།ཀུ་ ཟླ་ངོ་གསུམ་གྱི་ནད་དེགས་དང་བྱ་དེམ་གྱི་སྐྱན་ཞུ།

Quarterly Morbidity & Activity Report

Vol.II, Issue I (January–March 2009) June 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.)

ACHIEVEMENT OF PRIMARY HEALTH CARE IN BHUTAN

(Ugyen Thinley, BHW)
Sengdhyen BHU, Dorokha Dungkhag

Work without hope draws nectar in a sieve, and hope without an object cannot live. S.T Coleridge lines encapsulate the very purpose of our existence. Our work, he suggests, must have hope to maintain its value. But where do we find that hope? Is not the health, the wealth of the nation? The Arab proverb says! "He who has health has hope, and he who has hope has everything". Expectations higher and concern deeper, caution, precautions, education all armed to make Primary Health Care a success story.

Our legendary monarch was of view that Bhutanese people should be 'prosperous and happy'. The concept of Gross National Happiness is seen as a unique and primary development philosophy initiated by His Majesty the 4th king. It reflects the concern of the Royal Government to improve the physical, intellectual, social and economic wellbeing of our people through the provision of HEALTH CARE, education, social and economic services.

More than a decade, the health ministry endeavors in realizing the noble vision of His majesty the king and in fulfilling the aspiration of common people. To this end, many health workers had scarified their life in rendering the service to the nook and corner of the kingdom. We need to salute the selflessness and hardships faced by the professionals of Health Care team in making and reaching PHC to the grass root level.

I take the privilege in paying my deepest and humble gratitude to the Royal Government of Bhutan for offering me an opportunity to serve in whatever little capacity of mine. I am particularly indebted to my own ministry for entrusting and recognizing my potentials as Health Worker. I am honored for the unwavering faith and confidence put in me by our ministry in discharging my duties with utmost loyalty and dedication. I am really thankful for letting me share my little collected experiences and achievement of field which otherwise could have gone unrecognized. My hearties thankful goes to HRH Ashi Sangay Choden Wangchuck, honorable secretary and other dedicated teams of professional for the fruit of their visit and their ideal message to our rural people in promoting health care.

In order to get with the concise idea of PHC, let me highlight the concept and approaches of PHC.

According to WHO, 'Primary health care is essential health care made universally accessible to individuals and acceptable to them, through their full participation and act at a cost that the community and country can afford'. It also stressed on the key approach for achieving the objective of the attainment of a level of health that will enable every individual to lead a socially and economically productive life.

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EDITORIAL

Of Gender & Women in Bhutan

Bhutan, a small speck on the world map, has acknowledge the problem of gender discrimination particularly against female with the global sensitization and continuous follow up done by the UN agencies in the country.

While the definition of gender discrimination itself cannot be uniform as it has to fit within the cultural context of each society, the global community is pushing forward with the agenda blinding themselves to look at the socio-cultural ramifications of each country.

Bhutan having a negligible impact on the global scene is a victim of such global agenda. Few organizations have been established probably to diagnose and solve such problems. BUT the issue is does Bhutan have a problem? If yes, what is the magnitude of the problem?

The following abstract from Yoshiro Imaeda's book "Enchanted by Bhutan" gives a very clear picture. Imaeda lived and worked in Bhutan from 1981 till 1990.

"What deserves special mention is the status of women in Bhutan. Bhutan has vestiges of matriarchal society, so it is the women in the family who often inherit the property such as the house and the field. This financial foundation is also one of the reasons they are socially and mentally independent.

The traditional marriage style in Bhutan, especially in eastern Bhutan, was a commuting relationship. A man approached a woman during the day time asking her if she would like him to visit her that night. He would come to the promised venue and give her the signal. Only if the women approved did she open the door and let him in. The woman took the lead in making decisions. It was an official marriage when the man stayed until breakfast time the next morning. The man married into the woman's family and became a part of the workforce. The field and the house belonged to the women and the men were viewed as "help" for the women with labor and reproduction.

Naturally, the women hold the power in the household. All the property belonged to women; the men are just part of the workforce of the household. This is more or less the case with families originally from the east who now live in Thimphu. The salary of the husband, who is a civil servant, only amounts to an allowance or money to spend on tobacco and drinks. The wife possesses the property in the rural home, weaves at home, to make money and often runs a business in Thimphu. She is the primary breadwinner of the family. She holds the power.

I have heard that, quite often the men get thrown out of the family. The men did not resist leaving the woman's household. The situation remained the same even if the couple had children. The children would be taken care by members of the extended family on wife's side, so there was no issue related to child custody.

In Japan, divorced women have few chances of remarrying and even fewer chances if they have children. This is not the case with men and one major reason is due to difference in their ability to support themselves. In Japan, men are able to support themselves after the divorce. However, the situation is different in Bhutan. The house, the field and other properties belong mostly to the women. The man has nothing but himself. It is obvious who is in more favorable position after the divorce. The husband is now older and almost broke. The wife, on the other hand, may be older but has properties. Here the woman is again in a better position, with options to make decisions. Therefore, it is quite common for older Bhutanese women with children to marry men much younger than themselves.

There are numerous other points where Bhutanese women seem to stand out in their independence and freedom compared with many other countries. Bhutanese women have never been oppresses but have always been free and open."

I. Timeliness of the Report

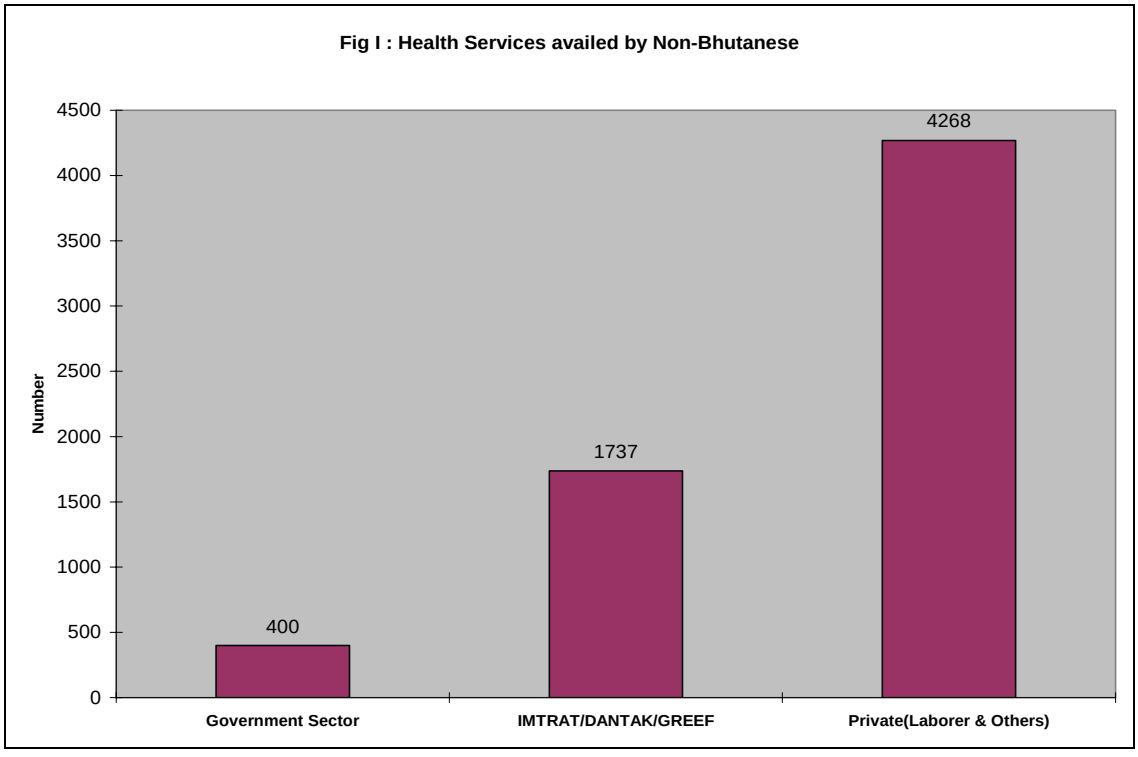
The following descriptive analysis includes only 15 Dzongkhags. As per the policy directives of Health Ministry, all Dzongkhags should have sent the 1st quarter data by 15th May 2009. However the following Dzongkhags has not sent the data as of 15th May 2009:

1. Dagana
2. Lhuentse
3. Trashiyangtse
4. Trashigang
5. Wangdue

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 1st quarter 6,402 Non-Bhutanese have availed health services. Of the 6,402 Non-Bhutanese who availed health services, 400 are working in the government organization, 1,732 are DANTAK/IMTRAT/GREF employees and 4,268 are working in the private sector.



