



ལྷོ་གསུམ་གྱི་ནད་རིགས་དང་བྱ་རིམ་གྱི་སྒྲུབ་ལུ།
Quarterly Morbidity & Activity Report



Vol.I, Issue IV (October–December 2008)

March 2009

(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 articles as possible in the forthcoming issues.)

PRIMARY HEALTH CARE IN BHUTAN

(Jit Bdr. Biswa ACO, MRRH)

Country background

Bhutan is a country of rolling hills and towering crags with limited patches of cultivation and little deforestation. It is located in the Himalayan ranges. The Tibetan region of China lies to its north while in the east, south, and west it shares its boundary with the Indian states of Arunachal Pradesh, West Bengal and Sikkim respectively. It covers areas of approximately, 38,394 sq km. rising from the plains of India in the south to formidable heights of 7,500m+ above sea level in the north. 72.5% of the land mass is covered by forest. Geographically, the area is divided into three distinct regions: the Southern Sub-tropical, the Inner Himalayan, and the High Northern Region. The climatic conditions vary greatly within these regions.

The total population of the country is 658,888 with the annual growth rate of 1.3/1000 population. 23.2% of the population is considered below poverty line. The adult literacy rate is 54% and the life expectancy is 66 years. Administratively, the country is divided into 20 Dzongkhags (district) with 205 Gewogs (block). The developmental activities started in Bhutan with the launching of the First Five Year plan in 1961. Ever since then, the developmental growth has been worked on five year plans with the 10th Five Year plan beginning in July 2008. The guiding development philosophy is Gross National Happiness. As the youngest democratic nation, Bhutan has Druk Phuensum Tshogpa (Bhutan People United Party) with their manifesto of 'Equity and Justice' as the recently elected government.

Health Services

Buddhist faith and teachings are so intricately interwoven within the fabric of Bhutanese life. Even today people in rural areas resort to ritual and spiritual remedies. Allopathic medicine was first introduced in 1906 when Gongsar Ugyen Wangchuck, the first king laid the foundation with vaccination against smallpox. Traditional medicine is also integrated into the modern health system, offering two different choices for Bhutanese people. Health care is delivered through a four tiered totally integrated system: National, Regional, Dzongkhag hospital serving as referral centers and Basic Health Units encompassing preventive, promotive, curative and rehabilitative services.

In this issue:

| | |
|--|----|
| Editorial | 2 |
| Health Services availed by non- Bhutanese..... | 3 |
| Hospital Mortality..... | 4 |
| Communicable & Non-communicable Diseases..... | 4 |
| Nutritional status..... | 5 |
| Malaria report..... | 6 |
| TB report..... | 6 |
| ANC report..... | 6 |
| Hospital Admission..... | 7 |
| Deliveries..... | 8 |
| Referrals..... | 8 |
| Dental services..... | 9 |
| Diagnostic services..... | 10 |
| Surgeries..... | 11 |
| Human Resource Report..... | 11 |

EDITORIAL

The following constitute the pillars of any sound health system:

- ▣ Information, Surveillance and Research
- ▣ Management of Health Services
- ▣ Human Resources and
- ▣ Financing

The Quarterly Morbidity and Activity Report publication presents comprehensive data on all health related issues. The data are presented with minimal and or just basic preliminary analyses. It is hoped that the information being provided by the report will be used not only for planning and policy purposes, but also on the performance of the various health programmes. Additionally, the Health Management and Information Section will be printing the Annual Health Bulletin-2009 wherein more comprehensive data for the whole sector for the year 2008 will be available.

The report has the potential to contribute significantly to the national health by promoting evidence based and better informed decision making at all levels and is a useful source for addressing health and allied issues at both the national and the regional levels.

Readers and users of this report are invited to forward their feedback, letters and or comments. Suggestions on further improving the Report are also welcome.

Editorial Board:

Ms. Manusika Rai, DMS
 Ms. Karma Tshering, DoPH
 Mr. Phurpa Wangchuk, ITMS
 Mr. Kado Zangpo, PPD
 Mr. Chimi Palden, HMIS, PPD

Consulting Editor:

Mr. Sonam Dorji, CPO, PPD

Contributors:

Ms. Dorji Pelzom, HREU
 Mr. Rahar Singh Das, HMIS
 Mr. Dopo, HMIS
 Mr. Sonam Phuntsho, HREU

Web Edition:

Mr. Tshering Jamtsho, ICT Unit

Desktop Publishing:

Mr. Nidup Tshering, PPD

QMAR is published quarterly by the Health Management & Information Section, Policy and Planning Division, Ministry of Health.

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I. Timeliness of the Report

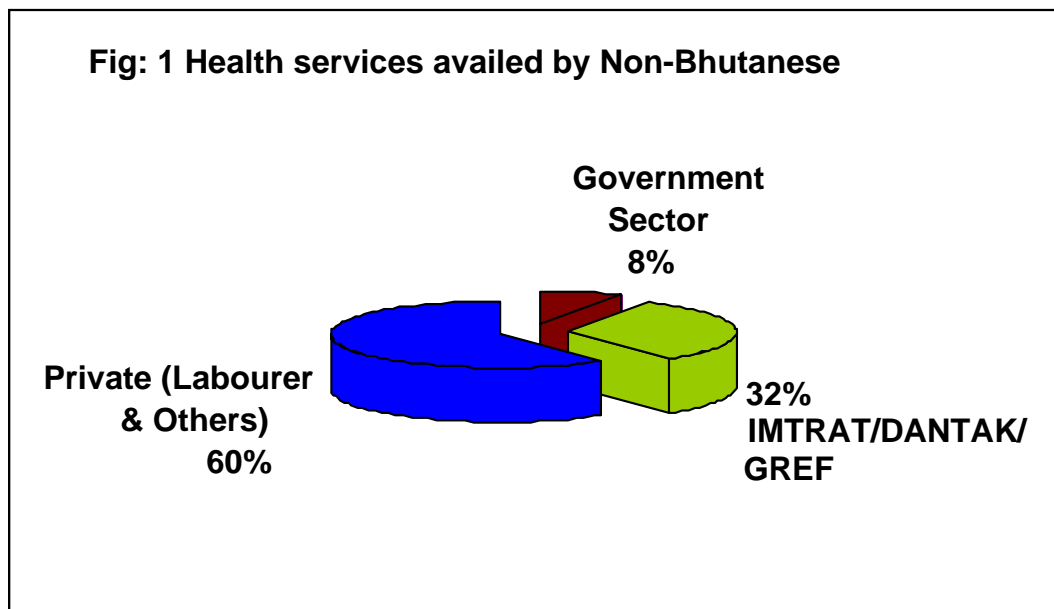
The following descriptive analysis includes only 13 Dzongkhags. As per the policy directives of Health Ministry, all Dzongkhags should have sent the 4th quarter data by 15th February 2009. However the following Dzongkhags has not sent the data as of 15th February 2009:

1. Gasa
2. Haa
3. Lhuentzi
4. Samtse
5. Sarpang
6. Thimphu
7. Tsirang

This report will cover only the data received by Health Management and Information 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.

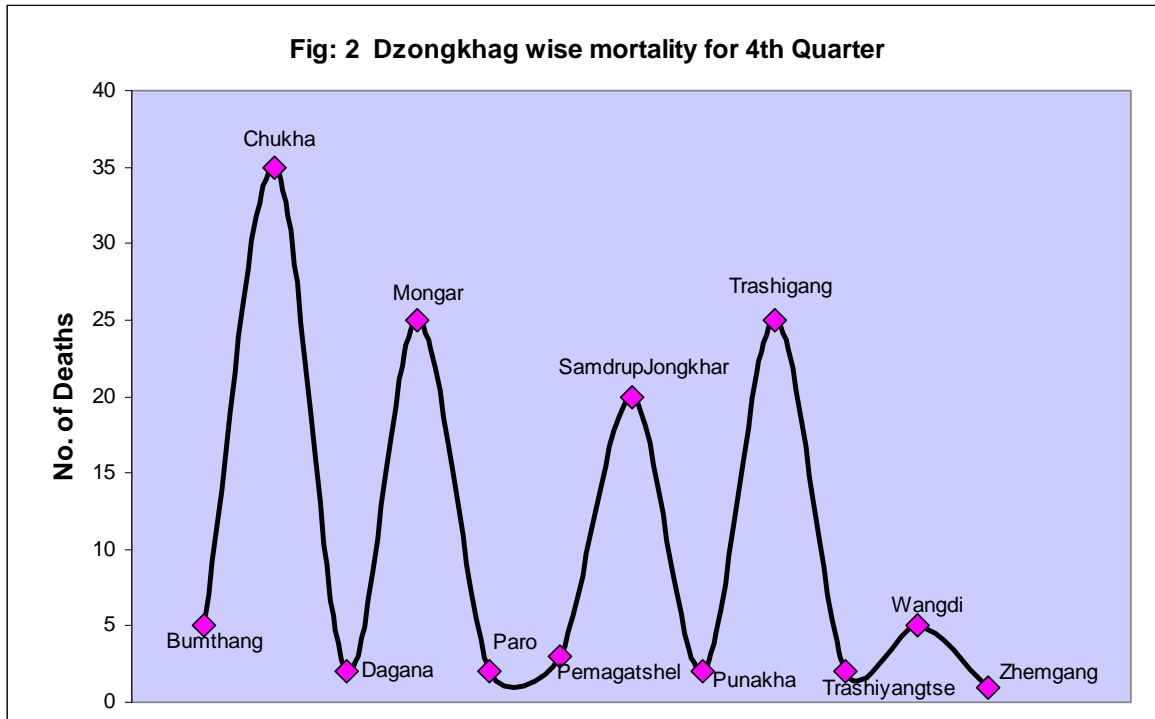
II. Health Services availed by Non-Bhutanese

In this quarter the number of Non-Bhutanese who availed health service has decreased to 7306 compared to the last quarter (7,557). Of the 7306 Non-Bhutanese who availed health services, 8% are working in the government organization, 32% are DANTAK/IMTRAT/GREF employees and 60% are working in the private sector.



