



QMAR

ལྷོ་ལྷོ་གསུམ་གྱི་ནད་རིགས་དང་བྱ་རིམ་གྱི་སྒྲུབ་ལྗོད།

Quarterly Morbidity & Activity Report

Better Information, Better Decision, Better Health.

Vol.I, Issue 3 (July–September 2008)

December 2008

In commemoration of 30 Years of Primary Health Care, Bhutan shares her experiences through the eyes of our Health Workers. The articles are not edited to retain its originality and QMAR will try to bring as many as articles as possible in the forthcoming issues.

Just an incident

Sonam Jamtsho (ACO)
Samtse Hospital

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Top of the world, at the top of Dagala is the feeling one experience. This place is virtually cut off from hustle and bustle life of the city by the nature. Tiredness is over come by the serenity of higher altitude's scenic mountains, flowers, yaks and glacier lakes. In this peaceful, calm, natural environment lives an innocent beautiful 4 years old girl, deprived of her fundamental right for protection against the vaccine preventable diseases, out of sheer innocence and strong traditional values. This girl with beautiful mind like any other children of Bhutan has been sent to this part of the earth by the creator of this universe with purpose, the purpose to grow into a mountain as big as Dagala itself.

This is the incident which occurred during the National Immunization Day (NID). I am reflecting and writing this incident of more than one decade ago. We reached the first vaccination post one day before the vaccination day. Upon our arrival, we were served with hot butter tea, fired cheese with added sugar, an indication of warm hospitality. There is also a saying that if they get unwanted guest, they serve curd on arrival which causes blotting of abdomen and discomfort leading to retreat. Dinner was served before dark to avoid the obstacle of darkness as sun is the only good source of light. As customary, we chatted over dinner and during the talk she revealed a very important point that her only daughter had not been vaccinated so far, which drew my attention. She cited the reason that her daughter, if provoked stops breathing and and becomes blue. She also consulted the traditional healer and he advised her to not to allow any needle prick to her body. I did gave

counseling to the mother and also demystify her belief but with not much success I resigned for the day in my sleeping bag in dilemma, what to do next regarding this girl's shot. After completing the vaccination of other children, I did the chest auscultation and to my level of knowledge I was convinced that her problem was not related to heart and lungs. This very golden moment, my memory did wonder by remembering the lecture given by the pediatrician during my Health Assistant 2 years training, regarding the temper tantrum and its presentation. My instinct decided that I will go ahead with the vaccination.

contd. on page 16>>

EDITORIAL**Editorial Board:***Ms. Manusika Rai, DMS**Ms. Karma Tshering, DoPH**Mr. Phurpa Wangchuk, ITMS**Mr. Kado Zangpo, PPD***Consulting Editor:***Mr. Sonam Dorji, CPO, PPD***Contributors:***Ms. Dorji Pelzom, HIRU**Mr. Rahar Singh Das, HIRU**Mr. Dopa, HIRU**Mr. Chimi Palden, HIRU**Mr. Sonam Phuntsho, HIRU***Web Edition:***Mr. Tshering Jamtsho, ICT Unit***Desktop Publishing:***Mr. Nidup Tshering, HIRU*

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Are we doing more harm than good?

This is a common scenario in the medical world: Mr. A is a 55-year old man who has type-II diabetes, hypertension and arthritis. He was admitted to the hospital to bring his blood glucose level under control and yesterday he was started on a different drug for his diabetes. Today, he is complaining of increased pain in his knee and there is redness, tenderness and swelling in his knees. The nurse thinks that this is a worsening of his arthritis. The doctor thinks that this is a new medical problem. The pharmacist thinks that this is an adverse drug reaction (ADR). Who is right?

Contrary to the popular belief, no medicine is 100% safe for all people in all circumstances. Just because the drug is approved, marketed and widely used in developed countries with stringent regulatory authorities does not mean it won't cause problems. They all do, ranging from minor side effects to permanent disability. There must be so many cases like Mr. A, most of which are never regarded as an ADR or even worse, the patient is prescribed yet another drug to treat the new problem.

The extent and overall incidence of ADR is unknown. Some studies suggest that about 7 of every 100 patients in the hospital experience a serious ADR during their stay and about 3 in every 1000 hospitalized patients may die as a result of drug-related problems. ADR is the 4th leading cause of death in the US. The science and activities relating to detection, assessment, understanding, and prevention of adverse effects or other drug related problems, popularly known as "Pharmacovigilance", regained much momentum after the much publicized Vioxx® (Rofecoxib, Merck) incident of 2004. Rofecoxib, a widely used new generation anti-inflammatory drug was withdrawn from the market just 5 years after it was marketed due to an increased risk of serious cardiovascular events such as heart attacks and strokes with death toll exceeding to over 28,000 in that span of 5 years.

Pharmacovigilance was launched in Bhutan in 2005. In spite of the rather poor uptake of the programme due to lack of awareness, unclear reporting channel and low incidence of reporting, it was surprising to note that over 51 ADRs have been reported to the Pharmacy Department of JDWNRH till date, a rather significant number for a population of our size. Could it be that out of 42,789 hospital admissions in 2007, a fraction of it was due to ADR? While it would be clinically wrong to assume that all of these 51 are confirmed ADR cases; nonetheless it has given us grounds to believe that a problem does exist even in Bhutan. What we need to do next is revive pharmacovigilance with renewed and coordinated efforts so that the Bhutanese people will continue to have faith in our Health System.

