



PERFORMANCE AGREEMENT
BETWEEN
Secretary and Director General
DEPARTMENT OF MEDICAL SERVICES
MINISTRY OF HEALTH

(July 1, 2015 – June 30, 2016)

TABLE OF CONTENTS

- Section 1: Vision, Mission and Objectives
- Section 2: Objectives, Actions, Success Indicators and Target
- Section 3: Trend Values of Success Indicators
- Section 4: Description and Measurement of Success Indicators.
- Section 5: Requirements from other Departments & Secretariat Divisions

Preamble

The Performance Agreement is entered into between the Secretary and Director General, Department Of Medical Services.

The objectives of this Performance Agreement are:

- a) To establish clarity and consensus about annual priorities for the Department Of Medical Services consistent with the 11th Five Year Plan of the Ministry, and Government's other priorities;
- b) To provide an objective and fair basis for evaluating the overall performance of the Department Of Medical Services at the end of the financial year
- c) 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

Build a healthy and happy nation through a dynamic professional health system, highest standard of health, and by the people within the broader framework of overall national development in the spirit of social justice, and equity.

Mission

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

Objectives

- 1) To improve delivery of quality healthcare services.
- 2) To improve access to equitable and quality curative & palliative healthcare services.
- 3) To strengthen diagnostic capacity in health facilities.
- 4) To ensure implementation of planned activities
- 5) 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 improve delivery of quality healthcare services.	30	Improve OPD waiting time.	Average nationwide OPD waiting time from 9-11 am (in minutes).	Minutes	5	23	25	27	30	35	
		Establish baseline data to assess percentage of hospital acquired infections.	Number of hospital setting up baseline data on hospital acquired infections from (Paro, Punakha, Trashigang, Deothang and Samtse)	Number	5.5	5	4	3	2	1	
	To improve access to equitable and quality curative & palliative healthcare services.	30	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	4.5	96	95	94	93	92
			Introduce specialized technology/procedures to reduce referral outside.	Percentage of health facilities with 90% of standard consumables available at any point of time.	Percent	4.5	90	88	86	84	82
			Expand diabetes case detection and improve case management & care in the clinics.	Number of specialized health technology (drugs, equipment, instruments, devices and procedures) introduced in the country.	Number	5.5	2	1	0	0	0
			Strengthen telemedicine services.	Number of Diabetes Clinics established in hospitals and BHUs-I and improved case management.	Number	5	7	6	5	4	3
To improve access to equitable and quality curative & palliative healthcare services.	30	Promote community-based elderly care program.	Number of hospitals and BHU-I with functional telemedicine facilities.	Number	4.5	20	19	18	17	16	
		Strengthen urban health services.	Number of Dzongkhags with community-based elderly care program established.	Number	4.5	5	4	3	2	1	
			Number of Thromde health offices established.	Number	4	4	3	2	1	0	

Conduct healthcare service camps (all camps).	Number healthcare service camps.	Number	4	30	29	28	27	26
Enhance emergency medical services.	Number of ambulances procured & distributed.	Number	4	4	3	2	1	0
	Number of ambulances installed with live vehicle tracking system (AVLT).	Number	4	33	32	31	30	29
	Timeline by which Health Disaster Contingency Plan published and disseminated to all districts.	Date	5	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
To strengthen diagnostic capacity in health facilities.	Increase voluntary blood donations.	Percent	8	75	70	65	60	55
	Ensure quality laboratory results.	Percent	6	96	95	94	93	92
To ensure implementation of planned activities	Ensure safe radio-logical services.	Number	8	28	25	20	15	<15
	Ensure uninterrupted laboratory and radiological services.	Percent	8	90	85	80	75	70
To implement National Integrity and Anti Corruption Strategy (NIACS)	Implement planned activities	Percent	2.5	95	90	85	80	≤75
		Percent	2.5	100	95	90	85	≤80
To implement National Integrity and Anti Corruption Strategy (NIACS)	To implement National Integrity and Anti Corruption Strategy (NIACS)	Date	1	07/31/2015	08/31/2015	09/30/2015	10/31/2015	11/30/2015
		Percent	2	100	98	96	94	92
	Percentage of relevant (mandated) officials who have done integrity diagnostic testing	Percent	2	100	98	96	94	92
	Percentage of relevant (mandated) officials who have	Percent	2	100	98	96	94	92

