



PERFORMANCE AGREEMENT

BETWEEN

Secretary and Director

**DEPARTMENT OF PUBLIC HEALTH
MINISTRY OF HEALTH**

(July 1, 2015 – June 30, 2016)

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Preamble

The Performance Agreement is entered into between the Secretary and Director, Department Of Public Health.

The objectives of this Performance Agreement are:

- a) To establish clarity and consensus about annual priorities for the Department Of Public Health consistent with the 11th Five Year Plan of the Ministry, and Government's other priorities;
- b) To provide an objective and fair basis for evaluating the overall performance of the Department Of Public Health at the end of the financial year
- c) 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

Contribute towards building a healthy and happy nation through sustained provision of quality public health services within the broader framework of overall national development in the spirit of social, justice, and equity.

Mission

Enhance social, mental and economical wellbeing of Bhutanese population through promotion of healthy living and prevention of diseases.

Objectives

- 1) To reduce morbidity and mortality due to communicable diseases
- 2) To control morbidity and mortality due to non-communicable diseases inclusive of maternal and child health improvement
- 3) To promote healthy lifestyles and behavior change to avert diseases and co-morbidity
- 4) To reduce water borne and sanitation related diseases
- 5) To improve environmental health and safety and reduce occupation health hazards
- 6) To strengthen capacity and services of public health laboratory
- 7) To ensure implementation of planned activities
- 8) To implement National Integrity and Anti-Corruption Strategy (NIACS)

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 reduce morbidity and mortality due to communicable diseases	20	Sustain immunization coverage above 95%	Number of Dzongkhags with immunization coverage under one year of age above 95%	Number	2	15	13	11	9	8
		Introduction of IPV in to routine immunization schedule	Timeline by which IPV introduce into routine immunization schedule	Date	1	07/31/2015	08/31/2015	09/30/2015	10/31/2015	11/30/2015
		Reduced Childhood morbidity due to diarrhea	Incidence of diarrhoea per 10,000 U5 population	Number	2	2200 per 10000	2210 per 10000	2220 per 10000	2230 per 10000	2244 per 10000
		Reduce childhood morbidity due to pneumonia	Incidence of pneumonia per 10,000 U5 population	Number	2	1084 per 10000 U5 population	1090 per 10000 U5 population	1100 per 10000 U5 population	1120 per 10000 U5 population	1138 per 10000 U5 population
		Enhance case detection and management of TB	TB prevalence rate per 100,000 population	Number	2	<196	196	205	215	225
		Improve case detection and management of leprosy	Sustain elimination of Leprosy per 10,000 population	Number	2	<1	-	-	-	>1
		Strengthen International Health Regulation	Number of Health screening /quarantine section at air and land crossing established	Number	1	2	1	1	1	0
		Enhance capacity of rabies endemic districts	Number of districts with trained health workers on IDRV administration	Number	1	6	5	4	3	2
		Strengthen capacity to prepare for and responded to influenza pandemic	Number of districts with trained health workers on API guidelines	Number	1	16	15	14	13	12
		Strengthen HIV prevention	Percentage of adult and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Percent	2	80	78.75	77.5	76.25	75