For a country like Bhutan, relying heavily on research findings and clinical studies of other countries, do we not need to think twice before we go ahead introducing yet another new drug on our essential drugs list or prescribing a recently marketed drug? Let's ask ourselves first. Are we doing more harm than good?

Manusika Rai

I. Timeliness of the Report

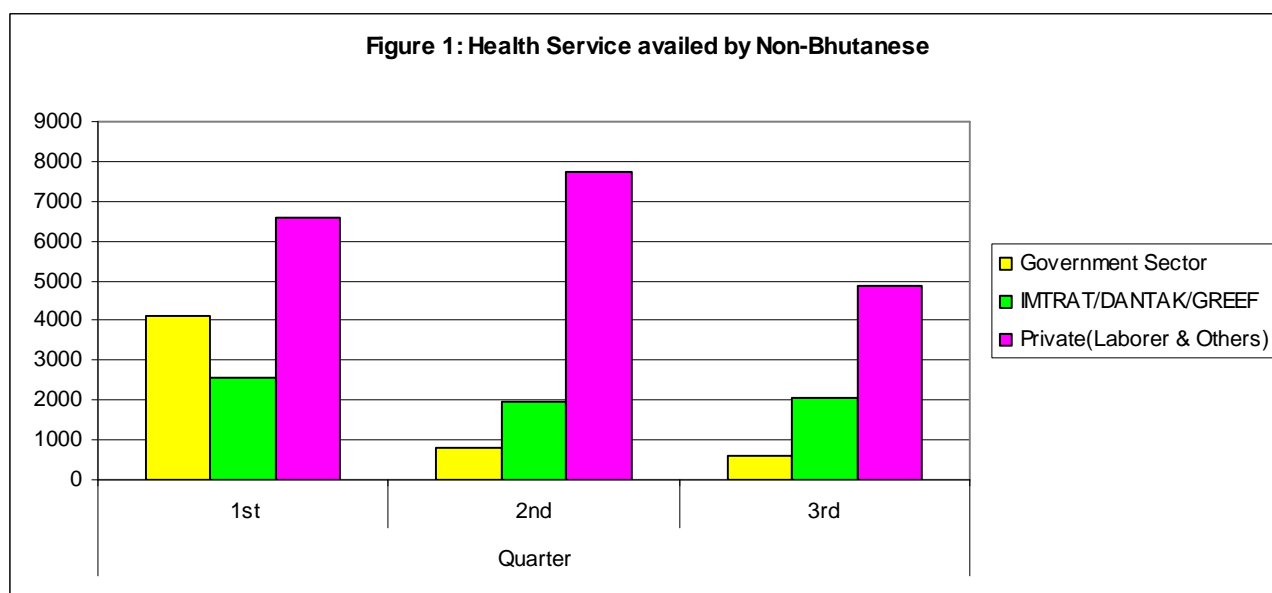
The following descriptive analysis includes only 12 Dzongkhags. As per the policy directives of Health Ministry, all Dzongkhags should have sent the 3rd quarter data by 15th November 2008. However the following Dzongkhags has not sent the data as of 15th November 2008:

- a) Dagana
- b) Gasa
- c) Haa
- d) Paro
- e) Pemagatshel
- f) Punakha
- g) Samdrup Jongkhar
- h) Samtse

This report will cover only the data received by Health Information and Management Unit that is namely the morbidity and activity report. There are so many vertical reporting systems and the number varies from district to district. The data of such reporting system are not included as its reliability and consistency is not assessed.