declared asset declaration on
time

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 ensure implementation of planned activities	Implement planned activities	Percentage of planned (revised) budget utilization	Percent			100	100	100
		Percentage of planned activities implemented (Activity completion)	Percent	NA	NA	100	100	100
To implement National Integrity and Anti Corruption Strategy (NIACS)	To implement National Integrity and Anti Corruption Strategy (NIACS)	Percentage of relevant (mandated) officials who have declared asset declaration on time	Percent			100	100	100
		Percentage of relevant (mandated) officials who have done integrity diagnostic testing	Percent			100	100	100
		Timeline by which gift register is instituted	Date			07/31/2015		
To improve access to equitable and quality curative & palliative healthcare services.	Conduct healthcare service camps (all camps). Enhance emergency medical services.	Number healthcare service camps.	Number	30	same number of camps maintained	same number of camps maintained	same number of camps maintained	same number of camps maintained
		Number of ambulances installed with live vehicle tracking system (AVLT).	Number	52	52	85	0	0
		Number of	Number	4	12	16	0	0

	ambulances procured & distributed.												
	Timeline by which Health Disaster Contingency Plan published and disseminated to all districts.	Date	0	0	0	0	0	Published/ Disseminated	0	0			
	Promote community-based elderly care program.	Number of Dzongkhags with community-based elderly care program established.	Number	0	10	15	20		20	20			
	Strengthen telemedicine services.	Number of hospitals and BHU-I with functional telemedicine facilities.	Number	14	04	20	28		32				
	Strengthen urban health services.	Number of Thromde health offices established.	Number	0	0	4	4		4				
	Ensure availability of essential drugs and consumables in health facilities.	Percentage of health facilities with 90% of standard consumables available at any point of time.	Percent	NA	85	90	92		95				
		Percentage of health facilities with 95% of essential medicines available at any point of time.	Percent	96	93	94	95		96				
	Establish baseline data to assess	Number of hospital setting up baseline	Number	NA	04	09	14		19				
To improve delivery of quality healthcare services.													

percentage of hospital acquired infections.	data on hospital acquired infections from (Paro, Punakha, Trashigang, Deothang and Samtse)	24	28	35	40	45
	Expand diabetes case detection and improve case management & care in the clinics.	Number	24	28	35	40
	Average nationwide OPD waiting time from 9-11 am (in minutes).	Minutes	35	30	27	25
Introduce specialized technology/procedures to reduce referral outside.	Number of specialized health technology (drugs, equipment, instruments, devices and procedures) introduced in the country.	Number	NA	2	4	6
	Percentage of Laboratories with internal quality control established.	Percent	0	8	90	92
	Number of health centers with radiation survey carried out.	Number	0	0	27	27
To strengthen diagnostic capacity in health facilities.	Ensure quality laboratory results.	Percent	0	8	90	95
	Ensure safe radiological services.	Number	0	0	27	27
	Ensure uninterrupted laboratory and radiological services.	Percent	0	80	90	95

Increase voluntary blood donations.	equipment in hospitals.	Percentage of blood units collected from voluntary blood donations.	Percent	0	72	75	80	85