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

III. Indoor Mortality

Sl. No	Cause of Death	No. of Death
1	Acute Appendicitis	3
2	Alcohol Liver Diseases	20
3	Blood & Immune Disorders	3
4	Cerebro-vascular Diseases	5
5	Conditions Originating in the Perinatal Period	2
6	Diabetes	8
7	Foetal Death & Stillbirth	11
8	Hypertension	3
9	Injuries & Poisoning	5
10	Low Birth Weight	4
11	Meningitis/Encephalitis	4
12	Menstrual Disturbances	1
13	Neonatal Death	9
14	Neoplasm (benign + CIS)	1
15	Nutritional Anaemia	1
16	Other Circulatory Diseases	22
17	Other complications of pregnancy	1
18	Other Cancers	7
19	Other Diseases of the Digestive System	5
20	Other Infections (excluding ear, brain, STI)	6
21	Other Kidney, UT/ Genital Disorders	4
22	Other Musculo-skeletal disorders	1
23	Other Nervous including Peripheral Disorders	4
24	Other Nutritional & Metabolic Disorders	1
25	Other Respiratory & Nose Diseases	11
26	Plasmodium falciparum malaria	2
27	Pneumonia	7
28	Rheumatic Heart Disease	1
29	Transport Accidents	5
30	Tuberculosis	3
Total		**160**

IV. Communicable & Non-Communicable Diseases

Table 1: Communicable health problems (January - March 2009)

Sno	Dzongkhag	Diseases				
		Diarrhoea	Dysentery	Intestinal Worms	Conjunctivitis	Pneumonia
1	Bumthang	295	84	5	365	27
2	Chukha	1858	688	789	1093	215
3	Gasa	103	35	26	20	1
4	Haa	313	79	86	124	62
5	Mongar	744	352	162	928	162
6	Paro	660	228	122	169	128
7	Pemagatshel	349	203	60	342	118
8	Punakha	621	389	132	248	67
9	SamdrupJongkhar	642	269	123	437	130
10	Samtse	1383	309	286	838	243
11	Sarpang	772	301	160	542	215
12	Thimphu	914	413	153	431	98
13	Trongsa	266	127	56	220	11
14	Tsirang	341	233	159	463	120
15	Zhemgang	528	149	102	396	86

Table 2: Non-Communicable health problems (January – March 2009)

Sno	Dzongkhag	Diseases	
		Hypertension	Alcohol Liver Diseases
1	Bumthang	139	4
2	Chukha	737	37
3	Gasa	29	0
4	Haa	260	4
5	Mongar	223	45
6	Paro	302	22
7	Pemagatshel	206	14
8	Punakha	133	12
9	SamdrupJongkhar	151	18
10	Samtse	440	22
11	Sarpang	744	49
12	Thimphu	397	37
13	Trongsa	169	10
14	Tsirang	215	1
15	Zhemgang	162	11

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

Table 3: Nutritional status of children under 5 who have visited health centers (January – March 2009)

Sl no	Dzongkhag	Nutritional status						
		Child Attendances	Normal	Percent	Over weight	Percent	Under weight	Percent
1	Bumthang	1406	1143	81.29	79	5.62	56	3.98
2	Chukha	4908	4148	84.52	353	7.19	276	5.62
3	Gasa	199	159	79.90	14	7.04	8	4.02
4	Haa	957	823	86.00	57	5.96	59	6.17
5	Mongar	4278	3376	78.92	451	10.54	354	8.27
6	Paro	2476	2225	89.86	202	8.16	52	2.10
7	Pemagatshel	2207	1719	77.89	199	9.02	179	8.11
8	Punakha	1212	1042	85.97	134	11.06	51	4.21
9	SamdrupJongkhar	2807	2370	84.43	227	8.09	185	6.59
10	Samtse	3913	3340	85.36	191	4.88	382	9.76
11	Sarpang	2652	2076	78.28	383	14.44	229	8.63
12	Thimphu	7047	6344	90.02	342	4.85	331	4.70
13	Trongsa	957	797	83.28	93	9.72	67	7.00
14	Tsirang	1483	1179	79.50	108	7.28	196	13.22
15	Zhemgang	1398	885	63.30	336	24.03	177	12.66

VI. Malaria Report

Table 4: Malaria report (January - March 2009)

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	1	1	3	6	11	5	1	2	16	14	30
Pv	2	0	8	2	9	2	1	1	20	5	25
Mixed	0	0	0	0	0	0	0	0	0	1	1
Malaria death	0	1	0	1	0	1	0	1	0	4	4

VII. Case finding of new and re-treatment of TB cases

Table 5: TB report (January - March 2009)

Gender	Pulmonary Positive				Pulmonary Negative	Extra Pulmonary	Total	Case finding indicators A/(A+E+F)*100
	New (A)	Relapse (B)	Failure (C)	Default (D)	New (E)	New (F)		
Male	52	7	2	1	33	40	135	65.00
Female	50	2	1	1	20	38	112	83.33
Total	102	9	3	2	53	78	247	72.86

VIII. Ante-natal checkup report

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

Sl no	Dzongkhag	1st Visit	2nd Visit	3rd Visit	More Visit
1	Bumthang	99	83	56	70
2	Chukha	369	318	415	563
3	Gasa	13	10	9	3
4	Haa	54	56	28	36
5	Mongar	202	172	131	204
6	Paro	202	168	181	235
7	Pemagatshel	104	89	82	121
8	Punakha	120	118	107	103
9	SamdrupJongkhar	157	123	113	187
10	Samtse	309	259	241	408
11	Sarpang	167	165	177	245
12	Thimphu	510	643	600	1063
13	Trongsa	55	49	39	43
14	Tsirang	77	75	52	69
15	Zhemgang	85	80	63	60

IX. Deliveries

Table 8: Deliveries attended by Health Professionals (January-March 2009)

Sl no	Dzongkhag	Trained delivery &BCG,OPV0 vaccinated		
		Attended delivery	BCG	OPV-0
1	Bumthang	33	64	43
2	Chukha	224	341	288
3	Gasa	5	4	4
4	Haa	25	34	33
5	Mongar	193	248	220
6	Paro	99	144	137
7	Pemagatshel	41	98	72
8	Punakha	104	111	90
9	SamdrupJongkhar	138	217	141
10	Samtse	123	240	194
11	Sarpang	183	223	198
12	Thimphu	912	979	951
13	Trongsa	23	58	63
14	Tsirang	62	80	67
15	Zhemgang	29	55	37

X. Referrals

Table 9: Referred cases (January – March 2009)

SL no	Dzongkhag	Referred	
		In	Out
1	Bumthang	5	20
2	Chukha	6	77
3	Gasa	0	6
4	Haa	30	7
5	Mongar	239	164
6	Paro	2	94
7	Pemagatshel	0	31
8	Punakha	11	79
9	SamdrupJongkhar	104	61
10	Samtse	45	130
11	Sarpang	55	100
12	Thimphu	417	86
13	Trongsa	3	23
14	Tsirang	0	25
15	Zhemgang	25	55

XI. Under 5 Morbidity

Table 10: Top ten under 5 year morbidity (January – March 2009)

Sl No	Disease	Total
1	Common Cold	10126
2	Diarrhoea	4358
3	Skin Infections	3029
4	Other Disorders of Skin & Subcutaneous-tissues	1614
5	Dysentery	1497
6	Other Respiratory & Nose Diseases	1337
7	Other Diseases of the Digestive System	1198
8	Conjunctivitis	1156
9	Acute Pharyngitis/Tonsilitis	1115
10	ANC, Immunisation & Other counselling	1090