II. Health Service availed by Non-Bhutanese

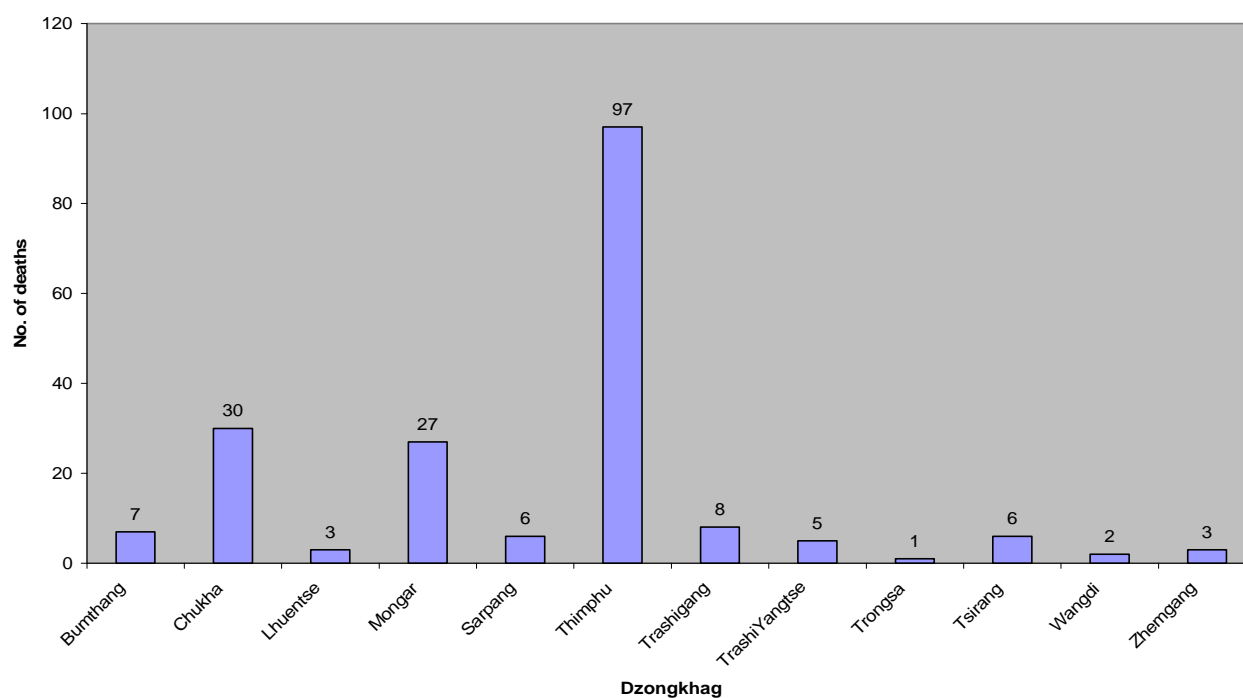
In this quarter the number of Non-Bhutanese who availed health service have decreased to 7,557 when compared to the 1st (13,292) and 2nd (10,519) quarter. Of the 7,557 Non-Bhutanese who availed health services, 8% are working in the government organization, 27.2% are DANTAK/IMTRAT/GREF employees and 64.8% are working in the private sector.



Note: The figure does not include Non-Bhutanese who would have availed services from BHU.

III. Hospital Mortality

Figure 2: Dzongkhag wise Mortality for 3rd quarter



The high mortality in Thimphu Dzongkhag could be possibility due to cases referred to the National Referral Hospital.

IV. Communicable & Non-communicable Diseases

TABLE 1
Communicable health problems (July to September 2008)

Sl. no	Dzongkhag	Diseases				
		Diarrhoea	Dysentery	Intestinal Worms	Conjunctivitis	Pneumonia
1	Bumthang	415	98	30	372	41
2	Chukha	2256	795	742	1061	619
3	Lhuentse	368	95	114	239	51
4	Mongar	1132	591	235	1080	324
5	Sarpang	769	341	159	852	395
6	Thimphu	1528	625	134	414	319
7	Trashigang	1682	619	222	1035	298
8	TrashiYangtse	893	284	146	287	163
9	Trongsa	376	285	101	331	46
10	Tsirang	660	607	270	756	290
11	Wangdi	1640	589	164	832	135
12	Zhemgang	765	161	175	565	162

TABLE 2
Non-communicable health problems (July to September 2008)

Sl. no	Dzongkhag	Diseases	
		Hypertension	Alcohol Liver Diseases
1	Bumthang	127	7
2	Chukha	652	29
3	Lhuentse	78	5
4	Mongar	343	45
5	Sarpang	604	43
6	Thimphu	314	41
7	Trashigang	415	22
8	TrashiYangtse	207	10
9	Trongsa	114	7
10	Tsirang	376	12
11	Wangdi	274	26
12	Zhemgang	141	7

V. Nutritional Status of children under 5 who have visited health centre:

TABLE 3
Nutritional status of children under 5 who have visited health centers

Dzongkhag	Child Attendances	Nutritional status					
		Normal	Percent	Over weight	Percent	Under weight	Percent
Bumthang	3058	2397	78.38	403	13.18	196	6.41
Chukha	8697	6224	71.56	1451	16.68	915	10.52
Lhuentse	2807	1636	58.28	621	22.12	334	11.90
Mongar	9058	6287	69.41	1593	17.59	1154	12.74
Sarpang	4962	3451	69.55	928	18.70	583	11.75
Thimphu	12999	9247	71.14	2850	21.92	900	6.92
Trashigang	7665	5680	74.10	1111	14.49	1047	13.66
TrashiYangtse	3509	2302	65.60	578	16.47	659	18.78
Trongsa	2011	1418	70.51	398	19.79	169	8.40
Tsirang	2971	2282	76.81	359	12.08	373	12.55
Wangdi	3764	2965	78.77	608	16.15	244	6.48
Zhemgang	3285	2067	62.92	606	18.45	493	15.01

The above fig. may not represent of the entire Dzongkhag since it is based only on those children coming to the health facility.