To control morbidity and mortality due to non-communicable diseases inclusive of maternal and child health improvement	25	Reduce caseload of tropical disease and elimination of Malaria achieved	Number of Dzongkhag with 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendance	Number	2	20	18	17	15	12	
			Annual Parasite Incidence (API) per 1000 population	Number	2	<1	1	>1	>2	>3	
			Timeline by which Mother Child Health tracking (m-service) developed and piloted for G2C service	Date	2	09/30/2015	10/31/2015	11/30/2015	12/31/2015	01/31/2016	
			Percentage of Institutional delivery	Percent	2	83	82.5	82	81.5	81	
			Timeline by which SOP developed for Mother Child Health Tracking (M Service) for G2C service	Date	1	09/30/2015	10/31/2015	11/30/2015	12/31/2015	01/31/2016	
			Enhance national response on non-communicable or life style related diseases	Number of Non-communicable diseases clinic established in hospitals and BHU I	Number	2	7	5	3	1	0
				Number of dzongkhags implementing active community outreach NCD prevention	Number	2	5	4	3	2	1
				Number of open air gym established in urban area	Number	2	15	13	11	9	7
			Improve access to Adolescent/Youth Friendly Health Services	Number of Hospital Providing Adolescent/Youth Friendly Health Services	Number	2	3	2	1	1	1
				Number of Health facilities with detoxification services	Number	2	10	9	8	7	6
			Establish Suicide Prevention Unit and integrate counselling services for suicide prevention with HHC	Timeline by which suicide prevention unit is established	Date	2	12/31/2015	01/31/2016	02/29/2016	03/31/2016	04/30/2016
				Timeline by which counseling services for suicide prevention integrated with Health Help Center	Date	2	10/31/2015	11/30/2015	12/31/2015	01/31/2016	02/29/2016

	Improve nutrition status of the population	(HHC)		Percent								
		Percentage of health centers carrying out active growth monitoring and follow-up for children under five	2	50	45	40	35	30				
To promote healthy lifestyles and behavior change to avert diseases and co-morbidity	Establish Birth defect Surveillance	Timeline by which National Nutrition and Food Security Strategy finalized		Date	12/31/2015	01/31/2016	02/29/2016	03/31/2016	04/30/2016			
		Number of health workers trained on birth defect surveillance in the three regional hospitals	1	30	25	20	15	0				
	Retention of VHWs	Percentage of VHWs retained	1	70	68	66	65	<65				
		Percentage of micronutrient supplementation sustained above 90% in schools	2	95	90	85	80	75				
	Training on IPC skills for VHWs of 2 MNCHN priority districts	Training on IPC skills for VHWs of 2 MNCHN priority districts		Number	4	10	9	8	8			
		Timeline by which health impact assessment tool is developed		Date	02/29/2016	03/31/2016	04/30/2016	05/31/2016	06/30/2016			
	Develop health impact assessment tool	Percentage of rural households with access to improved sanitation	3	70	68	66	64	60				
		Percentage of rural households with functional water supply coverage	3	80	79	78	77	76				
		Number of rural water supply schemes monitored	3	60	40	20	10	5				
		Number of mass hand washing stations with grey water management systems installed in schools	3	20	15	10	5	0				
To reduce water borne and sanitation related diseases	10		15									
	Improve access to safe drinking water and sanitation		Develop health impact assessment tool		Percentage of rural households with access to improved sanitation		Percentage of rural households with functional water supply coverage					

			Timeline by which RSAHP strategy developed	Date	3	02/29/2016	03/31/2016	04/30/2016	05/31/2016	06/30/2016
To improve environmental health and safety and reduce occupation health hazards	10	Strengthen integrated risk monitoring and early warning for climate sensitive diseases	Expansion of integrated surveillance/risk monitoring to high risk riverine areas (BHUs)	Number	5	18	15	13	10	6
		Promote safety measures at work places	Timeline by which toolkit for occupational health risk assessment in industries developed	Date	5	02/29/2016	03/31/2016	04/30/2016	05/31/2016	06/30/2016
To strengthen capacity and services of public health laboratory	10	Improve efficiency and effectiveness of laboratory-based surveillance	Percentage of health centers reporting on notifiable diseases through online surveillance systems	Percent	3	80	75	70	65	60
		Institute water quality monitoring system	Laboratory data available on diseases of public health importance	Number	3	3	7	-	-	6
To ensure implementation of planned activities	5	Implement planned activities	Number of Urban Health Centres routinely reporting laboratory test results on drinking water quality through online system	Number	2	14	12	10	8	7
			To implement National Integrity and Anti-Corruption Strategy (NIACS)	District health workers (HA's) trained on rural drinking water quality monitoring	Number	2	35	25	15	10
To implement National Integrity and Anti-Corruption Strategy (NIACS)	5	To implement National Integrity and Anti-Corruption Strategy (NIACS)	Percentage of planned (Revised) budget utilization	Percent	2.5	95	90	85	80	≤75
				Percentage of activities implemented(Activity completion)	Percent	2.5	100	95	90	85
			Percentage of relevant (mandated) officials who have done integrity diagnostic testing	Percent	2	100	98	96	94	92
			Timeline by which gift register is instituted	Date	1	07/31/2015	08/31/2015	09/30/2015	10/31/2015	11/30/2015
			Percentage of relevant (mandated) officials who have declared asset declaration on time	Percent	2	100	98	96	94	92

