



PERFORMANCE AGREEMENT

BETWEEN

PRIME MINISTER AND MINISTER

Ministry Of Health

(July 1, 2017 – June 30, 2018)

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Preamble

The Performance Agreement is entered into between the Prime Minister and Minister, Ministry Of Health.

The objectives of this Performance Agreement are:

- a) To establish clarity and consensus about annual priorities for the Ministry Of Health consistent with the 11th Five Year Plan , and Governments other priorities;
- b) To make the Ministry Of Health fully responsible for driving implementation and delivering the results against the annual priorities;
- c) To provide an objective and fair basis for evaluating the Ministry's overall performance at the end of the year;

The Performance Agreement represents an important accountability mechanism for inculcating a performance based culture at all levels of government.

THEREFORE, the parties hereto agree as follows:

Section 1: Vision, Mission and Objectives

Vision

A nation with the best Health

Mission

(1) To provide healthcare services of quality in both traditional and modern medicines; (2) To prevent, control, eliminate and eradicate diseases; (3) To rehabilitate and promote healthy living; and (4) To ensure sustainable, responsive, equitable, accessible, reliable and affordable health services.

Objectives

- 1) To strengthen diagnostic, curative and palliative healthcare services
- 2) To consolidate and expand health infrastructure and services
- 3) To improve preventive, promotive and rehabilitative healthcare services
- 4) To strengthen traditional medicinal services in a sustainable manner
- 5) To promote good governance and financially sustainable healthcare
- 6) To ensure full utilization of budget
- 7) To enable effective and efficient ICT Service Delivery
- 8) To implement National Integrity and Anti-Corruption Strategy (NIACS)

Section 2: Objectives, Success Indicators & Target

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]		
To strengthen diagnostic, curative and palliative healthcare services	20	Improve pool and deployment of doctors	Number dzongkhags with at least three doctors	Number	2	20	19	18	17	16		
		Increase nursing staff strength	Nurse to bed ratio	Percent	2	1:6	1:6.5	1:7	1:7.5	1:8		
		Maintain OPD waiting time	Timeline by which all BHU IIs have at least one female health worker	Date	2	January 2018	-	-	-	-	February 2018	
		Ensure availability of essential drugs and consumables in health facilities	Average Nationwide OPD waiting time from 9 to 11 am	Minutes	2	20	21	22	-	-	23	
		Promote rational use of medicines	Percentage of health facilities with 95% of essential medicines available at any point of time	Percent	2	100	95	90	85	80	80	
		Ensure functionality of medical equipment	Percentage of health facilities with 90% of standard consumables available at any point of time	Percent	2	100	95	90	85	80	80	
		Improve ambulance services	Reduce wastage of medical supplies	Percent	2	<5%	-	-	-	-	>5%	
		Promote community-based elderly care program	Proportion of medical equipment functional in all health centers at all point of time	Percent	2	90	88	86	84	80	80	
		To consolidate and expand health infrastructure and services	20	Consolidate and expand health infrastructure	TAT for ambulance dispatched	Minutes	2	<10	-	-	-	>10
				Expand health infrastructure and services	Number of Dzongkhags carrying out active community-based elderly care program	Number	2	20	18	16	14	12
			Percentage of physical progress in construction of 150 bedded Central Regional Referral Hospital at Gelephu	Percent	4	100	95	90	85	80		
			Percentage of physical progress in construction of 40 bedded Tsirang Hospital	Percent	4	100	95	90	85	80		