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

III. Hospital Mortality



IV. Communicable & Non-Communicable Diseases

Table 1: Communicable health problems (October to December 2008)

| Dzongkhag | Diseases | | | | |
|------------------|----------|-----------|------------------|----------------|-----------|
| | Diarrhea | Dysentery | Intestinal Worms | Conjunctivitis | Pneumonia |
| Bumthang | 208 | 62 | 4 | 262 | 49 |
| Chukha | 1885 | 664 | 711 | 1223 | 305 |
| Dagana | 424 | 145 | 155 | 242 | 228 |
| Mongar | 495 | 279 | 152 | 799 | 163 |
| Paro | 580 | 275 | 128 | 241 | 221 |
| Pemagatshel | 212 | 140 | 75 | 374 | 145 |
| Punakha | 330 | 279 | 92 | 199 | 68 |
| Samdrup Jongkhar | 488 | 255 | 75 | 420 | 125 |
| Trashigang | 801 | 477 | 123 | 696 | 249 |
| Trashi Yangtse | 268 | 107 | 85 | 227 | 91 |
| Trongsa | 182 | 103 | 55 | 262 | 37 |
| Wangdi | 768 | 311 | 119 | 463 | 74 |
| Zhemgang | 435 | 91 | 100 | 317 | 94 |

Table 2: Non-Communicable health problems (October to December 2008)

| Dzongkhag | Diseases | |
|-----------------|--------------|------------------------|
| | Hypertension | Alcohol Liver Diseases |
| Bumthang | 159 | 12 |
| Chukha | 740 | 38 |
| Dagana | 95 | 3 |
| Mongar | 232 | 29 |
| Paro | 285 | 8 |
| Pemagatshel | 150 | 13 |
| Punakha | 68 | 19 |
| SamdrupJongkhar | 121 | 24 |
| Trashigang | 352 | 55 |
| TrashiYangtse | 77 | 6 |
| Trongsa | 104 | 11 |
| Wangdi | 221 | 8 |
| Zhemgang | 134 | 10 |

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

Table 3: Nutritional status of children under 5 who have visited health centres (October – December 2008)

| Dzongkhag | Child Attendance | Nutritional status | | | | | |
|-------------|------------------|--------------------|-------|-------------|-------|--------------|-------|
| | | Normal | % | Over weight | % | Under weight | % |
| Bumthang | 1482 | 1292 | 87.18 | 177 | 11.94 | 67 | 4.52 |
| Chukha | 5113 | 4241 | 82.95 | 364 | 7.12 | 414 | 8.10 |
| Dagana | 1900 | 1302 | 68.53 | 172 | 9.05 | 284 | 14.95 |
| Mongar | 4479 | 3376 | 75.37 | 667 | 14.89 | 427 | 9.53 |
| Paro | 2341 | 1798 | 76.80 | 232 | 9.91 | 67 | 2.86 |
| Pemagatshel | 2301 | 1814 | 78.84 | 285 | 12.39 | 163 | 7.08 |
| Punakha | 1166 | 1032 | 88.51 | 87 | 7.46 | 47 | 4.03 |
| S/Jongkhar | 2591 | 1629 | 62.87 | 197 | 7.60 | 232 | 8.95 |
| Trashigang | 3484 | 2814 | 80.77 | 294 | 8.44 | 514 | 14.75 |
| T/Yangtse | 1629 | 1219 | 74.83 | 200 | 12.28 | 196 | 12.03 |
| Trongsa | 894 | 748 | 83.67 | 92 | 10.29 | 55 | 6.15 |
| Wangdi | 1984 | 1704 | 85.89 | 150 | 7.56 | 130 | 6.55 |
| Zhemgang | 1585 | 1027 | 64.79 | 369 | 23.28 | 198 | 12.49 |

VI. Malaria Report

Table 4: Malaria report (October to December 2008)

| Variables | 0-4 years | | 5-14 years | | 15-49 years | | >50 years | | Total | | Grand Total |
|---------------|-----------|---|------------|----|-------------|----|-----------|---|-------|----|-------------|
| | M | F | M | F | M | F | M | F | M | F | |
| Pf | 3 | 5 | 15 | 10 | 66 | 19 | 12 | 6 | 96 | 40 | 136 |
| Pv | 7 | 3 | 13 | 10 | 79 | 23 | 8 | 5 | 107 | 41 | 148 |
| Mixed | 0 | 1 | 5 | 7 | 16 | 8 | 4 | 3 | 25 | 19 | 44 |
| Malaria death | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

VII. TB Report

Table 5: TB report (October to December 2008)

Case finding report of new and re-treatment of TB cases

| Gender | New (A) | Pulmonary Positive | | | Pulmonary Negative (E) | Extra Pulmonary (F) | Total | Case finding indicators $A/(A+E+F)*100$ |
|--------------|-----------|--------------------|-------------|-------------|------------------------|---------------------|------------|---|
| | | Relapse (B) | Failure (C) | Default (D) | | | | |
| Male | 48 | 3 | 2 | 1 | 19 | 53 | 126 | 40 |
| Female | 38 | 3 | 3 | 1 | 13 | 45 | 103 | 39.58 |
| Total | 86 | 6 | 5 | 2 | 32 | 98 | 229 | 39.81 |

VIII. Ante-natal checkup report

Table 6: Visits of pregnant women for Ante-natal Clinic (ANC) Check up

| District | Visit | | | |
|-----------------|-----------------|-----------------|-----------------|-------------|
| | 1 st | 2 nd | 3 rd | More |
| Bumthang | 78 | 71 | 56 | 87 |
| Chukha | 366 | 332 | 338 | 710 |
| Dagana | 103 | 102 | 90 | 99 |
| Mongar | 200 | 195 | 169 | 261 |
| Paro | 198 | 186 | 168 | 178 |
| Pemagatshel | 103 | 81 | 84 | 110 |
| Punakha | 139 | 129 | 109 | 114 |
| SamdrupJongkhar | 158 | 168 | 147 | 183 |
| Trashigang | 185 | 196 | 167 | 198 |
| TrashiYangtse | 75 | 74 | 60 | 108 |
| Trongsa | 63 | 55 | 47 | 53 |
| Wangdi | 147 | 147 | 132 | 93 |
| Zhemgang | 86 | 82 | 54 | 86 |
| Total | 1901 | 1818 | 1621 | 2280 |

IX. Hospital Admission

Table 7: Hospital admissions and average length of stay

| Hospital | Admission | | |
|---------------------------|--------------|-----------------|------------------------|
| | Patient days | Total admission | Average length of stay |
| Bajo BHU I | 604 | 244 | 2.5 |
| Bumthang Hospital | 0 | 0 | 0.0 |
| Chukha BHU I | 437 | 149 | 2.9 |
| Dagana BHU I | 62 | 32 | 1.9 |
| Deothang Hospital | 1504 | 211 | 7.1 |
| Gedu Hospital | 1454 | 423 | 3.4 |
| Gyalpoishing BHU I | 2 | 18 | 0.1 |
| Kanglung BHU I | 164 | 63 | 2.6 |
| Lhamoy Zingkha BHU I | 0 | 0 | 0.0 |
| Mongar Hospital | 4954 | 753 | 6.6 |
| Nganglam BHU I | 103 | 39 | 2.6 |
| Panbang BHU I | 0 | 64 | 0.0 |
| Paro Hospital | 1971 | 675 | 2.9 |
| Pemagatshel Hospital | 1139 | 205 | 5.6 |
| Phuentsholing Hospital | 9 | 718 | 0.0 |
| Punakha Hospital | 1979 | 496 | 4.0 |
| Rangjung BHU I | 59 | 20 | 3.0 |
| Riserboo Hospital | 686 | 122 | 5.6 |
| Samdrup Jongkhar Hospital | 0 | 0 | 0.0 |
| Samdrubcholing BHU I | 212 | 99 | 2.1 |
| Trashigang Hospital | 2008 | 450 | 4.5 |
| Trongsa Hospital | 374 | 121 | 3.1 |
| Tsimalakha Hospital | 674 | 160 | 4.2 |
| Wangdue RBA Hospital | 409 | 137 | 3.0 |
| Yangbari BHU I | 0 | 7 | 0.0 |
| Yangtshi Hospital | 891 | 191 | 4.7 |
| Yebilabtsha Hospital | 1281 | 183 | 7.0 |
| Zhemgang BHU I | 0 | 24 | 0.0 |

