



PERFORMANCE AGREEMENT
BETWEEN
PRIME MINISTER AND MINISTER
Ministry Of Health

(July 1, 2015 – June 30, 2016)

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Preamble

The Performance Agreement is entered into between the Prime Minister and Minister, 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
			Percentage of health facilities with 90% of standard consumables available at any point of time	Percent	3	90	88	86	84	82
			Number of new specialized health technology introduced	Number	2	2	1	-	-	0
To improve access to health facilities and services	20	Promote community-based elderly care program	Number of Dzongkhags with community-based elderly care program established	Number	2	5	4	3	2	1
		Strengthen urban health services	Number of Thromde health offices established	Number	2	4	3	2	1	0
		Expand health infrastructure	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
			Percentage of physical progress in construction of Public Health Laboratory (PHL)	Percent	2	100	98	96	94	92

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]
To improve access to health facilities and services	20	Expand health infrastructure	Percentage of physical progress in construction of 40 bedded Tsirang Hospital	Percent	2	30	25	20	15	10
			Percentage of physical progress in Remodeling, renovation and shifting of Deothang hospital	Percent	2	100	95	90	85	80
			Percentage of physical progress in construction of 40 bedded Deothang Hospital	Percent	2	15	12	10	8	6
			Percentage of physical progress in construction of 150 bedded MCH hospital	Percent	2	5	4	3	2	0
			Percentage of physical progress in construction of 20 bedded Haa hospital	Percent	2	10	8	6	4	0
			Percentage of physical progress in construction of VBDCP office	Percent	2	60	55	50	45	40
			Percentage of physical progress in construction of Dialysis Unit in JDWNRH	Percent	2	30	25	20	15	10
			To improve preventive, promotive and rehabilitative healthcare services	20	Strengthen communicable diseases prevention and control	Number of Dzongkhags with 95% immunization coverage of children under 1 year	Number	1	15	13
Timeline by which Inactivated Polio Vaccines (IPV) is introduced into routine immunization programme	Date	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	Number	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
Percentage of rural population with access to improved sanitation	Percent	2				70	68	66	64	60

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]			
To improve preventive, promotive and rehabilitative healthcare services	20	Improve access to safe drinking water and sanitation Promote institutional delivery Enhance national response on non-communicable lifestyle related diseases	Percentage of rural households with functional water supply coverage	Percent	2	80	79	78	77	76			
			Percentage of institutional delivery	Percent	2	83	82.5	82	81.5	81			
			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			
			Number of Health facilities with detoxification services	Number	1	10	9	8	7	6			
			To strengthen traditional medicinal services in a sustainable manner	15	Improve nutrition status of the population Expand the reach of traditional medicine services	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Percent	2	50	45	40	35	30
						Number of health facilities providing traditional medicine services	Number	4	4	3	2	1	0
		Strengthen production capacity in traditional medicines	Timeline by which corporatization of MSP is endorsed by Cabinet	Date	3	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016			
			Number of Institutional linkages established with other countries	Number	3	4	3	2	1	0			
			Output production of traditional medicines	MT	5	13	12.5	12	11.5	11			

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]
To promote good governance and financially sustainable healthcare	10	Develop National Health Act	Timeline by which first draft of National Health Bill is completed	Date	2	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016
		Improve quality and efficiency in management of health services	Timeline by which Patient Information System (Open Medical Record System) is developed	Date	1	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016
			Timeline by which web-based inventory management system for drugs and medical equipment is developed	Date	1	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016
			Number of health facilities implementing Hospital Adm. & Management Transformation (HAMT) initiative	Number	2	12	11	10	9	8
			Increase fund capital and investments of BHTF	Nu. (Million)	2	79	74	69	64	59
				Percent	1	100	95	90	85	80
				Percent	1	100	95	90	85	80
				Percent	4	>95	90	80	70	<65
				Percent	1	>95	90	80	70	<65
				Percent	1	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015
To enhance efficiency and effectiveness of G2C services	5	Provide G2C services effectively	Percentage of essential drugs financed by BHTF	Percent	1	>95	90	80	70	<65
		Develop service delivery standards	Percentage of Pentavalent vaccines financed by BHTF	Percent	1	100	95	90	85	80
To implement National Integrity and Anti Corruption Strategy (NIACS)	5	Develop service delivery standards	Percentage of services operational and functional for the 4 G2C services under MoH	Percent	4	>95	90	80	70	<65
		To implement National Integrity and Anti Corruption Strategy (NIACS)	Service Delivery Standards is developed for the 4 services	Percent	1	>95	90	80	70	<65
To implement National Integrity and Anti Corruption Strategy (NIACS)	5	To implement National Integrity and Anti Corruption Strategy (NIACS)	Timeline by which gift register is instituted	Date	1	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015
			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 of executives who have done integrity diagnostic testing	Number	2	6	5	4	3	2