XII. Indoor Morbidity

Table 11: Top ten indoor morbidity data

Sl No	Disease	Total
1	Other complications of pregnancy	1030
2	Other Diseases of the Digestive System	491
3	Other Respiratory & Nose Diseases	469
4	Injuries & Poisoning	450
5	Other Kidney, UT/ Genital Disorders	444
6	Pneumonia	273
7	Hypertension	255
8	Diarrhoea	249
9	Other Disorders of Skin & Subcutaneous-tissues	204
10	Peptic Ulcer Syndrome	198

XIII. Hospital Admission

Table 7: Hospital admissions and average length of stay (January-March 2009)

SL no	Hospital	Admission		
		Patient days	Total admission	Average length of stay
1	BALI BHU I	201	76	2.6
2	BUMTHANG HOSPITAL	580	158	3.7
3	CHUKHA BHU I	476	119	4.0
4	DAMPHU HOSPITAL	168	145	1.2
5	DEOTHANG HOSPITAL	1210	259	4.7
6	GAYLEGPHUG HOSPITAL	3150	755	4.2
7	GEDU HOSPITAL	1493	355	4.2
8	GIDAKOM HOSPITAL	2085	133	15.7
9	GOMTU HOSPITAL	481	117	4.1
10	GYALPOSHING BHU I	2	17	0.1
11	MONGAR HOSPITAL	5463	798	6.8
12	NGANGLAM BHU I	98	46	2.1
13	PANBANG BHU I	0	57	0.0
14	PARO HOSPITAL	1956	699	2.8
15	PEMAGATSHEL HOSPITAL	741	212	3.5
16	PHUNTSHOLING HOSPITAL	9	692	0.0
17	PUNAKHA HOSPITAL	1841	505	3.6
18	SAMDRUB JONGKHAR HOSPITAL	0	0	0.0
19	SAMDRUBCHHOLING BHU I	406	156	2.6
20	SAMTSE HOSPITAL	2500	423	5.9
21	SARPANG HOSPITAL	492	165	3.0
22	SIBSOO HOSPITAL	723	210	3.4
23	TRONGSA HOSPITAL	515	104	5.0
24	TSIMALAKHA HOSPITAL	482	146	3.3
25	YANGBARI BHU I	0	4	0.0
26	YEBILAPTSA HOSPITAL	723	163	4.4
27	ZHEMGANG BHU I	0	15	0.0

XIV. Dental Service Provision

Table 12: Dental services (January – March 2009)

Sno	Dzongkhag	Dental Services				
		Prophylaxis	Scaling	Fillings	Extractions	Others
1	Bumthang	6	0	94	248	196
2	Chukha	40	28	699	784	1122
3	Gasa	0	0	0	0	0
4	Haa	99	133	284	292	221
5	Mongar	8	7	225	376	460
6	Paro	20	2	261	206	462
7	Pemagatshel	8	0	54	59	44
8	Punakha	25	1	93	167	255
9	SamdrupJongkhar	74	1	70	207	94
10	Samtse	106	0	139	124	172
11	Sarpang	14	2	436	617	1235
12	Thimphu	185	72	1941	2581	3272
13	Trongsa	10	0	61	96	106
14	Tsirang	9	2	485	182	321
15	Zhemgang	6	1	21	34	36
Total		610	249	4863	5973	7996

XV. Diagnostic Service Provision

Table 13: Diagnostic Services (January – March 2009)

Sl no	Dzongkhag	X-Ray			Ultrasound		
		Chest	Extremities	Others	Gyn/Obs	Abdomen	Others
1	Bumthang	62	59	29	0	0	0
2	Chukha	660	556	321	899	429	72
3	Gasa	0	0	0	0	0	0
4	Haa	92	122	60	9	0	10
5	Mongar	253	184	136	487	268	22
6	Paro	175	132	162	526	201	0
7	Pemagatshel	19	14	23	0	0	0
8	Punakha	186	116	33	466	224	18
9	SamdrupJongkhar	151	108	59	272	174	230
10	Samtse	251	260	186	4	0	0
11	Sarpang	397	295	209	639	463	80
12	Thimphu	2230	1842	1220	2384	2490	231
13	Trongsa	42	26	9	0	0	0
14	Tsirang	0	0	0	0	0	0
15	Zhemgang	120	74	44	0	0	0
Total		4638	3788	2491	5686	4249	663

XVI. Laboratory Service Provision

Table 14: Laboratory Services Provision by District (January – March 2009)

Sl no	District	Haemoglobin levels	Blood grouping	Malaria slides	TB Sputum	Urine	Stool	HIV	Total
1	Bumthang	574	251	14	27	590	1	102	818
2	Chukha	3989	1283	1032	292	2519	211	482	9749
3	Gasa	26	13	0	5	29	0	4	77
4	Haa	547	341	13	8	1261	123	70	3290
5	Mongar	2101	907	27	179	1498	94	405	5232
6	Paro	598	235	27	207	783	16	161	3828
7	Pemagatshel	473	274	34	21	802	15	199	2620
8	Punakha	860	327	47	106	680	13	67	2116
9	Samdrup Jongkhar	931	293	1561	139	1439	36	113	4391
10	Samtse	2001	800	1374	192	1523	43	261	8047
11	Sarpang	1588	701	2562	269	3916	148	231	18560
12	Thimphu	13462	12715	1646	541	19516	927	2332	237423
13	Trongsa	337	159	11	20	250	30	62	1965
14	Tsirang	674	251	172	26	387	2	97	1600
15	Zhemgang	590	148	223	49	819	31	59	3213
Total		28751	18698	8743	2081	36012	1690	4645	302929

XVII. Surgeries Services provision

Table 15: Surgeries Services provision by District (January – March 2009)

Sl no	District	Caesarian section	General abdominal	General others	Ortho extremities	Ortho others	Gynae	ENT	Eye
1	Bumthang	0	0	0	0	0	0	0	0
2	Chukha	7	48	25	333	210	8	7	3
3	Gasa	0	0	0	0	0	0	0	0
4	Haa	0	4	59	0	7	1	0	0
5	Mongar	65	34	36	55	1	82	2	20
6	Paro	0	0	0	0	9	0	0	0
7	Pemagatshel	0	0	4	0	0	0	0	0
8	Punakha	2	1	6	0	0	2	0	27
9	SamdrupJongkhar	13	0	147	21	0	19	0	0
10	Samtse	1	72	123	51	96	4	0	0
11	Sarpang	23	20	63	11	0	23	0	36
12	Thimphu	214	317	164	225	0	228	84	263
13	Trongsa	0	0	1	0	0	1	0	12
14	Tsirang	0	0	0	0	0	0	0	0
15	Zhemgang	0	4	10	4	0	0	0	0

XVIII. Human Resource Report:

Table 16: HR Short term Training component (January – March 2009)