Section 4: Definition of Success Indicators

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Average nationwide OPD waiting time from 9-11 am (in minutes).	Reduce OPD waiting time towards improving service delivery.	Administrative records.	Annually	HAMT (QASD)/HCCD, DMS, MoH
Number of hospital setting up baseline data on hospital acquired infections from (Paro, Punakha, Trashigang, Deothang and Samtse)	Establish base line data on hospital acquired infections after collecting information from four pilot hospitals.	Administrative records	Annually	Annually Program reports, DMS, MoH
Percentage of health facilities with 95% of essential medicines available at any point of time.	Health facilities with 95% of essential medicines available at any point of time.	Administrative records	Biannually	Program reports, DMS
Percentage of health facilities with 90% of standard consumables available at any point of time.	Health facilities with 90% of standard consumables available at any point of time.	Administrative records	Biannually	Program reports, DMS and DOML, MoH
Number of specialized health technology (drugs, equipment, instruments, devices and procedures) introduced in the country.	Number of specialized health technology (drugs, equipment, instruments, devices and procedures) introduced in the country.	Administrative records	Biannually	Program reports, EMTD, DMS, MoH
Number of Diabetes Clinics established in hospitals and BHUs-I and improved case management.	Health facilities providing diabetes care and case management services.	Administrative records	Biannually	Program reports, Diabetes, DMS, MoH
Number of hospitals and BHU-I with functional telemedicine facilities.	Active clinical consultations taking place amongst the health professionals of health facilities with established telemedicine services.	Administrative records	Biannually	Program reports, Telemedicine, DMS
Number of Dzongkhags with community-based elderly care	Health facilities providing basic community-based care to elderly	Administrative records	Biannually	Program reports, DMS,

program established.	people (geriatric services).	Administrative records	Biannually	MoH
Number of Thromde health offices established.	Establishment of health office at Thromdes for the coordination or implementation of urban-based health activities.	Administrative records	Biannually	Program reports, DHS, DMS, MoH
Number healthcare service camps.	Increase access to medical services to the population through health camps.	Administrative records	Biannually	Program reports, DHS, DMS, MoH
Number of ambulances procured & distributed.	Procure ambulances to maintain at least 2 ambulances in each Dzongkhag for the transportation of patients (sites to health facilities or health facilities to next referral centers).	Administrative records	Annually	HHC Report, DMS, MoH
Number of ambulances installed with live vehicle tracking system (AVLT).	Install live vehicle tracking device to track ambulance movements anytime alive in order to deploy and utilize properly.	Administrative records	Annually	HHC Report, DMS, MoH
Timeline by which Health Disaster Contingency Plan published and disseminated to all districts.	Publication and dissemination of Health Disaster Contingency Plan for preparedness and response to medical emergencies.	Administrative records	Biannually	Program reports, EMS Program, DMS
Percentage of blood units collected from voluntary blood donations.	Registrations as live blood donors and collection of blood from the voluntary blood donations by the blood bank across the country.	Annual Blood Bank Report	Annually	Blood Safety Program, DMS, MoH
Percentage of Laboratories with internal quality control established.	Laboratories running IQC.	IQC reports	Annually	Diagnostic Program, DMS, MoH
Number of health centers with radiation survey carried out.	Radiation survey carried out once in every two years all the health facilities with X-ray services to prevent or minimize the radiation hazards.	Survey Reports	Annually	Diagnostic Program, DMS, MoH
Percentage of functional laboratory	Functionality of Laboratory and	Administrative records	Annually	Diagnostic

and radiological equipment in hospitals.	Radiology equipment in all the laboratory and radiological services across the country.			Program, DMS, MoH
Percentage of planned activities implemented (Activity completion)		Administrative records	Biannually	PPD, MoH
Percentage of planned (revised) budget utilization		Administrative records	Biannually	PPD, MoH