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]
To consolidate and expand health infrastructure and services	20	Consolidate and expand health infrastructure	Percentage of physical progress in construction of 40 bedded Deothang Hospital	Percent	4	70	65	60	55	50
			Percentage of physical progress in construction of 150 bedded MCH hospital	Percent	4	45	40	35	30	25
			Percentage of physical progress in construction of 20 bedded Haa hospital	Percent	4	100	95	90	85	80
To improve preventive, promotive and rehabilitative healthcare services	20	Strengthen communicable diseases prevention and control	Number of Dzongkhag with 95 % Immunization coverage for children under 1 year	Number	2	20	19	18	17	16
			Sustain 90% HIV testing coverage for Antenatal Clinic (ANC) attendees in all districts	Number	1.5	20	19	18	17	16
		Improve access to safe drinking water and sanitation	Percentage of rural households with access to improved sanitation	Percent	2	80	78	77	76	75
			Percentage of rural households with functional water supply coverage	Percent	2	90	88	87	86	85
			Percentage of institutional delivery	Percent	2	87	86	85	84	83
		Promote institutional delivery	Number of NCD/Diabetes clinic established in hospitals and BHU I	Number	2	5	4	3	2	1
			Number of hospitals providing Adolescent/Youth Friendly Health Services	Number	1.5	3	2	-	-	1
Enhance national response on non-communicable lifestyle related diseases	20	Promote institutional delivery	Number of Dzongkhags implementing Suicide Prevention Action Plan	Number	2	20	15	10	-	5
			Timeline by which general Health Impact Assessment Guideline is finalized	Date	1	November 2017	December 2017	January 2018	-	February 2018
			Number of Dzongkhags implementing National Policy and Strategic Framework to Reduce Harmful use of Alcohol 2015-2020	Number	2	5	4	3	2	1

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]
To improve preventive, promotive and	20	Enhance national response on non-communicable lifestyle related diseases	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Percent	2	>95	90	85	-	80
			Number of health facilities providing traditional medicine services	Number	3	3	2	-	-	1
			Total annual average TM cases	Number	3	3500	3400	3300	3000	
To strengthen traditional medicinal services in a sustainable manner	15	Expansion of Lang-dhug & Numtsug services	Number of TM units with Lang-dhug & Numtsug Services	Number	3	10	8	6	4	2
			Timeline by which in patient services at NTMH established	Date	3	April 2018	May 2018	-	-	June 2018
			Number of patient cross referred	Number	3	300	250	200	150	100
To promote good governance and financially sustainable healthcare	15	Publish National Health Accounts Study	Timeline by which National Health Accounts study is launched (soft)	Date	5	October 2017	November 2017	-	-	December 2017
			Timeline by which the draft National Health Bill is finalised by MoH	Date	5	April 2018	May 2018	-	-	June 2018
			Timeline by which draft Health Sector 12th FYP finalized	Date	5	December 2017	January 2018	-	-	February 2018
To ensure full utilization of budget	5	Ensure full budget utilization	Percentage of budget utilization	Percent	5	100	-	-	-	<100
To enable effective and efficient ICT Service Delivery	3	Enhance basic ICT skills of non ICT staff members	Percentage of non ICT staff trained	Percent	1	50	45	40	35	30

Objective	Weight	Action	Success Indicator	Unit	Weight	Excellent [100%]	Very Good [90%]	Good [80%]	Fair [70%]	Poor [60%]
To enable effective and efficient ICT Service Delivery	3	Improve public service delivery through innovative ICT services/improve LAN and internet services. Ensure compliance to e-GIF standards	Acceptable downtime of LAN and internet connectivity per incidence	Days	1	1	1.5	2	2.5	>2.5
To implement National Integrity and Anti-Corruption Strategy (NIACS)	2	Conduct face to face sensitization program on Ethics and Integrity Tools by concerned TOT participants (Gift Rules & its management, Asset Declaration Rules & its management, Conflicts of Interest Declaration & its management, Code of Conduct and Grievance Redress Mechanism)	Percentage compliance to e-GIF standards	Percent	1	100	-	-	-	<100
			Percentage of Employees sensitized on: - Gifts, Conflicts of Interest, Code of Conduct, Asset Declaration and Grievance Redress Mechanism	Percent	2	Above 90	89-80	79-70	69-60	59 and below

