



**PERFORMANCE AGREEMENT**

**BETWEEN**

**Secretary and Director**

**DEPARTMENT OF PUBLIC HEALTH  
MINISTRY OF HEALTH**

**(July 1, 2016 – June 30, 2017)**

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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

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 provide effective and efficient direction and operational services
- 9) To enhance efficiency and effectiveness of G2C services
- 10) To create a conducive environment for gender equality and child protection
- 11) To prevent corruption

## 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	Strengthen International Health Regulation	Percentage of IHR core capacities in place	Percent	1	75	70	65	60	55
		Enhance capacity of rabies endemic districts	Number of Dzongkhags with trained health workers on IDRV administration	Number	1	4	3	2	-	1
		Strengthen capacity to prepare for and responded to influenza pandemic	Number of districts with trained health workers on API guidelines	Number	1	4	3	2	-	1
		Develop guideline for priority Zoonotic diseases	Timeline by which guideline is developed	Date	1	02/28/2017	03/31/2017	04/30/2017	05/31/2017	06/30/2017
		Reduce caseload of tropical disease and elimination of Malaria achieved	Sustain Zero death due to Malaria	Number	1	0	1	2	3	4
			Percentage of Households with LLIN (Nets) in high transmission Dzongkhags	Percent	1	>95	90	85	<85	<70
			Percentage of households with Indoor Residual Spray (IRS) in targeted areas	Percent	1	>95	90	85	<85	<70
			Annual Parasite incidence (Indigenous) (API) per 1000 population	Number	1	0	0.5	1	>2	>3
		Sustain immunization coverage above 95%	Number of Dzongkhags with 95% immunization coverage of children under 1 year	Number	2	19	18	17	16	15
		Revise National Immunization Policy	Timeline by which National Immunization Policy is revised	Date	1	02/28/2017	03/31/2017	04/30/2017	05/31/2017	06/30/2017
Reduce childhood morbidity due to pneumonia	Incidence of pneumonia per 10,000 U5 population	Number	1	1023 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 and MDR-TB	TB Prevalence rate per 100,000 population	Number	1	<190	190	205	215	225
			Number of GeneXpert machines introduced in Referral Hospitals	Number	1	4	3	2	1	0
		Improve case detection and management of Leprosy	Percentage of Leprosy case per 10,000 population	Percent	2	<1	-	-	-	>1
		Strengthen HIV prevention	Sustain 90% HIV testing coverage for Ante-natal Clinic attendees in all districts	Number	2	20	18	17	15	12
			Percentage of adult and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Percent	1	85	83	82	81	80
		To control morbidity and mortality due to non-communicable diseases inclusive of maternal and child health improvement	25	Promote institutional delivery	Timeline by which study on factors influencing institutional delivery is completed	Date	2	12/31/2016	01/31/2017	02/28/2017
Timeline by which Post Partum Haemorrhage (PPH) Guideline is revised and printed	Date				1	11/30/2016	12/31/2016	01/31/2017	02/28/2017	03/31/2017
Percentage of Institutional delivery	Percent				2	83	82.5	82	81.5	81
Finance essential RH Commodities (Contraceptives) through the national budget	Percentage of essential reproductive health commodities (Contraceptives) financed through the national budget		Percent	2.5	34	30	25	20	15	
Enhance national response on non-communicable or life style related diseases			Number of non-communicable disease/diabetes clinic established in hospitals and BHU I	Number	2	5	4	3	2	1
			Timeline by which Out Door Gyms are established in 20 Districts	Date	2	09/30/2016	10/31/2016	11/30/2016	12/31/2016	01/31/2017
			Number of Dzongkhags implementing active community outreach NCD prevention	Number	2.5	10	8	7	6	5

