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Royal Audit Authority

Annual Operational Plan

YEAR 2: 1 July 2026 – 30 June 2027

TRANSLATING STRATEGY INTO ACTION

Document Control

Document	Annual Operational Plan 2026–2027
Institution	Royal Audit Authority of Bhutan
Planning Period	1 July 2026 – 30 June 2027
Strategic Reference	Strategic Plan 2025–2030
Coordinating Division	Policy and Planning Division

Version	Date	Description	Status
1	August 2026	Initial approved version	Approved

Design principles: *strategic alignment • results orientation • clear accountability • quarterly monitoring • evidence-based reporting • risk management • resource linkage • continuous improvement.*

The Diamond Strategy

An important thing for the people to understand is that we are pursuing "One Country, Two Systems" by establishing the GMC as a Special Administrative Region (SAR). However, we do not intend to maintain the "two systems" forever. Ultimately, they must converge into "One Country, One System." The innovations emerging from the GMC must be mirrored across the rest of Bhutan for the nation to succeed as a whole. But this convergence will only succeed if we implement parallel reforms throughout the country—strengthening democracy, aligning the bureaucracy with future needs, improving laws, and reforming the education system to empower our people.

Enlightened Entrepreneurial Bureaucracy

The bureaucracy plays a crucial role in implementing laws, policies, and delivering public services, and I am grateful for the contributions of our civil servants. However, to align with our future goals, we must ensure the bureaucracy evolves to meet the changing demands of the nation.

While the private sector is often seen as more agile and efficient, bureaucracies are sometimes constrained by complex legal and procedural norms. With over 30,000 civil servants, reform may seem challenging. But when we look at multinational corporations, such as Unilever with 128,000 employees or the Tata Group with over a million, we see that large organizations can be managed effectively. This shows that there's no reason we cannot improve our bureaucracy as well.

The bureaucracy must be agile enough to keep up with the rapid changes and innovations arising from the GMC. Our goal is to create an Enlightened Entrepreneurial Bureaucracy within the next 10 years to ensure successful convergence. If we fail to do this, comparisons will inevitably be made between the success of GMC and the lack of progress elsewhere in Bhutan—and if there is no convergence, I will have failed.

I am giving 10 years for this transformation to take place.

-His Majesty The King on 17th December 2024

Foreword

The Annual Operational Plan (AOP) 2026-2027 is the principal annual planning instrument of the Royal Audit Authority (RAA) for translating the strategic direction of the Strategic Plan 2025-2030 into concrete, measurable and results-oriented actions. It provides a common framework for aligning the Authority's people, resources, programmes and institutional initiatives towards the achievement of its strategic outcomes.

The AOP moves beyond being a compilation of activities. It establishes a clear linkage between annual priorities, expected outputs, performance indicators, responsible divisions, implementation timelines, resources, risks and evidence of achievement. This results-oriented approach is intended to strengthen ownership and coordination, facilitate timely management decisions, and ensure that implementation progress remains visible and measurable throughout the financial year.

During FY 2026-2027, the RAA will continue to strengthen the quality, relevance and impact of its audit and assurance services while advancing institutional capacity, digital transformation, people development, organisational culture and stakeholder engagement. The Plan therefore serves as an integrated platform for delivering the RAA's constitutional and statutory mandate and contributing to stronger public-sector performance, financial integrity and accountability.

Successful implementation of the AOP will require collective commitment and ownership across the Authority. All responsible divisions and officials are expected to take ownership of their assigned commitments, maintain appropriate evidence of achievement, monitor implementation risks and take timely corrective action where necessary. The Policy and Planning Division (PPD) will facilitate consolidated monitoring and reporting, while management will provide strategic oversight, guidance and direction throughout the implementation period.

The AOP is therefore both a planning instrument and a management tool. Its effective implementation and regular use will enable the RAA to maintain strategic focus, strengthen accountability for results, support evidence-based management decisions, and promote continuous learning and improvement as the Authority advances towards the objectives of the Strategic Plan 2025-2030.

I urge all divisions and responsible officials to demonstrate the commitment, collaboration and ownership necessary for the successful implementation of this Plan. Let us work collectively to translate our plans into meaningful results and further strengthen the RAA's contribution to public-sector performance and accountability.

I wish all concerned a productive and successful implementation of the AOP 2026-2027.

(Jamtsho)
Auditor General

Table of Contents

1. Introduction

The Royal Audit Authority of Bhutan, as the Supreme Audit Institution of Bhutan, plays a central role in promoting accountability, transparency, good governance and improved performance in the management and use of public resources. To fulfil this mandate effectively, the Authority requires a planning and performance-management system that connects its long-term strategic aspirations with practical annual implementation.

The Strategic Plan 2025-2030 establishes the long-term direction of the RAA and identifies the results the Authority seeks to achieve over the five-year period. The Annual Operational Plan (AOP) 2026-2027 operationalises this strategic direction for the second year of implementation by identifying the specific activities, deliverables and milestones to be pursued during the financial year.

The AOP has been prepared based on the RAA Strategic Plan 2025-2030, the Strategic Plan Monitoring Framework and the FY 2026-2027 Implementation Matrix. It consolidates these instruments into a single annual delivery framework so that strategic commitments can be translated into clear operational responsibilities and monitored systematically.

2. Purpose of the Annual Operational Plan

The AOP 2026-2027 is intended to:

- translate the Strategic Plan 2025-2030 into annual priorities, outputs, activities and deliverables;
- provide a clear basis for assigning responsibilities and establishing implementation timelines;
- link planned activities with performance indicators, evidence and resource requirements;
- strengthen coordination across divisions and reduce fragmentation of institutional initiatives;
- provide a structured basis for quarterly monitoring, management review and corrective action;
- identify and manage implementation risks, dependencies and emerging constraints; and
- provide the foundation for annual assessment of progress towards the Strategic Plan 2025–2030.

3. Planning and Management Principles

The AOP adopts the following principles to strengthen the quality and usefulness of annual planning:

Principle	Application in the AOP
Strategic alignment	Every significant activity should contribute to a strategic theme, output or outcome.
Results orientation	Planning focuses not only on what will be done, but also on what will be produced and how achievement will be demonstrated.
Clear accountability	Each activity has an identified responsible division or owner.
Measurability	Where appropriate, progress is tracked through indicators, milestones and verifiable evidence.
Resource linkage	Activities should be linked to the approved budget and relevant cost centres.
Risk-based management	Implementation risks and dependencies are identified and reviewed throughout the year.
Quarterly monitoring	Progress is reviewed regularly to identify slippage early and enable timely corrective action.
Learning and improvement	Implementation experience and lessons are fed into subsequent planning and strategic performance reviews.

4. Strategic Alignment

The AOP is directly anchored in the Strategic Plan 2025-2030 and its monitoring framework. The annual plan therefore does not operate as a separate planning exercise; rather, it forms the annual implementation layer of the Strategic Plan. The planning hierarchy is applied as indicated in ***Figure 1.***

Figure 1: RAA Planning Hierarchy – From Strategic Outcomes to Evidence and Reporting

5. Structure of the AOP

The AOP is organised as an integrated management framework rather than a stand-alone activity schedule. The principal components are summarised in ***Table 1***. The detailed annual commitments and delivery arrangements are contained in ***Annexure 1: Annual Operational Plan*** **(**while the annual planning and monitoring cycle and the approval and document-control arrangements are provided in ***Annexures 2*** and ***3***, respectively.

