



**PERFORMANCE AGREEMENT**

**BETWEEN**

**Secretary and Director General**

**DEPARTMENT OF MEDICAL SERVICES  
MINISTRY OF HEALTH**

**(July 1, 2016 – June 30, 2017)**

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**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

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 participation within the broader framework of the 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 access to equitable and quality curative & palliative healthcare services.
- 2) To strengthen diagnostic capacity in health facilities.
- 3) To improve the delivery of the quality healthcare services
- 4) To provide efficient and effective directions and operational services
- 5) To ensure implementation of planned activities.
- 6) To enhance efficiency and effectiveness of G2C services
- 7) To prevent corruption

## 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 access to equitable and quality curative & palliative healthcare services.	35	Improve dental and ophthalmic services	Number of hospitals and BHU-I with dental services.	Number	1.5	40	35	30	25	20
			Percentage of health facilities providing primary, secondary and tertiary eye care.	Percent	1.5	100	95	90	85	80
		Improve collaboration between allopathy medicine and traditional medicine.	Number of protocol on areas of collaboration between allopathy medicine and traditional medicine developed.	Date	1	10/31/2016	12/31/2016	12/31/2016	02/28/2017	06/30/2017
		Improve efficiency in management of health services.	Number of consultative meetings and need assessments for electronic Patient Information System (Open MRS) conducted.	Number	1	6	5	4	3	2
			Timeline by which electronic Patient Information System (Open MRS) is piloted in six health facilities	Date	1.5	January 2017	February 2017	March 2017	April 2017	May 2017
		Improve rational use of medicines	Percentage of hospitals submitting prescription survey report on time	Percent	1	95	90	85	80	75
			Number of hospitals established with functional hospital therapeutic committee.	Number	1	4	3	2	-	1
			Number of awareness conducted on rational use of medicines	Number	1	3	2	-	-	1
		Introduce new/extend health technology to reduce referrals.	Number of health technology implemented based on evidence, cost and benefit.	Number	1	2	-	-	-	1
			Percentage of proposed new health technology (assessed by	Percent	1.5	100	98	96	94	92

	HTA panel) introduced.							
Improve/strengthen Emergency Medical Services.	Number of referral hospitals with WHO standard field hospital and SOP/guideline	Number	1	2	1	NA	NA	NA
	Number of hospitals conducted at least one mock drills and simulation exercises	Number	1.5	5	4	3	2	1
	Number of hospitals with Emergency Contingency Plan.	Number	2	6	5	4	3	2
	Timeline by which health emergency coordination center is established.	Date	1	01/08/2016	01/09/2016	01/10/2016	01/11/2016	01/12/2016
	Timeline by which trauma centers identified with SOPs.	Date	1	01/10/2016	01/12/2016	01/02/2017	01/04/2017	01/06/2017
	Number of community-based EMS program piloted.	Number	1	2	1	NA	NA	NA
	Timeline by which guideline on vulnerability assessment and disaster risk reduction related to health developed.	Days	1	October 2016	December 2016	January 2017	April 2017	June 2017
	Timeline by which information system on emergency and disaster/trauma registry initiated	Date	1	October 2016	December 2016	January 2017	April 2017	June 2017
Strengthen telemedicine services	Number of hospitals and BHU-I connected with Telemedicine facilities	Number	1	8	7	6	5	4
Promote integrated community-based elderly care program	Number of Health Facilities providing integrated Community-based Medical Care for the Elderly	Number	1.5	5	4	3	2	1
Improve district health services	Percentage of new constructed BHU-I functional with staff and supplies (medicines, equipment, instruments and other supplies)	Percent	1.5	100	95	90	85	80

