI
Percentage of physical progress in construction of 40 bedded Deothang Hospital	Progress reports, HIDD, DoMSHI	-do-	Monthly	Progress reports, HIDD, DoMSHI
Percentage of physical progress in construction of 150 bedded MCH hospital	Construction progress rate	-do- *also takes into account design and preconstruction works	Monthly	Progress reports, HIDD, DoMSHI
Percentage of physical progress in construction of 20 bedded Haa hospital	Construction progress rate	-do-	Monthly	Progress reports, HIDD, DoMSHI
Percentage of physical progress in construction of VBDCP office	Construction progress rate	-do-	Monthly	Progress reports, HIDD, DoMSHI
Percentage of physical progress in construction of Dialysis Unit in JDWNRH	Construction progress rate	-do-	Monthly	Progress reports, HIDD, DoMSHI
Number of Dzongkhags with 95% immunization coverage of children under 1 year	Number of Dzongkhag with DPT3 Coverage above 95%	EPI monitoring records	Biannually	Program reports, VPDP, DoPH
Timeline by which inactivated Polio Vaccines (IPV) is introduced into routine immunization programme	Introduction of Inactivated Polio Vaccines (IPV) into routine immunization schedule	Administrative records	Biannually	Program reports, VPDP, DoPH
Number of Dzongkhags with 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendees	No. of Dzongkhags with HIV testing coverage above 90% for pregnant women attending Ante-Natal Clinics (ANC)	Monitoring reports	Biannually	Program reports, NACP, DoPH

	Monitoring Information System	Biannually	Program reports, PHED, DoPH
<p>Improved sanitation is defined as hygienic separation of human excreta from human contact</p> <p>Percentage of deliveries attended by trained health workers in health facilities. New methodology from Year 2: BHMIS data with BCG coverage as denominator.</p> <p>Health facilities providing noncommunicable diseases care and management services (with dedicated clinics established)</p>	<p>BHMIS</p> <p>Administrative records</p>	<p>Annually</p> <p>Biannually</p>	<p>BHMIS data & Program reports, RH Program, DoPH</p> <p>Program reports, Diabetes Program/LSRD Program, DoMS/DoPH</p>
<p>Health Impact Assessment Tool developed to conduct Health impact assessment prior to establishment of mega projects and industries</p> <p>No. of Dzongkhags implementing standard community outreach NCD prevention package. The package involves identifying target groups and periodic outreach visits and interventions by health workers</p> <p>Establishment of a functional Suicide Prevention Unit with dedicated office and staff at the Ministry of Health</p>	<p>Administrative records</p> <p>Administrative records</p> <p>Administrative records</p>	<p>Biannually</p> <p>Biannually</p> <p>Biannually</p>	<p>Program reports, HPD, DoPH</p> <p>Program reports, LSRD, DoPH</p> <p>Program reports, Mental Health, DoPH</p>
<p>Percentage of rural population with access to improved sanitation</p> <p>Percentage of institutional delivery</p> <p>Number of Non-communicable Diseases clinics established in hospitals and BHU I</p> <p>Timeline by which Health Impact Assessment Tool is developed</p> <p>Number of Dzongkhags implementing active community outreach NCD prevention</p> <p>Timeline by which Suicide Prevention Unit is established</p> <p>Timeline by which Counseling services for suicide prevention integrated with Health Help Center</p> <p>Number of Health facilities with detoxification services</p> <p>Percentage of health centers carrying</p>	<p>Administrative records</p> <p>Administrative records</p> <p>Administrative records</p> <p>Monitoring Reports</p>	<p>Biannually</p> <p>Biannually</p> <p>Biannually</p> <p>Biannually</p> <p>Biannually</p>	<p>Program reports, PHED, DoPH</p> <p>Program reports, Mental Health, DoPH</p> <p>Program reports, Mental Health, DoPH</p> <p>Program reports, Mental Health, DoPH</p> <p>Program</p>

out active growth monitoring and follow up for children under 5 years	(hospitals and BHUs) conducting height/length and weight measurements for children under 5 years attending OPD and follow-up for children with severe acute malnutrition (SAM)	Monitoring Information System	Biannually	Program reports, PHED, DoPH	reports, Mental Health, DoPH
Percentage of rural households with functional water supply coverage	Rural households having functional water supply (good condition tap stand and water supply line with running water)				
Number of health screening/quarantine section at air and land crossing established	Establishment of health screening/ quarantine section at the Paro International Airport & Screening space for foreigners at ground entry points in P/Ling	Administrative records	Biannually	Program reports, IHR, DoPH	
Number of health facilities providing traditional medicine services	No. of health facilities providing traditional medicine services	Administrative records	Biannually	DoTMS	
Timeline by which corporatization of MSP is endorsed by Cabinet	Corporate status of Menjong Sorig Pharmaceuticals	Administrative records	Biannually	MSP, DoTMS	
Number of Institutional linkages established with other countries	No. of countries with institutional linkages established	Administrative records	Biannually	MSP, DoTMS	
Output production of traditional medicines	Output volume of traditional medicine produced	Administrative records	Biannually	Program reports, MSP, DoTM	
Timeline by which first draft of National Health Bill is completed	First draft of the National Health Bill ready for MOH High Level Committee discussion	Administrative records	Biannually	Program reports, PPD, MOH	
Timeline by which Patient Information System (Open Medical Record System) is developed	Development of Patient Information System (Open Medical Record System)	Administrative records	Biannually	Program reports, ICT, MOH	
Timeline by which web-based inventory management system for drugs and medical equipment is developed	Development of web-based inventory management system	Administrative records	Biannually	Program reports, ICT, MOH	
Number of health facilities implementing Hospital Adm. &	No. of health facilities with active HAMT and periodic HAMT reporting	HAMT reports	Biannually	Program reports, QASD,	