Section 5: Requirements from other Departments & Secretariat Divisions

Organisation Name	Relevant Success Indicator	Requirement from the Organisation	Justification for the Requirement	Requirement detail	Impact (If Not Met)
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Average nationwide OPD waiting time from 9-11 am (in minutes).	Timely completion of health infrastructure.	Currently there is mismatch between increasing number of patients and infrastructural capacity for expansion of clinical consultancies, diagnostic services and medical supplies.	Timely completion of construction, installation of diagnostic facilities and distribution of medical supplies.	Further lengthen the OPD time resulting delay in timely consultation and patient management.
DEPARTMENT OF TRADITIONAL MEDICINE	Average nationwide OPD waiting time from 9-11 am (in minutes).	Strengthen collaboration between modern medicine and traditional medicine for case-load sharing and providing choices to patients.	There is inadequate cross-transfer or consultation of patients between modern medicine and traditional medicines.	Develop guideline or SOPs in improving collaboration between modern medicine and traditional medicine.	Patients' choice for alternative therapy would remain limited resulting less improvement in OPD waiting time.
SECRETARIAT	Average nationwide OPD waiting time from 9-11 am (in minutes).	Deployment of adequate number of health professionals by HRD. QASD as pointer for the improvement of services to patients.	Mismatch between supplies and demand for HR including with the right skills.	Adhere to Service Standards and more consultations required between HRD and DMS.	May impact on the overall improvement of OPD waiting due to less HR.
DEPARTMENT OF PUBLIC HEALTH	Average nationwide OPD waiting time from 9-11 am (in minutes).	Increase activities on the prevention, control and promotion of non-communicable diseases.	Dramatic increase in NCD and other life-style related diseases resulting increase in the in-patient and OPD patients.	Acceleration of initiatives on the prevention, control and promotion of non-communicable diseases.	OPD waiting time will not improve.
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Number of hospital setting up baseline data on hospital acquired infections from (Paro, Punakha,	Procurement of autoclave for proper sterilization of instrument and	The existing autoclaves are either old or limited capacity.	Adhere to service standard	Increase in the number of HAls resulting more re-

	Trashigang, Deothang and Samtse)	equipment.			admissions
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Percentage of health facilities with 95% of essential medicines available at any point of time.	Timely tendering, procurement and distribution of medical supplies to health facilities.	The current system in the procurement cycle warrants more scrutiny for timely distribution of medical supplies.	Adhere to BOQ	Can not ensure >90% of medical supplies
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Percentage of health facilities with 90% of standard consumables available at any point of time.	Timely tendering, procurement and distribution of medical supplies to health facilities.	The current system in the procurement cycle warrants more scrutiny for timely distribution of medical supplies.	Adhere to BOQ	Can not ensure >90% availability of medical supplies and affect patient treatment.
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Number of specialized health technology (drugs, equipment, instruments, devices and procedures) introduced in the country.	Expansion or construction of health facilities.	More space required for services including diagnostic services.	Adhere to service standards	More referrals outside country and more expenditure.
DEPARTMENT OF PUBLIC HEALTH	Number of Diabetes Clinics established in hospitals and BHUs-I and improved case management.	Concerted effort in addressing NCD and other life-style related diseases.	There is inadequate collaboration between NCD (life-style related diseases) and diabetes program.	Life Style Related Diseases (LSRD) and diabetes programs need to be integrated since both programs are more focused on case management.	Duplication of efforts resulting more costs for LSRD.
SECRETARIAT	Number of hospitals and BHU-I with functional telemedicine facilities.	Technical support by ICT unit support. Administrative support in optimizing the usage of telemedicine.	Telemedicine Program lacks technical capacity in addressing trouble shoot out. Poor compliance by users (health professionals).	Issuance of executive orders, approval of strategic plan for telemedicine.	Redundancy of program and high costs.
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Number of Dzongkhags with community-based elderly care program established.	Streamline in procuring basic supplies of the elderly care program (ECP).	Supplies are still arranged by Kyoto University.	Include in the annual BOQ	May impact on overall medical supplies if not quantified for