January 2009

Sl.#	Name	Department/Division	Course Title	Country	Date attended	Source of funding
1	Mr Sonam Tobgay	Lab. Technician, Yebilaptsa hospital, Zhemgang	Training of medical Laboratory Technician in Blood Donor Program	India	19-Jan-09	WHO DPA
2	Mr Desh Man Rai	Accountant, AFD, MoH	Strategic Financial Mgt.	Philippines	6-Jan-09	GFATM(HIV/AIDS)
3	Ms Nima Chozom	Accountant, AFD, MoH	Strategic Financial Mgt.	Philippines	6-Jan-09	WDF
4	Ms Sonam Choden	Accountant, AFD, MoH	Strategic Financial Mgt.	Philippines	6-Jan-09	WDF
5	Dr Sona pradhan	MO, JDWNRH	Study tour on Health workers on Diabetes Mgt. Care	Thailand	5-Jan-09	WDF
6	Ms Rinzin Peldon	ANII, Gelephu hospital	Study tour on Health workers on Diabetes Mgt. Care	Thailand	5-Jan-09	WDF
7	Ms Lhamu	ANM, Gidakom Hospital	Study tour on Health workers on Diabetes Mgt. Care	Thailand	5-Jan-09	WDF
8	Mr Yanka Dorji	HA, Gasa	Study tour on Health workers on Diabetes Mgt. Care	Thailand	5-Jan-09	WDF
9	Mr Dechen Choiphel	Nursing Superintendent, Monggar	Study tour on Health workers on Diabetes Mgt. Care	Thailand	5-Jan-09	WDF
10	Ms Choeki Dema	ACO, Bajo BHU	Study tour on Health workers on Diabetes Mgt. Care	Thailand	5-Jan-09	WDF
11	Mr Dorji Drakpa	HA, Jangbi BHU, Trongsa	Study tour on Health workers on Diabetes Mgt. Care	Thailand	5-Jan-09	WDF
12	Mr Kamala Dev Khatiwara	BHW, Yurung BHU, P/gatshel	Study tour on Health workers on Diabetes Mgt. Care	Thailand	5-Jan-09	WDF
13	Ms Kuenzang Thinley	AN, JDWNRH	Study tour on Health workers on Diabetes Mgt. Care	Thailand	5-Jan-09	WDF
14	Ms Purna Pradhan	GNM, JDWNRH	Study tour on Health workers on Diabetes Mgt. Care	Thailand	5-Jan-09	WDF
15	Mr Pema Dhendup	Store Keeper, JDWNRH	Training on Medical Inventory Mgt. Information System	India	12-Jan-09	Danida
16	Mr Thinley Jamtsho	Administrative Assistant, ITMS	Training on Medical Inventory Mgt. Information System	India	12-Jan-09	Danida
17	Mr Chimi Drukpa	Asst. HRO, HRM, MoH	Training on Strategic Human Resource Development in 21st Century	India	12-Jan-09	Danida
18	Mr Tshewang Chogyel	Sr. HA II, Decheling BHU, P/gatshel	Training on Best Midwifery Practices	Thailand	18-Jan-09	UNFPA

19	Mr Karma Wangdi	Sr. HA, Bitekha BHU, Paro	Training on Best Midwifery Practices	Thailand	18-Jan-09	UNFPA
20	Ms Jamyang Choden	ANM, Yangbari BHU, Mongar	Training on Best Midwifery Practices	Thailand	18-Jan-09	UNFPA
21	Mr Sonam Wangdi	Sr. HA, Khorsany BHU, Tsirang	Training on Best Midwifery Practices	Thailand	18-Jan-09	UNFPA
22	Mr Kunzang Wangdi	Sr. BHW, Dungmin BHU, P/gatshel	Training on Best Midwifery Practices	Thailand	18-Jan-09	UNFPA
23	Mr Birju Sunwar	ICT Technician Associate, MoH	Training on Windows Application Development with RDMS using SQL 2005	Philippines	19-Jan-09	GFATM
24	Mr Omnath Giri	DE, Thimphu	Training on Sanitation and Water Treatment Facilities	Thailand	14-Jan-09	WHO DPA
25	Mr Kinzang	DE, Chukha	Training on Sanitation and Water Treatment Facilities	Thailand	14-Jan-09	WHO DPA
26	Mr Sonam Tshering	DE, T/yangtse	Training on Sanitation and Water Treatment Facilities	Thailand	14-Jan-09	WHO DPA
27	Mr Lapchu	DE, Haa	Training on Sanitation and Water Treatment Facilities	Thailand	14-Jan-09	WHO DPA
28	Ms Yangki	JE, PHED, DoPH	Training on Sanitation and Water Treatment Facilities	Thailand	14-Jan-09	WHO DPA
29	Ms Karma Choden	Draught Person, PHE, DoPH	Training on Sanitation and Water Treatment Facilities	Thailand	14-Jan-09	WHO DPA
30	Mr Choki Gyeltshen	Sr. DHO, Sarpang	Training on Sanitation and Water Treatment Facilities	Thailand	14-Jan-09	WHO DPA
31	Mr Ugyen Rinzin	EE, PHED, DoPH	Training on Sanitation and Water Treatment Facilities	Thailand	14-Jan-09	WHO DPA
32	Mr Sangay Wangchuk	Lab. Technician, CRR Hospital, Gelephu	Training of Laboratory Technologist in Japanese Encephalitis ELISA Testing	India	20-Jan-09	WHO SEARO
33	Mr Sonam Wangcuk	Lab Technologist, PHL, DoPH	Training of Laboratory Technologist in Japanese Encephalitis ELISA Testing	India	20-Jan-09	WHO SEARO
34	Ms Saraswati Darjee	Sr. Pharmacy Technician, DVED	Anti Retroviral and Related Drugs Mng.	India	25 Jan.09	WHO SEARO
35	Mr. Karma Tenzin	Electrician, JDWNR Hospital	Training on Chiller and Boiler Operations and Maintenance	India	26-Jan-09	WHO
36	Mr Karma	Plumber, JDWNR Hospital	Training on Chiller and Boiler Operations and Maintenance	India	26-Jan-09	WHO
37	Mr Karma Tenzin	Electrician, JDWNR Hospital	Training on Chiller and Boiler Operations and Maintenance	India	26-Jan-09	WHO

38	Ms Tashi Wangmo	HA, CHU Incharge, Paro hospital	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
39	Ms Phubchu	JE, Paro Dzongkhag	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
40	Mr Tandin	Gewog extension officer, Paro	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
41	Ms Dorji Wangmo	Teacher, Shaba LSS	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
42	Mr Tshering Dendup	HA, T/gang BHU, Punakha	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
43	Ms Choden	JE, Punakha Dzongkhag	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
44	Mr Kaka Dorji	Gewog extension officer, Punakha	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
45	Mr Sonam Phuntsho	Principle, Tahogang, Punakha	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
46	Mr Kuenzang Tenzin	BHW, Khorsaney BHU, Tsirang	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
47	Mr Birendra Giri	JE, Tsirang	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
48	Mr Tenzin	Gewog Extension officer, Tsirang	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
49	Mr Lobzang Dorji	Principle, Gopini school, Tsirang	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
50	Mr Lobzang Tshering	HA, Gonpasingma BHU, P/gatshel	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
51	Mr Ugyen Norbu	JE, P/gatshel	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
52	Mr Lungten	Gewog Extension officer, P/gatshel	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
53	Mr Kelzang Jigmi	Teacher, Gonpasingma LSS, P/gatshel	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
54	Mr Tshering Tashi	Engineer, PHED, DoPH	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
55	Mr Sonam Gyaltshen	Engineer, PHED, DoPH	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
56	Ms Yeshay Lhaden	Assistant Engineer, PHED, DoPH	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
57	Ms Sonam Pelzom	Assistant Engineer, PHED, DoPH	Advanced ecological sanitation training on rural water supply	Nepal	26-Jan-09	WHO & UNICEF
58	Mr Gyem Dorji	PO, DoPH	Study tour on Monk's/ Prevention of HIV/AIDS	Thailand	20-Jan-09	Dratshang Lhentshog