X. Deliveries

Table 8: Deliveries attended by Health Professionals

| Dzongkhag | Attended delivery | | |
|-----------------|-------------------|-------|-----|
| | BCG | OPV-0 | |
| Bumthang | 18 | 72 | 49 |
| Chukha | 337 | 444 | 618 |
| Dagana | 38 | 84 | 71 |
| Mongar | 228 | 264 | 244 |
| Paro | 118 | 176 | 177 |
| Pemagatshel | 42 | 90 | 71 |
| Punakha | 86 | 103 | 89 |
| SamdrupJongkhar | 82 | 210 | 158 |
| Trashigang | 132 | 209 | 188 |
| TrashiYangtse | 33 | 118 | 88 |
| Trongsa | 16 | 44 | 35 |
| Wangdi | 54 | 142 | 96 |
| Zhemgang | 47 | 95 | 63 |

XI. Referrals

Table 9: Referred cases (October to December 2008)

| District | Referred | |
|-----------------|------------|------------|
| | In | Out |
| Bumthang | 19 | 23 |
| Chukha | 12 | 106 |
| Dagana | 12 | 38 |
| Mongar | 246 | 190 |
| Paro | 10 | 83 |
| Pemagatshel | 24 | 24 |
| Punakha | 14 | 86 |
| SamdrupJongkhar | 60 | 51 |
| Trashigang | 83 | 133 |
| TrashiYangtse | 4 | 25 |
| Trongsa | 1 | 22 |
| Wangdi | 16 | 92 |
| Zhemgang | 35 | 92 |
| Total | 536 | 965 |

XII. Under 5 Morbidity

Table 10: Top ten morbidity (under 5 years)

| Disease name | Total |
|--|-------|
| Common Cold | 8844 |
| Skin Infections | 2554 |
| Diarrhoea | 2399 |
| Other Disorders of Skin & Subcutaneous-tissues | 1367 |
| Other Respiratory & Nose Diseases | 1206 |
| Other Diseases of the Digestive System | 1035 |
| Acute Pharyngitis/Tonsillitis | 1012 |
| Conjunctivitis | 912 |
| Dysentery | 908 |
| Otitis Media | 690 |

XIII. Indoor Morbidity

Table 11: Top ten indoor morbidity data

| Disease name | Total |
|--|-------|
| Other Respiratory & Nose Diseases | 532 |
| Pneumonia | 443 |
| Other Diseases of the Digestive System | 436 |
| Other complications of pregnancy | 388 |
| Other Kidney, UT/ Genital Disorders | 382 |
| Injuries & Poisoning | 245 |
| Common Cold | 242 |
| Peptic Ulcer Syndrome | 214 |
| Other Musculo-skeletal disorders | 202 |
| Hypertension | 185 |

XIV. Dental Service Provision

Table 12: Dental services (October to December 2008)

| District | Dental Services | | | | |
|-----------------|-----------------|---------|----------|-------------|--------|
| | Prophylaxis | Scaling | Fillings | Extractions | Others |
| Bumthang | 3 | 0 | 92 | 137 | 118 |
| Chukha | 29 | 16 | 772 | 734 | 1267 |
| Dagana | 7 | 0 | 34 | 54 | 89 |
| Mongar | 12 | 12 | 182 | 310 | 473 |
| Paro | 17 | 4 | 339 | 251 | 415 |
| Pemagatshel | 14 | 1 | 91 | 112 | 55 |
| Punakha | 43 | 0 | 127 | 277 | 294 |
| SamdrupJongkhar | 38 | 0 | 77 | 195 | 101 |
| Trashigang | 18 | 28 | 273 | 422 | 235 |

| | | | | | |
|---------------|------------|-----------|-------------|-------------|-------------|
| TrashiYangtse | 6 | 0 | 56 | 92 | 128 |
| Trongsa | 12 | 0 | 73 | 132 | 83 |
| Wangdi | 7 | 2 | 141 | 145 | 68 |
| Zhemgang | 7 | 4 | 33 | 76 | 61 |
| Total | 213 | 67 | 2290 | 2937 | 3387 |

XV. Diagnostic Service Provision

Table 13: Diagnostic Services (October to December 2008)

| District | X-Ray | | | Gyne./ Obs. | Ultrasound | |
|-----------------|-------------|-------------|------------|----------------|-------------|------------|
| | Chest | Extremities | Others | | Abdomen | Others |
| Bumthang | 54 | 66 | 23 | 0 | 0 | 0 |
| Chukha | 570 | 298 | 182 | 542 | 267 | 42 |
| Dagana | 0 | 0 | 0 | 0 | 0 | 0 |
| Mongar | 287 | 107 | 141 | 219 | 101 | 30 |
| Paro | 179 | 225 | 103 | 361 | 174 | 252 |
| Pemagatshel | 35 | 35 | 21 | 0 | 0 | 0 |
| Punakha | 201 | 105 | 28 | 418 | 273 | 26 |
| SamdrupJongkhar | 132 | 110 | 46 | 77 | 85 | 6 |
| Trashigang | 65 | 34 | 22 | 136 | 37 | 1 |
| TrashiYangtse | 30 | 14 | 9 | 0 | 0 | 0 |
| Trongsa | 27 | 24 | 7 | 0 | 0 | 0 |
| Wangdi | 133 | 122 | 84 | 278 | 88 | 45 |
| Zhemgang | 68 | 40 | 41 | 0 | 0 | 0 |
| Total | 1781 | 1180 | 707 | 2031 | 1025 | 402 |

XVI. Laboratory Service Provision

Table 14: Laboratory Services Provision by District (October to December 2008)

| District | Hemoglobin levels | Blood grouping | Malaria slides | TB Sputum | Urine | Stool | HIV | Total |
|-----------------|----------------------|-------------------|-------------------|--------------|-------|-------|-----|-------|
| Bumthang | 575 | 164 | 10 | 28 | 579 | 4 | 58 | 650 |
| Chukha | 4404 | 1609 | 1224 | 779 | 2684 | 126 | 567 | 16610 |
| Dagana | 649 | 271 | 585 | 18 | 921 | 5 | 333 | 3705 |
| Mongar | 1906 | 685 | 47 | 226 | 1350 | 47 | 312 | 4559 |
| Paro | 549 | 273 | 30 | 220 | 1141 | 13 | 91 | 3255 |
| Pemagatshel | 424 | 268 | 45 | 33 | 663 | 5 | 145 | 3153 |
| Punakha | 1335 | 245 | 27 | 108 | 1629 | 11 | 52 | 3407 |
| SamdrupJongkhar | 1065 | 317 | 903 | 157 | 1324 | 21 | 160 | 4946 |

| | | | | | | | | |
|---------------|--------------|-------------|-------------|-------------|--------------|------------|-------------|--------------|
| Trashigang | 1028 | 974 | 17 | 45 | 2264 | 48 | 202 | 6343 |
| Trashiyangtse | 631 | 207 | 27 | 19 | 423 | 25 | 94 | 810 |
| Trongsa | 330 | 100 | 9 | 14 | 265 | 21 | 437 | 2520 |
| Wangdi | 822 | 276 | 73 | 35 | 741 | 27 | 254 | 2000 |
| Zhemgang | 532 | 438 | 336 | 20 | 866 | 19 | 48 | 3145 |
| Total | 14250 | 5827 | 3333 | 1702 | 14850 | 372 | 2753 | 55103 |

XVII. Surgeries for the last quarter

Table 15: Surgeries by District (October to December 2008)

| District | Caesarian section | General abdominal | Gen. others | Ortho. extremities | Ortho. others | Gynae. | ENT | Eye |
|-----------------|-------------------|-------------------|-------------|--------------------|---------------|------------|-----------|-----------|
| Bumthang | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chukha | 26 | 61 | 227 | 687 | 208 | 28 | 19 | 11 |
| Dagana | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mongar | 59 | 22 | 53 | 7 | 25 | 72 | 0 | 14 |
| Paro | 14 | 0 | 9 | 0 | 0 | 0 | 0 | 0 |
| Pemagatshel | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 |
| Punakha | 1 | 24 | 4 | 2 | 0 | 3 | 0 | 0 |
| SamdrupJongkhar | 2 | 0 | 148 | 9 | 7 | 0 | 0 | 0 |
| Trashigang | 6 | 0 | 41 | 0 | 0 | 2 | 0 | 3 |
| Trashiyangtse | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Trongsa | 0 | 0 | 2 | 0 | 0 | 2 | 0 | 0 |
| Wangdi | 0 | 26 | 40 | 0 | 39 | 0 | 26 | 19 |
| Zhemgang | 0 | 0 | 10 | 0 | 2 | 0 | 0 | 0 |
| Total | 108 | 133 | 534 | 705 | 286 | 107 | 45 | 50 |