SECRETARIAT	Number of Dzongkhags with community-based elderly care program established.	More efforts in engaging other sectors, CSOs, institutions for ECP.	ECP is limited to health care. Other sectors and institutions are not actively engaged in ECP activities.	Develop ECP strategies, guidelines and SOPs.	ECP.
DEPARTMENT OF TRADITIONAL MEDICINE	Number of Dzongkhags with community-based elderly care program established.	ECP required long course and palliative healthcare services.	Traditional Medicine need to be engaged in palliative healthcare services.	Integration or collaborative efforts between ECP and Traditional Medicine.	Lack of integration and alternative choice for patients.
DEPARTMENT OF PUBLIC HEALTH	Number of Thromde health offices established.	Require collaboration with relevant programs under DoPH	DoPH has technical capacity such as PHED, NCD	Guideline and strategies need to be developed.	Delay in program implementation
SECRETARIAT	Number of Thromde health offices established.	Require more coordination with Thromdes in implementing urban health.	Lack areas of cooperation with Thromdes and other relevant sectors.	Develop strategies and guidelines	Impact on urban health
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Number healthcare service camps.	Ensure adequate medical supplies for the health camps.	Lacked proper and adequate quantification of medical supplies affecting the normal supplies to health facilities.	Add in the annual BOQ	Shortage of medical supplies in the health facilities
SECRETARIAT	Number of ambulances installed with live vehicle tracking system (AVLT).	Ensure effective deployment of ambulances.	Improve efficient in fuel consumption and detailing of ambulances.	Executive order in implementing VTS.	Delay in patient transportation
SECRETARIAT	Timeline by which Health Disaster Contingency Plan published and disseminated to all districts.	Implement Medical Emergency Contingency Plan by all level of health facilities.	Increasing numbers of situations requiring preparedness and responses to medical emergencies.	Mock drill, simulations, and develop Dzongkhag Medical Emergency Contingency Plans.	More casualties and disabilities or death due delay in response.
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH	Percentage of blood units collected from voluntary	Require space and equipment.	Design appropriate space and procure	Adhere to service standards	Short supply of blood causing

INFRASTRUCTURE	blood donations.		adequate equipment for blood banking.	increasing number of mortality
SECRETARIAT	Percentage of Laboratories with internal quality control established.	Collaboration with QASD in ensuring ICQ.	Require more concerted efforts and collaboration between QASD and DMS in ICQ	Deter quality of laboratory services
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Number of health centers with radiation survey carried out.	Require proper and adequate designing and execution of works for radiation sound infrastructure	Inadequate space and structure in preventing the radiation in hospitals and BHU-I.	Both health workers and patients will be exposed to radiation
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Percentage of functional laboratory and radiological equipment in hospitals.	Procurement of equipment and related supplies required for laboratory and radiology services.	Inadequate supplies due to either improper quantification or procurement and distributions of laboratory and radiology services.	Delay in treatment due to lack diagnostic support.
SECRETARIAT	Number of specialized health technology (drugs, equipment, instruments, devices and procedures) introduced in the country.	Collaboration with Referral hospitals for the introduction of new clinical services.	To increase accessibility to specialized services and also minimize referrals.	Increasing trends in referrals of patients

Whereas,

I, the Director General, Department Of Medical Services, commit to the Secretary and the Minister, Ministry Of Health to deliver the results described in this Annual Performance Agreement.

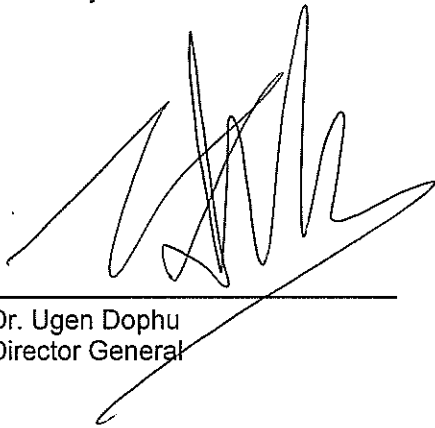
I, the Secretary, commit to the Director General, Department Of Medical Services to provide necessary support for the delivery of results described in this Annual Performance Agreement.

SIGNED:



Dr. DORJI wangchuk
Secretary

13.08.2015
Date 9.55 AM



Dr. Ugen Dophu
Director General

13th August 2015.
Date