Section 3: Trend values of success indicators

Objective	Action	Success Indicator	Unit	Actual Values [FY 2013-14]	Actual Values [FY 2014-15]	Target Values [FY 2015-16]	Projected Values [FY 2016-17]	Projected Values [FY 2017-18]
To strengthen diagnostic, curative and palliative healthcare services	Improve pool and deployment of doctors	Number dzongkhags with at least three doctors	Number	16	17	17	18	20
	Increase nursing staff strength	Nurse to bed ratio	Percent	1.7.5	1:7	1:6.5	1:6.5	1:6
		Timeline by which all BHU IIs have at least one female health worker	Date	50	60	70	70	100
	Maintain OPD waiting time	Average Nationwide OPD waiting time from 9 to 11 am	Minutes	23	-	20	20	20
	Ensure availability of essential drugs and consumables in health facilities	Percentage of health facilities with 95% of essential medicines available at any point of time	Percent	NA	95	96	96	100
		Percentage of health facilities with 90% of standard consumables available at any point of time	Percent	NA	85	90	90	100
	Promote rational use of medicines	Reduce wastage of medical supplies	Percent	NA	NA	<5%	<5%	<5%
	Ensure functionality of medical equipment	Proportion of medical equipment functional in all health centers at all point of time	Percent	80	90	90	90	90
	Improve ambulance services	TAT for ambulance dispatched	Minutes	NA	NA	10	<10	<10

Objective	Action	Success Indicator	Unit	Actual Values [FY 2013-14]	Actual Values [FY 2014-15]	Target Values [FY 2015-16]	Projected Values [FY 2016-17]	Projected Values [FY 2017-18]
To strengthen diagnostic, curative and palliative healthcare services	Promote community-based elderly care program	Number of Dzongkhags carrying out active community-based elderly care program	Number	0	10	15	20	20
		Percentage of physical progress in construction of 150 bedded Central Regional Referral Hospital at Gelephu	Percent	NA	30	55	75	100
To consolidate and expand health infrastructure and services	Consolidate and expand health infrastructure	Percentage of physical progress in construction of 40 bedded Tsirang Hospital	Percent	NA	10	30	60	100
		Percentage of physical progress in construction of 40 bedded Deothang Hospital	Percent	NA	0	15	45	70
		Percentage of physical progress in construction of 150 bedded MCH hospital	Percent	NA	0	5	25	35
		Percentage of physical progress in construction of 20 bedded Haa hospital	Percent	NA	0	10	40	100
To improve preventive, promotive and rehabilitative healthcare services	Strengthen communicable diseases prevention and control	Number of Dzongkhag with 95 % Immunization coverage for children under 1 year	Number	16	17	18	18	20
		Sustain 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendees in all districts	Number	7	12	20	20	20

Objective	Action	Success Indicator	Unit	Actual Values [FY 2013-14]	Actual Values [FY 2014-15]	Target Values [FY 2015-16]	Projected Values [FY 2016-17]	Projected Values [FY 2017-18]
To improve preventive, promotive and rehabilitative healthcare services	Improve access to safe drinking water and sanitation	Percentage of rural households with access to improved sanitation	Percent	NA	60	70	75	80
		Percentage of rural households with functional water supply coverage	Percent	NA	75	80	85	90
	Promote institutional delivery	Percentage of institutional delivery	Percent	69	81	83	83	87
		Enhance national response on non-communicable lifestyle related diseases	Number	24	28	35	40	45
	Number of hospitals providing Adolescent/Youth Friendly Health Services	Number of hospitals providing Adolescent/Youth Friendly Health Services	Number	NA	NA	3	1	7
		Number of Dzongkhags implementing Suicide Prevention Action Plan	Number	NA	NA	NA	NA	20
		Timeline by which general Health Impact Assessment Guideline is finalized	Date	-	-	-	Draft	Endorsed by HLC for implementation
	Number of Dzongkhags implementing National Policy and Strategic Framework to Reduce Harmful use of Alcohol 2015-2020	Number of Dzongkhags implementing National Policy and Strategic Framework to Reduce Harmful use of Alcohol 2015-2020	Number	NA	NA	NA	6	11