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 control morbidity and mortality due to non-communicable diseases inclusive of maternal and child health improvement	Enhance national response on non-communicable or life style related diseases	Number of dzongkhags implementing active community outreach NCD prevention	Number	NA	0	5	15	20
		Number of Non-communicable diseases clinic established in hospitals and BHU I	Number	0	20	27	40	NA
		Number of open air gym established in urban area	Number	0	7	15	0	0
Establish Birth defect Surveillance	Number of health workers trained on birth defect surveillance in the three regional hospitals	Number of health workers trained on birth defect surveillance in the three regional hospitals	Number	NA	NA	30	NA	NA
		Number of Health facilities with detoxification services	Number	NA	3	13	20	30
Establish Suicide Prevention Unit and integrate counselling services for suicide prevention with HHC	Timeline by which counseling services for suicide prevention integrated with Health Help Center (HHC)	Timeline by which counseling services for suicide prevention integrated with Health Help Center (HHC)	Date			12/31/2015		
		Timeline by which suicide prevention	Date			02/29/2016		

	unit is established	Number	1	3	4	NA	NA
Improve access to Adolescent/Youth Friendly Health Services	Number of Hospital Providing Adolescent/Youth Friendly Health Services						
	Percentage of health centers carrying out active growth monitoring and follow-up for children under five	Percent	Na	50	75	100	100
Improve nutrition status of the population	Timeline by which National Nutrition and Food Security Strategy finalized	Date		12/31/2015			
	Percentage of Institutional delivery	Percent	69	83	85	87	87
Promote Institutional delivery	Timeline by which Mother Child Health tracking (m-service) developed and piloted for G2C service	Date		09/30/2015			
	Timeline by which SOP developed for Mother Child Health Tracking (M Service) for G2C service	Date		09/30/2015			
Retention of VHWS	Percentage of VHWS retained	Percent	NA	70	80	90	90
	Percentage of activities implemented(Activity completion)	Percent		100	100	100	100
To ensure implementation of planned activities	Percentage of	Percent		95	95	95	95

To implement National Integrity and Anti-Corruption Strategy (NIACS)	To implement National Integrity and Anti-Corruption Strategy (NIACS)	planned(Revised) budget utilization											
		Percentage of relevant (mandated) officials who have done integrity diagnostic testing	Percent				100	100	100	100	100	100	100
		Percentage of relevant(mandated) officials who have declared asset declaration on time	Percent				100	100	100	100	100	100	100
		Timeline by which gift register is instituted	Date				07/31/2015						
To improve environmental health and safety and reduce occupation health hazards	Promote safety measures at work places	Timeline by which occupational health risk assessment in industries developed	Date				02/29/2016						
	Strengthen integrated risk monitoring and early warning for climate sensitive diseases	Expansion of integrated surveillance/risk monitoring to high risk riverine areas (BHUs)	Number				18	25	40	40	40	40	40
To promote healthy lifestyles and behavior change to avert diseases and co-morbidity	Develop health impact assessment tool	Timeline by which health impact assessment tool is developed	Date				02/29/2016						
	Strengthen school-based micronutrient (Vitamin A, Deworming & Iron Folic Acid) supplementation program	Percentage of micronutrient supplementation sustained above 90% in schools	Percent				84	90	95	NA	NA	NA	NA