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Sl.#	Name	Department/Division	Course Title	Country	Date attended	Source of funding
1	Ms Sonam Pelmo	Accountant III, AFD, MoH	Training on Strategic Financial Management with Advanced IT	Philippines	2-Feb-09	WHO/GFATM
2	Ms Tshering Pelden	Accountant III, AFD, MoH	Training on Strategic Financial Management with Advanced IT	Philippines	2-Feb-09	WHO/GFATM
3	Ms Tshering Choden	Legal Officer, PPD	Training on Drafting Legislation	Philippines	2-Feb-09	Danida
4	Ms Dorji Pelzom	Statistician, Research, PPD	Training on Statistics for Health	Philippines	2-Feb-09	Danida
5	Mr Sonam Phuntsho	Program Officer, Research unit, PPD	Training on Sexual and Reproductive Research	Geneva	2-Feb-09	Organizer
6	Mr Sonam Dorji	HRO, HRD	Training on Strategic Human Resource Management and Development Programme	Philippines	9-Feb-09	Danida
7	Mr Namgay Tshering	Planning officer, PPD	Training on Project Planning & Management	Philippines	9-Feb-09	GFATM
8	Mr Dopo	Asst. Statistical officer, HMIS, PPD	ToT on Health Mapping, GIS Soft Ware for Mapping Disease.	Bangkok	9 Feb. 09	GFATM(Malaria)
9	Mr Sonam Gyeltshen	Research Assistant II, VDCP, Gelephu	ToT on Health Mapping, GIS Soft Ware for Mapping Disease.	Bangkok	9 Feb. 09	GFATM(Malaria)
10	Mr Ghallay	Medical Record Tech. VDCP, Gelephu	ToT on Health Mapping, GIS Soft Ware for Mapping Disease.	Bangkok	9 Feb. 09	GFATM(Malaria)
11	Mr Nima Dorji	Plumber, JDWNR Hospital	Training on Chiller and Boiler Operation and Maintenance	Pune, India	16-Feb-09	WHO
12	Mr Lungten Norbu	Electrician, JDWNR Hospital	Training on Chiller and Boiler Operation and Maintenance	Pune, India	16-Feb-09	WHO
13	Ms Doma "A"	OT Nurse, JDWNR Hospital	Training in Nursing Oncology	Thailand	17 Feb. 09	UNFPA
14	Ms Tshering Zangmo	OT Nurse, JDWNR Hospital	Training in Nursing Oncology	Thailand	17 Feb. 09	UNFPA
15	Ms Tshering Yangki	OT Nurse, JDWNR Hospital	Training in Nursing Oncology	Thailand	17 Feb. 09	UNFPA
16	Dr Purushotam Bhandar	Pediatrician, MRRH	Study visit for new vaccine introduction and AEFI surveillance	Sri Lanka	11 Feb. 09	WHO (GAVI)
17	Dr Kinzang P Tshering	Pediatrician, JDWNR Hospital	Study visit for new vaccine introduction and AEFI surveillance	Sri Lanka	11 Feb. 09	WHO (GAVI)
18	Dr Lungten Z Wangchuk	Head, Research Unit, PPD	Study visit for new vaccine introduction and AEFI surveillance	Sri Lanka	11 Feb. 09	WHO (GAVI)
19	Mr Tandin	Pharmacist, JDWNR Hospital	Study visit for new vaccine introduction and AEFI surveillance	Sri Lanka	11 Feb. 09	WHO (GAVI)
20	Ms Karma Tshering	Sr. PO, DoPH	Study visit for new vaccine introduction and AEFI surveillance	Sri Lanka	11 Feb. 09	WHO (GAVI)
21	Mr Ugyen Tashi	Pharmacist, Monggar RRH	Promoting Rational Use of Drugs in the Community	India	22-Feb-09	WHO

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Sl.#	Name	Department/Division	Course Title	Country	Date attended	Source of funding
1	Mr Jigme Chojay	Physiotherapy tech. Gidakom hospital, T/phu	Upper Limb Prosthetic and Orthotic Designing or Engineering	Thailand	1-Mar-09	WHO
2	Ms Pema Khandu	Nurse Audiology, JDWNR Hospital	Training on Audiology	India	2-Mar-09	WHO SEARO
3	Ms Diki Wangmo	Dean, Academic, RIHS	Training on capacity building of nursing professional in nursing and midwifery curriculum	Thailand	9-Mar-09	WHO Country office
4	Mr Tshering Dukpa	Associate Lecturer, RIHS	Training on capacity building of nursing professional in nursing and midwifery curriculum	Thailand	9-Mar-09	WHO Country office
5	Mr Nidup Dorji	Associate Lecturer, RIHS	Training on capacity building of nursing professional in nursing and midwifery curriculum	Thailand	9-Mar-09	WHO Country office
6	Ms Geeta Giri	Maty ward, JDWNRH	Training on capacity building of nursing professional in nursing and midwifery curriculum	Thailand	9-Mar-09	WHO Country office
7	Mr Dawa Tshering	MT, Sarpang hospital	Training on Drug Resistance and Monitoring on malaria	Thailand	9-Mar-09	GFATM
8	Mr Kencho Dorji	MT, Sipsoo Hospital	Training on Drug Resistance and Monitoring on malaria	Thailand	9-Mar-09	GFATM
9	Dr Sonam Tshering	GDMO, Trongsa hospital	Trauma System and Mass casualty mgt. course	Iseral	15-Mar-09	Iserali Govt.
10	Ms Kuenga Wangmo	Technical Nurse, Paro hospital	Training in Nursing Oncology	Thailand	23-Mar-09	Dandida
11	Ms Jasoda Mongar	GNM, JDWNRH	Training in Nursing Oncology	Thailand	23-Mar-09	Dandida
12	Ms Chimi Dem	AN, JDWNR Hospital	Training in Nursing Oncology	Thailand	23-Mar-09	UNFPA
13	Dr Devendra Kumar Sharma	Gynaecologist, P/ling hosp	Training on Visual inspection with acetic acid	Philippines	22-Mar-09	UNFPA
14	Ms Chimi Dem	ANM, CHU, P/ling	Training on Visual inspection with acetic acid	Philippines	22-Mar-09	UNFPA
15	Mr Tenzin Dorji	ICT Tech.Associat I, ICT Unit	Training on Merak Mail server 10.1	Philippines	25-Mar-09	GFATM (WB)
16	Mr Kinley Dorji	Project Co-ordinator, PMT, PPD	Regional Training workshop on Financial Management under Performance Based Funding	Nepal	29-Mar-09	GFATM (HIV/AIDS)
17	Mr Desh Man Rai	Accountant, AFD, MoH	Regional Training workshop on Financial Management under Performance Based Funding	Nepal	29-Mar-09	GFATM (HIV/AIDS)
18	Mr Rinchen Dawa	Accountant, VDCP, Gelephu	Regional Training workshop on Financial Management under Performance Based Funding	Nepal	29-Mar-09	GFATM (HIV/AIDS)

19	Ms Tshering Pelden	Accountant, AFD, MoH	Regional Training workshop on Financial Management under Performance Based Funding	Nepal	29-Mar-09	GFATM (HIV/AIDS)
20	Mr Sonam Wangchuk	Marketing Officer, ITMS	Training on Traditional Medicine	Thailand	23-Mar-09	TICA
21	Drungtsho Tharpala	Paro Hospital	Training on Traditional Medicine	Thailand	23-Mar-09	TICA
22	Drungtsho Pema Choden	ITMS, T/phu	Training on Traditional Medicine	Thailand	23-Mar-09	TICA
23	Drungtsho Jamyang Dorji	Bumthang Hospital	Training on Traditional Medicine	Thailand	23-Mar-09	TICA
24	Drungtsho Sangay Wangdi	Lecturer, ITMS	Training on Traditional Medicine	Thailand	23-Mar-09	TICA
25	Drungtsho Dhendup Tshering	Punakha Hospital	Training on Traditional Medicine	Thailand	23-Mar-09	TICA
26	Drungtsho Tandin Phuba	Monggar RR Hospital	Training on Traditional Medicine	Thailand	23-Mar-09	TICA
27	Drungtsho Nima Wangdi	T/yangtse hospital	Training on Traditional Medicine	Thailand	23-Mar-09	TICA
28	Ms Wangmo	Pharmacy Tech. JDWNRH	Training on Pharmacovigilance	Thailand	30-Mar-09	GFATM (Malaria)
29	Ms Leki Dema	Pharmacy Tech. JDWNRH	Training on Pharmacovigilance	Thailand	30-Mar-09	GFATM (Malaria)

Table 17: HR Seminar/Workshop components (January-March 2009)