Table 1: The components of the Annual Operational Plan 2026-2027

Component	Purpose
AOP Master Matrix	The central activity-level plan contains the annual commitments, responsible divisions, timing, strategic linkages, evidence requirements and responsible official or divisions.
FY 2026–2027 Results Framework	Translates the Strategic Plan monitoring framework into annual performance monitoring, including the FY 2026–2027 milestones and responsible entities.
Accountability Framework	Clarifies the roles of management, PPD and responsible divisions in implementation, monitoring, review and escalation.
Monitoring Protocol	Establishes the minimum requirements for evidence, quarterly review, performance rating, reporting and change control.

6. Implementation of the AOP

Implementation of the AOP is a shared responsibility across the RAA. Responsible divisions will deliver activities within their assigned mandates and maintain appropriate evidence of achievement. The PPD will coordinate the overall planning and monitoring process and consolidate information for management review.

The implementation of the AOP follows an annual planning and monitoring cycle comprising strategic direction, annual planning, implementation, monitoring, management review, annual assessment and learning. This cycle provides a continuous link between strategic priorities, annual delivery, performance information and subsequent planning. The cycle is presented in *Annexure 2:* Annual Planning and Monitoring Cycle.

6.1. Management

Management will provide strategic direction, approve priorities and resources, review implementation performance, address cross-divisional constraints and make decisions on corrective actions or significant changes to the Plan.

6.2 Policy and Planning Division

PPD will serve as the central coordinator for the AOP. Its responsibilities include maintaining the master plan, coordinating quarterly monitoring, consolidating performance information, facilitating management review, identifying cross-cutting implementation issues and preparing periodic and annual performance reports.

6.3 Responsible Divisions and Individuals

Responsible divisions **and** individuals will own the delivery of their assigned activities and outputs, maintain supporting evidence, report progress accurately, identify risks and constraints early and implement agreed corrective measures.

6.4 Quarterly Management Review

Quarterly review will provide an opportunity to assess progress against milestones, examine resource utilisation, review risks and dependencies, address delayed activities and agree corrective measures. Repeated or significant underperformance should be escalated to the appropriate management level.

7. Monitoring and Performance Management

The AOP will be monitored through a combination of activity-level implementation tracking and strategic performance measurement. This ensures that the RAA can distinguish between completing activities and achieving meaningful institutional results.

7.1. Activity Monitoring

- status of planned activities and deliverables;
- achievement of quarterly milestones;
- availability and quality of supporting evidence;
- budget and resource requirements;
- implementation risks and dependencies; and
- corrective actions for delayed or off-track activities.

7.2 Strategic Performance Monitoring

Strategic indicators will be monitored in accordance with the Strategic Plan Monitoring Framework. Actual performance will be compared with the FY 2026–2027 milestone and, where relevant, with the longer-term Strategic Plan target. Indicator results will be interpreted together with contextual information rather than relying solely on numerical achievement.

7.3. Performance Rating

Rating	Meaning
Green	On track or achieved; no material corrective action required.
Amber	Some slippage, emerging risk or partial achievement; management attention and corrective action required.
Red	Significant delay, underachievement or material risk; immediate management intervention required.
Not Rated (NR)	Data or evidence is not yet sufficient to assess performance.

8. Evidence and Data Quality

Reliable monitoring depends on reliable evidence. Responsible divisions should ensure that completed activities are supported by verifiable documentation or system-generated evidence appropriate to the nature of the activity.

Examples of acceptable evidence include:

- approved policies, strategies, plans and reports;
- completed audit products and quality assurance records;
- training records, attendance and competency assessments;
- system releases, dashboards, usage records and analytics;
- meeting minutes and documented management decisions;
- survey results and stakeholder feedback;
- financial and procurement records; and
- other official records that demonstrate completion and results.

Where data limitations, changes in methodology or other factors affect comparability, these should be clearly documented in the monitoring report. Indicator definitions, baselines and annual milestones should be applied consistently unless a formally approved revision is made.

9. Resource and Budget Linkage

The AOP should be implemented in close alignment with the approved annual budget. Each material activity should be associated with an appropriate budget line or cost centre, and resource requirements should be considered during both planning and monitoring.

The Budget Linkage component of the AOP provides a mechanism for identifying activities requiring financial resources, procurement, external support or other dependencies. This strengthens the connection between what the RAA plans to achieve and the resources available to achieve it.

10. Risk and Dependency Management

Implementation risks may arise from resource constraints, procurement lead times, inter-divisional dependencies, data availability, technology requirements, changes in priorities or other operational factors. The AOP therefore incorporates risk management as a continuous part of implementation rather than a one-time planning exercise.

Responsible owners should identify significant risks, assess their likelihood and potential impact, establish mitigation measures and monitor early-warning triggers. Risks that cannot be managed at the operational level should be escalated through the established management structure.

11. Change Control

While the AOP provides an approved annual delivery framework, implementation conditions may change during the financial year. Any significant change to an activity, target, responsibility, timing or resource requirement should be supported by a clear rationale and processed through the RAA's established governance arrangements.

Approved changes should be reflected in the master AOP and monitoring records so that the final annual performance assessment is based on a transparent and documented planning baseline. The approval, version control and document governance arrangements applicable to the AOP are set out in Annexure 3: Approval and Version Control.

12. Reporting Arrangements

Quarterly monitoring will provide management with a structured view of implementation progress, strategic performance, risks, budget linkage and corrective actions. The annual assessment will consolidate the year's results and provide an overall picture of progress towards the Strategic Plan 2025–2030.

The annual performance review should address:

- planned versus completed activities;
- achievement against annual milestones and strategic indicators;
- major achievements and institutional results;
- delayed or incomplete activities and reasons for variance;
- budget and resource implications;
- key risks and management actions;
- lessons learned and good practices; and
- priorities and adjustments for the subsequent AOP.

13. Conclusion

The AOP 2026–2027 provides the RAA with a structured and results-oriented mechanism for translating the Strategic Plan 2025–2030 into annual action. By bringing together activities, outputs, performance indicators, responsibilities, timelines, resources, risks and monitoring arrangements, the Plan seeks to strengthen institutional discipline while enabling management to respond proactively to implementation challenges.

The effectiveness of the AOP will ultimately depend on how consistently it is used as a management tool. Regular monitoring, timely reporting, reliable evidence, informed decision-making and collective ownership across the RAA will be essential to ensuring that planned activities translate into meaningful institutional results.

Through effective implementation of the AOP, the RAA will continue to strengthen its institutional capacity, improve the quality, relevance and impact of its audit and assurance services, embrace appropriate technologies and methodologies, invest in its people and organisational culture, and strengthen stakeholder confidence in the role of the Supreme Audit Institution.

FY 2026–2027 therefore represents an important stage in the implementation of the Strategic Plan 2025–2030. Through disciplined execution, continuous monitoring, timely management action and organisational learning, the RAA will work towards its overarching strategic result of strengthened public-sector performance and accountability.