VII. Malaria Report

TABLE 4
Malaria report July to September 2008

Variables	0-4 years		5-14 years		15-49 years		>50 years		Total		Grand Total
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Pf	0	0	6	3	24	7	6	2	36	12	48
Pv	4	0	1	1	21	8	2	0	28	9	37
Mixed	0	1	1	2	6	0	2	2	9	5	14
Malaria death	0	1	0	0	1	0	0	0	1	1	2

PF: Plasmodium Falciparum

PV: Plasmodium Vivax

VIII. TB Report

TABLE 5
TB report July to September 2008

Gender	Pulmonary Positive				Pulmonary Negative New (E)	Extra Pulmonary New (F)	Total	Case finding indicator A/ (A+E+F) *100
	New (A)	Relapse (B)	Failure (C)	Default (D)				
Male	43	8	3	0	18	57	129	36.44
Female	40	8	1	0	9	55	113	38.44
Total	83	16	4	0	27	112	242	37.38

TABLE 6
Visits of pregnant woman for Ante-natal Clinic (ANC) Check up

Sl.no	District	Visit			
		1st	2nd	3rd	More
1	Bumthang	86	83	76	83
2	Chukha	450	374	358	648
3	Lhuentse	87	73	70	106
4	Mongar	220	221	199	251
5	Sarpang	203	217	207	260
6	Thimphu	681	608	535	961
7	Trashigang	244	213	165	194
8	TrashiYangtse	102	107	83	90
9	Trongsa	54	54	38	39
10	Tsirang	91	79	64	65
11	Wangdi	188	162	125	95
12	Zhemgang	95	98	63	65
Total		2501	2289	1983	2857

TABLE 7
Hospital admission & average length of stay

Sl. no	Hospital	Admission/Quarter 3rd quarter		
		Patient days	Total admission	Average length of stay
1	BAJOBHU I	691	289	2.4
2	BUMTHANG HOSPITAL	6	167	0.0
3	CHUKHA BHU I	180	170	1.1
4	DAMPHU HOSPITAL	883	307	2.9
6	GAYLEGPUG HOSPITAL	2833	769	3.7
7	GEDU HOSPITAL	2212	580	3.8
8	GIDAKOM HOSPITAL	3447	180	19.2
9	GYALPOSHING BHU I	4	28	0.1
10	JDWNR HOSPITAL	18520	2972	6.2
11	KANGLUNG BHU I	176	70	2.5
12	LHUNTSE HOSPITAL	752	149	5.0
13	LUNGTENPHU RBA HOSPITAL	0	114	0.0
14	MONGAR HOSPITAL	6394	957	6.7
15	PANBANG BHU I	0	67	0.0
16	PHUNTSOLING HOSPITAL	2554	791	3.2
17	RANGJUNG BHU I	30	31	1.0
18	RISERBOO HOSPITAL	1188	207	5.7
19	SARPANG HOSPITAL	568	196	2.9
20	TRASHIGANG HOSPITAL	2554	597	4.3
21	TRONGSA HOSPITAL	308	122	2.5
22	TSIMALAKHA HOSPITAL	966	243	4.0
23	WANGDI RBA HOSPITAL	658	134	4.9
25	YANGTSE HOSPITAL	1410	219	6.4
26	YEBILAP TSA HOSPITAL	1334	275	4.9
27	ZHEMGANG BHU I	0	22	0.0

TABLE 8
Skilled birth attendance

Sl.no	Dzongkhag	Trained delivery & BCG, OPV0 vaccinated 3rd quarter		
		Attended delivery	BCG	OPV-0
1	Bumthang	45	68	58
2	Chukha	284	368	315
3	Lhuentse	41	71	76
4	Mongar	179	225	227
5	Sarpang	160	218	211
6	Thimphu	533	850	847
7	Trashigang	137	225	171
8	TrashiYangtse	30	80	84
9	Trongsa	24	52	41
10	Tsirang	12	73	69
11	Wangdi	55	128	99
12	Zhemgang	33	78	59

Table 9
Referred cases July to September 2008

Sl. no	District	Referred	
		In	Out
1	Bumthang	12	21
2	Chukha	13	120
3	Lhuentse	24	41
4	Mongar	274	230
5	Sarpang	26	137
6	Thimphu	615	35
7	Trashigang	40	113
8	TrashiYangtse	33	49
9	Trongsa	5	41
10	Tsirang	7	43
11	Wangdi	16	75
12	Zhemgang	37	88

Table 10
Top ten under 5 years' morbidity data

Sl.no	Disease name	Total
1	Common Cold	11056
2	Skin Infections	3978
3	Diarrhoea	3391
4	Other Disorders of Skin & Subcutaneous-tissues	1907
5	Acute Pharyngitis/Tonsillitis	1694
6	Other Respiratory & Nose Diseases	1585
7	Pneumonia	1455
8	Dysentery	1258
9	Other Diseases of the Digestive System	1244
10	Conjunctivitis	1140

TABLE 11
Top ten indoor morbidity data

Sl.no	Disease name	Total
1	Other complications of pregnancy	1013
2	Pneumonia	747
3	Other Kidney, UT/ Genital Disorders	534
4	Other Respiratory & Nose Diseases	513
5	Other Diseases of the Digestive System	494
6	Injuries & Poisoning	401
7	Common Cold	253
8	Typhoid	224
9	Peptic Ulcer Syndrome	208
10	Other Disorders of Skin & Subcutaneous-tissues	195

TABLE 12
Dental services from July to September 2008

Sl. No	District	Dental Services				
		Prophylaxis	Scaling	Fillings	Extractions	Others
1	Bumthang	5	0	142	217	164
2	Chukha	40	36	810	851	1212
3	Lhuentse	13	5	85	63	68
4	Mongar	15	10	312	482	639
5	Sarpang	17	1	578	619	1344
6	Thimphu	269	90	1996	3168	3746
7	Trashigang	9	19	390	639	354
8	TrashiYangtse	12	0	61	133	116
9	Trongsa	10	0	69	96	209
10	Tsirang	7	1	256	108	246
11	Wangdi	5	1	272	254	201
12	Zhemgang	8	3	72	85	93
Total		410	166	5043	6715	8392