Training on IPC skills for VHWs of 2 MNCHN priority districts	Training on IPC skills for VHWs of 2 MNCHN priority districts	Number	5 Districts	8 Districts	10 Districts	Refresher training conducted/new
To reduce morbidity and mortality due to communicable diseases	Training on IPC skills for VHWs of 2 MNCHN priority districts	Number	NA	NA	0	6
	Enhance capacity of rabies endemic districts	Number	NA	NA	0	10
	Enhance case detection and management of TB	Number	225	196	184	179
	Improve case detection and management of leprosy	Number	<1	<1	<1	<1
	Introduction of IPV in to routine immunization schedule	Date			07/31/2015	
	Reduce caseload of tropical disease and elimination of Malaria achieved	Number	0.02	0.02	0.01	0.01
	Reduce childhood morbidity due to pneumonia	Number	1080 per 10000 U5 population	1144 per 10000 U5 population	1084 per 10000 U5 population	1023 per 10000 U5 population
	Reduced Childhood morbidity due to diarrhea	Number	1927	2244	2200	1800
	Strengthen capacity to prepare for and responded to influenza	Number	7	12	16	20
						963 per 10000 U5 population
						1700

pandemic	Strengthen HIV prevention	Number of Dzongkhag with 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendance	7	12	20	20	20	20
		Percentage of adult and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	NA	75	80	85	90	
Strengthen International Health Regulation		Number of Health screening /quarantine section at air and land crossing established	NA	NA	2	4	5	
		Number of Dzongkhags with immunization coverage above 95%	NA	8	15	20	20	
To reduce water borne and sanitation related diseases	Improve access to safe drinking water and sanitation	Number of mass hand washing stations with grey water management systems installed in schools	NA	NA	20	40	60	
		Number of rural water supply schemes monitored	NA	NA	60	120	180	
		Percentage of rural households with access to improved sanitation	NA	60	70	72	75	

	Percentage of rural households with functional water supply coverage	Percent	NA	75	80	85	90
	Timeline by which RSAHP strategy developed	Date			02/29/2016		
To strengthen capacity and services of public health laboratory	Improve efficiency and effectiveness of laboratory-based surveillance	Number	4	6	7	9	10
	Percentage of health centers reporting on notifiable diseases through online surveillance systems	Percent	NA	60	80	90	100
	Institute water quality monitoring system	Number	NA	NA	35	79	79
	Number of Urban Health Centres routinely reporting laboratory test results on drinking water quality through online system	Number	NA	7	14	21	31

Section 4: Definition of Success Indicators

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
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 clinic established in hospitals and BHU I	Health facilities providing non-communicable diseases care and management services (with dedicated clinics established)	Administrative records	Biannually	Program reports, Diabetes Program/ LSRD Program, DoMS/DoPH
Number of dzongkhags implementing active community outreach NCD prevention	Number 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
Number of open air gym established in urban area	Establish open air gym in urban area of P/ling, Sarpang and S/Jongkhar (total 15 locations)	Administrative records	Annually	Program reports, LSRD, DoPH
Number of Hospital Providing Adolescent/Youth Friendly Health Services	Establish Adolescent/Youth Friendly Health Services	Administrative records	Annually	AHP, DoPH
Number of Health facilities with detoxification services	Establishment and expansion of detoxification services in hospitals	Administrative records	Biannually	Program reports, Mental Health, DoPH
Timeline by which Mother Child Health tracking (m-service) developed and piloted for G2C service	Mother Child Health tracking (M-Service) operational and functional for G2C services	Administrative data	Biannually	RH Program, DoPH & G2C
Timeline by which SOP developed for Mother Child Health Tracking (M	Developed service delivery standards for Mother Child Health	Administrative records	Biannually	RH Program, DoPH & G2C