XVIII. Human Resource Report:

Table 16: HR Training component (October – December 2008)

| Sl. # | Name | Department /Division | Course Title | Location | Start Date | Funding |
|-------|-------------------------|-------------------------|---|---------------------------|------------|-------------|
| 1 | Ms. Thinley Wangmo | ICB, DoPH | Strategic Approach to effective Communication for Development | DFI, Philippines | 2-Oct-08 | Global Fund |
| 2 | Mr. Sonam Wangchuk | ICB, DoPH | Effective Communication strategies for health campaign | DFI, Philippines | 2-Oct-08 | Global Fund |
| 3 | Dr. Ambika Rani Pradhan | GDMO, Bumthang Hospital | Training course on management of Diabetes | BIRDEM, Dhaka, Bangladesh | 6-Oct-08 | WDF |

| | | | | | | |
|----|------------------------|------------------------------|---|-----------------------------|-----------|-----------------|
| 4 | Dr. Dhruptob Sonam | Medical Supdt. Paro Hospital | Training course on management of Diabetes | BIRDEM, Dhaka, Bangladesh | 6-Oct-08 | WDF |
| 5 | Ms. Chado Wangmo | AN, JDWNRH | Training course on management of Diabetes | BIRDEM, Dhaka, Bangladesh | 6-Oct-08 | WDF |
| 6 | Ms. Kinley Chimi | GNM, Gelephu hospital | Training course on management of Diabetes | BIRDEM, Dhaka, Bangladesh | 6-Oct-08 | WDF |
| 7 | Ms. Julee Pradhan | GNM, JDWNRH | Training course on management of Diabetes | BIRDEM, Dhaka, Bangladesh | 6-Oct-08 | WDF |
| 8 | Ms. Tshering Deki | GNM, JDWNRH | Training course on management of Diabetes | BIRDEM, Dhaka, Bangladesh | 6-Oct-08 | WDF |
| 9 | Ms. Tandin Wangmo | GNM, JDWNRH | Training course on management of Diabetes | BIRDEM, Dhaka, Bangladesh | 6-Oct-08 | WDF |
| 10 | Ms. Pema Lhamo | AN, JDWNRH | Training course on management of Diabetes | BIRDEM, Dhaka, Bangladesh | 6-Oct-08 | WDF |
| 11 | Ms. Tshering Dema | GNM, JDWNRH | Training course on management of Diabetes | BIRDEM, Dhaka, Bangladesh | 6-Oct-08 | WDF |
| 12 | Mr. Kelzang Jigmi | GNM, Monggar RRH | Training course on management of Diabetes | BIRDEM, Dhaka, Bangladesh | 6-Oct-08 | WDF |
| 13 | Ms. Kinzang Wangmo | APO, PPD, MoH | Participatory Monitoring and evaluation | Kasertsart Uni. Thailand | 7-Oct | WHO |
| 14 | Ms. Sonam Gyeltshen | Lab Tech. Damphu, Tsirang | Immuno- Diagnosis of HIV/AIDS infection | Siriraj Hosp. BKK, Thailand | 27-Oct-08 | GFATM |
| 15 | Mr. Ugyen Tshering | Lab. Tech. JDWNRH | Immuno- Diagnosis of HIV/AIDS infection | Siriraj Hosp. BKK, Thailand | 27-Oct-08 | GFATM |
| 16 | Mr. Cheki Dorji | Lab. Tech. T/gang Hosp. | Immuno- Diagnosis of HIV/AIDS infection | Siriraj Hosp. BKK, Thailand | 27-Oct-08 | GFATM |
| 17 | Ms. Kunzang Choden | AN, JDWNRH | Trg. On Trauma | Turkey | 20-Oct-08 | Govt. of Turkey |
| 18 | Ms. Sangay Yangzom | GNM, Trongsa hospital | Trg. On Trauma | Turkey | 20-Oct-08 | Govt. of Turkey |
| 19 | Dr. T.B Rai | Specialist, JDWNRH | Trg. On Clinical Oncology | Turkey | 20-Oct-08 | Govt. of Turkey |
| 20 | Mr. Karma Chodrup | GNM, JDWNRH | Trg. On Clinical Oncology | Turkey | 20-Oct-08 | Govt. of Turkey |
| 21 | Mr. Sonam Dhendup | GNM, S/Jongkhar Hospital | Trg. On Clinical Oncology | Turkey | 20-Oct-08 | Govt. of Turkey |
| 22 | Mr. Gopal Chhetri | CT Tech. JDWNRH | Trg. On CT & MRI | Turkey | 20-Oct-08 | Govt. of Turkey |
| 23 | Mr. Sonam Wangchuk | MRI Tech. JDWNRH | Trg. On CT & MRI | Turkey | 20-Oct-08 | Govt. of Turkey |
| 24 | Ms. Reeta Maya Acharya | CT & MRI Tech. JDWNRH | Trg. On CT & MRI | Turkey | 20-Oct-08 | Govt. of Turkey |
| 25 | Ms. Jigme Zangmo | GNM, JDWNRH | Trg. On Neonatal ICU | Turkey | 20-Oct-08 | Govt. of Turkey |
| 26 | Ms. Sarala Pradhan | GNM, Monggar RRH | Trg. On Neonatal ICU | Turkey | 20-Oct-08 | Govt. of Turkey |
| 27 | Ms. Kinley Lemo | GNM, JDWNRH | Trg. On Emergency Maternal services | Turkey | 20-Oct-08 | Govt. of Turkey |

| | | | | | | |
|----|---------------------------|------------------------------------|--|------------------------------------|------------|--------------------|
| 28 | Mr. Youngba | GNM, JDWNRH | Trg. On General ICU | Turkey | 20-Oct-08 | Govt. of Turkey |
| 29 | Mr. Gyembo Dorji | PO, DoPH | International Training Course on Environmental Health impact Assessment | BKK, Thailand | 10 Nov. 08 | WHO |
| 30 | Ms. Pema Lhadon | Lab Tech. JDWNRH | Trg. on DIAMED Products for Blood Bank | New Delhi, India | 18-Nov-08 | NA |
| 31 | Mr. Kinley Penjor | Lab Tech. JDWNRH | Trg. On Surveillance of hospital Acquired infection (HAI) | Mahidol University, Thailand | 3-Nov-08 | WHO |
| 32 | Dr. Pandup Tshering | Medical Supdt, JDWNRH | Attachment and Orientation course on One Stop Crisis Centre | Bangkok, Thailand | 15-Nov-08 | NCWS |
| 33 | Dr. Pakila Dukpa | Specialist (Forensic) | Attachment and Orientation course on One Stop Crisis Centre | Bangkok, Thailand | 15-Nov-08 | NCWS |
| 34 | Dr. Bal Mukunda Dungel | Pathologist, MRRH | Training in Kala Azar | KTM, Nepal | 10 Nov. 08 | WHO |
| 35 | Mr. Rinzin Namgyel | Entomologist, Gelephu | Training in Kala Azar | KTM, Nepal | 10 Nov. 08 | WHO |
| 36 | Dr. Chabilal Adhikari | MO, T/gang | Training in Kala Azar | KTM, Nepal | 10 Nov. 08 | WHO |
| 37 | Dr. Deki Choden | Radiologist, JDWNRH | Training on Ultrasonography | New Delhi, India | 17 Nov. 08 | UNFPA |
| 38 | Mr. Tashi Norbu | Medical Technician I, JDWNRH | Training on Ultrasonography | New Delhi, India | 17 Nov. 08 | UNFPA |
| 39 | Mr. Ugyen Tenzin | Medical Technician I, JDWNRH | Training on Ultrasonography | New Delhi | 17 Nov. 08 | UNFPA |
| 40 | Mr. Sonam Rinchen | PO, DoPH | ToT on Reproductive Health and Commodity security | Jakarta | 9-Nov-08 | UNFPA |
| 41 | Mr. Pema Wangchuk | DHO, Trongsa | ToT on Reproductive Health and Commodity security | Jakarta | 9-Nov-08 | UNFPA |
| 42 | Ms. Dema | Procurement Assistant, DVED | ToT on Reproductive Health and Commodity security | Jakarta | 9-Nov-08 | UNFPA |
| 43 | Mr. Tandin Phub | Bio-Medical Tech. I, DVED | Training on X-ray | Goa | 3 Nov. 08 | NA |
| 44 | Dr. Phurb Dorji | Gynecologist, JDWNRH | Part II Examination on Ultrasound (Component of Maternal Fetal Medicine) | BIMS, Dhaka | 1-Dec-08 | Magee Project |
| 45 | Mr. Kencho Wangdi | APO, HIV/AIDS, DoPH | Inter-country Training on AIDS Program management | Colombo | 8-Dec-08 | GFATM (TB) |
| 46 | Dr. Nima Wangchuk | DMO, Bumthang Hospital | Inter-country Training on AIDS Program management | Colombo | 8-Dec-08 | GFATM (TB) |
| 47 | Mr. Karchung | DHO, Riserboo Hospital | Inter-country Training on AIDS Program management | Colombo | 8-Dec-08 | GFATM (TB) |
| 48 | Mr. Nima Wangdi | ACO, Khamdang BHU I, T/gang | Inter-country Training on AIDS Program management | Colombo | 8-Dec-08 | GFATM (TB) |