TABLE 13
Diagnostic Services

Sl. no	District	X-Ray			Ultrasound		
		Chest	Extremities	Others	Gyn/Obs	Abdomen	Others
1	Bumthang	53	51	27	47	2	4
2	Chukha	796	396	308	900	450	45
3	Lhuentse	77	50	32	0	80	0
4	Mongar	460	150	233	548	435	62
5	Sarpang	193	165	120	716	461	133
6	Thimphu	2921	2659	1275	3273	2642	331
7	Trashigang	152	78	68	426	164	6
8	TrashiYangtse	90	54	46	0	0	0
9	Trongsa	32	35	12	0	0	0
10	Tsirang	63	85	29	136	122	0
11	Wangdi	178	194	89	268	128	162
12	Zhemgang	77	69	59	0	0	0
Total		5092	3986	2298	6314	4484	743

TABLE 14
Laboratory Services Provision by District from July to September 2008

Sl. no	District	Test							Total
		Hemoglobin levels	Blood grouping	Malaria slides	TB Sputum	Urine	Stool	HIV	
1	Bumthang	1107	325	38	21	749	7	144	1077
2	Chukha	5653	1848	2362	492	4081	711	625	18208
3	Lhuentse	622	268	63	43	1630	48	109	4033
4	Mongar	1842	695	86	179	1377	60	263	4817
5	Sarpang	2197	654	5702	206	3636	53	271	27179
6	Thimphu	14780	10166	2249	591	26467	1008	2567	251891
7	Trashigang	1483	1059	108	95	2807	42	269	8414
8	T/Yangtse	715	210	94	19	542	33	128	515
9	Trongsa	362	197	20	22	209	23	65	2196
10	Tsirang	1037	320	509	34	420	11	125	2548
11	Wangdi	1528	731	151	141	1285	24	462	4332
12	Zhemgang	606	134	598	13	1093	17	39	4201
Total		31932	16607	11980	1856	44296	2037	5067	329411

TABLE 15
Surgeries by district from July to September 2008

Sl. no	District	Caesarian section	Gen/ abdominal	Gen/ others	Ortho extremities	Ortho others	Gynaecology	ENT	Eye
1	Bumthang	0	0	14	0	0	7	0	0
2	Chukha	8	98	208	718	372	2	17	14
3	Lhuentse	0	0	0	0	0	0	0	0
4	Mongar	39	41	64	27	4	69	5	10
5	Sarpang	18	5	24	27	47	25	0	20
6	Thimphu	160	348	126	223	25	256	81	151
7	Trashigang	15	17	25	0	0	4	0	5
8	T/Yangtse	0	0	0	0	0	0	0	1
9	Trongsa	0	0	0	0	0	0	0	0
10	Tsirang	0	0	0	0	0	0	0	0
11	Wangdi	0	15	41	10	43	4	13	18
12	Zhemgang	0	0	14	0	2	4	0	0
Total		240	524	516	1005	493	371	116	219

IX. Human Resource Report:

TABLE 16
Training (July – September 2008)