January 2009

Sl.#	Name	Department/Division	Course Title	Country	Date attended	Source of funding
1	Mr Penden Dorji	Sr. DHO, Punakha	Regional Consultation on self care in the context of Primary Health Care	Thailand	7-Jan-09	WHO SEARO
2	Khuju Lal Sharma	ACO, Lhuntse hospital	Regional Consultation on self care in the context of Primary Health Care	Thailand	7-Jan-09	WHO SEARO
3	Dr Tapas Gurung	Medical Sup. MRRH	Regional workshop for strengthening the capacity of Programme managers and trainng managers for NCD prevention and control	Indonesia	12-Jan-09	WHO SEARO
4	Dr Tashi Dendup Wangdi	Specialist III(Surgery) JDWNRH	5th International cancer congress of SAARC countries	Sri Lanka	10-Jan-09	UNFPA
5	Dr Ugyen Tshomo	Specialist III(Gynecologist)) JDWNRH	6th International cancer congress of SAARC countries	Sri Lanka	10-Jan-09	UNFPA
6	Dr Dechen Wangmo	Opthalmologist, JDWNR Hospital	CME to Commemorate the silver Jubilee celebration childrens eye care center and adults strabismus clinic	India	10-Jan-09	HCP
7	Ms Yangden	GNM, Delivery unit, JDWNRH	Workshop on Safe Motherhood	Japan	25-Jan-09	JICA

8	Mr Tshering Gyeltshen	Asst. Communication officer, ICB, DoPH	Workshop on Global Youth Tobacco Survey	Sri Lanka	28-Jan-09	WHO SEARO
9	Mr Nima Sangay	Deputy Registrar, BMHC	Institutional visit for Doctors	Malaysia & BKK	27-Jan-09	Danida
10	Dr Ngawang Tenzin	MD, JDWNRH	Institutional visit for Doctors	Malaysia & BKK	27-Jan-09	Danida
11	Mr Chimi Rinzin	HRO, HRD	Institutional visit for Doctors	Malaysia & BKK	27-Jan-09	Danida
12	Mr Sonam Dorji	CPO, PPD	Institutional visit for Doctors	Malaysia & BKK	27-Jan-09	Danida
13	Ms Rinchen Pelden	RCSC	Institutional visit for Doctors	Malaysia & BKK	27-Jan-09	Danida
14	Mr Lhaba Tsheirng	GNH	Institutional visit for Doctors	Malaysia & BKK	27-Jan-09	Danida
15	Mr Tandin Chogyel	PO, Mental Health, DoPH	Inter country consultation on the possibility of Developing a framework convention on control of harm from alcohol use	India	5-Jan-09	WHO SEARO

February 2009

Sl.#	Name	Department/Division	Course Title	Country	Date attended	Source of funding
1	Dr Tashi Dendup Wangdi	Specialist, JDWNRH	Workshop on cancer registry system	Thailand	10-Feb-09	WHO SEARO
2	Dr Pandup Tshering	Medical Superintendent, JDWNR Hospital	Regional Meeting on WHO Guiding Principles on Organ Transplantation	India	2-Feb-09	WHO SEARO
3	Dr Sangay Tshering	GDMO, P/ling	Proramme Managers meeting to Review Progress on Elimination of Kala Azar in Endemic Countries of WHO South East Asia Region	Delhi, India	17-Feb-09	WHO SEARO
4	Dr Karma Lhazeen	CPO, VDCP, Gelephu	Proramme Managers meeting to Review Progress on Elimination of Kala Azar in Endemic Countries of WHO South East Asia Region	Delhi, India	17-Feb-09	WHO SEARO
5	Dr Karma Lhazeen	CPO, VDCP, Gelephu	Regional Meeting on Application of Epidemiological Principles for Public Health Action	New Delhi	26-Feb-09	WHO SEARO
6	Dr Chencho Dorji	Psychiatrist, JDWNRH	Regional Technical Consultation on Global Strategy to Reduce Harmful use of Alcohol	Bangkok	25 Feb. 09	WHO SEARO

7	Mr Thinley Wangchuk	Sr. DHO T/gang	Regional Technical Consultation on Global Strategy to Reduce Harmful use of Alcohol	Bangkok	25 Feb. 09	WHO SEARO
8	Mr Karma Phuntsho	Physiotherapist, JDWNRH	Consultative Meeting on Professional Development in Institution Based Rehabilitation	AIHD, Salaya	16-Feb-09	WHO
9	Mr Phub Dorji	Physiotherpy tech. T/Yangtse hospital	Consultative Meeting on Professional Development in Institution Based Rehabilitation	AIHD, Salaya	16-Feb-09	WHO

March 2009

Sl.#	Name	Department/Division	Course Title	Country	Date attended	Source of funding
1	Mr Namgay	ACO, T/yngatse	Regional Workshop on Research Priorities in Communicable Disease	New Delhi, India	4-Mar-09	WHO SEARO
2	Dr Lungten Z Wangchuk	Head, Research Unit	Regional Workshop on Research Priorities in Communicable Disease	New Delhi, India	4-Mar-09	WHO SEARO
3	Mr Pema Samdrup	PO, VDCP, Gelephu	First Asia Pacific Dengue workshop	Singapore	10-Mar-09	WHO SEARO
4	Ms Tandin Pemo	CPO, HCDD, DoMS	1st meeting of focal points on the implementation of the global program and work on scaling up nursing and midwifery capacity to contribute to the achievement of the MDGs 2008-2009	Geneva	23-Mar-09	WHO SEARO
5	Dr Phurb Dorji	Gynaecologist, JDWNR Hospital	21st Asian and oceanic congress of obs and gynecology	New Zealand	23-Mar-09	Organizer & 20 % from WHO
6	Mr Dorji Wangchuk	Director, ITMS	Regional Meeting on the use of herbal medicine in primary health care	Myanmar	10-Mar-09	WHO SEARO
7	Dungtsho Karma Gaylek	Dungtsho ITMS	Regional Meeting on the use of herbal medicine in primary health care	Myanmar	10-Mar-09	WHO SEARO
8	Dungtsho Dawa Tashi	Dungtsho ITMS	Regional Meeting on the use of herbal medicine in primary health care	Myanmar	10-Mar-09	WHO SEARO

9	Dungtsho Tshering Tashi	Dungtsho ITMS	Regional Meeting on the use of herbal medicine in primary health care	Myanmar	10-Mar-09	WHO SEARO
10	Mr Phurpa Wangchuk	Research officer, ITMS	Regional Meeting on the use of herbal medicine in primary health care	Myanmar	10-Mar-09	WHO SEARO
11	Dr Dorji Wangchuk	DG, DoMS	Regional Consultation on the financial crisis and its impact on health in SEAR	Sri Lanka	19-Mar-09	WHO SEARO
12	Mr Ugyen Norbu	asst. information and medica officer, ICB, DoPH	14th World Conference on Tobacco or Health	India	8-Mar-09	WHO
13	Ms Manusika Rai	Sr. Program officer, DoMS	Meeting on Typhoid Fever vaccination in the Asia pacific region	Thailand	10-Mar-09	WHO SEARO
14	Dr ugyen Tshomo	Gynaecologist, JDWNR Hospital	7th SAFOG conference 09	Bangladesh	6-Mar-09	UNFPA
15	Dr Pelden Wangchuk	GDMO, Kanglung BHU I, T/gang	7th SAFOG conference 09	Bangladesh	6-Mar-09	UNFPA
16	Dr Pelgay Jamyang	MO, Samtse hospital	7th SAFOG conference 09	Bangladesh	6-Mar-09	UNFPA
17	Ms Asha Rai	ANM, JDWNRH	7th SAFOG conference 09	Bangladesh	6-Mar-09	UNFPA
18	Mr Pema Wangdi	Admin. Asst. BMHC	meeting cum discussion to seek the guidance of Delhi Medical council in developing software for registration of Doctors	India	2-Mar-09	WHO
19	Mr Tashi Phuntsho	ICT technical associate, IT Unit, MoH	meeting cum discussion to seek the guidance of Delhi Medical council in developing software for registration of Doctors	India	2-Mar-09	WHO
20	Dr Drupthob Sonam	Medical Super. Paro Hospital	Bi-Regional Forum on People centered care	Philippines	26-Mar	Organizer
21	Dr Deepak Tamang	Anesthesiologist, JDWNRH	Asian Society of Pediatric Anesthesiology Meeting	Vietnam	26-Mar-09	WHO (20 %)
22	Dr Sonam Dukpa	Surgical specialist, JDWNRH	3rd AIIMS surgical week, international conference CME cum live workshop	New Delhi, India	13-Mar-09	RGoB
23	Mr Kado Zangpo	Sr. IMO, HMIS, PPD	Regional ministerial meeting on financing strategies for health care	Sri Lanka	16-Mar-09	Donor

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The health and welfare of the people has always received the strongest political commitment. The exemplary leadership of His Majesty the king and his careful stewardship of the country towards the 21st century made people enjoys the free touch of PHC.