			Number of districts provided with specialized health services through conduct of health camps.	Number	1	30	28	26	24	20
		Strengthen urban health services.	Number of Thromdes with Thromde health office established.	Number	1.5	4	3	2	1	-
		Strengthen services of Health Help Center (HHC).	Number of cases availing ambulance services and health care help through up-graded telephone equipment.	Date	1	01/08/2016	01/09/2016	01/10/2016	01/11/2016	01/12/2016
			Timeline by which call center (software) is upgraded for continuity of health or medical emergencies and care.	Date	1	01/08/2016	01/09/2016	01/10/2016	01/11/2016	01/12/2016
			TAT for ambulance dispatched to improve ambulance services.	Minutes	1.5	<10	-	-	-	>10
			Number of Dzongkhags with at least two functional ambulances.	Number	1.5	20	19	18	17	16
		Maintain OPD waiting time.	Nation-wide OPD waiting time from 9 to 11 AM.	Minutes	2	20	21	22	22.5	23
To strengthen diagnostic capacity in health facilities.	25	Establish internal quality control for laboratories in hospitals and BHU-I.	Percentage of Laboratories in hospitals and BHU-I with the internal quality control established.	Percent	4.5	96	95	94	93	92
		Collect blood units from the voluntary donors.	Percentage of blood units collected from voluntary donors.	Percent	4.5	75	74	73	72	72
		Ensure the radiological safety in hospitals and BHU-I as per radiology safety norms.	Number of health facilities rectified as per the radiation survey carried out.	Number	4	27	25	24	23	22
		Ensure functionality of medical diagnostic equipment the hospitals.	Percentage of functional laboratory services in hospital	Percent	4	90	88	86	84	80
			Percentage of functional radiological equipment in hospital.	Percent	4	90	88	86	84	80

			Percentage of functional ultrasound equipment in hospitals	Percent	4	90	88	86	84	80
To improve the delivery of the quality healthcare services	25	Establish baseline data on hospital acquired infections.	Number of hospitals setting up baseline data to assess hospital acquired infections.	Number	3.5	3	2.5	2	1.5	1
			Number of hospitals reporting Hospital Acquired Infections.	Number	3.5	3	2.5	2	1.5	1
		Ensure availability of essential drugs and consumables in health facilities.	Percentage of wastage of medical supplies maintained.	Percent	4.5	<5	-	-	-	>5
		Improve district health services.	Percentage of health professionals completed CME (30) credit.	Percent	4.5	75	70	65	60	55
		Strengthen Nursing Services	Number of SOPs/Guidelines/Protocols/Strategies developed	Number	4.5	5	4	3	2	1
		Enhance national response on non-communicable lifestyle related diseases.	Number of Diabetes clinics established in hospitals and BHU I and improved case management.	Number	4.5	7	6	5	4	3
To provide efficient and effective directions and operational services	5	Provide effective and efficient finance and administration services	Provide effective and efficient finance and administration services	Nu. (Million)	5	4th Week of every month	-	-	-	First Week of Next Month
To ensure implementation of planned activities.	5	Implement planned activities.	Percentage of planned activities implemented (activity)	Percent	2.5	95	90	85	80	75
			Percentage of planned (revised) budget utilized.	Percent	2.5	90	85	80	75	70



To enhance efficiency and effectiveness of G2C services	3	Provide G2C services through mobile	Dial4Blood Mobile apps/services operationalized	Status of Work	2	Yes	-	-	-	No
		Resolve citizens grievances	Percentage of grievances redressed Percent	Percent	1	100	97	95	93	90
To prevent corruption	2	Implement action plan adopted after the conduct of Integrity Diagnostic Test	Percentage of IDT recommendations implemented	Percent	2	91-100	81-90	71-80	61-70	<60

### Section 3: Trend values of success indicators

Objective	Action	Success Indicator1	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 enhance efficiency and effectiveness of G2C services	Provide G2C services through mobile	Dial4Blood Mobile apps/services operationalized	Status of Work	-	-	-	Operationalized	Roll out
	Resolve citizens grievances	Percentage of grievances redressed Percent	Percent	-	-	-	100	100
To ensure implementation of planned activities.	Implement planned activities.	Percentage of planned (revised) budget utilized.	Percent	NA	NA	90	90	95
		Percentage of planned activities implemented (activity)	Percent	NA	NA	95	95	100
To improve access to equitable and quality curative & palliative healthcare services.	Improve rational use of medicines	Number of awareness conducted on rational use of medicines	Number	NA	NA	NA	3	6
		Number of hospitals established with functional hospital therapeutic committee.	Number	NA	NA	1	5	7
		Percentage of hospitals submitting prescription survey report on time	Percent	NA	NA	65	95	100

Improve collaboration between allopathy medicine and traditional medicine.	Number of protocol on areas of collaboration between allopathy medicine and traditional medicine developed.	Date					10/31/2016	
Improve dental and ophthalmic services	Number of hospitals and BHU-I with dental services.	Number	NA	NA	35	40	45	
	Percentage of health facilities providing primary, secondary and tertiary eye care.	Percent	80	85	90	>95	>95	
Improve district health services	Number of districts provided with specialized health services through conduct of health camps.	Number	15	30	60	90	120	
	Percentage of new constructed BHU-I functional with staff and supplies (medicines, equipment, instruments and other supplies)	Percent	NA	NA	85	90	95	
Improve efficiency in management of health services.	Number of consultative meetings and need assessments for electronic Patient Information System (Open MRS) conducted.	Number	NA	NA	3	6	9	