Management Transformation (HAMT) initiative				MOH
Increase in fund capital	Latest fund capital of the BHTF	Administrative records	Biannually	Program reports, BHTF
Percentage of essential drugs financed by BHTF	Total expenditure on essential medicine met from BHTF funds	Administrative records	Biannually	Program reports, BHTF
Percentage of Pentavalent vaccines financed by BHTF	Financing pentavalent vaccines	Administrative records	Biannually	Program reports, BHTF

Section 5: Requirements from other Ministries, Agencies & Dzongkhags

Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)
MINISTRY OF INFORMATION & COMMUNICATIONS	Number of hospitals and BHU-I with functional telemedicine facilities	Ensure internet connectivity in all health facilities	Required for online data management, online consultation and communication	Internet connectivity in all health facilities	Hampers timely data management and communication
MINISTRY OF HOME & CULTURAL AFFAIRS	Timeline by which Patient Information System (Open Medical Record System) is developed	Use of CID (biometrics) for patient information/tracking	CID could be used as unique patient identifier	Approval and CID (biometrics) database	Hampers efficiency in information management and tracking
MINISTRY OF EDUCATION	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	All education institution must follow the dietary guidelines	Micronutrient deficiencies among school children	Policy and monitoring mechanism to ensure adherence to school based dietary guidelines	Nutritional status among school children may be compromised
MINISTRY OF ECONOMIC AFFAIRS	Number of Health facilities with detoxification services	Control sale of alcoholic beverages	Rising alcohol liver diseases incidences	Impose restrictions on alcohol sale	Increasing incidences of alcohol related morbidity and mortality
MINISTRY OF AGRICULTURE AND FORESTS	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Promote school agriculture and supply of farm produce to schools	Micronutrient deficiencies among school children	Policy and monitoring mechanism to promote adequate/appropriate nutrition	Nutritional status among school children may be compromised
MINISTRY OF AGRICULTURE AND FORESTS	Output production of traditional medicines	Promote/incentivize sustainable cultivation of raw materials for traditional medicine	Increase production capacity to meet demand; sustainable harvesting of raw materials for traditional medicine	Promote/incentivize sustainable cultivation of raw materials for traditional medicine	Inability to meet the demand for traditional medicine; sustainability is

MINISTRY OF WORKS AND HUMAN SETTLEMENT	Number of Dzongkhags implementing active community outreach NCD prevention	Designation/construction of footpaths and cycling tracks	Control the increasing incidences of non-communicable diseases	About 5 kms of footpath and a cycling track in Thimphu; footpaths in other major towns	Hamper prevention of non-communicable diseases	compromised
ROYAL CIVIL SERVICE COMMISSION	Number of Dzongkhags with at least three doctors	Recruitment of about 30 doctor annually into civil service	Shortage of doctors	Ensure induction of 30 MBBS candidate annually	Inadequate and poor quality of health services	
ROYAL CIVIL SERVICE COMMISSION	Number of Thromde health offices established	Approval of staff position in Thromde health Office for Thromde	No approved staffing	Approve staffing profile	Urban health services cannot be effectively launched	
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of 150 bedded Central Regional Referral Hospital	Recruitment of engineering staff on contract for health infrastructure projects	Unfavorable contract conditions	Facilitate recruitment on contract	Infrastructure projects may not complete on time	
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of 40 bedded Tsirang Hospital	Recruitment of engineering staff on contract for health infrastructure projects	Unfavorable contract conditions	Facilitate recruitment on contract	Infrastructure projects may not complete on time	
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in Remodeling, renovation and shifting of Deothang hospital	Recruitment of engineering staff on contract for health infrastructure projects	Unfavorable contract conditions	Facilitate recruitment on contract	Infrastructure projects may not complete on time	
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of 40 bedded Deothang Hospital	Recruitment of engineering staff on contract for health infrastructure projects	Unfavorable contract conditions	Facilitate recruitment on contract	Infrastructure projects may not complete on time	
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of 150 bedded MCH hospital	Recruitment of engineering staff on contract for health infrastructure projects	Unfavorable contract conditions	Facilitate recruitment on contract	Infrastructure projects may not complete on time	
ROYAL CIVIL SERVICE	Percentage of physical	Recruitment of	Unfavorable contract	Facilitate recruitment	Infrastructure	