It is the first level of contact of the individual, the family and community with the national health services. It is health care for the people, and above all by the people. Hence, participation of the people in the health services is of great importance. It is of global importance, all walks of life cannot escape the epidemic of disease and death. Services of the stake at higher demand, the worker to reach the elements of PHC which has to be implemented in an integrate manner as follows:

1) Education of the people about prevailing health problems and methods of preventing and controlling them.
2) Promotion of food supply and proper nutrition.
3) Adequate supply of safe drinking water and basic sanitation
4) Maternal and child health care and family planning.
5) Immunization against major infections diseases.
6) Prevention and control of locally endemic diseases.
7) Appropriate treatment of common diseases and injuries.
8) Provision of essential drugs.

The principles of PHC ensure free and fair distribution of services to the rural areas. This has been adopted uniformly in every health centers.

1) Equitable distribution of drugs and health facilities.
2) Community involvement.
3) Focus on prevention.
4) Appropriate technology-cost effective
5) Multi sectoral approach.

The achievement of primary Health Care in Bhutan can't be measured or seen as a concrete as we want, but if one happen to pass by the community, we will come to learn where we stand. The health ministry has taken a greater initiative in achieving the targets. It has come a long way of 30 years of active service. Since the introduction of modern health care services in the country, in the last four decades there has been remarkable progress in the development of health services and systems in Bhutan. Following the WHO's Alma-Ata-Declaration on PHC, Royal government of Bhutan strive to use PHC as its core thrust to reach the rural population scattered over the rugged mountainous terrain of Bhutan. The ideals of "Health for All' by the year 2000 was successful and 90% of the population made access to health facilities provided to them by the government. Proper planning from the centre, selfless dedication by the health workers and hardships proves to this achievement.

Primary Health Care has been the driving force in Bhutan. Ever since she became signatory to Alma-Ata-Declaration. As a result, Bhutan today achieves health service coverage of over 90%. This is quite remarkable considering the rugged terrain and scattered population. Beginning from 1961 when the small kingdom of Bhutan embarked on its journey to modernization, through successive five year plans, in less than four decades of development, Bhutan has made remarkable progress in every aspect. With strong donor support, huge investments were made in health sector. The health services till now are provided totally free of cost and the country is committed to the achievement of universal health for all donor agencies like WHO, UNICEF, DANIDA, UNFPA etc. had taken extra load to support PHC movement through financial and infrastructure development.

Lack of human resources, both in numbers and quality has been a major constraint in PHC. Even then it put up in fight and hard work to achieve its length of goal. The opening of the Royal Institute of Health Sciences marked the beginning of a movement towards self reliance in manpower for the achievement of PHC goals. The Royal Institute of Health Sciences is the main institute who produced paramedical health workers (PHC team) the real bullets to achieve the goal of PHC. Still it produces many health workers, nurses and technicians. As such RIHS has full right to share the pride of PHC achievement in Bhutan.

Some indicators of the rapid development in PHC services as indicated below:

Sl.No	Indicators	1974	2007	Remarks
1.	Hospital	14	29	-
2.	BHUs	46	176	-
3.	ORC	00	514	108 without shed
4.	Doctors	34	145	-
5	Nurses	35	407	-
6	HA	0	229	-
7	BHW	0	173	-
8	ANM	0	134	-
9	ACO	0	31	-
10	VHWS	0	1012	-
11	DHSO	0	22	-

Some of the key health indicators in respect of understanding PHC achievement in Bhutan.

Sl. No	Indicators	1984	1994	2007
1.	Infant Mortality Rate (per 1000 live birth)	102.8	70.7	40
2.	Maternal Mortality Rate (per 1000 live birth)	7.7	3.8	2.55
3.	U5MR (per 1000 live birth)	162.4	96.9	62
4.	Crude Birth Rate (per 1000 Population)	13.4	9.0	7
5.	Crude Birth Rate (per 1000 population)	39.1	39.9	20
6.	Population Growth Rate (%)	2.6	3.1	1.3
7.	Life expectancy (both sexes)	NA	66.1	66.1
8.	General Fertility Rate	170	172.7	142.7
9.	Trained Birth attendance (%)	NA	10.9	57

Expanded programme of immunization is one of the primary health care success stories in Bhutan. Despite difficult terrain and spares and scattered population, we have maintained the immunization coverage above 90%. We have averted disabilities and deaths of thousands of children from the seven vaccine preventable diseases and we are committed to sustain this as we consider children as the most valuable assets of our country.

Despite conducting regular immunization activities in health centers, the health department took greatest challenge by initiating major campaigning for eradication of poliomyelitis, tetanus and measles rubella. EPI, one of the oldest programme in the PHC arena since 1979. We have enjoyed great success in preventing and controlling these diseases and many of them like polio and neonatal clinical poliomyelitis and elimination now. The last cases of clinical poliomyelitis and neonatal tetanus were reported in 1968 and 1999 respectively.

By 1990, Bhutan was able to declare and maintain the universal child immunization. In 1994, National Health Survey (NHS), despite all efforts to find any cases compatible with clinical polio, there was none found. In areas where immunization coverage is low, it is to be intensified and in those areas with high coverage, it must be maintained such levels till such times that polio has been declared eradicated. In SNID programme Bhutan has achieved more than 99% achievement in OPV immunization.

The introduction of Primary Health Care approach to health delivery system in 1974 led to a change in the organization structure of the health sector. All elements of health services are now delivered through 176 BHU's located throughout the country. Many of the community were linked to the nearest health centers not more than 3 hours reach.

Water and sanitation is an important component of community health. The high death rate, infant mortality rate, morbidity rate and poor standards of health are in fact largely due to defective environmental sanitation. Improvement of safe drinking water and environmental sanitation is therefore crucial for the prevention of diseases and promotion of health of individuals and communities.

Safe and wholesome water is a basic health need. Much of the ill health in our country is largely caused due to unsafe drinking water or no water. Thus provision of safe and adequate drinking water is therefore a basic community health service.

The Royal Government, with support from UNICEF and other international agencies, has made significant progress towards these goals in a comparatively short time under the Rural Water Supply and Sanitation programme. Indeed, there has been a long commitment of decision makers at all levels of the Royal Government, beginning with the vision of His Majesty the king, to improve water and sanitation for our people. This programme was strongly backup by health workers conducting workshop on community development for health (CDH), countless follow up in the villages and practical demonstration in maintaining environmental sanitation.

The water and sanitation project started very modestly but later gathered momentum. Currently 81% of the households have piped water facilities more than 88% of household have sanitary latrine. The healthy living standards of people were found in many of the community. The environmental hygiene had improved magically. Great success in preventing and controlling communicable diseases. Diseases like chicken pox and measles are rarely found today, which was occurred frequently in the past. Diarrhoea and dysentery, typhoid, scabies, conjunctivitis, mumps and worm infestation incidence are also seen decreasing year by year.

The promotion of family planning and reproductive health were equally focused and satisfactorily gaining it's taste. Antenatal care coverage generally is assumed to have increased to more than 70%. Attending for institutional delivery is increasing yearly. Couples are able to plan their family through various adoptions of family planning methods. Interestingly our rural folks have improved their style in management of nutritious diet. The health of the children in the village gains a lot from the improve diet and we can find there is decrease in rate of malnourished children.

Apart from dealing with thousands and thousands of curative cases annually, PHC teams are also entrusted to give public health education on preventive aspects. It is generally believed that large part of the health care provider's time is spent on preventive aspects. Health sector strongly believes that prevention is not only better but cheaper.