	Timeline by which electronic Patient Information System (Open MRS) is piloted in six health facilities	Date	NA	NA	NA	January 2017	Roll out
Improve/strengthen Emergency Medical Services.	Number of community-based EMS program piloted.	Number	NA	NA	NA	2	-
	Number of hospitals conducted at least one mock drills and simulation exercises	Number	NA	NA	20	25	28
	Number of hospitals with Emergency Contingency Plan.	Number	NA	12	13	19	25
	Number of referral hospitals with WHO standard field hospital and SOP/guideline	Number	NA	NA	NA	2	3
	Timeline by which guideline on vulnerability assessment and disaster risk reduction related to health developed.	Days	-	-	-	Developed	Implement
	Timeline by which health emergency coordination center is established.	Date				01/08/2016	
	Timeline by which information system on emergency and disaster/trauma	Date	-	-	-	Initiated	Developed

	registry initiated						
	Timeline by which trauma centers identified with SOPs.	Date				01/10/2016	
Introduce new/extend health technology to reduce referrals.	Number of health technology implemented based on evidence, cost and benefit.	Number	NA	NA	1	3	5
	Percentage of proposed new health technology (assessed by HTA panel) introduced.	Percent	NA	NA	100	100	100
Maintain OPD waiting time.	Nation-wide OPD waiting time from 9 to 11 AM.	Minutes	23	-	20	20	20
Promote integrated community-based elderly care program	Number of Health Facilities providing integrated Community-based Medical Care for the Elderly	Number		10	15	20	-
Strengthen services of Health Help Center (HHC).	Number of cases availing ambulance services and health care help through up-graded telephone equipment.	Date				01/08/2016	
	Number of Dzongkhags with at least two functional ambulances.	Number		12	16	20	20
	TAT for ambulance dispatched to improve ambulance	Minutes			10	<10	<10

		services.						
		Timeline by which call center (software) is upgraded for continuity of health or medical emergencies and care.	Date				01/02/2016	
	Strengthen telemedicine services	Number of hospitals and BHU-I connected with Telemedicine facilities	Number	14	0	20	28	32
	Strengthen urban health services.	Number of Thromdes with Thromde health office established.	Number	NA	NA	NA	3	4
To improve the delivery of the quality healthcare services	Enhance national response on non-communicable lifestyle related diseases.	Number of Diabetes clinics established in hospitals and BHU I and improved case management.	Number	20	27	34	41	48
	Ensure availability of essential drugs and consumables in health facilities.	Percentage of wastage of medical supplies maintained.	Percent	NA	NA	<5	<5	<5
	Establish baseline data on hospital acquired infections.	Number of hospitals reporting Hospital Acquired Infections.	Number	NA	NA	3	4	5
		Number of hospitals setting up baseline data to assess hospital acquired infections.	Number	NA	NA	3	4	5
	Improve district health services.	Percentage of health professionals completed CME (30)	Percent	NA	NA	55	75	100

		credit.						
	Strengthen Nursing Services	Number of SOPs/Guidelines/ Protocols/Strategies developed	Number	NA	NA	2	5	6
To prevent corruption	Implement action plan adopted after the conduct of Integrity Diagnostic Test	Percentage of IDT recommendations implemented	Percent	-	-	-	100	100
To provide efficient and effective directions and operational services	Provide effective and efficient finance and administration services	Provide effective and efficient finance and administration services	Nu. (Million)			4th Week of every month	4th Week of every month	
To strengthen diagnostic capacity in health facilities.	Collect blood units from the voluntary donors.	Percentage of blood units collected from voluntary donors.	Percent	NA	73	74	75	>75
	Ensure functionality of medical diagnostic equipment the hospitals.	Percentage of functional laboratory services in hospital	Percent	80	90	90	90	>90
		Percentage of functional radiological equipment in hospital.	Percent	80	90	90	90	>90
		Percentage of functional ultrasound equipment in hospitals	Percent	80	90	90	90	>90
Ensure the radiological safety	Number of health facilities rectified as	Number	NA	25	26	27	>28	

in hospitals and BHU-I as per radiology safety norms.	per the radiation survey carried out.						
Establish internal quality control for laboratories in hospitals and BHU-I.	Percentage of Laboratories in hospitals and BHU-I with the internal quality control established.	Percent	NA	NA	90	96	>96