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| 49 | Ms. Kuenzang Lhaden | AN, HISC, T/Phu | Inter-country Training on AIDS Program management | Colombo | 8-Dec-08 | GFATM (TB) |
| 50 | Ms. Sonam Deki | Associate Lecturer, RIHS | Inter-country Training on AIDS Program management | Colombo | 8-Dec-08 | GFATM |
| 51 | Ms. Passang Lhamo Sherpa | Lecturer, RIHS | Inter-country Training on AIDS Program management | Colombo | 8-Dec-08 | GFATM |
| 52 | Mr. Chheten Gyeltshen | Associate Lecturer, RIHS | Inter-country Training on AIDS Program management | Colombo | 8-Dec-08 | GFATM |
| 53 | Mr. Tshewang Tenzin | NMS/TB in charge, Gidakom | Training on DOTS and MDR-TB | National TB Centre | 8-Dec-08 | GFATM (TB) |
| 54 | Ms. Man Kumari Rai | AN, Gomtu | Training on DOTS and MDR-TB | National TB Centre | 8-Dec-08 | GFATM (TB) |
| 55 | Mr. Kinley Penjor | NMS/TB in charge, T/gang | Training on DOTS and MDR-TB | National TB Centre | 8-Dec-08 | GFATM (TB) |
| 56 | Mr. Jigme Tenzin | NMS/TB in charge, MRRH | Training on DOTS and MDR-TB | National TB Centre | 8-Dec-08 | GFATM (TB) |
| 57 | Mr. Jangchuk Cheten | Health Assistant II, Dewathang | Training on DOTS and MDR-TB | National TB Centre | 8-Dec-08 | GFATM (TB) |
| 58 | Mr. Pema Tshering | HA II, Lhuntse Hospital | Training on DOTS and MDR-TB | National TB Centre | 8-Dec-08 | GFATM (TB) |
| 59 | Mr. Rinchen Tshering | HA I, Daga BHU I | Training on DOTS and MDR-TB | National TB Centre | 8-Dec-08 | GFATM (TB) |
| 60 | Mr. Choki Zangpo | TB In charge, Lungtenphu Hospital, RBS, T/phu | Training on DOTS and MDR-TB | National TB Centre | 8-Dec-08 | GFATM (TB) |
| 61 | Ms. Tshering Dema | Budget officer, MoH | Training on Health Accounting and Budgeting | PCP Asia, BKK | 29-Dec-08 | Danida & GFATM |
| 62 | Mr. Pema Namgyel | Accountant III, AFD, MoH | Training on Health Accounting and Budgeting | PCP Asia, BKK | 29-Dec-08 | Danida & GFATM |
| 63 | Mr. Dorji Dukpa | Chief Accountant, JDWRH | Training on Health Accounting and Budgeting | PCP Asia, BKK | 29-Dec-08 | Danida & GFATM |
| 64 | Mr. Tara Bir Rai | Audit officer, RAA | Training on Health Accounting and Budgeting | PCP Asia, BKK | 29-Dec-08 | Danida & GFATM |
| 65 | Ms. Nilimaya Dural | Accounts officer, Budget | Training on Health Accounting and Budgeting | PCP Asia, BKK | 29-Dec-08 | Danida & GFATM |
| 66 | Ms. Kinga Wangmo | Accounts officer, Budget | Training on Health Accounting and Budgeting | PCP Asia, BKK | 29-Dec-08 | Danida & GFATM |
| 67 | Mr. Tshering Dorji | X-Ray Tech. Damphu hospital | Training on Ultrasonography | AU I C, Haryana, India | 22-Dec-08 | UNFPA |
| 68 | Mr. Ugyen Tshering | X-Ray Tech. Gidakom hospital | Training on Ultrasonography | AU I C, Haryana, India | 22-Dec-08 | UNFPA |
| 69 | Mr. Dorji Wangchuk | X-ray Tech. T/gang hospital | Training on Ultrasonography | AU I C, Haryana, India | 22-Dec-08 | UNFPA |

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| 70 | Ms. Leki Wangmo | X-ray Tech. Monggar RRH | Training on Ultrasonography | AU I C, Haryana, India | 22-Dec-08 | UNFPA |
| 71 | Mr. Leki Norbu | Auto Tech. II, AFD, MoH | Diploma in Transport Logistic and Mgt. | Sunrise Institute, Pune | 22-Dec-08 | NTCP, GFATM, Danida |
| 72 | Dr. Sonam Dorji | Orthopedic Surgery, JDWNRH | Training on Arthroscopic surgery | Siriraj hospital, BKK | 29 Dec. 08 | RGoB |
| 73 | Mr. Sonam Wangchuk | ADHO, Wangduephod rang | Training on District health system and primary health care | Mahidol University, BKK | 22 Dec. 08 | WHO |
| 74 | Mr. Dorji Gyeltshen | ADHO, Sarpang | Training on District health system and primary health care | Mahidol University, BKK | 22 Dec. 08 | WHO |
| 75 | Mr. Karchung | ADHO, P/gatshel | Training on District health system and primary health care | Mahidol University, BKK | 22 Dec. 08 | WHO |
| 76 | Mr. Kinley | ADHO, Samtse | Training on District health system and primary health care | Mahidol University, BKK | 22 Dec. 08 | WHO |
| 77 | Mr. Kencho Wangdi | ADHO, Sarpang | Training on District health system and primary health care | Mahidol University, BKK | 22 Dec. 08 | WHO |
| 78 | Mr. Karma Wangchuk | ADHO, Monggar | Training on District health system and primary health care | Mahidol University, BKK | 22 Dec. 08 | WHO |
| 79 | Mr. Ugyen Dendup | ADHO, Gasa | Training on District health system and primary health care | Mahidol University, BKK | 22 Dec. 08 | WHO |
| 80 | Mr. Rinchen Dorji | ADHO, Samtse | Training on District health system and primary health care | Mahidol University, BKK, Thailand | 22 Dec. 08 | WHO |
| 81 | Mr. Pema Tshewang | ADHO, T/yangtse | Training on District health system and primary health care | Mahidol University, BKK, Thailand | 22 Dec. 08 | WHO |
| 82 | Mr. Tsheddar | ADHO, Haa | Training on District health system and primary health care | Mahidol University, BKK, Thailand | 22 Dec. 08 | WHO |
| 83 | Mr. Namgay Dawa | ADHO, Paro | Training on District health system and primary health care | Mahidol University, BKK, Thailand | 22 Dec. 08 | WHO |
| 84 | Mr. Sangay Phuntsho | Lecturer, RIHS, T/phu | Training on District health system and primary health care | Mahidol University, BKK, Thailand | 22 Dec. 08 | WHO |
| 85 | Ms. Tshering Dema | AN, JDWNRH | Trg. On Endoscopy and Laparoscopic Surgery | Rajavithi Hosp, Dept. of Medical Services, BKK | 29 Dec. 08 | WHO |
| 86 | Mr. Leki Samdrup | BHW, Samtse | Training on DOTS and MDR-TB | National TB Centre | 29 Dec. 08 | GFATM (TB) |
| 87 | Mr. Kezang | Med. Tech II, Yebilaptsa hospital | Training on DOTS and MDR-TB | National TB Centre | 29 Dec. 08 | GFATM (TB) |
| 88 | Mr. Ugyen Dukpa | ACO, Lhamoizinkha BHU, Dagana | Training on DOTS and MDR-TB | National TB Centre | 29 Dec. 08 | GFATM (TB) |

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| 89 | Mr. Jamtsho | NMS/Med. Tech I, S/Jongkhar | Training on DOTS and MDR-TB | National TB Centre | 29 Dec. 08 | GFATM (TB) |
| 90 | Mr. Rinchen Chung Chung | BHW, T/Yangtse | Training on DOTS and MDR-TB | National TB Centre | 29 Dec. 08 | GFATM (TB) |
| 91 | Mr. Tshering Chophel | BHW, Gomtu hospital | Training on DOTS and MDR-TB | National TB Centre | 29 Dec. 08 | GFATM (TB) |
| 92 | Mr. Jambay Dorji | BHW, Sarpang hospital | Training on DOTS and MDR-TB | National TB Centre | 29 Dec. 08 | GFATM (TB) |
| 93 | Mr. Karma Dukpa | Sr. HA, Dawakha BHU, Paro | Training on DOTS and MDR-TB | National TB Centre | 29 Dec. 08 | GFATM (TB) |
| 94 | Mr. Karma Chundrup | HA II, Damphu hospital | Training on DOTS and MDR-TB | National TB Centre | 29 Dec. 08 | GFATM (TB) |
| 95 | Mr. Rinchen Loday | BHW, Bara ORC, Samtse | Training on DOTS and MDR-TB | National TB Centre | 29 Dec. 08 | GFATM (TB) |
| 96 | Ms. Dawa Seldon | HA, Gedu hospital | Training on DOTS and MDR-TB | National TB Centre | 29 Dec. 08 | GFATM (TB) |
| 97 | Dr. Gosar Pemba | Anesthesia, JDWNR H | ToT on AI Case Management | Kasetsart University, BKK, Thailand | 22 Dec. 08 | World Bank |
| 98 | Dr. Sonam Ugen | Chief Program Officer, JDWNRH | ToT on AI Case Management | Kasetsart University, BKK, Thailand | 22 Dec. 08 | World Bank |
| 99 | Dr. Kuenley Pedon | GDMO, Samtse | ToT on AI Case Management | Kasetsart University, BKK, Thailand | 22 Dec. 08 | World Bank |
| 100 | Dr. Kalpana Chhetri | GDMO, Paro hospital | ToT on AI Case Management | Kasetsart University, BKK, Thailand | 22 Dec. 08 | World Bank |