		Improve access to Adolescent/Youth Friendly Health Services (AFHS)	Number of hospitals providing Adolescent/Youth Friendly Health Services	Number	2	4	3	2	1	1
		Establish detoxification services in health facilities	Number of health facilities with detoxification services	Number	2.5	7	6	5	4	3
		Establish National Registry for deliberate self-harm and suicide	Timeline by which the national registry is established	Date	1	08/31/2016	09/30/2016	10/31/2016	11/30/2016	12/31/2016
		Improve Nutrition Status of the population	Percentage of health centers carrying out active growth monitoring and follow-up for children under five	Percent	2	90	85	80	75	70
		Strengthen reporting system for disabilities	Timeline by which reporting system for disabilities in hospitals are established	Date	1.5	02/28/2017	03/31/2017	04/30/2017	05/31/2017	06/30/2017
		Retain VHWS	Percentage of VHWS retained	Percent	2	>70	68	66	65	<65
To promote healthy lifestyles and behavior change to avert diseases and co-morbidity	5	Finalize Health Impact Assessment Tool	Timeline by which health impact assessment tool is finalized	Date	1	11/30/2016	12/31/2016	01/31/2017	02/28/2017	03/31/2017
		Sensitize communities on priority health and social issues	Number of Dzongkhags sensitized on priority health issues and social issues	Number	1	7	6	5	3	2
		Develop National Health Promotion Action Plan	Timeline by which National Health Promotion action plan is developed	Date	1	12/31/2016	01/31/2017	02/28/2017	03/31/2017	04/30/2017
		Conduct Global School-based Student Health Survey	Timeline by which Global School-based Student Health Survey is conducted	Date	1	02/28/2017	03/31/2017	04/30/2017	05/31/2017	06/30/2017
		Develop School-based Health Screening Guideline for Health Workers	Timeline by which School-based health screening guideline is developed	Date	1	03/31/2017	04/30/2017	05/31/2017	06/30/2017	07/31/2017
To reduce water borne	15	Improve access to safe drinking water and	Percentage of rural households with access to improved sanitation	Percent	3	75	74	73	72	70

and sanitation related diseases		sanitation	Percentage of rural households with functional water supply coverage	Percent	3	85	84	83	82	80
			Number of rural water supply schemes monitored	Number	3	120	100	80	70	65
			Number of mass handwashing stations with grey water management systems installed	Number	3	41	38	36	30	25
			Timeline by which WASH facilities installed for one SEN School	Date	3	02/28/2017	03/31/2017	04/30/2017	05/31/2017	06/30/2017
To improve environmental health and safety and reduce occupation health hazards	10	Strengthen Integrated Risk Monitoring and Early Warning for climate sensitive diseases	Timeline by which National Health Adaptation Plan for Climate Change is formulated	Date	3.5	02/28/2017	03/31/2017	04/30/2017	05/31/2017	06/30/2017
			Integrated Surveillance/risk monitoring to high risk riverine areas (BHUs) expanded	Number	3.5	7	6	5	4	3
		Promote safety measures in work place	Number of industries where Health Risk Assessment is carried out	Number	3	30	28	26	24	22
To strengthen capacity and services of public health laboratory	10	Improve efficiency and effectiveness of laboratory based surveillance	Percentage of Health centers reporting notifiable diseases weekly in the NEWARSIS online reporting system	Percent	2	90	85	80	75	70
			Number of essential drugs tested for Physio-chemical quality	Number	2	6	5	4	3	2
			Number of laboratory data available on public health concern disease etiology	Number	1	2	2	-	-	-
			Timeline by which bio-safety level 3 Laboratory is functional at Royal Centre for Disease Control	Date	2	March 2017	April 2017	May 2017	-	June 2017
			Timeline by which National Drug Testing Laboratory operational at Royal Centre for Disease Control	Date	1	December 2016	January 2017	February 2017	March 2017	April 2017
		Institute Water Quality Monitoring Systems	Percentage of urban health centers reporting laboratory data on	Percent	1	80	70	60	50	40



			drinking water quality							
To ensure implementation of planned activities	5	Implement planned activities	Percentage of planned activities implemented (Activity Completion)	Percent	2.5	95	90	85	80	75
			Percentage of planned (revised) budget utilization	Percent	2.5	90	85	80	75	70
To provide effective and efficient direction and operational services	5	Provide effective and efficient finance and administration services	Timeline by which monthly pay & allowances is credited into individual account	Status of Work	5	4th Week of every month	-	-	-	First Week of Next Month
To enhance efficiency and effectiveness of G2C services	2	Resolve citizens grievances	Percentage of grievances redressed	Percent	1	100	97	95	93	90
		Provide G2C services through mobile	Mother and Child Health Tracking System- Mobile apps/Services operationalized (m-Service)	Status of Work	1	Yes	-	-	-	No
To create a conducive environment for gender equality and child protection	2	Institutionalize integration of gender equality and child protection concerns	Timeline by which Childcare center (crèche) for the employees is provided	Date	1	April 30th, 2017	-	May 30th, 2017	-	June 30th, 2017
			Number of health facilities reporting teenage pregnancy	Number	1	10	8	6	4	2
To prevent corruption	1	Implement action plan adopted after the conduct of Integrity Diagnostic Test	Percentage of IDT recommendations implemented	Percent	1	91-100	81-90	71-80	61-70	<60