#### Section 4: Definition of Success Indicators

Success Indicator	Description	Data Collection Methodology	Data Collection Frequency	Data Source
Number of hospitals and BHU-I connected with Telemedicine facilities	Hospitals and BHU-I with telemedicine and active consultations.	Administrative Records	Annually	Telemedicine Program, HCDD
Number of Health Facilities providing integrated Community-based Medical Care for the Elderly	Health facilities providing community-based elderly care.	Administrative Records	Annually	Geriatric Program, HCDD
Percentage of new constructed BHU-I functional with staff and supplies (medicines, equipment, instruments and other supplies)	BHU-I functional with staff and supplies (medicines, equipment, instruments and other supplies).	Administrative Data	Annually	DHS, HCDD
Number of Thromdes with Thromde health office established.	Thromde health office in promoting urban HEART.	Administrative Records	Annually	Urban Health Program, HCDD
Number of hospitals and BHU-I with dental services.	Hospitals and BHU-I providing dental services.	Administrative Records	Annually	Oral Program, HCDD
Number of protocol on areas of collaboration between allopathy medicine and traditional medicine developed.	Collaboration between modern medicines and traditional medicines in improving patient care.	Administrative Records	Annually	HCDD
Number of consultative meetings and need assessments for electronic Patient Information System (Open MRS) conducted.	Development of the strategic document for piloting electronic Patient Information System (Open MRS).	Administrative Records	Annually	DoMS
Timeline by which electronic Patient Information System (Open MRS) is piloted in six health facilities	Identification of shortcomings, challenges and corrective measures in replicating electronic Patient Information System (Open MRS) in all health facilities.	Administrative Records	Annually	Program, DoMS
Percentage of hospitals submitting	Prescription survey reports	Administrative Records	Annually	Program,

prescription survey report on time	received on time.			EMTD
Number of hospitals established with functional hospital therapeutic committee.	Formation of the functional hospital therapeutic committee.	Administrative Records	Annually	Program, EMTD
Number of health technology implemented based on evidence, cost and benefit.	Documentation of health technology with evidence cost and benefit.	Administrative Records	Annually	Program, EMTD
Percentage of proposed new health technology (assessed by HTA panel) introduced.	Assessment of the submitted proposals for the introduction of new health technology by HTA panel.	Administrative Records	Annually	Annually Program, EMTD
Number of hospitals conducted at least one mock drills and simulation exercises	Hospitals and BHU-I prepared in responding health emergencies.	Administrative Records	Annually	Program reports, EMSD
Number of hospitals with Emergency Contingency Plan.	Health Emergency Coordination Center for prompt response of health emergencies.	Administrative Records	Annually	Program, EMSD
Timeline by which health emergency coordination center is established.	Health Emergency Coordination Center for prompt response of health emergencies.	Administrative Records	Annually	Program, EMSD
Timeline by which trauma centers identified with SOPs.	Development of SOPs for an effective and efficient operation of trauma centers.	Administrative Records	Annually	Program, EMSD
Number of community-based EMS program piloted.	Piloting of community-based EMS services for the nation-wide replication.	Administrative Records	Annually	Program, EMSD
Number of referral hospitals with WHO standard field hospital and SOP/guideline	Referral hospitals with WHO standard field hospital and SOP/guideline	Administrative Records	Annually	Program reports, EMSD
Number of cases availing ambulance services and health care help through up-graded telephone equipment.	Continuation and effective communication by call center in responding health needs or help.	Administrative Records	Annually	HHC Program, EMSD
Timeline by which call center (software) is upgraded for continuity of health or medical emergencies and	Continuation, effective communication and documentation of health responds or help.	Administrative Records	Annually	HHC Program, EMSD