Objective	Action	Success Indicator	Unit	Actual Values [FY 2013-14]	Actual Values [FY 2014-15]	Target Values [FY 2015-16]	Projected Values [FY 2016-17]	Projected Values [FY 2017-18]
To improve preventive, promotive and rehabilitative healthcare services	Enhance national response on non-communicable lifestyle related diseases	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Percent	NA	0	50	90	95
	Expand the reach of traditional medicine services in a sustainable manner	Number of health facilities providing traditional medicine services	Number	51	54	58	61	64
	Expansion of Lang-dhug & Numtsug services	Total annual average TM cases	Number	2640	6090	9564	13049	16549
To promote good governance and financially sustainable healthcare	Establish in-patient services at NTMH	Timeline by which in patient services at NTMH established	Date	-	-	-	-	Established
	Strengthen cross-referral and collaboration with allopathic medicine	Number of patient cross referred	Number	NA	NA	NA	NA	300
	Publish National Health Accounts Study	Timeline by which National Health Accounts study is launched (soft)	Date	1	1	2	3	3
To ensure full utilization of budget	Develop National Health Bill	Timeline by which the draft National Health Bill is finalised by MoH	Date	NA	Draft	Draft for internal discussion	Zero draft - Stakeholder consultation	First draft
	Finalize Health Sector 12th FYP	Timeline by which draft Health Sector 12th FYP finalized	Date	NA	NA	NA	Draft	Final Draft submitted to GNHC
	Ensure full budget utilization	Percentage of budget utilization	Percent	NA	NA	NA	NA	100

Objective	Action	Success Indicator	Unit	Actual Values [FY 2013-14]	Actual Values [FY 2014-15]	Target Values [FY 2015-16]	Projected Values [FY 2016-17]	Projected Values [FY 2017-18]
To enable effective and efficient ICT Service Delivery	Enhance basic ICT skills of non ICT staff members	Percentage of non ICT staff trained	Percent	NA	NA	NA	NA	50
	Improve public service delivery through innovative ICT services/improve LAN and internet services.	Acceptable downtime of LAN and internet connectivity per incidence	Days	NA	NA	NA	NA	1
To implement National Integrity and Anti-Corruption Strategy (NIACS)	Ensure compliance to e-GIF standards	Percentage compliance to e-GIF standards	Percent	NA	NA	NA	NA	100
	Conduct face to face sensitization program on Ethics and Integrity Tools by concerned TOT participants (Gift Rules & its management, Asset Declaration Rules & its management, Conflicts of Interest Declaration & its management, Code of Conduct and Grievance Redress Mechanism)	Percentage of Employees sensitized on: - Gifts, Conflicts of Interest, Code of Conduct, Asset Declaration and Grievance Redress Mechanism	Percent	NA	50	70	80	Above 90

Section 4: Definition of Success Indicators

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Number dzongkhags with at least three doctors	No of Dzongkhags with at least three doctors, does not include dentist	HR data base	Biannually	HRD records, MoH
Nurse to bed ratio	Ratio of total nursing staff to bed strengthen	HR data base	Biannually	HRD records , MoH
Average Nationwide OPD waiting time from 9 to 11 am	Time taken by patient from reception counter till examination by health professional in the chamber	Administrative records (HAMT report)	Biannually	QASD, MoH
Percentage of health facilities with 95% of essential medicines available at any point of time	All Health facilities with 95% of the essential medicines available at any point of time as per service standard	Administrative records	Biannually	Program reports, DoMSHI
Percentage of health facilities with 90% of standard consumables available at any point of time	All Health facilities with 90% of the standard consumables available at any point of time as per service standard	Administrative records	Biannually	Program reports, DoMSHI
Reduce wastage of medical supplies	Maintain wastage of medicines <5%	Administrative records	Biannually	Program reports, DMS
Proportion of medical equipment functional in all health centers at all point of time	Medical equipment functional in all health centers(hospitals and BHU I) at all point of time	Administrative	Biannually	Program reports, BMED, DoMSHI
TAT for ambulance dispatched	Time taken to dispatch ambulance from the moment call received	Administrative records	Biannually	Program report ,HHC, EMSD,DMS
Number of Dzongkhags carrying out active community-based elderly care program	Dzongkhags -Health facilities providing community-based elderly care.	Administrative records	Biannually	Program reports , DMS
Percentage of physical progress in construction of 150 bedded Central Referral Hospital at Gelephu	Construction progress rate	Calculation of physical progress of actual construction assessed by engineers	Monthly	Progress reports, HIDD, DoMSHI