### Section 3: Trend values of success indicators

Objective	Action	Success Indicator1	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 disease/diabetes clinic established in hospitals and BHU I	Number	24	28	35	40	45
		Timeline by which Out Door Gyms are established in 20 Districts	Date				09/30/2016	
	Establish detoxification services in health facilities	Number of health facilities with detoxification services	Number	NA	3	13	20	30
	Establish National Registry for deliberate self-harm and suicide	Timeline by which the national registry is established	Date				08/31/2016	
	Finance essential RH Commodities (Contraceptives) through the national budget	Percentage of essential reproductive health commodities (Contraceptives) financed through the national budget	Percent	NA	NA	3	34	100
	Improve access to Adolescent/Youth	Number of hospitals providing	Number	NA	1	3	7	NA

	Friendly Health Services (AFHS)	Adolescent/Youth Friendly Health Services						
	Improve Nutrition Status of the population	Percentage of health centers carrying out active growth monitoring and follow-up for children under five	Percent	NA	0	50	90	100
	Promote institutional delivery	Percentage of Institutional delivery	Percent	69	81	83	83	87
		Timeline by which Post Partum Haemorrhage (PPH) Guideline is revised and printed	Date				11/30/2016	
		Timeline by which study on factors influencing institutional delivery is completed	Date				12/31/2016	
	Retain VHWS	Percentage of VHWS retained	Percent	NA	NA	70	>70	90
	Strengthen reporting system for disabilities	Timeline by which reporting system for disabilities in hospitals are established	Date				02/28/2017	
To create a conducive environment for gender equality and child protection	Institutionalize integration of gender equality and child protection concerns	Number of health facilities reporting teenage pregnancy	Number	-	-	-	10	-
		Timeline by which Childcare center (crèche) for the employees is provided	Date	-	-	-	April 30th, 2017	-

To enhance efficiency and effectiveness of G2C services	Provide G2C services through mobile	Mother and Child Health Tracking System- Mobile apps/Services operationalized (m-Service)	Status of Work	-	-	-	Operational	-
	Resolve citizens grievances	Percentage of grievances redressed	Percent	-	-	-	100	100
To ensure implementation of planned activities	Implement planned activities	Percentage of planned (revised) budget utilization	Percent	-	-	90	90	95
		Percentage of planned activities implemented (Activity Completion)	Percent	-	-	95	95	100
To improve environmental health and safety and reduce occupation health hazards	Promote safety measures in work place	Number of industries where Health Risk Assessment is carried out	Number	NA	NA	NA	NA	NA
	Strengthen Integrated Risk Monitoring and Early Warning for climate sensitive diseases	Timeline by which National Health Adaptation Plan for Climate Change is formulated	Date				02/28/2017	
		Integrated Surveillance/risk monitoring to high risk riverine areas (BHUs) expanded	Number	NA	18	24	31	38
To prevent corruption	Implement action plan adopted after the conduct of Integrity Diagnostic Test	Percentage of IDT recommendations implemented	Percent	-	-	-	100	100
To promote healthy lifestyles and	Conduct Global School-based	Timeline by which Global School-based	Date				02/28/2017	

behavior change to avert diseases and co-morbidity	Student Health Survey	Student Health Survey is conducted						
	Develop National Health Promotion Action Plan	Timeline by which National Health Promotion action plan is developed	Date				12/31/2016	
	Develop School-based Health Screening Guideline for Health Workers	Timeline by which School-based health screening guideline is developed	Date				03/31/2017	
	Finalize Health Impact Assessment Tool	Timeline by which health impact assessment tool is finalized	Date				11/30/2016	
	Sensitize communities on priority health and social issues	Number of Dzongkhags sensitized on priority health issues and social issues	Number				7	
To provide effective and efficient direction and operational services	Provide effective and efficient finance and administration services	Timeline by which monthly pay & allowances is credited into individual account	Status of Work	-	-	-	4th Week of every month	4th Week of every month
To reduce morbidity and mortality due to communicable diseases	Develop guideline for priority Zoonotic diseases	Timeline by which guideline is developed	Date				02/28/2017	
	Enhance capacity of rabies endemic districts	Number of Dzongkhags with trained health workers on IDRV administration	Number	NA	NA	6	10	14
	Enhance case detection and	Number of GeneXpert machines	Number	NA	NA	NA	4	5