The AOP is consequently not only a plan of activities for the financial year; it is a management commitment to translate strategy into measurable results and sustained public value

Annexure 1. Annual Operational Plan 2026-2027

AOP Master Matrix

AOP-ID	Theme	Output	Activity	Sub-activity / Deliverable	Target Date	Planned Quarter	Baseline (2025-2026)	Annual Target (2026-2027)	Responsibility	Evidence / Means of Verification
01	**THEME 1: Governance, Accountability & Ethics**	**Output 1.1. Audit oversight mechanisms for governance and accountability risks strengthened.**	Conduct annual plan meeting	Conduct annual workshop to finalize the Annual Operational Plan for the subsequent FY	18-Aug-2026	Q1	AoP 2025-26 completed; annual planning workshop is an established practice	2026-27 AoP finalized through one annual planning workshop and endorsed	PPD	Copy of AoP published on the RAA webpage
02				Endorse the Annual Operational Plan	18-Aug-2026	Q1	Annual AoP endorsement process exists	2026-27 AoP formally endorsed by the competent authority	Advisory Committee/ PPD	Copy of Minutes of the Advisory committee meeting
03				Continuous monitoring and quarterly review of Operational Plan	Each Qtr.	Q1-Q4	Quarterly monitoring is undertaken; reporting is not yet fully standardized	4 quarterly monitoring/review reports completed and action points tracked	PPD	Copy of monitoring report/excel with updated status
04			Assessment of Internal Control	Define Terms of Reference for internal audit	31-Mar-2027	Q3	No formal internal audit ToR approved	Internal audit ToR developed and approved	Audit Committee/ COAD	Minutes of the meeting for the approval of ToR
05				Identification of internal auditors	30-Jun-2027	Q4	Internal audit function/resource pool not formally established	Internal auditors identified and formally assigned	Audit Committee/ COAD	Minutes of the meeting for appointment of Internal Auditor
06				Conduct external audit	Jul-Oct 26	Q1-Q2	External audit arrangement exists; annual external audit is not yet	External audit completed and report submitted within the approved schedule	Audit Committee/ COAD	External auditors report included in the AAR 2025-2026

							completed for 2026-27			
07				Publish audited financial statement in AAR	31-Dec-2026	Q2	Audited financial statements are subject to annual publication in the AAR	Audited financial statement published in the 2026-27 AAR	PPD	External auditors report included in the AAR 2025-2026
08			Update SOPs and ToRs	Establishment of SOP and ToR Inventory	31-Dec-2026	Q2	No consolidated SOP/ToR inventory	100% of current SOPs and ToRs inventoried in a central register	PPD	Screenshot of SOP and TOR inventory
09				Periodic updating of SOPs and ToRs	Throughout the year	Q1-Q4	SOPs/ToRs are updated on an ad hoc/need basis	All identified SOPs/ToRs reviewed and updated as required, with review status recorded	PPD	Copy of updated ToR/SOP with approval minutes
10			Strengthening Digital Governance and Timeliness of Decision Documentation	Standardize MoM/RoD templates and approval workflows	Throughout the year	Q1-Q4	MoM/RoD formats and approval workflows are not fully standardized	Standard templates and approval workflow adopted and used across relevant committees/secretariats	Committees /Secretariat /PPD	Templates and workflow processes documented with PPD
11			Strengthen internal risk management	IDI supported Enterprise Risk Management	31-Dec-2026	Q2	ERM capacity and documentation are being developed with IDI support	ERM training completed and institutional risk management document/framework developed	Identified Team/PPD	Copy of attendance of participants and risk management document
12		**OUTPUT 1.2: Institutional follow-up mechani**	Enhance Follow-Up Methodology	Review and strengthen Follow-Up Methodology	30-Apr-2027	Q4	Follow-up workflow has identified gaps/loopholes	Approved and operationalised methodology	Follow-up Committee/ FLSD	Revised and approved Follow-Up Guidelines, including responsibilities, escalation, closure criteria, documentation,

		sm strengthened								timelines and system-based tracking.
13			Conduct follow-up of PA, CA, FA and Statutory Audit (SA) reports	Reporting on the status of the past AAR	31-Mar-2027	Q3	Past AAR status report has been issued; systematic status review is institutionalized	Status of past AAR recommendations/issues reviewed and documented in one consolidated report and submitted to PAC	FLSD	Action Taken Reports forwarded to Public Account Committee
14			Conduct follow-up of audit reports after ATR	Conduct follow-up of unresolved audit issues	Throughout the year	Q1-Q4	Unresolved audit issues are monitored; consolidated analysis needs strengthening	100% of material unresolved audit issues analysed, updated and monitored through a consolidated tracker.	FLSD	Follow-up reports and status reports submitted to Advisory Committee
15			Submit review report of past PA reports	Conduct review and determine status of past PA reports	Throughout the year	Q1-Q4	Status review is institutionalized	Status of past PA recommendations/issues reviewed and documented in a consolidated report (as part of impact assessment report)	PAD	Approved study assessment report; supporting analysis; consultation records
16			Conduct Audit Impact Assessment	Conduct Audit Impact Assessment and publish standalone report	30-Jun-2027	Q4	Audit impact assessment is conducted selectively; no annual standalone assessment report	One consolidated Annual Audit Impact Assessment covering PA, CA and FA completed and published.	FLSD/PAD	Approved study/research/assessment report; supporting analysis; consultation records
17			Institutionalise Management Appraisal Report (MAR) Tracker	Implement the MAR tracker to consolidate audit impact	Throughout the year	Q1-Q4	MAR tracker developed but not implemented institution-wide	MAR tracker institutionalised and output utilised for audit impact	All Divisions/ OAAGs	Executive Order for implementation of MAR Tracker; MAR Tracker/system extracts; quarterly dashboard/status reports.

18			Conduct trend analysis of past audit issues	Data analysis and reporting on audit issues	30-May-2027	Q4	Audit-issue data are available but not consolidated for trend analysis.	One analytical report on trends in past audit issues produced and shared internally	FLSD – Lead; PPD – reporting; SAP Team – system/data support	Report included in the Annual Performance Report/Annual Audit Report and Impact Assessment Report
19			Strengthen Accountability Mechanism	Evaluate and strengthen the existing accountability fixing mechanisms	30-Dec-2026	Q2	Accountability-fixing mechanisms exist but require periodic review and strengthening	Existing accountability mechanisms assessed and improvement measures documented for PA and FA	Auditor General/ PAD	Approved documents copy including minutes or Executive Orders.
20				Review implementation of the 1 April 2026 Public Notification and compliance following 30-Jun-2026 deadline and enforce Audit Clearance Certificate (ACC) /accountability requirements	30-Sep-2026 and quarterly thereafter	Q1-Q4	Public Notification issued on 1-Apr-2026	100% of applicable unresolved-accountability cases reviewed and ACC restrictions/actions applied in accordance with approved policy	FLSD and OAAGs	Compliance review; AIMS/ACC records; notifications/actions; quarterly reports
21				Issue Audit Clearance Certificates as per TAT	Throughout the year	Q1-Q4	Audit clearance issued within TAT of 2 days after fulfilling the requirement	100% of audit clearance application approved within the agreed TAT after fulfilling the requirement	FLSD/OAAGs	Quarterly review of TAT and audit clearances issued report
22	**THEME 2: Audit and Assurance Service**	**OUTPUT 2.1: Risk-based and technolo**	Annual Audit Planning	Obtain the list of donor-funded projects and review and update the audit universe, including agency	31-Mar-2027	Q3	Audit universe and risk profiles are maintained and updated annually	100% of audit universe updated, including donor-funded projects, agency	Divisions/OAAGs/PPD	Audit inventory record in AIMs

		gy-enabled audit coverage diversified and expanded.		categorization and risk profiles.				categorization and risk profiles		
23				Prepare and publish Annual Audit Schedule (AAS)	30-Jul-2026	Q1	Annual Audit Schedule is prepared annually	2026-27 AAS approved and published within the planning cycle	Divisions/OAAGs/PPD	Copy of AAS published on Webpage
24				Identify audit Thrust Areas and develop modalities	15-Jul-2026	Q1	Audit thrust areas are identified annually	Priority audit thrust areas and modalities identified and documented for 2026-27	Divisions/OAAGs/PPD	Copy of Audit Thrust Area report
25			Conduct Audits	Conduct financial audit	As per AAS	Q1-Q4	320 financial audits completed out of 337 planned in FY2025-26	100% of approved 2026-27 financial audit plan completed and reported	Divisions/OAAGs	AIMS data/dashboard on audit status
26				Conduct Compliance audit	As per AAS	Q1-Q4	69 compliance audits completed out of 76 planned in FY2025-26	100% of approved 2026-27 compliance audit plan completed and reported	Divisions/OAAGs	AIMS data/dashboard on audit status
27			Empanel Professional Audit Firms	Identify and select agencies for outsourcing	31-Aug-2026	Q1	Outsourcing agencies are selected as required; no consolidated annual pipeline	Priority agencies suitable for outsourcing identified and approved for 2026-27	Audit Committee/COAD	Record of agencies identified for outsourcing
28				Evaluate and empanel service providers	Throughout the year	Q1-Q4	Professional audit firm empanelment institutionalized	Eligible professional audit firms evaluated and empanelled through an approved process	Audit Committee/COAD	Copy of minutes and list of new appointees
29				Arrange for empanelment of the Big Four	Throughout the year	Q1-Q4	Big Four empanelment arrangement not established	Big Four firms assessed and empanelment/engagement arrangement initiated or completed, subject to interest of the firms	Audit Committee/COAD/PPD	Correspondences with BIG four or their subsidiary firms and MoU or agreement copy