Sl.#	Name	Department/Division	Course Title	Location		Source of funding
				Institute	Country	
1	Mr Gempola	Lab. Tech, PHL	SAARC regional Training of Microbiologist for sputum culture and drug susceptibility test	NTI, Bangalore	India	SAARC
2	Mr Kinley Dorji	Project Coordinator, World Bank	Standard Rules & Procurement Procedure of the world Bank	NIFM, Delhi	India	World Bank
3	Mr Pema Wangdi	Asst. Procurement officer, DVED	Standard Rules & Procurement Procedure of the world Bank	NIFM, Delhi, India		World Bank
4	Mr Tandin	Pharmacist, JDWNR Hospital	HIV/AIDS diagnosis, Prevention and control	Japan	Japan	JICA
5	Dr Karma Sangay	Medical Officer, Thimphu	HIV/AIDS diagnosis, Prevention and control	Japan	Japan	JICA
6	Dr Phub Dorji	Gynecologist, JDWNRH	IRB Survey	Bangkok	Thailand	Organizer
7	Mr Rinzin Wangchuk	PHL, JDWNRH	Regional Training of Virologist and technician from Measles Laboratory Network.	National Institute of Health, BKK	Thailand	WHO
8	Dr Krihna Sharma	Pathologist, JDWNRH	Regional Training of Virologist and technician from Measles Laboratory Network.	National Institute of Health, BKK	Thailand	WHO
9	Ms Nar Maya Rai	AN, T/gang Hospital	Neonatal Intensive Care Nursing	Boromarajonani College of Nursing, Bangkok	Thailand	UNICEF
10	Ms Chandra Kala Rai	AN, JDWNR Hospital	Neonatal Intensive Care Nursing	Boromarajonani College of Nursing, Bangkok	Thailand	UNICEF
11	Ms Tshering Chozom	AN, JDWNR Hospital	Neonatal Intensive Care Nursing	Boromarajonani College of Nursing, Bangkok	Thailand	UNICEF
12	Ms Sonam Wangmo	GNM, JDWNRH	Neonatal Intensive Care Nursing	Boromarajonani College of Nursing, Bangkok	Thailand	UNICEF
13	Mr Pema Samdrup	Program Officer, VDCP, Gelephu	Epidemiology and control of Tropical diseases	Bangkok	Thailand	TICA
14	Dr Choda Gyeltshen	GDMO, Lhuntse Hospital	Regional Field epidemiology programme	NICD	Delhi	WHO
15	Dr Prabhat Pradhan	GDMO, Damphu Hospital	Regional Field epidemiology programme	NICD	Delhi	WHO
16	Dr Mimi Lhamu Mynak	JDWNR Hospital	Trg. On World Breast Feeding Trend Initiative	New Delhi	India	WHO
17	Ms Ugyen Zangmo	DoPH, MoH (HQ)	Trg. On World Breast Feeding Trend Initiative	New Delhi	India	WHO
18	Dr Dorji Wangchuk	Director General, DoMS	Advanced Management Programme for Executive level	Harvard Business School	USA	WHO SEARO
19	Dr Karma Sherub	MO, JDWNRH	Observational Burn Training	Seattle	USA	Organizer
20	Mr Ugyen Thinley	GNM, JDWNRH	Observational Burn Training	Seattle	USA	Organizer
21	Mr Gembo Dorji	GNM, P/gatshel Hospital	Observational Burn Training	Seattle	USA	Organizer
22	Ms Karma Sonam Dema	AN, S/Jongkhar	Observational Burn Training	Seattle	USA	Organizer
23	Ms Jugzang Dema	AN, Riserboo	Observational Burn Training	Seattle	USA	Organizer
24	Ms Thinley Wangmo	Budget Assistant, AFD, MoH	Course on Budgeting	PCP Asia Mahidol University,	Thailand	DANIDA
25	Dr. Kinzang P Tshering	Paediatric, JDWNRH	Management of Malaria	Mahidol University,	Thailand	GFATM (Malaria)
26	Dr Kezang	GDMO, Sarpang	Management of Malaria	Mahidol University, BKK	Thailand	GFATM (Malaria)

27	Dr Mendu Dukpa	MO, Sipsu Hospital	Management of Malaria	Mahidol Univeristy, BKK	Thailand	GFATM (Malaria)
28	Dr Norbu	Tendu, RBA Wing 1, Samtse	Management of Malaria	Mahidol Univeristy, BKK	Thailand	GFATM (Malaria)
29	Mr Jigme Kelzang	ACO, Zhemgang	Management of Malaria	Mahidol Univeristy, BKK	Thailand	GFATM (Malaria)
30	Mr Karma Wangchuk	ACO, jomotshangkha	Management of Malaria	Mahidol Univeristy, BKK	Thailand	GFATM (Malaria)
31	Mr Jigme Dukpa	ACO, CRR Hospital, Gelephu	Management of Malaria	Mahidol Univeristy, BKK	Thailand	GFATM (Malaria)
32	Mr Nima	Communication Tech. ICB	Training on Advocacy and Development	Kasetsar Univ. BKK, Thailand	Thailand	WHO fellowship
33	Mr Rinchen Dorji	Chief Info. Communication officer, ICB, DoPH	Training on Advocacy and Development	Kasetsar Univ. BKK, Thailand	Thailand	WHO fellowship
34	Mr Leki Dorji	Communication supervisor ICB	Effective communication strategies for health campaign	DFI, Manila	Philippines	GFATM
35	Dr Gyem Dorji	GDMO, MRR Hospital	Training on Costed Natinal Strategic Plans for Asia	Bangkok	Thailand	UN Funding
36	Ms Sangay Wangmo	Program Manager, DoPH	Training on Costed Natinal Strategic Plans for Asia	Bangkok	Thailand	UN Funding
37	Mr Namgay Wangchuk	Planning Officer, PPD	Training on Costed Natinal Strategic Plans for Asia	Bangkok	Thailand	UN Funding
38	Mr Kinley Wangdi	Asst.HRO, HRM	Training on Costed Natinal Strategic Plans for Asia	Bangkok	Thailand	UN Funding
39	Meena Kumari Gurung	AN, JDWNR Hospital	training on Critical Care Nursing in Pediatric Practicum	Boromarajoni Univ	Thailand	WHO
40	Ms Khandu Wangmo	AN, JDWNR Hospital	training on Critical Care Nursing in Pediatric Practicum	Boromarajoni Univ	Thailand	WHO
41	Ms Karma Choden	ANM, HISC, P/ling	Regional Trg. Of Women Councilors on Aftercare and Family Therapy	Chennai	India	BNCA