Table 17: HR: Seminar/Workshop components (October – December 2008)

| Sl. # | Name | Department/ Division | Course Title | Location | Start Date | Funding |
|-------|--------------------------|------------------------|---|---------------|------------|-----------|
| 1 | Dr. Nor Tshering Lepcha | CRRH, Gelephu | 3 rd Meeting on Research Methodology | T/Nadu | 2-Oct-08 | HCP |
| 2 | Mr. Chandra Kumar Chetri | JDWNRH | 3 rd Meeting on Research Methodology | T/Nadu | 2-Oct-08 | HCP |
| 3 | Ms. Pem Zam | PO, RH, DoPH | Training workshop on Country Commodity Manager | BKK, Thailand | 7-Oct-08 | UNFPA |
| 4 | Mr. Som Bahadur Priyar | PO, MSD, P/ling | Training workshop on Country Commodity Manager | BKK, Thailand | 7-Oct-08 | UNFPA |
| 5 | Mr. Dilli Ram Darjee | GNM(Nurse anesthetist) | Community based health & first aid master facilitator | Sri Lanka | 4-Oct-08 | Organizer |
| 6 | Ms. Tashi Yuden | GNM(Nurse anesthetist) | Community based health & first aid master facilitator | Sri Lanka | 4-Oct-08 | Organizer |

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| 7 | Mrs. Lekma Dorji | Dzongkhag Planning Officer, Wangdue, GNH | High Level consultation to accelerate progress towards achieving maternal and child health millennium development goals | Ahmedabad, India | 15-Oct-08 | WHO |
| 8 | Mr Ugyen Tenzin | Planning officer, PPD, MoH | High Level consultation to accelerate progress towards achieving maternal and child health millennium development goals | Ahmedabad, India | 15-Oct-08 | WHO |
| 9 | Mr. Chimi Rinzin | HRO, HRD | High Level consultation to accelerate progress towards achieving maternal and child health millennium development goals | Ahmedabad, India | 15-Oct-08 | WHO |
| 10 | Ms. Tashi Dema | Reporter, Kuensel Corp. | High Level consultation to accelerate progress towards achieving maternal and child health millennium development goals | Ahmedabad, India | 15-Oct-08 | WHO |
| 11 | Dr. Chencho Dorjee | Director, RIHS | High Level consultation to accelerate progress towards achieving maternal and child health millennium development goals | Ahmedabad, India | 15-Oct-08 | WHO |
| 12 | Mr. Pema Dorji | DHO, Damphu, Tsirang | High Level consultation to accelerate progress towards achieving maternal and child health millennium development goals | Ahmedabad, India | 15-Oct-08 | WHO |
| 13 | Dr. Chojay Wangmo | GDMO | Second International conference on dengue and dengue hemorrhagic Fever | Phuket, Thailand | 15-Oct-08 | WHO |
| 14 | Ms. Pema Lham | Perinatal Nurse, JDWNRH | 4 th Asia pacific Congress in maternal fetal medicine | Macau, China | 17-Oct-08 | UNFPA |
| 15 | Dr. Phurb Dorji | Gynecologist, JDWNRH | 4 th Asia pacific Congress in maternal fetal medicine | Macau, China | 17-Oct-08 | UNFPA |
| 16 | Ms. Tandin Pemo | CPO, DoMS | Joint Asia pacific emergency and disaster Nursing network & Training workshop | China | 16-Oct-08 | WHO SEARO |
| 17 | Mr. Rinchen Phuntsho | PO, DVED | Regional Workshop on Procurement and Supply | Cochin, India | 22-Oct-08 | GFATM (HIV/AIDS) |
| 18 | Mr. Chhimi Dorji | Store in charge, VDCCP, Gelephu | Regional Workshop on Procurement and Supply | Cochin, India | 22-Oct-08 | GFATM (Malaria) |
| 19 | Mr. Sonam Wangdi | APO, HIV/AIDS, DoPH | Regional workshop on Monitoring and evaluation | Cochin, India | 21-Oct-08 | GFATM(HI V/AIDS) |
| 20 | Ms. Dechen Pemo | APO, VDCCP, Gelephu | Regional workshop on Monitoring and evaluation | Cochin, India | 21-Oct-08 | GFATM(Malaria) |
| 21 | Ms. Gaki Tshering | Head, IT Unit | UN/India/ESA regional w/shop on using space technology for Telehealth Benefit Asia and the pacific | Lucknow, India | 20-Oct-08 | UN |

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| 22 | Mr. Purna Kumar Chetri | Tech. Associate I, JDWNR Hospital | UN/India/ESA regional w/shop on using space technology for Telehealth Benefit Asia and the pacific | Lucknow, India | 20-Oct-08 | WHO DPA |
| 23 | Dr. Samdrup R Wangchuk | HoD, JDWNRH | Regional Consultation on Formulating Oral Health Strategy | Chiang Mai, Thailand | 28-Oct-08 | WHO |
| 24 | Dr. Dechen P Nidup | Radiologist, JDWNRH | 12th Asian Oceania Congress of Radiology | S. Korea | 24-Oct-08 | WHO |
| 25 | Dr. Tenzin Norsang Norbu | ENT surgeon, JDWNRH | Head & Neck Surgery Conference | BKK, Thailand | 23-Oct-08 | WHO |
| 26 | Mr. Karma | DY Exe. Engineer, PHED, DoPH | Water Safety plans training for trainers workshop | Singapore | 21-Oct-08 | WHO |
| 27 | Ms. Tandin Pemo | CPO, DoMS | Sixth International Training course on Hospital emergency Preparedness & response (HEPR-6) | BKK, Thailand | 20-Oct-08 | WHO |
| 28 | Dr. Tez Kumari Sharma | JDWNRH | Orientation of Potential consultants on STI Prevention and Case Mgt. | Kolkotta | 20-Oct-08 | WHO |
| 29 | Dr. Sonam Dukpa | Surgeon, JDWNRH | 9th Asian Congress of Urology Association of Asia with Pre Congress workshop | New Delhi | 1 - 5 Oct 08 | Organizer |
| 30 | Dr. Ugyen Tshomo | Gynecologist, JDWNRH | IGCS Meeting | BKK | 25-Oct-08 | WHO |
| 31 | Mr. Ugyen Wangdi | ADHO, Chukha | course on Economic Principles for health policy & Planning | BKK | 3 Nov.08 | WHO |
| 32 | Dr. Ugen Dophu | Director, DoPH | Regional meeting on Quality Implementation, round 9 & sub recipient (SR) Mgt. | Colombo | 10-Nov-08 | GFATM |
| 33 | Mr. Kinley Dorji | PMT Coordinator | Regional meeting on Quality Implementation, round 9 & sub recipient (SR) Mgt. | Colombo | 10-Nov-08 | GFATM |
| 34 | Ms. Sangay Wangmo | PO, PPD | Regional meeting on Quality Implementation, round 9 & sub recipient (SR) Mgt. | Colombo | 10-Nov-08 | GFATM |
| 35 | Dr. Kunzang Jigmi | Registrar, BMHC | Second Meeting of the network of medical councils of the south east Asia region | Chiang Mai | 10 Nov. 08 | WHO |
| 36 | Mr. Nima Sangay | BMHC | Second Meeting of the network of medical councils of the south east Asia region | Chiang Mai | 10 Nov. 08 | WHO |
| 37 | Dr. Sonam Ugen | CPO, JDWNRH | Peaceful Dragon-Textile Arts from the Kingdom of Bhutan | Aungsbu | 21 Nov. 08 | Textile Museum, MoHCA |
| 38 | Mr. Leki Dorji | Communication Supervisor I. ICB, DoPH | Peaceful Dragon-Textile Arts from the Kingdom of Bhutan | Aungsbu | 21 Nov. 08 | Textile Museum, MoHCA |
| 39 | Mr. Kado Zangpo | Head, HIRU, MoH | Population Council -IPSR Operation Research workshop | BKK | 24 Nov.08 | WHO |