COMMISSION	progress in construction of 20 bedded Haa hospital	engineering staff on contract for health infrastructure projects	conditions	on contract	projects may not complete on time
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of VBDCP office	Recruitment of engineering staff on contract for health infrastructure projects	Unfavorable contract conditions	Facilitate recruitment on contract	Infrastructure projects may not complete on time
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of Dialysis Unit in JDWNRH	Recruitment of engineering staff on contract for health infrastructure projects	Unfavorable contract conditions	Facilitate recruitment on contract	Infrastructure projects may not complete on time
THROMDEYS	Number of Thromde health offices established	Establishment of health office at Thromde Office	An appropriate dedicated office is required	Creation of separate post for Thromde Health office (Thimphu, P/Ling, Gelephu, S/J)	Urban health services cannot be effectively launched
All Dzongkhags	Number of Dzongkhags with 95% immunization coverage of children under 1 year	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (above 95%). Mobilize resources and make concerted efforts to achieve these targets.	National achievements are dependent upon achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National targets will not be met
All Dzongkhags	Percentage of institutional delivery	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (83%). Mobilize resources and make concerted efforts to achieve these targets.	National achievements are dependent upon achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National targets will not be met
All Dzongkhags	Percentage of health facilities with 95% of essential medicines available at any point of time	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets(95%). Mobilize	National achievements are dependent upon achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National targets will not be met

All Dzongkhags	resources and make concerted efforts to achieve these targets.	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (90%). Mobilize resources and make concerted efforts to achieve these targets.	Percentage of health facilities with 90% of standard consumables available at any point of time	National achievements are dependent upon achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National targets will not be met
All Dzongkhags	resources and make concerted efforts to achieve these targets.	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (80%). Mobilize resources and make concerted efforts to achieve these targets.	Percentage of rural households with functional water supply coverage	National achievements are dependent upon achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National targets will not be met
All Dzongkhags	resources and make concerted efforts to achieve these targets.	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (80%). Mobilize resources and make concerted efforts to achieve these targets.	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	National achievements are dependent upon achievements at the Dzongkhag level	All health centers (hospitals and BHUs) conducting height/length and weight measurements for children under 5 years attending OPD and follow-up for children with severe acute malnutrition (SAM)	National targets will not be met
All Dzongkhags	resources and make concerted efforts to achieve these targets.	Feature these indicators in the Dzongkhag APA. Mobilize resources and make concerted efforts to carry out community based health promotion activities for prevention	Number of Dzongkhags implementing active community outreach NCD prevention	National achievements are dependent upon achievements at the Dzongkhag level	Implementing standard community outreach NCD prevention package	National targets will not be met

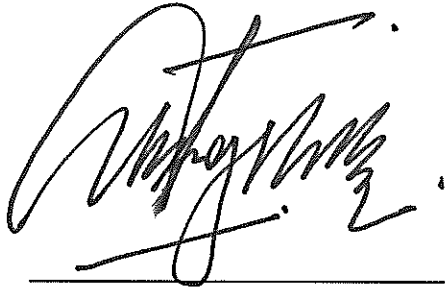
	of NCDs.	
<p>MINISTRY OF INFORMATION & COMMUNICATIONS</p>	<p>Number of health screening/quarantine section at air and land crossing established</p>	<p>Establishment of health screening/ quarantine section at the Paro International Airport</p> <p>Point of entry</p> <p>A separate dedicated space and facilities for health screening/ quarantine</p> <p>Bhutan cannot fulfill International Health Regulations (2005) obligations by June 2016 which indicates that country is not prepared to tackle public health emergencies of international concerns.</p>
<p>MINISTRY OF HOME & CULTURAL AFFAIRS</p>	<p>Number of health screening/quarantine section at air and land crossing established</p>	<p>No dedicated space at the moment</p> <p>Dedicated space at the entry points</p> <p>Bhutan cannot fulfill International Health Regulations (2005) obligations by June 2016 which indicates that country is not prepared to tackle public health emergencies of Regional or international concerns</p>

Whereas,

I, the Secretary, Ministry Of Health, commit to the Minister, Ministry of Health, the Government and the people of Bhutan to deliver the results described in this Annual Performance Agreement.

I, the Minister, commit to the Secretary, Ministry Of Health, on behalf of the Government and the people of Bhutan, to provide the necessary fund and resources for delivery of the results described in this Annual Performance Agreement.

SIGNED:



Tandin Wangchuk
Minister

13 / 08 / 15.

Date



Dr. DORJI wangchuk
Secretary

13.08.2015

Date

9.30 AM.