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Percentage of physical progress in construction of 40 bedded Tsirang Hospital	-do-	-do-	Monthly	-do-
Percentage of physical progress in construction of 40 bedded Deothang Hospital	-do-	-do-	Monthly	-do-
Percentage of physical progress in construction of 150 bedded MCH hospital	-do-	-do-	Monthly	-do-
Percentage of physical progress in construction of 20 bedded Haa hospital	-do-	-do-	Monthly	-do-
Number of Dzongkhag with 95 % Immunization coverage for children under 1 year	National level DTP-Hep. B-Hib (Pentavalent) third dose	EPI monitoring records	Biannually	Program reports, VPDP, DoPH
Sustain 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendees in all districts	No. of Dzongkhags with HIV testing coverage above 90% for pregnant women attending Ante-Natal Clinics (ANC)	Monitoring reports	Biannually	Program reports, NACP, DoPH
Percentage of rural households with access to improved sanitation	Improved sanitation is defined as hygienic separation of human excreta from human contact	Monitoring Information System	Biannually	Program reports, PHED, DoPH
Percentage of rural households with functional water supply coverage	Rural households having functional water supply (good condition tap stand and water supply line with running water)	Monitoring Information System	Biannually	Program reports, PHED, DoPH
Percentage of institutional delivery	Percentage of deliveries attended by trained health workers in health facilities. New methodology from Year 2: BHMIS data with BCG coverage as denominator.	BHMIS	Annually	BHMIS data & Program reports, RH Program, DoPH
Number of NCD/Diabetes clinic established in hospitals and BHU I	Health facilities providing non-communicable diseases care and management services (with dedicated clinics established)	Administrative records	Biannually	Program reports, Diabetes Program/LSRD Program, DoMS/DoPH

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Number of hospitals providing Adolescent/Youth Friendly Health Services	Hospital providing services as per Adolescent Friendly Health Services package	Administrative records	Biannually	Program report, DoPH
Number of Dzongkhags implementing Suicide Prevention Action Plan	Dzongkhags reporting to programs as per the prescribed format on the implementation of Suicide Prevention Action Plan	Administrative records	Biannually	Program report, Suicide Prevention Program, DoPH, MoH
Number of Dzongkhags implementing National Policy and Strategic Framework to Reduce Harmful use of Alcohol 2015-2020	Dzongkhag Implementing and reporting as per the activities under National Policy and Strategic Framework to Reduce Harmful use of Alcohol 2015-2020	Administrative records	Biannually	Program reports, Mental Health, DoPH
Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Percentage of all health centers (hospitals and BHUs) conducting height/length and weight measurements for children under 5 years attending OPD	Monitoring Reports	Biannually	Program reports, Nutrition Program, DoPH
Timeline by which all BHU IIs have at least one female health worker	female HAs deployed in all BHU IIs	HRD	Annually	HRD
Timeline by which in patient services at NTMH established	In patient services established at NTMH	Program data	Annually	DTMS
Timeline by which National Health Accounts study is launched (soft)	Timeline by which draft National Health Accounts study is published	Study	Annually	MoH
Number of health facilities providing traditional medicine services	Additional number of health facilities providing traditional medicine services	Administrative records	Biannually	Program reports, DoTMS
Number of TM units with Lang-dhug & Nurmtsug Services	Expansion of services in the existing TM Units	Administrative records	Biannually	Program reports, DoTMS
Timeline by which the draft National Health Bill is finalised by MoH	First draft of National Health Bill in place	Administrative records	Biannually	PPD, MoH
Number of patient cross referred	Number of Patient referred to allopathic medicine from all TM units	Administrative records	Biannually	Program reports, DoTMS