Service) for G2C service	tracking (M-Service)	Administrative records	Biannually	Program Reports, Mental Health Program, DoPH
Timeline by which suicide prevention unit is established	Establishment of a functional suicide prevention unit with a dedicated office and staff at the Ministry of Health	Administrative records	Biannually	Program Reports, Mental Health Program, DoPH
Timeline by which counseling services for suicide prevention integrated with Health Help Center (HHC)	Counseling services available through Health Help Center	Administrative Records	Biannually	Program Reports, Mental Health Program, DoPH
Percentage of health centers carrying out active growth monitoring and follow-up for children under five	Percentage of all health centers (hospitals and BHUs) conducting height/length and weight measurements for children under five years attending OPD and follow-up for children with severe acute malnutrition (SAM)	Monitoring reports	Biannually	Program reports, Nutrition Health Program, DoPH
Timeline by which National Nutrition and Food Security Strategy finalized	National Nutrition and Food Security Strategy finalized	Administrative records	Annually	Nutrition Health Program, DoPH
Number of health workers trained on birth defect surveillance in the three regional hospitals	Establish birth defect surveillance in the three regional hospitals	Administrative records	Biannually	DPR Program, DoPH
Percentage of VHWs retained	Overall retention of VHWs in 20 Dzongkhags	Annual Household Survey	Annually	HMIS Unit, PPD
Number of Dzongkhags with immunization coverage under one year of age above 95%	Number of Dzongkhag with DPT3 coverage above 95%	EPI Monitoring records	Biannually	Program Reports, VPDP, DoPH
Timeline by which IPV introduce into routine immunization schedule	Introduction of inactivated Polio Vaccine (IPV) into routine immunization schedule	Administrative records	Biannually	Program Reports, VPDP, DoPH
Incidence of diarrhoea per 10,000 U5 population	Number of new cases per 10,000 under five population at risk in a given time period	HMIS	Quarterly	HMIS, PPD, MoH
Incidence of pneumonia per 10,000 U5 population	Number of new cases per 10,000 under five population at risk in a given time period	HMIS	Quarterly	HMIS, PPD, MoH

TB prevalence rate per 100,000 population	TB prevalence rate per 100,000 population per year (WHO Global TB Report)	WHO Global TB Report	Annually	TB Program, DoPH
Sustain elimination of Leprosy per 10,000 population	Sustain elimination of Leprosy per 10,000 population	Program Report	Annually	Leprosy Program, 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	IHR Program, DoPH
No. of districts with trained health workers on IDRV administration	Train health workers on IDRV administration	Administrative records	Annually	Zoonotic Program, DoPH
Number of districts with trained health workers on API guidelines	Health workers trained on API guidelines	Administrative records	Annually	AI Program, DoPH
Number of Dzongkhag with 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendance	Number of Dzongkhags with HIV testing coverage above 90% for pregnant women attending Ante-Natal Clinics (ANC)	Monitoring reports	Biannually	NACP, DoPH
Percentage of adult and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Denominator: Number of adults and children who are still alive ART at 12 month after initiating treatment. Numerator: Total number of adults initiated ART who were expected achieve 12 months within the period	Patient records	Annually	NACP, DoPH
Annual Parasite incidence (API) per 1000 population	Malaria incidence per 1000 population per year	Program Report	Annually	VDCP, DoPH
Percentage of rural households 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 rural households with functional water supply coverage	Percentage of rural households with functional water supply coverage	Monitoring Information System	Biannually	Program Reports, PHED, DoPH
Number of rural water supply schemes monitored	Rural water supply schemes to be monitored using the RWS Monitoring and Evaluation	Monitoring reports	Annually	Program Reports, PHED, DoPH