30			Outsource audits of Incorporated Companies, Civil Society Organizations (CSO) and Religious Organizations (RO)	Appointment of auditors for government incorporated companies	30-Nov-2026	Q2	Government incorporated companies are audited through existing arrangements	Auditors appointed for 100% of government incorporated companies identified for outsourcing	Audit Committee/ COAD	List of appointment or letter to firms indicating appointment
31		**OUTPUT 2.2: Performance audit coverage on priority and systemic issues diversified and expanded.**	Conduct Performance Audit	Performance audit fieldwork and reporting	As per AAS	Q1-Q4	4 performance audits completed by PAD and 2 adhoc audit completed by other division (6 PA audits)	3 performance audit reports completed and issued in 2026-27	PAD	Performance audit reports/ AIMS Data
32			Conduct Special Audits	Identify and prioritize topics/themes pertaining to emerging issues/high risk sectors	Throughout the year	Q1-Q4	1 special-audit topics identified in the baseline year	Need basis (emerging/high-risk topics prioritized for special audit)	Divisions/OAAGs	Copy of reports
33			Assessment of Duplication, Fragmentation, Overlap (DFO)	Compilation and Reporting	Throughout the year	Q1-Q4	DFO findings are not compiled	Validated DFO findings consolidated and reported for all assessed areas	PAD	Approved study/research/assessment report; supporting analysis; consultation records
34			Publish AG's	Identify potential areas and topics and submit report	Throughout	Q1-Q4	2 potential advisory topics identified in	At least 2 Advisory Series products reported/presented	Audit Committee/ PPD	Copy of report

			Advisory Series		the year		the baseline year and report issued	to intended stakeholders		
35			Publish Occasional Papers	Identify topics by teams/divisions/departments on quarterly basis	Throughout the year	Q1-Q4	Occasional paper topics are identified on an ad hoc basis	At least 4 Occasional Paper topics identified, one per quarter and 2 reports published	Audit Committee/ PPD/ Identified Team	Minutes or resolution for the identified topic; and copies of Occasional paper
36		**OUTPUT 2.3: Audit quality management system strengthened.**	Established System of Audit Quality Management (SoAQM)	Develop and approve SoAQM Policy	30-Sept-2026	Q1	SoAQM policy not yet fully approved/institutionalized	SoAQM Policy developed, approved and communicated	PPD/PAD	Approved copy of Policy
37				Identification of Working Group for Risk Management Process (RMP)	30-Dec-2026	Q2	RMP working group not formally identified	RMP working group identified and formally constituted	PPD/PAD	Minutes of meeting approving the team members
38				Implementation of RMP	31-Mar-2027	Q3	Risk management process is under development	RMP implemented across identified audit-quality risk areas	PPD/PAD	Report of RMP
39				Implementation of Monitoring, Remediation and Evaluation process	30-Jun-2027	Q4	Monitoring, remediation and evaluation processes are not fully institutionalized	Monitoring and remediation process implemented with documented review results	PPD/PAD	Monitoring reports for the current year
40	**THEME 3: Digitalization & Methodology Strengthening**	**OUTPUT 3.1: Audit Information Management System fully operationalized**	Integrate AI and Machine Learning	Identify and design AI integration pathways within the Audit Information Management System (AIMS)	30-Jun-2027	Q4	AI integration pathways in AIMS not formally established	AI integration pathways identified, assessed and documented	SAP Team	Physical walkthrough in the AIMS
41			Integrate AIMS & NDI	AIMS & NDI integration in .NET 10.0 with user manual	01-Apr-2027	Q4	AIMS and NDI integration/upgrading is in progress	AIMS and NDI integrated on .NET 10.0 and user manual finalized	SAP Team (Dependency on NDI Vendor)	SAP Quarterly Report to SAP Steering Committee, AIMS system

42			AIMS Upgrade Upgrading from .NET Core 2.2 to .NET 10.0	Annual Audit Schedule Module (Requirement Collection, Development, Testing, Demonstration & Deployment with Manual)	Throughout the year	Q1-Q4	Annual Audit Schedule module requires automation	AAS module developed, tested, demonstrated, deployed and supported by manual	PPD/SAP Team	SAP Quarterly Report to SAP Steering Committee
43				AWP Automation (Financial Audit)	Throughout the year	Q1-Q4	Financial audit work planning is not fully automated	AWP automation for Financial Audit developed and deployed	SAP Team	SAP Quarterly Report to SAP Steering Committee
44				AWP Automation (Compliance Audit)	Throughout the year	Q1-Q4	Compliance audit work planning is not fully automated	AWP automation for Compliance Audit developed and deployed	BESC/SAP Team	SAP Quarterly Report to SAP Steering Committee
45			Optimize AIMS to address residual limitations and emerging user needs	Identify upgrade needs	Throughout the year	Q1-Q4	Residual AIMS limitations are identified on a need basis	AIMS upgrade needs assessed and prioritized in an approved backlog	FLSD/PPD/ SAP Team	Approved activity/output report; supporting evidence; monitoring/verification records
46				Implement upgrades	Throughout the year	Q1-Q4	AIMS upgrades are implemented as needs arise	Priority AIMS upgrades implemented and tested	FLSD/PPD/ SAP Team	
47				Prepare and disseminate user guides / SOP	Throughout the year	Q1-Q4	User guidance is not consolidated for all upgraded functionality	User guides/SOPs developed and disseminated for all major AIMS upgrades	FLSD/PPD/ SAP Team	
48			Optimise AIMS 2.0 (current)	Generate MIS for Follow-up	30-Sept-2026	Q1	Detailed MIS Generation pertaining to follow-up and audit clearance not available	System enhanced to generate MIS related to follow-up matters.	SAP Team	SAP Quarterly Report to SAP Steering Committee, User acceptance report

49				Generate MIS for Audit Clearance	30-Sept-2026	Q1	Detailed MIS Generation pertaining to audit clearance including TAT not available	System enhanced to generate MIS related to audit clearances.	SAP Team	SAP Quarterly Report to SAP Steering Committee, User acceptance report
50				Enhance Audit Clearance Module	30-Sept-2026	Q1	Customised audit clearance certificate not available	System enhanced to capture and generate specific detailed audit clearance certificate	SAP Team	SAP Quarterly Report to SAP Steering Committee, User acceptance report
51		**Output 3.2: Data analytics embedded in audit processes through Smart Audit Platform**	Periodic review of SAP roadmap	Annual review of SAP roadmap and priorities	01-Jun-2027	Q4	SAP roadmap is under development	SAP roadmap reviewed and priorities approved for 2026-27	SAP Steering Committee	Advisory Committee Minutes
52			Infrastructure and Platform Setup	Install and configure data platform software and tools	Oct 2026	Q2	Data platform tools are not fully configured	Required data platform software/tools installed and configured	SAP Team	Approved activity/output report; supporting evidence; monitoring/verification records - SAP Quarterly Report to SAP Steering Committee
53			Data Onboarding and Data Foundation	Establish audit data marts (procurement, payroll, revenue etc.)	Annual	Q1-Q4	Audit data marts are not fully established	At least 3 priority audit data marts established	SAP Team	SAP Quarterly Report to SAP Steering Committee
54			Analytics and Dashboards	Develop analytics models and scripts	Continuous	Q1-Q4	Analytics models/scripts are under development	Priority analytics models/scripts developed and validated	SAP Team	SAP Quarterly Report to SAP Steering Committee
55				Develop dashboards and indicators	Continuous	Q1-Q4	SAP dashboards are under development	Priority dashboards and indicators developed and operational	SAP Team	Operational dashboard, SAP Quarterly Report to