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Total annual average TM cases	Total annual average TM cases of TM unit	Administrative record	Biannually	Program report
Percentage of budget utilization	This Success Indicator measure the amount variation between revised budget and expenditure of an agency for a fiscal year	Through analysis of annual budget and expenditure	Annually	MYRB
Percentage of non ICT staff trained	This success indicator measures the percentage of staffs other than ICT professional provided with training on basic ICT skills. This will reduce the turn around time of providing basic troubleshooting services. The training will be provided by ICT Division	Admin records on training conducted	Biannually	Ministries/Agencies/Thromdes/Dzongkhags
Acceptable downtime of LAN and internet connectivity per incidence	"This success indicator measures the minimum downtime of LAN and internet connectivity in Ministries/Agencies/Thromde/Dzongkhag administration office. If the downtime is caused by incidents which are out of ICT Division's control, ICT Division should maintain a record of such incidences and provide periodic report to DITT. This downtime does not include the travel time for ICT officers working in Dzongkhag need to travel to gewogs/CC to rectify connectivity issues."	Ministries/Agencies/Thromdes/Dzongkhag records	Monthly	Ministries/Agencies/Thromdes/Dzongkhags
Percentage compliance to e-GIF standards	This success indicator measures and ensures that Ministries/Agencies/Thromdes/dzongkhags comply to e-GIF standards in all ICT related activities.	records of e-GOV review meetings	Biannually	Ministries/Agencies/Thromdes/Dzongkhags

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
<p>Percentage of Employees sensitized on:</p> <ul style="list-style-type: none"> - Gifts, Conflicts of Interest, Code of Conduct, Asset Declaration and Grievance Redress Mechanism 	<p>This indicator will measure the proportion of employees sensitized through face to face sensitization program on the above mentioned Ethics and Integrity Management Tools.</p> <p>The indicator will assess both the proportion of employees sensitized and the level of awareness created among the employees on the tools. Of the total weightage (100 percent), 40 percent is assigned on the delivery part and 60 percent on the level of awareness created. Further 40 percent weightage is apportioned as:</p> <ol style="list-style-type: none"> 1) No. of tools sensitized – 5 tools (10%); 2) Mode of Delivery - face to face sensitization program (10%); 3) Duration - one day or more (10%); and 4) Percent of employees sensitized – 80 & above (10%). <p>The agencies will report on the above weightage (40 percent) using the standard form developed by ACC.</p>	<ul style="list-style-type: none"> • Supporting documents from the agencies • Questionnaire based desk survey 	<p>Annually</p>	<p>Administration Data</p>

Section 5: Requirements from other Ministries, Agencies & Dzongkhags

Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)
ROYAL CIVIL SERVICE COMMISSION	Number dzongkhags with at least three doctors	Approval and recruitment of doctor into civil service	Shortage of doctor	Ensure induction of MBBS candidate	Quality of health services compromised
MINISTRY OF ECONOMIC AFFAIRS	Number of Dzongkhags implementing National Policy and Strategic Framework to Reduce Harmful use of Alcohol 2015 -2020	Control sale of alcohol beverages	Rising alcohol liver diseases	Impose restriction on alcohol sale	Increasing incidences of alcohol related morbidity and mortality
MINISTRY OF ECONOMIC AFFAIRS	Number of NCD/Diabetes clinic established in hospitals and BHU I	Control import of sugar and sugary products	Increasing burden of NCD such diabetes	Impose restriction on imports of sugar and sugary products	Increasing incidences of morbidity and mortality due to NCD
MINISTRY OF AGRICULTURE AND FORESTS	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	Promote school agriculture and supply of farm produce to schools	Micronutrients deficiencies among school children	Policy and monitoring mechanism to promote adequate/appropriate nutrition	Nutritional status among school children may be compromised
MINISTRY OF EDUCATION	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	All education institution must follow the dietary guidelines	Micronutrient deficiencies among school children	Policy and monitoring mechanism to ensure adherence to school based dietary guidelines	Nutritional status among school children may be compromised
All Dzongkhags	Reduce wastage of medical supplies	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (<5%). Maintain resources and make concerted efforts to achieve national target	National achievements are dependent upon the achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National target will not be met

Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)
All Dzongkhags	Percentage of health facilities with 95% of essential medicines available at any point of time	Feature these indicators in the Dzongkhag APA. Maintain resources and make concerted efforts to achieve national targets.	National achievements are dependent upon achievements at the Dzongkhag level	Concerted efforts to achieve the target	National targets will not be met
All Dzongkhags	Percentage of health facilities with 90% of standard consumables available at any point of time	Feature these indicators in the Dzongkhag APA. Maintain resources and make concerted efforts to achieve national target.	National achievements are dependent upon achievements at the Dzongkhag level	Concerted efforts to achieve the target	National targets will not be met
All Dzongkhags	Percentage of health centers carrying out active growth monitoring and follow up for children under 5 years	All health centers carry out active growth monitoring and follow up for children under 5 years	National achievements are dependent upon achievements at the Dzongkhag level	All health centers (hospitals and BHUs) conducting height/length and weight measurements for children under 5 years attending OPD	National targets will not be met
All Dzongkhags	Sustain 90% HIV testing coverage for Ante-Natal Clinic (ANC) attendees in all districts	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (above 95%). Maintain resources and make concerted efforts to achieve national target and prevent infant mortality	National achievements are dependent upon the achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National target will not be met

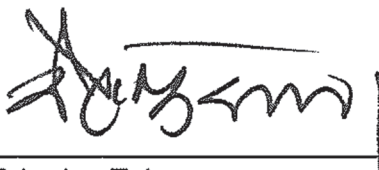
Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)
All Dzongkhags	Percentage of institutional delivery	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (above 87%). Maintain resources and make concerted efforts to achieve national target and prevent infant and maternal mortality	National achievements are dependent upon the achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National targets will not be met
All Dzongkhags	Percentage of rural households with functional water supply coverage	Feature these indicators in the Dzongkhag APA with any targets but not lower than national targets (above 90%). Maintain resources and make concerted efforts to achieve national target	National achievements are dependent upon the achievements at the Dzongkhag level	Concerted efforts to achieve the targets at least at the minimum suggested	National targets will not be met
All Dzongkhags	Number of Dzongkhags carrying out active community-based elderly care program	Maintain resources to promote and carry out community based elderly care intervention	Intervention are carried out at community level	Health facilities to provide integrated community based elderly (geriatric) care services	Geriatric health would remain unaddressed
All Dzongkhags	Number of Dzongkhags implementing Suicide Prevention Action Plan	Maintain resources and make concerted effort to implement Suicide Prevention Action Plan	Intervention are carried out at community level	Implement Suicide Prevention Action Plan	Rising suicide case
All Dzongkhags	Number of Dzongkhags implementing National Policy and Strategic Framework to Reduce Harmful use of Alcohol 2015-2020	Maintain resources and make concerted effort to implement National Policy and Strategic Framework to Reduce Harmful use of Alcohol 2015-2020	Intervention are carried out at community level	Implement National Policy and Strategic Framework to Reduce Harmful use of Alcohol 2015-2020	Increasing incidences of alcohol related morbidity and mortality

Whereas,

I, the Minister, Ministry Of Health, commit to the Prime Minister, the Government and the people of Bhutan to deliver the results described in this Annual Performance Agreement.

I, the Prime Minister, commit to the Minister, Ministry Of Health, on behalf of the Government and the people of Bhutan, to provide the necessary fund and resources for delivery of the results described in this Annual Performance Agreement.

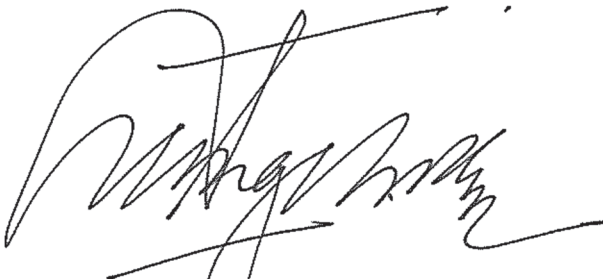
SIGNED:



Tshering Tobgay
Prime Minister of Bhutan

8.8.17

Date



Tandin Wangchuk
Minister

08/08/2017

Date