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| 40 | Dr. Nar Bdr. Rai | GDMO, Bali, Haa | Population Council -IPSR Operation Research workshop | BKK | 24 Nov.08 | WHO |
| 41 | Mr. Sonam Dorji | CPO, PPD, MoH | Danida Health Advisor Seminar | Maputo | 27-Nov-08 | TA services of Danida |
| 42 | Dr. Mahrukh Getshen | Blood Bank In charge, JDWNRH | Conference organized by South Asian Association of Transfusion Medicine | Karachi | 21-Nov-08 | PVT. |
| 43 | Dr. Mimi Lhamo Mynak | Paediatrics, JDWNRH | Scaling up PMTCT and Pediatric HIV care, support and treatment Workshop | KTM | 24 Nov.08 | UNFPA |
| 44 | Mr. Wangchuk | GNM, JDWNRH | Scaling up PMTCT and Pediatric HIV care, support and treatment Workshop | KTM | 24 Nov.08 | UNFPA |
| 45 | Dr. Tej Nath Nepal | GDMO, Tsimalakha | Scaling up PMTCT and Pediatric HIV care, support and treatment Workshop | KTM | 24 Nov.08 | UNFPA |
| 46 | Dr. Sonam Tshering | DMO, Trongsa hospital | International conference on Health Promotion and Quality in Health Services | BKK | 19 Nov. 2008 | WHO |
| 47 | Mr. Tashi Dhendup | APO, QASD, MoH | International conference on Health Promotion and Quality in Health Services | BKK | 19 Nov. 2008 | WHO |
| 48 | Mr. Tandin Chogyel | PO, DoPH | WHO Questionnaires on "Alcohol and Health" and ATLAS of Substance use Disorders | BKK | 27-Nov-08 | WHO |
| 49 | Mr. Yeshi Wangdi | PO, DoMS | Diabetes summit India-A summit for South East Asia | Chennai | 28 Nov.08 | WDF |
| 50 | Dr. Bhakata Raj giri | Specialist, JDWNRH | Diabetes summit India-A summit for South East Asia | Chennai | 28 Nov.08 | WDF |
| 51 | Mr. Ganga Prasad Rai | PO, ARI/CDD, DoPH | Short Program Review of Child Health Program | | 24 Nov. 08 | WHO |
| 52 | Ms. Karma Tshering | PO, EPI, DoPH | Short Program Review of Child Health Program | | 24 Nov. 08 | WHO |
| 53 | Dasho Dr. Gado Tshering | Secretary | Third South Asian Conference on sanitation (SACOSAN III) | New Delhi | 16 to 21 Nov. 08 | WHO |
| 54 | Mr. Sonam Gyeltshe | Engineer, PHED, DoPH | Third South Asian Conference on sanitation (SACOSAN III) | New Delhi | 16 to 21 Nov. 08 | UNICEF |
| 55 | Mr. Lungten Jamtsho | DE, P/gatshel | Third South Asian Conference on sanitation (SACOSAN III) | New Delhi | 16 to 21 Nov. 08 | UNICEF |
| 56 | Mr. Ichharam Dulal | EE, MoWHS | Third South Asian Conference on sanitation (SACOSAN III) | New Delhi | 16 to 21 Nov. 08 | UNICEF |
| 57 | Ms. Rinzin Wangmo | Depty Chief HRO, MoE | Third South Asian Conference on sanitation (SACOSAN III) | New Delhi | 16 to 21 Nov. 08 | UNICEF |
| 58 | Mr. Sonam Wangchuk | Lab Technologist | Expert Group meeting on disease surveillance and rapid development | Delhi | 26-Nov-08 | SAARC (RGoB) |

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| 59 | Mr. Jasman Gurung | ACO, Gidakom Hospital | 13th Meeting of the National TB Programme mangers | Male | 1-Dec-08 | WHO |
| 60 | Mr. Chewang Rinzin | PO, TB Program, DoPH | 13th Meeting of the National TB Programme mangers | Male | 1-Dec-08 | WHO |
| 61 | Mr. Ugyen Norbu | Asst. Information and Comm. Officer, ICB, DoPH | Intercountry workshop on Tobacco Control Legislation | Colombo | 4-Dec-08 | WHO |
| 62 | Dr. Tshewang Thinley | Orthopedic Surgeon, JDWNRH | 7th Asian Spinal Cord Injury Conference | Hanoi | 9-Dec-08 | WHO |
| 63 | Ms. Hema Pradhan | Ortho Nurse, JDWNRH | 7th Asian Spinal Cord Injury Conference | Hanoi | 9-Dec-08 | WHO |
| 64 | Mr. Tashi Gyeltshen | Physiotherapy Tech. Trongsa Hospital | 7th Asian Spinal Cord Injury Conference | Hanoi | 9-Dec-08 | WHO |
| 65 | Dr. Ugen Dophu | Director, DoPH | Second conference on Tuberculosis, HIV/AIDS and respiratory disease | KTM | 15-Dec-08 | WHO |
| 66 | Dr. Gem Dorji | GDMO, Yebilaptsa hospital | Second conference on Tuberculosis, HIV/AIDS and respiratory disease | KTM | 15-Dec-08 | SAARC |
| 67 | Dr. Sunandra Pradhan | MO, Gidakom hospital | Second conference on Tuberculosis, HIV/AIDS and respiratory disease | KTM | 15-Dec-08 | SAARC |
| 68 | Dr. Nado Zangpo | CMO, Tala | International trg. Course on medication mgt. in Hospital: Role of Drugs and Therapeutics Committees | | 8-Dec-08 | WHO |
| 69 | Ms. Manusika Rai | Sr Pharmacist, DoMS | International trg. Course on medication mgt. in Hospital: Role of Drugs and Therapeutics Committees | | 8-Dec-08 | WHO |
| 70 | Ms. Ugyen Zangmo | PO, DoPH | Centre for food safety and world health organization joint workshop on total diet study | | 9-Dec-08 | WHO |
| 71 | Dr. Ugyen Thinley | Orthopedic Surgeon, JDWNR Hospital | Principles for fracture management course | | 14-Dec-08 | RGoB (20 %) |
| 72 | Ms. Pema Yuden | Focal Person for infectious control and waster mgt. DoMS | Asian Pacific workshop on mainstreaming sound management of chemicals into development planning processes | | 10 Dec. 08 | UNEP |
| 73 | Ms. Gaki Tshering | Head, ICT, MoH | TEIN3 SAFS meeting | | 22-Dec-08 | |
| 74 | Ms. Sangay Wangmo | Planning officer, PPD, MoH | Regional Consultation on Financing Health Promotion: Policy Options | | 15-Dec-08 | WHO |
| 75 | Dr. Tashi Gyeltshen | DMO, P/Ling hospital | Consultative meeting on AI Risk Communication Strategy | Kasetsart University, BKK, Thailand | 22 Dec. 08 | World Bank |

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| 76 | Mr. Tshewang Dorji | AI, Focal Person, ICB, DoPH | Consultative meeting on AI Risk Communication Strategy | Kasetsart University, BKK, Thailand | 22 Dec. 08 | World Bank |
| 77 | Ms. Roma Karki | APO, IHR/AI Program, DoPH | Consultative meeting on AI Risk Communication Strategy | Kasetsart University, BKK, Thailand | 22 Dec. 08 | World Bank |
| 78 | Dr. Chador Wangdi | MoA | Consultative meeting on AI Risk Communication Strategy | Kasetsart University, BKK, Thailand | 22 Dec. 08 | World Bank |
| 79 | Dr Karma Rinzin | MoA | Consultative meeting on AI Risk Communication Strategy | Kasetsart University, BKK, Thailand | 22 Dec. 08 | World Bank |
| 80 | Mr. Karma Tenzin | MoA | Consultative meeting on AI Risk Communication Strategy | Kasetsart University, BKK, Thailand | 22 Dec. 08 | World Bank |
| 81 | Mr. Tandin Dorji | Head, PHL | First meeting of the south east Asia regional Certification commission for polio eradication | New Delhi | 2 Dec.08 | WHO SEARO |
| 82 | Dr. Kunzang P. Tshering | HoD, Pediatrics, JDWRH | South East Asia Regional Certificate Commission for Polio Eradication (SEARCCPE) | New Delhi | 1-Dec-08 | WHO SEARO |

>> [Contd. from page 1](#)

Health facilities including diagnostic and curative services are provided free of charge to all citizens of Bhutan. To improve the overall quality of health system, Quality Assurance and Standardization programme in Health Care was initiated in 2002. Also, Bhutan Medical & Health Council Act was passed in 2002; and Medical Act of Kingdom of Bhutan in 2003. Health services in Bhutan is deeply rooted and practically linked to the Fourth Druk Gyalpo, His Majesty Jigme Singay Wangchuck's visionary ground breaking declaration of Gross National Happiness under the pillar of Sustainability and Self Reliance.

Primary Health Care (PHC)

World Health Assembly in May 1977 recognized that a large number of world population had no access to health care at all and for many of the rest, the care they received didn't answer the problems they had. There had been a growing dissatisfaction with existing health services. Against this background, the assembly decided to launch a movement known as **HEALTH FOR ALL by the year 2000**. That is **"attainment of level health that will enable every individual to lead a socially mentally and economically productive life"** which meant that health is to brought within the reach of every one in a given community. To achieve this goal the joint WHO-UNICEF International conference held in 1978 at Alma-Ata (USSR) proclaimed **Primary Health Care** as the best approach. And hence it came in to existence. The concept of PHC has been accepted by all countries as the key to the attainment of Health for All by 2000.