	framework for ongoing scheme and completed schemes (Both quality and quantity) The Cabinet has directed the program to carry out systematic assessment of Rural Water Supply System constructed in the Dzongkhags				
Number of mass hand washing stations with grey water management systems installed in schools	Mass hand washing facilities for school children and management of grey water waste to maintain hygienic environment	Administrative records	Annually	Program Reports, PHED, DoPH	
Timeline by which RSAHP strategy developed	RSAHP is in the scale up phase to other districts with poor sanitation coverages	AHB and RSHAP MIS	Annually	Program Reports, PHED, DoPH	
Expansion of integrated surveillance/risk monitoring to high risk riverine areas (BHUs)	The integrated risk monitoring will be expanded to high risk riverine areas	Administrative records	Biannually	Program Reports, EHP, PHED, DoPH	
Timeline by which toolkit for occupational health risk assessment in industries developed	Toolkit developed in consultation with various stakeholders	Administrative records	Biannually	Program reports, PHED, DoPH	
Percentage of health centers reporting on notifiable diseases through online surveillance systems	Reporting of prioritized diseases of public health concerns through online surveillance system by all health centers as described in NEWARS	Administrative records (online and SMS reporting system in PHL)	Weekly	PHL, DoPH	
Laboratory data available on diseases of public health importance	Capturing and recording laboratory information on any diseases that pose a threat to the public. This may include diseases that are not reflected under notifiable diseases list	Administrative records	Annually	PHL, DoPH	
Number of Urban Health Centres routinely reporting laboratory test results on drinking water quality through online system	All district hospitals and some BHUs to conduct routine drinking water quality test and submit the report through online reporting system	Administrative records (online reporting system in PHL)	Monthly	PHL, DoPH	
District health workers (HA's) trained	Training of 35 health workers (HAs)	Participant attendance and	Annually	PHL, DoPH	

on rural drinking water quality monitoring	from 6 districts (Gasa, Punakha, Wangdue, Thimphu, Haa, Paro) on testing and reporting on the quality of rural drinking water	training reports	
Percentage of micronutrient supplementation sustained above 90% in schools	Micronutrient supplementation coverage sustained above 90% for students in a year	Annual Report	Annually CSHP, DoPH
Training on IPC skills for VHWs of 2 MNCHN priority districts	Training on IPC skills for VHWs of 2 MNCHN priority districts (Mongar and Trongsa)	Administrative records	Annually HPD, 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 HPD, DoPH
Percentage of activities implemented(Activity completion)			Biannually PPD, MoH
Percentage of planned(Revised) budget utilization			Biannually PPD, MoH

Section 5: Requirements from other Departments & Secretariat Divisions

Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)
DEPARTMENT OF MEDICAL SERVICES	Timeline by which counseling services for suicide prevention integrated with Health Help Center (HHC)	Cooperation and coordination in establishing the counseling services with HHC	HHC's role in providing counseling services for suicide prevention is critical in the integration work	Integration of counseling services on suicide prevention from HHC under DoMS	Counseling services for suicide prevention through HHC cannot be successful
DEPARTMENT OF MEDICAL SERVICES	Incidence of diarrhoea per 10,000 U5 population	Interventions to reduce childhood morbidity and mortality due to diarrhea are carried out by Health Workers at hospitals, BHUs and communities	Implementation for the success of reducing morbidity and mortality from diarrhea are dependent on day to day health care services delivery in health facilities following the IMNCI protocol/standard	Quarterly reporting from districts to HMIS and PHL during outbreaks	National target may not be achieved fully
DEPARTMENT OF MEDICAL SERVICES	Incidence of pneumonia per 10,000 U5 population	Interventions to reduce childhood morbidity and mortality due to pneumonia are carried out by Health Workers at hospitals, BHUs and communities	Implementation for the success of reducing morbidity and mortality from pneumonia are dependent on day to day health care services delivery in health facilities following the IMNCI protocol/standard	Quarterly reporting from districts to HMIS and PHL during outbreaks	National targets may not be achieved fully
DEPARTMENT OF MEDICAL SERVICES	Number of Health facilities with detoxification services	Cooperation and coordination in releasing GDMOs for training in detoxification.	Training Doctors for proper and structured detoxification is important to prevent withdrawal symptom and relapses	Timely release of doctors for training	Establishment of health facilities with detoxification will not be achieved
SECRETARIAT	Number of Dzongkhags with immunization coverage under one year of age above 95%	Timely reports of under one immunization coverage for all antigens	To calculate the immunization coverage for children under one	Collection of immunization reports from Dzongkhags	Success indicator cannot be measured and reported