										SAP Steering Committee
56			Pilot Audits and Rollout	Conduct pilot audits using SAP analytics	June-2027	Q4	SAP pilot audits are not yet institutionalized	At least 2 pilot audits conducted using SAP analytics	Divisions / SAP Team	Approved activity/output report; supporting evidence; monitoring/verification records
57			Procurement of Server	Procure server for SAP	As per procurement Plan	Q3-Q4	Current servers are outdated and does not have GPU	Latest server with GPU procured and configured	Procurement Committee/ SAP	GIMS inventory record
58			Develop Correspondence and Dispatch Management System (CDMS)	Develop and Deploy CDMS	15-Dec-2026	Q2	Correspondence and letters are recorded in google sheet	90% of the correspondences (incoming/outgoing) managed through CDMS	SAP Team	Link to the system and System Documentation, User Acceptance report, Issue Logs. SAP Quarterly Report to SAP Steering Committee.
59			Configure Learning Management System	Configure and deploy	30-Mar-2026	Q3	LMS not available	A fully functional online learning platform to facilitate auditors with virtual sessions. 2 online courses deployed by Q3	SAP Team	Link to the system and System Documentation, User Acceptance report, Issue Logs. SAP Quarterly Report to SAP Steering Committee.
60			Automation of AWP 5.2 Substantive Audit Procedure and AWP 5.8 Minimum Audit	Develop and deploy the automation of AWP 5.2 and 5.8	31-Jul-2026	Q1	The auto data-populate of audit working papers were not available	Automation of AWP 5.2 Substantive Audit Procedure and 5.8 Minimum Audit Procedure	SAP Team	Link to the system and System Documentation, User Acceptance report, Issue Logs. SAP Quarterly Report to SAP Steering Committee

			Procedures							
61			Develop RAA portal for all IT systems under SAI	Develop and deploy the RAA services portal	30-Sept-2026	Q1	Consolidation of all the Smart Audit Initiatives under a single portal not available	100% of the Smart Audit Initiatives accessible through a single portal	SAP Team	Link to the system and system documentation. SAP Quarterly Report to SAP Steering Committee
62			Enhance and Deploy Leave and Tour Management System	Enhance and Deploy Leave and Tour Management System	15-Dec-2026	Q2	Leave and Tour Management System not available before	80% of leave and tour application through LTMS	SAP Team	Link to the system and System Documentation, User Acceptance report, Issue Logs. SAP Quarterly Report to SAP Steering Committee
63			Enhance and deploy eSign	Enhance and Deploy eSign System	30-Jun-2027	Q4	eSign system not available	80% of RAA committees documents requiring signatures signed through eSign System	SAP Team	Link to the system and System Documentation, User Acceptance report, Issue Logs. SAP Quarterly Report to SAP Steering Committee
64			Institutionalise AI-enabled Auditing Capability	Pilot AI-enabled audits for risk profiling and advanced data analytics	30-Jun-2027	Q4	AI-enabled audit pilots not institutionalized	AI in auditing training completed for at least 30 auditors. 50% of audits conducted with AI-assisted audits	SAP Team	Participants list and pictorial evidence from the training. Reports from Divisions and OAAGs.
65		**OUTPUT 3.3: Knowledge Management System**	Knowledge management System Development and Setup	Develop KM policy/guideline	30-Nov-2026	Q2	No approved KM policy/guideline	KM policy/guideline developed and approved	PPD	Copy of guideline/minutes/ office order
66				Develop and deploy the full scale KMS including the KM assistant	Jun-2027	Q4	Only the KM Assistant Chatbot and document upload component present currently	Phase 2 of the development would include enhanced modules of KMS	SAP Team	SRS and System Documentation

67		**institutionalised.**	Develop Knowledge Repository and Knowledge Capture	Develop knowledge domains, document categories, and tagging			Knowledge domains/tagging structure not fully established	Knowledge domains, categories and tagging structure established	PPP/KM Admins	SAP Quarterly Report to SAP Steering Committee
68			Knowledge Reuse	Integrate KMS into onboarding of new recruits	Annual	Q1-Q4	KMS is not formally embedded in new-recruit onboarding	KMS included in onboarding programme for new recruits	SSIRD	Onboarding/induction programme schedule
69				Conduct knowledge sharing sessions	Bi-annual	Q2-Q4	Knowledge sharing occurs on an ad hoc basis	At least 2 knowledge-sharing sessions conducted for each departments & RAA-wide knowledge sharing in YEPCM	PPD/Departments	Mid-term and Year end meeting resolution and Departmental knowledge-sharing meeting minutes.
70			KMS Adoption	Develop user guide video and manual	30-Jan-2027	Q3	KMS user manuals are not available	KMS user manual developed and disseminated	SAP Team	Video clip
71			Improve in-house capacity development materials	Identify pool of resource person - for all the subjects/topics delivered	30-Jan-2027	Q3	Resource persons are identified informally	Resource-person pool established for all priority training subjects/topics	HRC	List of identified resource person for the annual training calendar
72				Assess the effectiveness of the current resources and materials	Throughout the year	Q1-Q4	Effectiveness of existing training materials is not systematically assessed	Effectiveness assessment completed for priority training materials	PDC	Assessment report
73				Revise/Update the materials with progressive training strategies	Throughout the year	Q1-Q4	Training materials are updated on an as-needed basis	Priority training materials revised using progressive learning strategies	PDC/HRC	Annual report of PDC

74		**OUTPUT 3.4: Modern audit methodologies applied across audit work.**	Revise Audit Manuals (FA, CA, and PA including other subsidiary manuals and guidelines)	Formation of Task Force for revision of FA and CA manual	30-Apr-2027	Q4	Task force for FA/CA manual revision not formally constituted	Task force constituted with approved ToR and workplan	Advisory Committee	Copy of TOR/Workplan
75				Development, Validation, and Dissemination of Manual/Framework/Guideline/Document	30-Jun-2027	Q4	Audit manuals/guidelines require revision and dissemination	Priority manuals/frameworks/guidelines revised, validated and disseminated	Task Force	Copy of revised manual and executive order
76			Revised reporting formats	Periodic update of formats for Annual Audit Reports, individual Audit Reports and other important reports	30-Aug-2026	Q1	Reporting formats are updated periodically but not through a consolidated annual review	All priority reporting formats reviewed and updated as required	AAR Drafting team/PPD	Approved activity/output report; supporting evidence; monitoring/verification records
77	**THEME 4: People & Organizational Culture**	**OUTPUT 4.1: Audit workforce competency framework implemented and applied.**	Provide capacity development programs	Implement the training strategy through structured programs, partnerships, and continuous learning mechanisms	Throughout the year	Q1-Q4	Training is delivered through annual programmes and partnerships	Training strategy implemented through approved annual learning programmes and partnerships	PDC/SSIRD	Copy of annual training calendar
78			Post Training Impact Assessment	Conduct systematic post-training impact assessments	30-Jun-2027	Q4	Post-training impact assessments are conducted selectively	Post-training impact assessment conducted for all priority training programmes	PDC/HRC	Assessment report endorsed by HRC
79			Professional Certification	Support ACCA/IAAS/PESA/CCPA, etc.	Annual Intake	Q1-Q4	4 staff/professionals supported in baseline year	At least 4 staff supported for relevant professional certifications, subject to eligibility/budget	SSIRD	Certification records; certificates; HR/training records