XX. TABLE 17
Seminar Workshop (July – September 2008)

Sl.#	Name	Department/Division	Course Title	Location		Source of funding
				Institute	Country	
1	Mr. Passang	Monggar ERR Hospital	4th Annual STERRAD ® Users' Club Meeting	Bombay	India	
2	Mr. Karma Tshering	Lab Manager, JDWNRH	60th Annual Meeting and Clinical Lab Expo.		Washington DC, USA	
3	Dr. Chencho Dorjee	Director, RIHS	Regional Forum of Medical Training Institutions on People Centered Health Care		MNL, Philippines	
4	Dr. Ballab Sharma	Specialist, Gelephu CRR Hospital	SAARC Regional Training for Trainers for Essential Technology		KTM, Nepal	
5	Mr. Nima Sangay	Deputy Registrar, BMHC	Regional Meeting of South Asian Forum for Health.		KTM, Nepal	
6	Mr. Ugyen Tshewang	Asst. Accounts Officer, PMT	Enhanced Financial Reporting Meeting		Delhi, India	
7	Mr. Rinchen Dawa	Accountant, VDCP, Gelephu	Enhanced Financial Reporting Meeting		Delhi, India	

8	Dr. Choeda Gyeltshen	GDMO, Lhuntse	Inter-country Workshop for Trainers on Injury Epidemiology, Prevention and Care	Khon Kaen, Thailand
9	Mr. Passang Dorji	Chief Nurse, JDWNRH	Inter-country Workshop for Trainers on Injury Epidemiology, Prevention and Care	Khon Kaen, Thailand
10	Ms. Manusika Rai	PEDP Manager, DVED	Workshop on Product Evaluation and Registration of Medicinal Products	Singapore
11	Mr. Tashi Tobgay	Chief Pharmacist, JDWNRH	Workshop on Product Evaluation and Registration of Medicinal Products	Singapore
12	Mr. Kencho Wangdi	APO, HIV/AIDS, DoPH	Workshop on Monitoring and Evaluation National HIV/AIDS Interventions for Most at Risk Population	Mysore, India
13	Mr. Rinchen Namgyal	DHO, Chukha	Regional Conference on Revitalizing Primary Health Care	Jakarta, Indonesia
14	Mr. Ugyen Thinley	BHW, Samtse BHU	Regional Conference on Revitalizing Primary Health Care	Jakarta, Indonesia
15	Mr. Passang Thinley	GNM, Lhuntse Hosp.	Regional Conference on Revitalizing Primary Health Care	Jakarta, Indonesia
16	Mr. Rinchen Dorji	CPO, ICB, DoPH	Regional Conference on Revitalizing Primary Health Care	Jakarta, Indonesia
17	Ms. Taumo	VHW, Zhemgang	Regional Conference on Revitalizing Primary Health Care	Jakarta, Indonesia
18	Dr. Ugen Dophu	Director, DoPH	Regional Conference on Revitalizing Primary Health Care	Jakarta, Indonesia
19	Mr. Chheten Gyeltshen	Associate Lecturer, RIHS	Regional Conference on Revitalizing Primary Health Care	Jakarta, Indonesia
20	Dr. Gado Tshering	Hon'ble Secretary	Regional Conference on Revitalizing Primary Health Care	Jakarta, Indonesia
21	Mr. Dorji Wangchuk	Director, ITMS	Regional Conference on Revitalizing Primary Health Care	Jakarta, Indonesia
22	Mr. Ngawang Dorji	CPO, DVED	Inter-country Consultation on Combating Counterfeit Medicines	New Delhi, India
23	Mr. Tashi Tobgay	Chief Pharmacist, JDWNRH	Officials Visit to the Manufacturing Site of PDPL	Indore, India
24	Ms. Ngawang Dema	Offtg. Drug Controller, DRA	Officials Visit to the Manufacturing Site of PDPL	Indore, India
25	Ms. Manusika Rai	Pharmacist, DVED	Officials Visit to the Manufacturing Site of PDPL	Indore, India
26	Dr. Kalpana Chhetri	MO, T/yangtse	Regional Workshop on Health System Strengthening and TB Control	Colombo, Sri Lanka

27	Mr. Harkaan Rai	Chief Nurse, Gidakom	Regional Workshop on Health System Strengthening and TB Control		Colombo, Srilanka
28	Ms. Karma Tshering	Program Officer, EPI, DoPH	Regional Meeting of EPI Programme Managers and Immunization Partners		KTM, Nepal
29	Dr. Karuna Rana	GDMO, T/Yangtse	Regional Meeting of EPI Programme Managers and Immunization Partners		KTM, Nepal
30	Hon'ble Lyonpo Zangley Dukpa	Minister	2nd Asia Pacific Regional Meeting on Universal Access to HIV Prevention, Treatment and Care		Manila, Philippines
31	Mr. Sonam Rinchen	PO, DoPH	2nd Asia Pacific Regional Meeting on Universal Access to HIV Prevention, Treatment and Care		Manila, Philippines
32	Mr. Thinley Dorji	Student, YHSS	2nd Asia Pacific Regional Meeting on Universal Access to HIV Prevention, Treatment and Care		Manila, Philippines
33	Dr. Phurb Dorji	Gynecologist, JDWNRH	Study Tour on Maternal & Neonatal Death Investigation and Reporting System		Sri Lanka
34	Dr. Tshering Wangden	Gynecologist, Gelephu CRRH	Study Tour on Maternal & Neonatal Death Investigation and Reporting System		Sri Lanka
35	Dr. Hari Prasad Chhetri	Paediatrician, JDWNRH	Study Tour on Maternal & Neonatal Death Investigation and Reporting System		Sri Lanka
36	Ms. Damanti Bhujel	HA II, Monggar ERR Hospital	Study Tour on Maternal & Neonatal Death Investigation and Reporting System		Sri Lanka
37	Dr. Damber Kumar Nirola	Psychiatrist, JDWNRH	ASEAN Federation for Psychiatry and Mental Health Conference		BKK, Thailand
38	Mr. Kunzang Dorji	Associate Lecturer, RIHS	ASEAN Federation for Psychiatry and Mental Health Conference		BKK, Thailand
39	Dr. Ngawang Tenzin	Medical Director, JDWNRH	Strengthen the HRD of the Dental Dept. & to Formalize the Agreement and Sign and MoU with Faculty of Denstry, Mahidol University, Thailand		BKK, Thailand
40	Dr. Samdrup R Wangchuk	HoD, Dental Dept. JDWNRH	Strengthen the HRD of the Dental Dept. & to Formalize the Agreement and Sign and MoU with Faculty of Denstry, Mahidol University, Thailand		BKK, Thailand
41	Mr. Ugyen Rinzin	Engineer, PHED, DoPH	WHO/UNICEF Joint Monitoring Programme Country and Sub Regional Workshop		KTM,Nepal
42	Mr. Sonam Dorji	CPO, PPD	Regional Consultation on Equitable Geographical Distribution of the Membership of the WHO Executive Board		BKK, Thailand
43	Dr. Ballab Sharma	Specialist, Gelephu CRRH	Training Workshop for the Global Drug Facility (GDP)	Dhaka	Bangladesh
44	Mr. Kaka	Procurement Officer, DVED	Training Workshop for the Global Drug Facility (GDP)	Dhaka	Bangladesh