care.				
TAT for ambulance dispatched to improve ambulance services.	Time taken to dispatch ambulance from the moment of call received.	Administrative Records	Biannually	HHC Program, EMSD
Number of Dzongkhags with at least two functional ambulances.	Dzongkhags with at least two functional ambulances for the referrals of patients.	Administrative Records	Annually	HHC Program, EMSD
Number of districts provided with specialized health services through conduct of health camps.	Health camps conducted to provide services that are not routinely available (e.g ENT, Restorative Surgical and Cleft palate, ophthalmology, etc)	Administrative data	Biannually	DHS, HCDD
Percentage of health facilities providing primary, secondary and tertiary eye care.	Different levels of health facilities (BHU-II, BHU-I, Hospitals and RR Hospitals) providing eye care as per service standards	Administrative Data	Annually	Eye Program, HCDD
Nation-wide OPD waiting time from 9 to 11 AM.	Time taken by patient from reception counter till examinations by health professional's chamber.	Administrative record (61 HAMT sites)	Annually	HAMT Report QASD
Number of awareness conducted on rational use of medicines	Awareness conducted on rational use of medicines	Administrative records	Annually	ETMD, DMS
Timeline by which guideline on vulnerability assessment and disaster risk reduction related to health developed.	To develop Guideline on vulnerability assessment and disaster risk reduction related to health	Administrative records	Annually	Program reports, EMSD
Timeline by which information system on emergency and disaster/trauma registry initiated	Information system on emergency and disaster/trauma registry develop	Administrative records	Annually	Program reports, EMSD
Number of hospitals setting up baseline data to assess hospital acquired infections.	Hospitals with baseline data assessing the source of the hospital acquired infections.	Administrative Records	Annually	IC & MWM Program, HCDD/HAMT
Number of hospitals reporting Hospital Acquired Infections.	Hospitals reporting interventional status on the hospital acquired infections.	Administrative Records	Annually	IC & MWM Program, HCDD/HAMT
Percentage of wastage of medical supplies maintained.	Hospitals and BHU-I reporting on the status of medicines utilization.	Administrative Records	Quarterly	Medical Supply Section, HCDD

Percentage of health professionals completed CME (30) credit.	Health professional under-taking CME to accumulate 30 credits for the re-registration with BMHC.	Administrative Records	Annually	HCDD
Number of SOPs/Guidelines/ Protocols/Strategies developed	Development of SOPs/ Guidelines/ Protocols/ Strategies to strengthen nursing services.	Administrative Records	Annually	Nursing Program, HCDD
Number of Diabetes clinics established in hospitals and BHU I and improved case management.	Hospitals and BHU-I with improved knowledge in managing diabetic cases.	Administrative Records	Annually	Diabetes Program, HCDD
Percentage of Laboratories in hospitals and BHU-I with the internal quality control established.	Improvement of laboratory services in hospitals and BHU-I with the internal quality control.	Administrative Records	Annually	Diagnostic Program, HCDD
Percentage of blood units collected from voluntary donors.	Screening and collecting blood units from voluntary donors.	Administrative Records	Annually	Diagnostic Program, HCDD
Number of health facilities rectified as per the radiation survey carried out.	Rectification and establishment of radiological safety norms in health facilities.	Administrative Records	Annually	Diagnostic Program, HCDD
Percentage of functional laboratory services in hospital	Medical equipment functional in all health centers at all point of time.	Administrative records	Quarterly	Program reports
Percentage of functional radiological equipment in hospital.	Medical equipment functional in all health centers at all point of time.	Administrative records	Quarterly	Program reports
Percentage of functional ultrasound equipment in hospitals	Medical equipment functional in all health centers at all point of time.	Administrative records	Quarterly	Program reports
Percentage of planned activities implemented (activity)	Implementation of planned activities as per the allocated budget.	Administrative Data	Biannually	DMS
Percentage of planned (revised) budget utilized.	Utilization of annual approved budget for approved activities.	Administrative Data	Biannually	DMS
Percentage of grievances redressed Percent	The percentage will be derived from the e-KaaSel	The percentage will be derived from the e-KaaSel	Annually	eKaaSel
Percentage of IDT recommendations implemented	To track implementation of IDT recommendations	Regular reporting by ACC focal in the Ministry	Annually	Administrative Records

## 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)
SECRETARIAT	Number of hospitals and BHU-I connected with Telemedicine facilities	Technical support of ICT	Program lacks budget and technical capacity on ICT	As and when required	May not be able to achieve as targeted in APA
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Number of Health Facilities providing integrated Community-based Medical Care for the Elderly	Medical supplies	Adequate and timely supply of medical supplies	As required	Delay in implementation and more cost
DEPARTMENT OF PUBLIC HEALTH	Number of Health Facilities providing integrated Community-based Medical Care for the Elderly	Integration of CBR	Coordination with CBR	As required	Delay in implementation and more cost
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Percentage of new constructed BHU-I functional with staff and supplies (medicines, equipment, instruments and other supplies)	Medical supplies	Increase in the functions and coverage of population	As required and per Service Standard	Under-utilization of available infrastructure and less access.
SECRETARIAT	Percentage of new constructed BHU-I functional with staff and supplies (medicines, equipment, instruments and other supplies)	HR	Increase in the functions and coverage of population	As required and per Service Standard	Under-utilization of available infrastructure and less access.
SECRETARIAT	Number of Thromdes with Thromde health office established.	HR	Minimum HR to initiate urban health	4	Unmet goal of plan
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Number of hospitals and BHU-I with dental services.	Dental chairs and supplies	Increase the access to oral health	In all hospitals and BHU-I	More oral health problems causing more fund to prevent