80		**OUTPUT 4.2: Leadership and people management systems strengthened.**	Succession Planning	Conduct a comprehensive talent and competency assessment	31-Mar-2027	Q3	Comprehensive talent and competency assessment not yet completed	Talent and competency assessment completed for relevant workforce	HRC/SSIRD	Competency assessment document from SSIRD
81				Establish and regularly update succession pools for key positions	Throughout the year	Q1-Q4	Succession pools for key positions not formally established	Succession pools established for all identified critical/key positions	HRC/SSIRD	Quarterly report of SSIRD
82			Facilitate issuance and provision of official identification cards to auditors.	Facilitate issuance and provision of official identification cards to auditors.	Oct-2026	Q2	Facilitate issuance and provision of official identification cards to auditors.	Facilitate issuance and provision of official identification cards to auditors.	PPD	Facilitate issuance and provision of official identification cards to auditors.
83		**OUTPUT 4.3: Ethical culture and professional conduct reinforced.**	Reinforce Code of Conduct	Enhance handling of Conflict of Interest	Throughout the year	Q1-Q4	Conflict-of-interest (COI) handling is governed by existing ethics arrangements	Conflict-of-interest handling process strengthened and documented	SSIRD/AAGs and Heads, Committee Chairperson	Copy of COI issues handled by Divisions/OAAGs
84				Create awareness on the Code of ethics, values and conduct	Twice in a year	Q1 and Q3	Code of ethics/value awareness is conducted periodically	At least 2 ethics/code-of-conduct awareness sessions conducted	PPD	Attendance record, programme details, picture evidence
85				Develop framework for reporting mechanism for code of ethics	Nov 2026	Q2	No guideline	Guideline developed and reporting platform created.	PPD	Minutes indicating approval of guideline
86			Maintain gift register	Manage and dispose gift	Once in a year	Q4	Gift register is maintained and managed through	Gift register fully updated and all declared gifts managed/disposed	SSIRD	Approved activity/output report; supporting evidence;

							existing arrangements	of in accordance with rules		monitoring/verification records
87		**OUTPUT 4.4: Performance management, staff engagement, and wellbeing systems strengthened**	Provide Wellbeing Support	Implement wellbeing support programs	Throughout the year	Q1-Q4	Wellbeing support is provided under ASWS arrangements	Wellbeing support programme implemented and reported annually	SSIRD	Survey results; action plan; implementation and monitoring records
88				Develop and conduct employee-wellbeing survey	15-Jun-2027	Q4	No current comprehensive employee wellbeing baseline survey	One organization-wide employee wellbeing survey completed and baseline established	SSIRD	
89			Appreciation, Recognition and Motivation	Develop clear and transparent selection criteria for Best Audit Report, Significant Observations and Best Employee	30-Sep-2026	Q1	Recognition criteria require strengthening/revision	Transparent criteria for Best Audit Report, Significant Observations and Best Employee endorsed	Task force for best audit report, significant observation and best employee	Approved criteria and office orders
90				Showcase staff achievements across multiple platforms	Continuous	Q1-Q4	Staff achievements are shared selectively	Staff achievements showcased through at least 3 official communication channels/platforms	Social Media focal	Walkthrough on social media pages
91			Open communication and trust	Establish anonymous feedback channels	30-Jan-2027	Q3	Anonymous feedback channel is established	Anonymous feedback channel operational and communicated to all staff	PPD	Communication materials; event/participant records; dissemination report
92				Documentation, accountability and timely resolution of feedbacks	Throughout the year	Q1-Q4	Feedback resolution tracking is not fully standardized	All material feedback documented, assigned and tracked to timely resolution	PPD	
93			Professional Safeguarding	Develop and institutionalize an Auditor Protection Guideline	15-Oct-2026	Q2	Auditor protection guideline not established	Auditor Protection Guideline developed and approved	PPD	Approved activity/output report; supporting evidence;

										monitoring/verification records
94			Institutional Bonding	Celebrate RAA day	16-Apr-2027	Q4	RAA Day is celebrated annually	RAA Day celebrated as planned	PPD/SSIRD	Copy of news publication
95				Pilot RAA Innovation Challenge to gather ideas and recognise efforts	16-Apr-2027	Q4	No formal RAA innovation challenge pilot	At least one RAA Innovation Challenge conducted and ideas recognized during RAA day	PPD/SSIRD /PDRC	Web news indicating selected innovative idea
96				Prioritise and refine innovative ideas and integrate into audit cycle	Throughout the year	Q1-Q4	Innovation ideas are not systematically integrated into audit cycle	Priority viable ideas refined and integrated into relevant audit processes	PPD/SSIRD /PDRC	Quarterly monitoring report
97			Augmented work environment	Conduct a comprehensive workplace assessment (software/hardware/infrastructure/etc)	Once a year	Q3	Comprehensive workplace assessment baseline not established; existing satisfaction score in terms of office environment is 69.35% (good and very good)	Workplace assessment completed covering software, hardware, infrastructure, OHS, safety and accessibility; improvement priorities identified.	SSIRD (AFS and ICT Services)	Copy of assessment report or budget proposal report
98				Major maintenance of PDC	One-time	Q2-Q3	PDC infrastructure requires major maintenance	Maintenance work completed	Procurement Committee & Project Team	Annual Performance Report of PDC
99				Construct emergency exit at HQ	One-time	Q2-Q3	No emergency exit	Emergency exit installed and utilised	Procurement Committee & Project Team	Physical verification of infrastructure
100	**THEME 5: Communication and**	**OUTPUT 5.1: Communication**	Publish Annual Audit Report (AAR)	Drafting AAR and Vetting	30-Sep-2026	Q1	AAR drafting/vetting is conducted annually	2026-27 AAR drafted and vetted within the approved schedule	AAR Drafting team & Technical Committee	Copy of AAR published on web page

101	**Public Engagement**	**audits improved.**		Issue separate AAR for agencies under GMC	30-Sep-2026	Q4	Separate GMC-related AAR reporting is not yet institutionalized	Separate AAR for agencies under GMC issued, where applicable	AAR Drafting Team	Copy of AAR for GMC submitted to Parliament
102			Publish Annual Institutional Reports	Publish RAA's annual HR report	30-Aug-2026	Q1	Annual HR report is produced	2026-27 HR report published	SSIRD	Copy of Annual HR report endorsed by Management
103				Publish PDC's annual report	30-Aug-2026	Q1	PDRC annual reporting is undertaken	2026-27 PDRC annual report published	PDC	Copy of Annual PD report endorsed by management
104				Publish RAA's annual Performance Report	30-Sep-2026	Q1	Annual Performance Report is produced	2026-27 RAA Annual Performance Report published	PPD	Performance Report published on the RAA webpage
105			Internship	Finalise and institutionalize an Internship Engagement Guideline	31-Dec-2026	Q2	Internship arrangements exist but are not governed by a consolidated guideline	Internship Engagement Guideline developed, approved and implemented	SSIRD/PDRC	Copy of document endorsed by the Advisory Committee
106				Implement and monitor internship engagement	Throughout the year	Q1-Q4	2 internship engagements in baseline year	At least 2 internship engagements implemented and monitored	SSIRD	Annual HR Report
107		**OUTPUT 5.2: Stakeholder engagement and media outreach enhanced.**	Enhance Stakeholder Engagement	Revise Stakeholder Engagement Strategy	15-Feb-2027	Q3	Stakeholder engagement strategy exists but requires revision	Stakeholder Engagement Strategy revised and approved	PPD/PDC/FLSD	Copy of revised strategy duly endorsed by the Advisory Committee
108				Implement and report on stakeholder engagement	Throughout the year	Q1-Q4	Stakeholder engagement is reported through annual reporting	Stakeholder engagement implemented and reported in the Annual Performance Report	PPD/PDC/FLSD	Quarterly and Annual Reports
109			Conduct Advocacy and Awareness	Identify target agencies and stakeholders for	Throughout the year	Q1-Q4	Target stakeholder selection is largely ad hoc	Annual stakeholder mapping and priority target list approved	Advisory Committee/ Divisions and OAAGs	Communication materials; event/participant