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]
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.	Status of action plan implementation for Ease of Doing Business Ranking developed by MoEA	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	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
			Percentage of health facilities with 90% of standard consumables available at any point of time	Percent	NA	85	90	92	95
	Introduce specialized technology/procedures to reduce referral outside		Number of new specialized health technology introduced	Number	NA	2	4	6	8
		Promote community-based elderly care program	Number of Dzongkhags with community-based elderly care program established	Number	0	10	15	20	20
	Strengthen urban health services		Number of Thromde health offices established	Number	0	0	4	4	4

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 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
		Percentage of physical progress in construction of 40 bedded Samtse Hospital	Percent	NA	90	100 (Aug 2015)	NA	NA
		Percentage of physical progress in construction of Public Health Laboratory (PHL)	Percent	NA	90	100 (Oct 2015)	NA	NA
		Percentage of physical progress in construction of 40 bedded Tsirang Hospital	Percent	NA	10	30	75	100
		Percentage of physical progress in Remodeling, renovation and shifting of Deothang hospital	Percent	NA	90	100 (Jul 2015)	NA	NA
		Percentage of physical progress in construction of 40 bedded Deothang Hospital	Percent	NA	0	15	65	100
		Percentage of physical progress in construction of 150 bedded MCH hospital	Percent	NA	0	5	25	45

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 improve access to health facilities and services	Expand health infrastructure	Percentage of physical progress in construction of 20 bedded Haa hospital	Percent	NA	0	10	40	100
		Percentage of physical progress in construction of VBDCP office	Percent	NA	10	60	100	NA
		Percentage of physical progress in construction of Dialysis Unit in JDWNRH	Percent	0	0	30	75	100
To improve preventive, promotive and rehabilitative healthcare services	Strengthen communicable diseases prevention and control	Number of Dzongkhags with 95% immunization coverage of children under 1 year	Number	NA	8	15	20	20
		Timeline by which Inactivated Polio Vaccines (IPV) is introduced into routine immunization programme	Date	NA	NA	Introduced	NA	NA
Improve access to safe drinking water and sanitation		Number of Dzongkhags with 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendees	Number	7	12	20	20	20
		Number of health screening/quarantine section at air and land crossing established	Number	NA	NA	2	4	5
		Percentage of rural population with access to improved sanitation	Percent	NA	60	70	72	75

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 improve preventive, promotive and rehabilitative healthcare services	Improve nutrition status of the population	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Percent	NA	0	50	90	100
	Expand the reach of traditional medicine services	Number of health facilities providing traditional medicine services	Number	51	54	58	61	64
To strengthen traditional medicinal services in a sustainable manner		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
	Strengthen production capacity in traditional medicines	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	Timeline by which Patient Information System (Open Medical Record System) is developed	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

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 promote good governance and financially sustainable healthcare	Improve quality and efficiency in management of health services	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	Percentage of services operational and functional for the 4 G2C services under MoH	Percent	-	-	-	-	-
		Service Delivery Standards is developed for the 4 services	Percent	-	-	-	-	-
		Timeline by which gift register is instituted	Date	NA	NA	Jul 2015	NA	NA
To implement National Integrity and Anti Corruption Strategy (NIACS)	To implement National Integrity and Anti Corruption Strategy (NIACS)	Number of executives who have declared asset declaration on time	Number	NA	NA	6	NA	NA
		Number of executives who have done integrity diagnostic testing	Number	NA	NA	6	NA	NA