management of TB and MDR-TB	introduced in Referral Hospitals						
	TB Prevalence rate per 100,000 population	Number	225	196	190	185	180
Improve case detection and management of Leprosy	Percentage of Leprosy case per 10,000 population	Percent	<1	<1	<1	<1	<1
Reduce caseload of tropical disease and elimination of Malaria achieved	Annual Parasite incidence (Indigenous) (API) per 1000 population	Number	0.02	0.02	0.01	0	0
	Percentage of households with Indoor Residual Spray (IRS) in targeted areas	Percent	100	100	100	>95	>95
	Percentage of Households with LLIN (Nets) in high transmission Dzongkhags	Percent	87.6 (KAP Survey 2013)	93	>95	>95 (KAP due)	>95
	Sustain Zero death due to Malaria	Number	0	0	0	0	0
Reduce childhood morbidity due to pneumonia	Incidence of pneumonia per 10,000 U5 population	Number	1080 per 10000 U5 population	1144 per 10000 U5 population	1084 per 10000 U5 population	1023 per 10000 U5 population	963 per 10000 U5 population
Revise National Immunization Policy	Timeline by which National Immunization Policy is revised	Date				02/28/2017	
Strengthen capacity to prepare for and responded to influenza	Number of districts with trained health workers on API guidelines	Number	7	12	16	20	20

	pandemic							
	Strengthen HIV prevention	Percentage of adult and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Percent	NA	75	80	85	90
		Sustain 90% HIV testing coverage for Ante-natal Clinic attendees in all districts	Number	7	12	20	20	20
	Strengthen International Health Regulation	Percentage of IHR core capacities in place	Percent	41	58	69	75	80
	Sustain immunization coverage above 95%	Number of Dzongkhags with 95% immunization coverage of children under 1 year	Number	NA	8	15	19	20
To reduce water borne and sanitation related diseases	Improve access to safe drinking water and sanitation	Number of mass handwashing stations with grey water management systems installed	Number	NA	NA	21	41	60
		Number of rural water supply schemes monitored	Number	NA	NA	60	120	180
		Percentage of rural households with access to improved sanitation	Percent	NA	60	70	75	80
		Percentage of rural households with functional water supply coverage	Percent	NA	75	80	85	90

		Timeline by which WASH facilities installed for one SEN School	Date				02/28/2017	
To strengthen capacity and services of public health laboratory	Improve efficiency and effectiveness of laboratory based surveillance	Number of essential drugs tested for Physio-chemical quality	Number				6	
		Number of laboratory data available on public health concern disease etiology	Number	NA	6	7	9	-
		Percentage of Health centers reporting notifiable diseases weekly in the NEWARSIS online reporting system	Percent	NA	-	70	90	95
		Timeline by which bio-safety level 3 Laboratory is functional at Royal Centre for Disease Control	Date	-	-	-	March 2017	-
		Timeline by which National Drug Testing Laboratory operational at Royal Centre for Disease Control	Date	-	-	-	December 2016	-
	Institute Water Quality Monitoring Systems	Percentage of urban health centers reporting laboratory data on drinking water quality	Percent	NA	NA	NA	80	-



#### 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
Timeline by which study on factors influencing institutional delivery is completed	Study on various factors influencing institutional delivery in Bhutan	Administrative records	Annually	RH Program, DoPH
Timeline by which Post Partum Haemorrhage (PPH) Guideline is revised and printed	Post Partum Haemorrhage (PPH) Guideline to be revised and printed	Administrative records	Biannually	RH Program, DoPH
Percentage of essential reproductive health commodities (Contraceptives) financed through the national budget	34% of the RH commodities (Contraceptives) cost finance through RGoB amounting approximately to Nu. 4.14million	Administrative records	Annually	Program reports, RH Program, DoPH
Number of non-communicable disease/diabetes clinic 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
Number of hospitals providing Adolescent/Youth Friendly Health Services	Establish Adolescent/Youth Friendly Health Units and provide services	Administrative Records	Biannually	AH Program Reports, DoPH
Number of health facilities with detoxification services	Establishment and expansion of detoxification services in hospitals	Administrative records	Biannually	MH Program Reports, DoPH
Timeline by which the national registry is established	Introducing a functional National Suicide Registry for deliberate self-harm and	Administrative Records	Annually	Program Reports, NSPP, DoPH

	complete suicide			
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 5 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 reporting system for disabilities in hospitals are established	Reporting system for disabilities established in hospitals to strengthen the disability reporting system	Program Reports	Biannually	Program Reports, DPR Program, DoPH
Percentage of VHWS retained	Overall retention rate of VHWs in 20 Dzongkhags	Annual Household Survey	Annually	HMIS Unit, PPD
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 intervention by health workers.	Administrative Records	Biannually	Program Reports, LSRD, DoPH
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 National Immunization Policy is revised	Revision of National Immunization Policy	Administrative records	Annually	VPDP, DoPH, MoH
Incidence of diarrhoea per 10,000 U5 population	No. 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	No. 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	Annually	TB Program, DoPH