45	Mr. Ugyen Rinzin	Engineer, PHED, DoPH	Regional Workshop on Ecological Sanitation	Nepal	Nepal
46	Mr. Guru Tshering	Compounder, Damphu Hospital	Regional Workshop on Ecological Sanitation	Nepal	Nepal
47	Dr. Ugyen Choden	GDMO, P/gatshel Hosp.	Ninth South East Asia Nutrition Research cum Action Network	Hyderabad	India
48	Mr. Tobgyel	PO, RH Program, DoPH	Regional Workshop for Strengthening Family Planning Programme in South East Asia	Bekasi	Indonesia
49	Ms. Deki	HRO, HRM	Expert Group Meeting for Finalizing Regional Guidelines for Health Workforce Strategic Planning and HWF Database	KTM	Nepal
50	Mr. Ugyen Norbu	Asst. Info. Officer, ICB	Regional Workshop on Illicit Trade of Tobacco Products.	New Delhi	India
51	Dr. Ugyen Thinley	Orthopedic Surgeon, JDWNRH	To Sign Conference in Richland and Visit Hospitals in Washington DC	Wash/ton DC	USA
52	Dr. Lungten Z Wangchuk	PM, TB Program, DoPH	Eighteenth Meeting of the Governing Board of STAC	KTM	Nepal
53	Dr. Jung Bdr. Thapa	CMO, JDWNRH	26th COE-08 on the theme" Common Fracture Issues and Solutions	KTM	Nepal
54	Mr. Chimi Palden	APO, PPD	W/shop on Improving National Capacity to Track Maternal and Child Mortality Towards the Attainment of the MDGs	BKK	Thailand
55	Mr. Rup Narayan Chapaigai	PD, QASD	2nd International Health Care Quality Conclave	New Delhi	India
56	Mr. Tashi Dendup	APO, QASD	2nd International Health Care Quality Conclave	New Delhi	India
57	Lyonpo Zangley Dukpa	Hon'ble Minister	26th Meeting of Ministers of Health and Sixty First Session of the Regional Committee	New Delhi	India
58	Dasho Dr. Gado Tshering	Secretary	26th Meeting of Ministers of Health and Sixty First Session of the Regional Committee	New Delhi	India
59	Mr. Sonam Dorji	CPO, PPD, MoH	26th Meeting of Ministers of Health and Sixty First Session of the Regional Committee	New Delhi	India

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After much risk taking, the mother gave consent reluctantly. As soon as the vaccination shot was given, she cried and stopped breathing and developed cyanosis. Mother started shaking the baby calling her name at the same time cursing me like a psychotic, acting in a bizarre way. I have never experienced such incidents and nearly got nervous break down. Somehow I regained my composure and managed to loose the baby's thick clothes. Gradually she started to breathe and cyanosis started to disappear. This was a moment of big relief for me. During this transient period I felt like darkness had fallen in broad day light on these serene mountains.

With the story of this beautiful nomadic lass, I would like to ask my fellow health workers and myself to reflect that, is this story pertinent to that incident era or are there some more cases of missed opportunity / un-reached by our services that we need to address. We have scaled many mountains under the efficient stewardship and are now at the base camp again to climb another mountain. After three decades of Alma Ata declaration, we have unprecedented achievement, in the field of Primary Health Care (PHC). This is the moment to recline, reflect, and review our success, mistakes and failures. This is also the moment to pay gratitude to our visionary Monarchs, government and mentors for nurturing and transforming us to the present level.

(The smallest of action is always better than the boldest intentions)

The Policy and Planning Division would like to solicit reviews and feedbacks for the betterment of the publication. Suggestions, views and constructive criticism are always welcome.

Any queries may be forwarded to address given below.

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