				audit awareness and advocacy						records; dissemination report
110				Develop comprehensive audit advocacy and awareness materials	Need basis	Q1-Q4	Advocacy materials exist but require periodic updating	Comprehensive audit advocacy/awareness materials developed and approved	PPD	
111				Conduct awareness to executive during RCSC's programme	Throughout the year	Q1-Q4	Executive/stakeholder forums are conducted as opportunities arise	At least 1 executive/stakeholder engagement forums conducted	PPD	
112				Hold press conferences for significant audit reports	Throughout the year	Q1-Q4	Press conferences are conducted for significant reports as needed	Press conference held for each significant audit report were warranted	PPD	
113			Improve digital presence and online visibility	Establish a dedicated Media and Communications Team	30-Aug-2026	Q1	No dedicated Media and Communications Team	Dedicated Media and Communications Team identified/established	HRC/PPD	Name of media team with roles and responsibilities approved by AC **Lead:** Kinely Zam, AAG **Member:** Yangchen Karma, PPD Wangchen Dorji, PPD Sonam Pelmo, SSIRD
114				Revise Terms of Reference (ToR) for the Media Team	30-Aug-2026	Q1	Current ToR for Media Team requires revision	Revised Media Team ToR approved and implemented	PPD/SSIRD	Copy of revised TOR duly approved by the AC
115				Create and disseminate engaging awareness content (infographics/video/audio clips) via official social media platforms	Throughout the year	Q1-Q4	Awareness content is developed on need basis	At least 12 engaging digital awareness contents disseminated during the year	Media Team/PPD	Video contents

116				Regular update of RAA's webpage	Throughout the year	Q1-Q4	RAA webpage is updated periodically	Webpage updated regularly with key institutional/audit information; quarterly monitoring of updates	Media Team/PPD	SAP team's quarterly report to steering committee
117				Publish key leadership communications (AG's new initiatives and communications other than audit reports)	Throughout the year	Q1-Q4	3 key leadership communication in baseline year	At least 4 key leadership communications published	Media Team/PPD	Copy of communication published on social media and webpage
118		**OUTPUT 5.3: Strategic partnerships broadened nationally and internationally.**	Integrate with INTOSAI communities	Participate in INTOSAI/ASOSAI working groups	Throughout the year	Q1-Q4	Participation in INTOSAI/ASOSAI working groups is ongoing but basis varies by opportunity	Participation maintained in all approved INTOSAI/ASOSAI working groups and outputs documented	HRC	Approved activity/output report; supporting evidence; monitoring/verification records
119				Participate in capacity building initiatives offered by international bodies	Throughout the year	Q1-Q4	Capacity-building participation is undertaken based on opportunities	Participation in 100% of priority approved capacity-building initiatives	SSIRD/PDC	SSIRD's data on participation to INDOA/IDI programmes
120			Engage with Oversight Bodies (ACC)	Explore inter-agency contributions for better integrity and accountability	Throughout the year	Q1-Q4	2 inter-agency contributions/engagements in baseline year	At least 2 inter-agency initiatives with ACC/oversight bodies implemented	PPD/FLSD	Approved activity/output report; supporting evidence; monitoring/verification records
121				Attend/participate in the Tripartite/ bi-lateral Meeting among ACC, RAA and OAG	As per the host agency (ACC)'s Schedule	Q2	Existing institutional mechanism in place	Participation completed; key issues deliberated; resolutions/action points documented	PPD & FLSD	Meeting invitation/agenda, attendance record, minutes, resolutions/action plan, meeting report

Result Framework for FY 2026-2027

Sl. No.	Indicators	Baseline (2024-2025)	Milestone	Target	Frequency	Source of Data	Responsibility
			2026-27	2029-30			
	Outcome	**To accelerate His Majesty's vision for an "Enlightened Entrepreneurial Bureaucracy" by raising national standards of accountability and performance, shaping a more transparent, agile, and resilient public sector capable of delivering ten times results for Bhutan's long-term transformation.**					
1	% of unqualified audit reports	56.57%	60%	**75%**	Annually	Annual Performance Report	Departments and PPD
2	Percentage of PA/FA/CA audit recommendations implemented within the provisional timeframe (3 months for FA/CA and 12 months for PA)	57%	65%	**80%**	Annually	AIMs data	FLSD
3	Transparency Index Score	72	72	**73**	Annually	Corruption Perception Index/ACC	PPD
4	% of expenditure in compliance with laws/rules	94.86%	95.00%	**97.00%**	Annually	AAR/Annual Financial Statement of RGoB	PPD and GCD
5	Score of PEFA19 PI-31: Legislative Scrutiny of Audit Reports	B+ (June 2023)		**A**	Every 4-5 years	PEFA report database/ MoF	PPD
6	Stakeholder satisfaction with the usefulness of audit and oversight reports	NA	≥85%	**≥85%**	Annually	Client Satisfaction and Feedback Survey Report	Departments and PPD
	Theme 1: Governance, Accountability & Ethics						
	Output 1.1: Audit oversight mechanisms for governance and accountability risks strengthened.						
7	Annual Audit Report published by second quarter of the FY	2nd quarter of the FY	Yes	**Yes**	Annually	Annual Performance Report	PPD

	Output 1.2: Audit follow-up and accountability mechanisms strengthened.						
8	% of ATR submitted within the prescribed timeframe (FA/CA/PA)	NA	100.00%	100.00%	Annually	AIMs Data	FLSD
	Theme 2: Audit and Assurance Service						
	Output 2.1: Risk-based and technology-enabled audit coverage diversified and expanded.						
9	% of audit entities audited annually (FA and CA)	94.40%	97.00%	**100.00%**	Annually	Annual Audit Schedules/Annual Performance Report	PPD
10	% reduction in audit cycle time due to risk-based and technology enabled audits.	NA	10.00%	**≥20%**	Annually	Annual Audit Schedule	PPD
	Output 2.2: Performance audit coverage on priority and systemic issues diversified and expanded.						
11	Number of performance audits conducted.	2 (2023-24)	2	**10**	Annually	AIMs Data	PPD and PAD
	Output 2.3: Audit quality management system strengthened.						
12	% of remediations undertaken after SoAQM	NA	NA	**100%**	Annually	Annual Performance Report	PPD
	Theme 3: Digital & Methodology Strengthening						
	Output 3.1: Audit Information Management System fully operationalized						
13	% of audit engagement managed end-to-end through AIMS (AAS, Planning, Execution, Reporting and Follow-up)	NA	0%	**100%**	Bi-Annually	AIMs data	PPD/AIMS Team
14	% reduction in paper consumption due to digitalisation	NA	0%	**≥ 85%**	Annually	Annual Procurement Data	SSIRD
	Output 3.2: Data analytics embedded in audit processes through Smart Audit Platform						