	(WHO Global TB Report)			
Number of GeneXpert machines introduced in Referral Hospitals	Introduction of GeneXpert machines introduced in referral hospitals and functional	Administrative records	Annually	TB Program, DoPH
Percentage of Leprosy case per 10,000 population	Sustain elimination of Leprosy per 10,000 population	Program Report	Annually	Leprosy Program, DoPH
Percentage of IHR core capacities in place	International Health Regulation core capacity (HR, Surveillance, Food safety, etc.) strengthened.	Annual IHR Core Capacity Assessment.	Annually	IHR Program, DoPH
Number of Dzongkhags 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
Timeline by which guideline is developed	Development and functionality of guideline for priority Zoonotic diseases of public health concern	Administrative records	Biannually	AI Program, DoPH
Sustain 90% HIV testing coverage for Ante-natal Clinic attendees in all districts	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	Numerator: Number of adults and children who are still alive on ART at 12 months after initiating treatment. Denominator: Total number of adults and children initiated on ART in last 12 months	Patient records	Annually	NACP, DoPH
Annual Parasite incidence (Indigenous) (API) per 1000 population	Malaria incidence per 1000 population per year	Program Report	Annually	VDCP, DoPH

Sustain Zero death due to Malaria	Death attributable to malaria infection	Program Reports	Annually	VDCP, DoPH
Percentage of Households with LLIN (Nets) in high transmission Dzongkhags	Numerator: Total LLIN distributed in high transmission districts. Denominator: Total households targeted	Program Report	Annually	VDCP, DoPH
Percentage of households with Indoor Residual Spray (IRS) in targeted areas	Numerator: Average of total households coverage in 1st & 2nd Round focal IRS. Denominator: Average of total houses targeted for focal IRS	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	Monitoring Information System	Biannually	Program Reports, PHED, DoPH
Number of rural water supply schemes monitored	Systematic assessment for both quality and quantity will be carried out using the new RWS Monitoring and Evaluation framework for ongoing and completed schemes	Monitoring report	Annually	Program Reports, PHED, DoPH
Number of mass handwashing stations with grey water management systems installed	Mass hand washing facilities for school children and management of grey waste water to maintain hygienic environment	Administrative Records	Annually	Program Reports, PHED, DoPH
Timeline by which WASH facilities installed for one SEN School	Installation of Special Educational Needs student Friendly WASH Facilities in one SEN School	Administrative Records	Annually	Program Reports, PHED, DoPH

Timeline by which National Health Adaptation Plan for Climate Change is formulated	Formulation of National Health Adaptation Plan formulated and and implementation initiated	Administrative Records	Annually	Program Reports, EHP, PHED, DoPH
Integrated Surveillance/risk monitoring to high risk riverine areas (BHUs) expanded	The integrated risk monitoring will be expanded to high risk riverine areas	Administrative Records	Biannually	Program Reports, EHP, PHED, DoPH
Number of industries where Health Risk Assessment is carried out	Health Risk Assessment in industries	Administrative Records	Annually	Program Reports, OHSP, PHED, DoPH
Percentage of Health centers reporting notifiable diseases weekly in the NEWARSIS online reporting system	Reporting of prioritized diseases of public health concerns through online surveillance system by all health centers as described in NEWARSIS	Administrative records (online and SMS reporting system in PHL)	Weekly	RCDC, DoPH
Number of essential drugs tested for Physio-chemical quality	Physiochemical quality of Pharmaceutical drugs tested (Friability test, Disintegration test, Dissolution/Assay with UHPLC)	Lab test data	Annually	PHL, DoPH
Number of laboratory data available on public health concern disease etiology	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. (STI/HIV, TB & MDTR-TB, Measles & Rubella, Japanese encephalitis Dengue, Diarrhoea, ILI	Surveillance data	Annually	PHL, DoPH
Percentage of urban health centers reporting laboratory data on drinking water quality	All district hospitals and some BHU-I 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
Timeline by which bio-safety	Setting up a functional bio-	Administrative Records	Biannually	Program Reports, RCDC