Definition

Primary Health Care is essential health care made universally accessible to any individual and acceptable to them through their full participation and at a cost the community and country can afford.

Primary Health Care is a new approach to health care integrated at community level. This presupposes services that are both simple and efficient in regard to cost technique, readily accessible and contributed to improving the living of individual, family and community as a whole. It integrated promotional, preventive and curative services. It is also conceived as integral part of country plan for socio economic development and valid to all countries from the most to the least developed

In **1978, Bhutan** signed the Alma Ata declaration, committing the country to implement relevant and cost effective health care through the Primary Health Care approach and had chosen it as the core strategy since the delivery of this system is deemed effective in reaching health care system.

However Alma Ata declaration gave considerable impetus and direction to process it further and got off to a good start in Bhutan with the theme "Health for All".

The following eight **essential elements** are implemented in an integrated manner.

1. Education concerning prevailing health problems and the method of preventing and controlling them.
2. Promotion of food supply and proper nutrition.
3. An adequate supply of safe water and basic sanitation.
4. Maternal and child health care, including family planning.
5. Immunization against the major infectious diseases.
6. Prevention and control of locally endemic diseases.
7. Appropriate treatment of common diseases and injuries, and
8. Provision of essential drugs.

Primary Health Care is available to all people at all levels of health care facilities. It is based on the principle of:

"Equitable distribution, and converge distributed equally to the entire citizen irrespective of race religion, rich or poor, urban or rural". To bring these services as to near to people's home as possible, we target our services to reach the un-reached by extending the infrastructure to the remotest part of the country which are further covered by outreach clinics and by the village health workers.

Community participation

The unique aspect to Bhutan health care system is the degree of emphasis on community participation. The involvement of individual family and the community in promotion of their health and welfare is essential in sustaining the health services. Primary health care is built on the principles of community participation with maximum reliance on local resources. One approach that has been successful in Bhutan is the Village health worker programme. They play important role in the community for raising health awareness, and forms the bridge between health services and the community.

Intersectoral coordination

There is an increasing realization of the fact that the component of Primary Health Care cannot be provided by health sector alone. In order to address the existing health problems, all related sectors including the religious body are involved.

Appropriate technology

Laymen have come to play a prominent role in delivering primary health services. Therefore, we need to have a system that is scientifically sound effective and simple to use, acceptable to those who apply in tune with local culture, and are easily understood by people and affordable to the community.

Primary health care Goal and Policy

Goal: To achieve Health For All by 2000, Primary Health Care aims to reduce infant mortality rate from 125 to 60/1000 crude birth rate from 33 to 21/1000 crude death rate from 14 to 9/1000, raise its expectancy of life from 52 to 64 years and to provide potable water to the entire population. The policy is to provide the highest quality of health services, to achieve equity in health. To create an environment that supports health, to encourage life style that support health and enhance self reliance and sustainability of the health system.

Health of Bhutanese people: (achievements in 30yrs based on essential elements)

Thirty years ago, when 5 year old Karma had dysentery, his parents immediately took him to a traditional healer for treatment. Today, Karma and 90% of our population consult modern health services as their first choice for any illness.

This is achieved because of **Information Communication Bureau** for health established in 1991, and high level advocacy campaigns led by UNFPA goodwill ambassador, Her Majesty Ashi Sangay Choden Wangchuck, into the remotest part of the country thereby increasing community awareness and enhancing their knowledge in seeking appropriate health care. Karma as young boy had many relatives with goiter. Today, he can hardly see any one. This achievement was possible through the **National Nutrition Programme** initiated in 1985. There is also a decline of anemia, blindness and malnutrition. Over 23% children below 5 years who visited health centres are found to be overweight and about 10% underweight. The introduction of iodized salt in commercial distribution has made a big difference in the health of the Bhutanese.

Until 1985, Karma used to spend a lot of his time to fetch water from a stream, about 45 minutes walking distance and none of them in the village owned latrine. Karma now has tap water in front of his house, and a sanitary latrine nearby. The considerable changes were brought by the **Rural Water Supply and Sanitation Programme** initiated in 1972, which has gone a long way in making the rural life easier. At present, 85% of the population has access to piped water and over 90 % households have sanitary latrine. There is a significant decrease in case load of water borne diseases.

When Karma was born, he had over 12-14% probability of dying before he was one year old and 16% probability of dying before he was five. Whereas his daughter, born in 2007 has only 4% likelihood of dying before she is one and 6% before the age of five. Therefore, **Maternal and Child Health Care** has been identified as a crucial factor to reduce maternal and infant under-five mortality, as well as improving the general health and well-being of the population. Today, pregnancy cases/complication tops the list of hospital admission which indicates an increased awareness on maternal care.

The Antenatal coverage is 75%, institutional delivery increased from 10% in 1994 to 57% in 2007. There is a decrease in maternal mortality from 8/1000 in 1984 to 2.5/1000 in 2007, Infant mortality from 103/1000 in 1984 to 62/1000 in 2007. There is also decrease in crude death rate to 7/1000, crude birth rate to 20/1000, and contraceptive prevalence rate has increased to 31% in 2007.

Immunization was not available in Karma's time. He and his sister had suffered from measles from which he lost his only sister when she was 3 years old. However, the **Expanded Programme on Immunization** launched nation wide on 15th November 1979, changed the scenario.

Despite difficult terrain, sparse and scattered population, immunization coverage is maintained well above 90%.

To prevent and control local endemic diseases, a number of programmes were launched such as **National Vector Borne Diseases Control (1964)**, **National Tuberculosis Programme (1976)**, and **National Leprosy Programme (1966)**. Morbidity and mortality due to malaria has

declined. Only 370 cases of sputum positive pulmonary tuberculosis have been detected. Leprosy has been eliminated with only 16 cases in 2007.

In 1978 there were, about 100 health centers, a majority facilities were dispensaries manned by one health staff. Till 1979 about 80 health workers graduated from Health school (established in 1974). Today we have 29 hospitals, 176 BHUs with 3000 health personals working round the clock. Accessibility of services in further increased by 515 Out Reach Centre (ORC) and 1300 Village Health Workers.

Until 1986, shortfalls in public drug supply had led to poor drug availability questionable quality, irrational prescribing and high drug costs. Drug Vaccine and Equipments Programme established in 1987 ensured regular supply of safe effective and need- based, acceptable quality, drugs accessible at all levels of health care center at all times.

Hardships faced

The hardships faced while delivering health services had been numerous posed by difficult terrain, scattered population, limited transport & communication infrastructure, natural calamities, illiteracy and limited resources. To achieve the goal, Health Workers travel days crossing delicate bamboo/cane bridges, cliffs and mountains to provide the services, this sometimes resulted in the loss of their lives.

Challenges Ahead

Primary Health Care has reached targeted percentage and now quality has become the main priority. With increase in educated population, the demand for higher quality services is already increasing. We must prepare to successfully respond to changes in demographic dynamics.

The major shift now is towards non communicable diseases. With the increase in urban population from 16% in 2000 to 31% in 2005, urban health problem like the rise in lifestyle diseases are invading more population. We are also seriously concerned with the rising trend of HIV/AIDS. There is also the challenge of preparing and managing disasters that are both man made and natural.

The long-term challenge is the financial sustainability of provision of free health services since the rising cost will severely influence the availability of resources. The introduction of user fee for special services and support to Bhutan Health Trust Fund needs to be emphasized to ensure sustainability.

Lessons Learnt

Involvement of multi sectors and stakeholders is crucial in accelerating health activities. The Multi sectoral task force established on HIV/AIDS awareness and promotional activities is a good model for Primary Health Care.

The high level political commitment like various royal decrees and advocacy campaigns provided major impetus to the health achievement and has been instrumental in the success of promoting PHC activities.

To address the difficulties posed by acute shortage of specialists, coupled with scattered population, the **Health Telematics/Telemedicine** project was initiated in 2000 to provide specialized consultancy opportunities and to facilitate Continuing Medical Education. It has been found to be an efficient and cost effective alternative to provide quality health care and needs extension to other Dzongkhags.

Conclusion

The system Primary Health Care was a new phenomenon. In Bhutan it has made a huge stride through the decades. There have been minimum cases of disease outbreak, and the mortality rates have declined. The attendance at the outpatient services is on the rise steadily indicating that people are more aware of their health. The health coverage at present is more than 90%. This achievement was possible because of His Majesty, The Fourth Druk Gyalpo's effort to expand health coverage and services to reach the needy across the kingdom through various royal edicts, thus transforming health services into a sound success story which has all been a product of His Majesty's enlightened and wise visionary. While success has been numerous, a series of challenges also face the health system.

However, with continuous high level commitment, support from development partners, donor agencies, active participation from community and the dedicated services of committed health care provides, we are confident to achieve and sustain the coverage to maximum level and enhance the quality of life of Bhutanese people in spirit of social justice and equity.

(The hands that help are holier than the lips that
pray- Sai Baba)

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.

Health Information & Research Unit
Policy and Planning Division
Ministry of Health
PO Box no. 726
www.health.gov.bt/qmar.php

Phone: + 975 2 322602/328091/328092
Fax: + 975 2 322941
E-mail: hiru@health.gov.bt