15	% of audits using data analytics through SAP	NA	10%	**≥ 80%**	Bi-annually	Progress report submitted to SAP Steering Committee	SAP Project Team
16	% of audits using full-population data analysis instead of sampling	NA	10%	**≥ 50%**	Annually	Progress report submitted to SAP Steering Committee	SAP Project Team
	Output 3.3: Knowledge Management System institutionalized.						
17	% of employees using the KMS	NA	40%	**≥ 80%**	Annually	KMS System logs	SAP project Team
	Output 3.4: Modern audit methodologies applied across audit work.						
18	All the audit manuals, standards, or guidelines are reviewed and updated.	NA	Yes	**Yes**	Annually	Annual Performance Report	PPD
	Theme 4: People & Organisational Culture						
	Output 4.1: Audit workforce competency framework implemented and applied.						
19	% of training plans aligned with competency gaps	NA	100%	**100%**	Annually	Annual HR Report	SSIRD/PDRC
20	Time required for new audit officials to become operational on audit assignments	9 weeks	9 weeks	**5 weeks**	Annually	HR records on IPNR, Mentoring form, Division Records	SSIRD
	Output 4.2: Leadership and people management systems strengthened.						
21	Staff Perception Score on leadership effectiveness	NA	80.00%	**90.00%**	Annually	Annual Leadership Survey	SSIRD/PDRC
22	% of active workforce retained annually		90%	**90%**	Annually	Annual HR Report	SSIRD
	Output 4.3: Ethical culture and professional conduct reinforced.						
23	% of staff completing sensitisation on code of ethics	NA	100%	**100%**	Annually	Annual HR Report	SSIRD
	Output 4.4: Performance management, staff engagement, and wellbeing systems strengthened						

24	Staff engagement and wellbeing index score	NA	73%	**82%**	Annually	Annual HR Report	SSIRD
25	% of Annual Work Plan completed	NA	100%	**100%**	Annually	Annual HR Report	SSIRD
26	Number of wellbeing initiatives implemented and utilised by staff	NA	3	**14**	Annually	Annual HR Report	SSIRD
	Output 4.5: Work environment and infrastructure strengthened to support audit delivery.						
27	Staff satisfaction score regarding the physical work environment, safety and accessibility	NA	85.00%	**100.00%**	Annually	Annual HR Report	SSIRD
	Theme 5: Communication and Public Engagement						
	Output 5.1: Communication on audits improved.						
28	% of audit reports published within agreed timelines (FA &CA)	83%	100%	**100%**	Annually	AIMs data	PPD
29	% of audit reports published within agreed timelines (PA)	NA	100%	**100%**	Annually	AIMs data	PPD
	Output 5.2: Stakeholder engagement and media outreach enhanced.						
30	% of planned engagements delivered as scheduled	100%	100%	**100%**	Annually	Annual Performance Report	PPD/Media Focal
	Output 5.3: Strategic partnerships broadened nationally and internationally.						
31	Number of active cooperation with peer SAIs, international and regional professional bodies.	NA	Need basis	**Need basis**	Need basis	Annual HR Report	SSIRD

Accountability

Function / Role	AOP responsibility	Core accountability	Quarterly evidence	Escalation / decision point
Auditor General / Management	Strategic direction and approval	Approve priorities, resources and corrective actions	Quarterly performance review	Material underperformance / strategic reprioritisation
Advisory Committee	Strategic oversight	Review AOP, resolve cross-divisional issues and approve major adjustments	Quarterly review minutes / decisions	Issues requiring management decision
Policy and Planning Division (PPD)	AOP coordination and monitoring	Maintain master AOP, consolidate quarterly results, report strategic performance	Quarterly monitoring report	Repeated slippage / cross-cutting risks
Audit Divisions / OAAGs	Audit delivery	Deliver assigned audit outputs to AAS and quality requirements	AIMS / audit reports / completion evidence	Audit delays or quality issues
SSIRD / PDRC / HRGC	People and capability	Deliver competency, training, wellbeing and workforce initiatives	HR/training reports	Capacity or retention risks
ICT / SAP Teams	Digital delivery	Deliver system, analytics and data initiatives	System release / usage / dashboard evidence	Technology, data or security risks
FLSD / Follow-up Committee	Audit follow-up	Track ATRs and implementation of recommendations	AIMS follow-up data / reports	Persistent non-compliance

Monitoring and Reporting Protocol

Purpose	Provide a consistent mechanism to monitor annual implementation and strategic results.
Monthly / ongoing	Responsible divisions update activity status, evidence and emerging risks in their working records/AIMS.
Quarterly	PPD consolidates progress against the AOP, budget linkage, milestones, risks and KPI results; responsible owners validate evidence.
Quarterly rating	Green = on track; Amber = minor/moderate slippage requiring management attention; Red = significant slippage or risk requiring corrective action.
Annual	PPD prepares an Annual Operational Plan Performance Report, reconciles actual results with the Strategic Plan Monitoring Framework and records lessons for the next AOP.
Change control	Changes to activities, deadlines, ownership or targets should be documented with rationale and approved through the established governance mechanism.
Evidence rule	Every completed activity should have a verifiable output: approved document, report, system release, training record, meeting decision, audit product, survey result or equivalent evidence.
Budget rule	Each material activity should be linked to a budget line/cost centre before final budget approval. The AOP should not be treated as a substitute for the approved budget.
Risk rule	High-risk activities should have a named owner, mitigation, trigger and quarterly review.
Good-practice basis	The structure reflects results-based strategic management and SAI performance-management practice promoted by INTOSAI/IDI.

Source Review and Reconciliation Notes

No.	Area	Issue / Interpretation	Required Action
1	FY alignment	The implementation matrix is treated as the FY2026–2027 delivery source; target dates are retained as provided unless clearly flagged for verification.	Validate before final approval
2	Target-date anomaly	The source matrix contains at least one date in 2025 for an FY2026–2027 activity (empanelment of professional audit firms). Verify whether this is a legacy date or should be updated.	Validate before final approval
3	Target-date anomaly	The source matrix includes a milestone stated as 2027-12-01 under FY2026–2027. Verify whether this is intended to be 2026-12-01 or whether the activity belongs to the next FY.	Validate before final approval
4	Monitoring framework	The strategic monitoring framework has FY2026–2027 milestones and output-level indicators. These have been linked to AOP activities at output level rather than inventing activity-level KPIs.	Validate before final approval
5	Budget	No budget figures were supplied in the implementation matrix. The Budget Linkage sheet therefore leaves provisions blank for costing and reconciliation with the approved budget.	Validate before final approval
6	Management use	Before approval, management should validate owners, dates, dependencies, procurement lead times, and budget lines; then freeze the approved baseline version.	Validate before final approval

Annex 2. Annual Planning and Monitoring Cycle

Stage	Key Focus
Strategic Direction	Strategic Plan 2025–2030 and monitoring framework establish the long-term direction, intended results, strategic priorities and performance expectations.
Annual Planning	FY 2026–2027 priorities, activities, targets, milestones and resources are established and aligned with the Strategic Plan.
Implementation	Planned activities and deliverables are implemented by responsible divisions in accordance with approved timelines and responsibilities.
Monitoring	Quarterly progress, evidence, risks, resource utilisation and performance are monitored and documented.
Management Review	Management reviews progress, addresses constraints and determines corrective actions, decisions and resource adjustments where required.
Annual Assessment	Overall performance is assessed against annual milestones, planned deliverables and relevant strategic results.
Learning	Lessons learned, good practices and implementation challenges inform the subsequent annual planning cycle.

Annex 3. Approval and Version Control

Prepared by	Policy and Planning Division
Reviewed by	Relevant Divisions / Management
Recommended by	Advisory Committee
Approved by	Competent Authority, Royal Audit Authority
Effective period	1 July 2026 – 30 June 2027