level 3 Laboratory is functional at Royal Centre for Disease Control	safety level 3 Laboratory functional at RCDC			
Timeline by which health impact assessment tool is finalized	Health impact tool pretested and endorsed by HLC	Administrative records	Biannually	Program Reports, HPD, DoPH
Timeline by which National Health Promotion action plan is developed	National Health Promotion Action plan developed to foster multi-sector partnership for health promotion	Administrative Records	Annually	Program Reports, HPD
Timeline by which Global School-based Student Health Survey is conducted	Global School-based Student Health Survey conducted to study health and social risk factors among school children.	Administrative records	Biannually	Comprehensive School Health Program, HPD, DoPH
Timeline by which School-based health screening guideline is developed	Guideline for health workers developed for school-based health screenings	Administrative Records	Annually	Program Reports, CSHP, HPD, DoPH
Mother and Child Health Tracking System- Mobile apps/Services operationalized (m-Service)	The developed systems/service need to be operationalized and implemented	system login and testing @www.citizenservice.gov.bt	Annually	system login and testing @www.citizenservice.gov.bt
Percentage of grievances redressed	The percentage will be derived from the e-KaaSel	The percentage will be derived from the e-KaaSel	Annually	eKaaSel
Timeline by which Childcare center (crèche) for the employees is provided	This includes setting up of childcare centers in their respective offices (or centrally located centers where there are many offices together).	Physical Verification or Gender Monitoring System	Annually	Agency data/record and reports by Gender (GFP) and Child focal points of the different sectors
Number of health facilities reporting teenage pregnancy	This includes maintaining proper record of teenage pregnancies and reporting to the Ministry of health by health facilities (Hospitals and BHUs)	Administrative records	Annually	RH Program report, DoPH
Percentage of IDT recommendations implemented	To track implementation of IDT recommendations	Regular reporting by ACC focal in the Ministry	Annually	Administrative Records

### 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	Number of health facilities with detoxification services	Cooperation and coordination in releasing CMOs for training on detoxification.	Training of Doctors for proper and structured detoxification is important to prevent withdrawal symptoms and relapses.	Timely release of Doctors for training.	Establishment of health facilities with detoxification will not be achieved.
SECRETARIAT	Number of Dzongkhags with 95% immunization coverage of children under 1 year	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 indicators cannot be measured and reported.
DEPARTMENT OF MEDICAL SERVICES	Timeline by which health impact assessment tool is finalized	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 finalized	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 finalized	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	Percentage of IHR core capacities in place	Cooperation and coordination in establishing health screening/quarantine section at air and land	Surveillance for prevention at point of entry has become crucial with outbreak of emerging infectious	Commitment from stakeholders in the establishment of screening and quarantine section.	Success indicator cannot be measured and met.

		crossing.	diseases around the world.		
SECRETARIAT	Percentage of rural households with access to improved sanitation	Formation of coverage of 'improved' sanitation in the rural households during the APA reporting.	Currently the data collection through Annual Health Survey is for 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	Percentage of Health centers reporting notifiable diseases weekly in the NEWARSIS online reporting system	Need continuous monitoring from District Health Office.	Need continuous monitoring from DHO to capture real time information from the field on notifiable diseases and events for timely response.	Timely reporting from all health centers including zero reporting.	Success indicator cannot be measured/achieved and reported.
DEPARTMENT OF MEDICAL SERVICES	Annual Parasite incidence (Indigenous) (API) per 1000 population	Treatment of positive cases and timely logistics and medical supplies (anti-malarial diagnostic tests)	Treatment as per the national guidelines, adequate stocking of antimalarials in all health centers	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 (Indigenous) (API) per 1000 population	Treatment of positive cases and timely logistics and medical supplies (anti-malarial diagnostic tests)	Treatment as per the national guidelines, adequate stocking of antimalarials in all health centers	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.

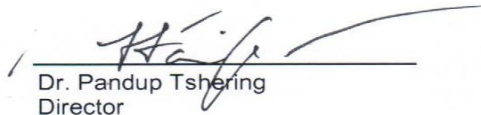
**SIGNED:**



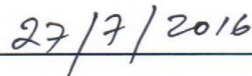
\_\_\_\_\_  
Dr. Ugen Dophu  
Secretary



\_\_\_\_\_  
Date



\_\_\_\_\_  
Dr. Pandup Tshering  
Director



\_\_\_\_\_  
Date