This is what I believe and respect the achievement of Primary Health Care in this small landlocked country.

AN URGE TO SERVE MANKIND, TOOK ME TO THE FAR FLUNG OF COMMUITY. MY FIELD ANVENTURES……..,…..

I took the risk simply to help another indeed, because I thought that is what I must do. I plunged into dangerous situations not for any laurels or medals. I acted because a little voice in my heart told me to do so.

The magic lies in doing…… these were the experiences I countered during my short tenure of active but challenging service. As said; in every difficulty, you can find an opportunity and every chance gave me enough courage to defeat the oceanic situation feelings of joy and pain, ground realities in pursuit of PHC. A brief biography of my initial experiences.

In the year 1996, plagued by fear, hostile heart, I started the perilous voyage, being a tiny member of Primary Health Care team, perplexed, but all in mind is to get set and reach the place of my duty. I was handicapped by the language barrier too, what move? Alien! Gradually I overcome my ignorant mind of fear and tense, strong attitude of armed mind equipped me for any combat or life saving lessons. It was easy either nor facilitated in a small rooms of two in far flung dispensary of Denchukha. Unlike things in hospitals, where every procedure well arranged and delivery of service faster, I couldn't fetch my colleague hand neither enough experiences. I radiate my versatile thoughts deeper; afflictions on the horizon merged one after another, service to such a large thong of more than 3000 population of two giant geogs of Denchukha and Myona, under Dorokha Dungkhag, Samtse. No communication, nor helping hand, the first year of my tenure come to an end. I kicked off the odds and tackled the harsh situation that gave me insight of self accomplishment. Merciless tears rolled off my checks, helplessness, failed to cope, how to handle the situation effectively?

Year by year, courage springed, rashness drifted, though the work load heavy, performance gained strength, chances and circumstances favored the brave……..and I have act like a brave. Experience stems from belief, what you believe, that you will be…….charisma in drawing people for monthly immunization, attending ORC, running OPD, ANC checkup and many other was my daily routine. People were given purpose, the Ministry mandate of reaching 'Health to All; I spared my leisure hours for part time coverage of busy scheduled of the day. The catchments villages nearby dragged me off bed from 4 am to 8am as daily visit ensuring and educating people on health and sanitation. Communication with the village folks was like pouring water on stones. Follow up has to be put in place, words after words……..finally a message of health indeed, to make them put it into practice.

Attending out call was not far reach, home delivery drew my attention, gloves out of stock, no alternative, the hazardous task to perform, the naked hand took risk of its own for other to save. Was it not challenge? People paid deaf ear, door to door immunization during ORC defoliated my energy and time, of making a call, sometimes hurt me, much of being a health worker. But I didn't give up. People no aware of the importance of immunization, lacked the service of ORC, rather I took step ahead and merged myself in the dense and isolated jungle where they thronged themselves with their cattle.

The exhausting journey from Denchukha to an isolated and darkened forest of Dungana still remains alive in my memory as an unforgettable story. It was a case on profuse bleeding of cow herder's wife. It was reported at 12 o'clock midnight probably the harder from Haa. The pale and anxiety on his face made me start the journey quickly without any delay. We started off at 1 o'clock the same night after collecting necessary kit and reached tired completely at 10 o'clock in the morning. It was an unforgettable case through the dark and deep forest of wild feat, uphill. I spent a day there making and treating the bleeding woman who had shortly aborted the six month old baby in the pool of blood. Fortune favoured her, the patient responded to the treatment that I prescribed, with greatest satisfaction and joy in heart, I took the long breath of relax and advised the patient on the dosage she have to follow. She is alive today and a mother of two beautiful daughter, who when made a visit always thanked me for the service rendered.

As a health worker my greatest joy and satisfaction lies in the programme of family planning in which I was able to motivate and encourage more than 80 clients for VO (vasectomy) of which 70 clients had successfully undergone VO during my initial service of six months, in the year 1996. Additional of 75 clients added to the list in the year 1998 and further 27 totaled up in 2001. I felt I was at the top of the world; my fanatic labour of campaign had not gone in futile. A total of 172 clients excluding from regular motivation in MCH had undergone VO when I could overcome the fear and social instinct rooted in them.

I am also proud to pronounce that achievement in sanitation and hygiene has also given me the place to rest my satisfaction. Initiating two successful model village implementation in my first six years of service in Denchukha BHU and one model village in present place of posting i.e Sengdhyen BHU. Recently I have initiated village health committee in eight villages under Sengdhyen BHU to support Reproductive health, especially during pregnancy and child birth. This committee in the village is helpful and functioning excellently. There is also small amount of fund contributed by community to sustain this programme.

A sight of clean latrine, garbage pit, proper drainage and healthy kitchen garden around each household was the biggest challenge to fulfill. Removing insanitary conditions from the orthodoxy mind of the villager was not a cup of tea. Hygiene and sanitation had to replace the stinking sight of smell. It had become the hall mark of my everyday topic for field visit. Advocating and highlighting the issue of fighting against garbage disposal had to change the mind set of people. My daily routine of attending ORC, advocating the community on various health issues has changed the life style of the community. The construction of drainage and latrines, making sheds for animals has substituted the bush from getting contaminated. Manholes and stagnant water is a rare scene today.

The village health workers particularly had been instrumental in the promotion of preventive and promotive services. They provide the data which is helpful in planning of BHUs activities towards general public.

The high level of achievements in the promotion of sanitary latrines, hygiene, immunization and antenatal services are direct results of the VHWS in health activities. They did this wonderful job without the demand of a penny as their incentives.

Conducting school health programme have further boost the performance of PHC. Educating the school students had greater impact in ensuring the promotion of community health. They inform their parents of consequences of unhygienic living.

Multicultural task force in the Geog level has been instrumental. They overcome and inform the community on the problems of early pregnancy, drug abuse, HIV/AIDS, STI and many others.

CHALLENGES AHEAD

The problem of arising non communicable diseases like diabetes, obesity and hypertension had stepped even in rural dwellings. This is because of improvement in living standard of people. Non communicable disease can be also called as life style diseases. Our nutrition, balanced meals are giving ways to fast food and junk food, soft drinks are replacing milk. We prefer to use a car or bus instead of walking. More and more machines are being developed each day to help us with our work, but these all will give rise to the impact of negative health.

The Ministry has to incorporate both communicable and non communicable diseases together in PHC objective to achieve in further years, otherwise after some years; non communicable diseases will equally create hard challenge for both urban and rural population. IEC on Non-communicable diseases should be framed in the menu of PHC.

Inadequate staffs in the BHUs and absence of female staff in some BHUs hinder the quality service. Nurses should be placed for female privacy. Refresher curse should be conducted in order to help health workers upgrade knowledge on health and quality service. Adequate spacing and separate rooms or enough infrastructures for BHUs should solve for better care in Primary level itself. There is a great challenge in changing the organized culture and mind set of rural folks. All the elements of the Primary Health Care should be made stronger further.

I spend 11 years of my service in serving the remote regions of the kingdom. I am keen in serving remote and difficulty area, where people anticipates our professions as rain to the drought. A part from treating and healing, my strongest treatment is through mental support, encouragement and good advise which helps more than medicine. I am continuing my service in remote and still encouraged to serve the remote countrymen with the best of my abilities.

The Health Ministry has come a long way in rending the service to its fullest. Although Bhutan could forsee the constraints of reaching PHC to the rural population over rugged terrain, if we happen to progress in the way that we have been in the past we will surely get to the top. This story what I mean to express through my limited knowledge, that being small and tough geographical boundary we the health family had achieved Primary Health Care Service in magical way. This is the story we know and hear in real, but we the health team should once again come up with our new guns and ideas to change this successful story into miracle, one to be heard by our successors.

Shall we put our mind and soul together in realizing the noble aspiration of His Majesty the King of making Bhutan "Happy and prosperous". Our Contribution can build a strong and new disease free Bhutan by our collective and united efforts, Country men!

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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