SECRETARIAT	Percentage of rural households with access to improved sanitation	Information on coverage of "improved" sanitation in the rural households during the APA reporting	Currently the data collection through Annual Health Survey is for the sanitation coverage which covers both "improved" and "basic" sanitation facilities	To measure this Success Indicator, HMIS should segregate from the total sanitation coverage into "improved" and "basic" during the Annual Health Survey and in the AHB	Success Indicator cannot be measured and reported
DEPARTMENT OF MEDICAL SERVICES	Timeline by which health impact assessment tool is developed	Cooperation and coordination in framing health impact assessment policy and framework	It is a national level assessment tool which requires technical inputs from various stakeholders	Timely mobilization of funds to initiate development of health impact assessment tool	Success indicator may not be achieved
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Timeline by which health impact assessment tool is developed	Cooperation and coordination in framing health impact assessment policy and framework	It is a national level assessment tool which requires technical inputs from various stakeholders	Timely mobilization of funds to initiate development of health impact assessment tool	Success indicator may not be achieved
SECRETARIAT	Timeline by which health impact assessment tool is developed	Cooperation and coordination in framing health impact assessment policy and framework	It is a national level assessment tool which requires technical inputs from various stakeholders	Timely mobilization of funds to initiate development of health impact assessment tool	Success indicator may not be achieved
DEPARTMENT OF MEDICAL SERVICES	Number of Health screening /quarantine section at air and land crossing established	Cooperation and coordination in establishing health screening/quarantine section at air and land crossing	Surveillance for prevention at point of entry has become crucial with outbreak of emerging infectious diseases around the world	Commitment from stakeholders in the establishment of screening and quarantine section	Success indicator cannot be measured and met
DEPARTMENT OF MEDICAL SERVICES	Percentage of health centers reporting on notifiable diseases through online surveillance systems	Need continuous monitoring from District Health Office	Need continuous monitoring from DHO to capture real time information from the field on notifiable	Timely reporting from all health centers including zero reporting	Success Indicator cannot be measured/achieved and reported

DEPARTMENT OF MEDICAL SERVICES	Number of Urban Health Centres routinely reporting laboratory test results on drinking water quality through online system	Need monitoring and support from hospital management	diseases and events for timely response	Timely testing and reporting	Success Indicator cannot be measured/achieved and reported
DEPARTMENT OF MEDICAL SERVICES	Annual Parasite incidence (API) per 1000 population	Treatment of positive cases and timely logistics and medical supplies (anti-malarial diagnostic tests, chemicals)	Treatment as per the national guidelines, adequate stocking of antimalarials in all health centers required	Early diagnosis and prompt treatment by the health centers	Success Indicator cannot be measured/achieved and reported
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Annual Parasite incidence (API) per 1000 population	Treatment of positive cases and timely logistics and medical supplies (anti-malarial diagnostic tests, chemicals)	Treatment as per the national guidelines, adequate stocking of antimalarials in all health centers required	Early diagnosis and prompt treatment by the health centers	Success Indicator cannot be measured/achieved and reported

Whereas,

I, the Director, Department Of Public Health, commit to the Secretary and the Minister, Ministry Of Health to deliver the results described in this Annual Performance Agreement.

I, the Secretary, commit to the Director, Department Of Public Health to provide necessary support for the delivery of results described in this Annual Performance Agreement.

SIGNED:



Dr. DORJI wangchuk
Secretary

13/8/2015
Date
10.10 Am



Dr. Pandup Tshering
Director

13th Aug 2015
Date