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 improve ease of doing business ranking	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.	Status of action plan implementation for Ease of Doing Business Ranking developed by MoEA	Percent	NA	100	100	NA	NA

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

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
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

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Percentage of rural population with access to improved sanitation	Improved sanitation is defined as hygienic separation of human excreta from human contact	Monitoring Information System	Biannually	Program reports, PHED, DoPH
Percentage of institutional delivery	Percentage of deliveries attended by trained health workers in health facilities. New methodology from Year 2: BHMIS data with BCG coverage as denominator.	BHMIS	Annually	BHMIS data & Program reports, RH Program, DoPH
Number of Non-communicable Diseases clinics established in hospitals and BHU I	Health facilities providing noncommunicable diseases care and management services (with dedicated clinics established)	Administrative records	Biannually	Program reports, Diabetes Program/LSRD Program, DoMS/DoPH
Timeline by which Health Impact Assessment Tool is developed	Health Impact Assessment Tool developed to conduct Health impact assessment prior to establishment of mega projects and industries	Administrative records	Biannually	Program reports, HPD, DoPH
Number of Dzongkhags implementing active community outreach NCD prevention	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	Administrative records	Biannually	Program reports, LSRD, DoPH
Timeline by which Suicide Prevention Unit is established	Establishment of a functional Suicide Prevention Unit with dedicated office and staff at the Ministry of Health	Administrative records	Biannually	Program reports, Mental Health, DoPH
Timeline by which Counseling services for suicide prevention integrated with Health Help Center	Counseling services available through Health Help Center	Administrative records	Biannually	Program reports, Mental Health, DoPH
Number of Health facilities with detoxification services	Establishment and expansion of detoxification services in hospitals	Administrative records	Biannually	Program reports, Mental Health, DoPH

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Percentage of 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)	Monitoring Reports	Biannually	Program 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)	Monitoring Information System	Biannually	Program reports, PHED, DoPH
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

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Number of health facilities implementing Hospital Adm. & Management Transformation (HAMT) initiative	No. of health facilities with active HAMT and periodic HAMT reporting	HAMT reports	Biannually	Program reports, QASD, 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 compromised

Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)
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
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	No approved staffing for Thromde	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

Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)
ROYAL CIVIL SERVICE COMMISSION	Percentage of physical progress in construction of 20 bedded Haa 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 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

Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not 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 resources and make concerted efforts to achieve these targets.	National achievements are dependent upon 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 90% of standard consumables available at any point of time	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.	National achievements are dependent upon Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National targets will not be met
All Dzongkhags	Percentage of rural households with functional water supply coverage	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.	National achievements are dependent upon 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 centers carrying out active growth monitoring and follow up for children under 5 years	All health centers carry out active growth monitoring and follow up for children under 5 years	National achievements are dependent upon 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

Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)
All Dzongkhags	Number of Dzongkhags implementing active community outreach NCD prevention	Feature these indicators in the Dzongkhag APA. Mobilize resources and make concerted efforts to carry out community based health promotion activities for prevention of NCDs.	National achievements are dependent upon achievements at the Dzongkhag level	Implementing standard community outreach NCD prevention package	National targets will not be met
MINISTRY OF INFORMATION & COMMUNICATIONS	Number of health screening/quarantine section at air and land crossing established	Establishment of health screening/ quarantine section at the Paro International Airport	Point of entry	A separate dedicated space and facilities for health screening/ quarantine	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.

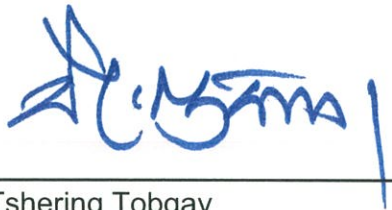
Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)
MINISTRY OF HOME & CULTURAL AFFAIRS	Number of health screening/quarantine section at air and land crossing established	Provide dedicated space for conducting health screening at ground entry points in P/Ling	No dedicated space at the moment	Dedicated space at the entry points	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

Whereas,

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

I, the Prime Minister, commit to the Minister, 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:



Tshering Tobgay
Prime Minister of Bhutan

10.7.15

Date



Tandin Wangchuk
Minister

10/7/15

Date