					or treat cases
DEPARTMENT OF TRADITIONAL MEDICIENE	Number of protocol on areas of collaboration between allopathy medicine and traditional medicine developed.	Better coordination and integration.	Cross-transfer and exchange of opinions for patient care	As required	Wastage of resources
SECRETARIAT	Number of consultative meetings and need assessments for electronic Patient Information System (Open MRS) conducted.	Budget and ICT support for digitizing PIS (openMRS)	Customizing modules, training of health staff	As required	Unmet of goals of FYP
SECRETARIAT	Timeline by which electronic Patient Information System (Open MRS) is piloted in six health facilities	ICT and budget	Training and ICT supplies	As required	Delay in implementing PIS
SECRETARIAT	Number of health technology implemented based on evidence, cost and benefit.	PPD	Documentation of leath technology assessed for evidence, cost and benefit	Prompt endorsement by HLC	Gap between demand and supply
SECRETARIAT	Percentage of proposed new health technology (assessed by HTA panel) introduced.	PPD	Assessment of proposals for the introduction of new health technology by HTA panel.	Prompt review and endorsement/rejections of proposal by HLC	Delay in application of technology
SECRETARIAT	Number of referral hospitals with WHO standard field hospital and SOP/guideline	Funds	Preparedness for any emergency requiring medical interventions	2	More morbidity and mortality during emergencies
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Number of hospitals conducted at least one mock drills and simulation exercises	Ensure timely supplies	Timely supply of medical supplies for timely interventions of both diseases and natural/man-made disasters	As required	Extra and waste of resources
DEPARTMENT OF PUBLIC	Number of hospitals with	Coordination	Better response during	As required	Delay and

HEALTH	Emergency Contingency Plan.		the need of outbreaks or disasters		deaths to casualties
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Timeline by which health emergency coordination center is established.	Funds, supplies and coordination	Prompt responses to any outbreak or medical emergencies (preparedness)	As required	Lack of preparedness
DEPARTMENT OF PUBLIC HEALTH	Timeline by which health emergency coordination center is established.	Funds, supplies and coordination	Prompt responses to any outbreak or medical emergencies (preparedness)	As required	Lack of preparedness
DEPARTMENT OF TRADITIONAL MEDICIENE	Timeline by which health emergency coordination center is established.	Funds, supplies and coordination	Prompt responses to any outbreak or medical emergencies (preparedness)	As required	Lack of preparedness
SECRETARIAT	Timeline by which health emergency coordination center is established.	Funds, supplies and coordination	Prompt responses to any outbreak or medical emergencies (preparedness)	As required	Lack of preparedness
DEPARTMENT OF PUBLIC HEALTH	Number of community-based EMS program piloted.	Cooperation	Consultations and timely proposals and execution of tasks	As required	Delay in piloting process
SECRETARIAT	Number of cases availing ambulance services and health care help through up-graded telephone equipment.	Funds	Equipment for the continuity of services	As required	Shutting down of call services
SECRETARIAT	Timeline by which call center (software) is upgraded for continuity of health or medical emergencies and care.	Funds	Equipment for the continuity of services	As required	Defunct systems and services
SECRETARIAT	TAT for ambulance dispatched to improve ambulance services.	Funds and drivers	VTS and adequate drivers	As required	Delay in responding patients' needs
SECRETARIAT	Number of Dzongkhags with at least two functional	Funds and drivers	As per the standard and guideline of Ambulance	As required	Inaccessibility and inequity of

	ambulances.				healthcare
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Percentage of blood units collected from voluntary donors.	Funds and logistic supports	Adequate space for blood storage, resources for advocacy and logistics.	As requested or required	Shortage of blood during emergencies due poor collections, loss of confidence by blood donors and delays in blood collections.
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Number of health facilities rectified as per the radiation survey carried out.	Adequate funds and Engineers	Minimize radiations to both service-providers and service-user	As per service standards and annual workplan	Health or occupational hazards due to radiations
SECRETARIAT	Number of hospitals setting up baseline data to assess hospital acquired infections.	Resources (Finance and Human)	Assessment of hospitals with magnitude of infections caused during health interventions.	Posting of surgeon, gynecologists as per service standards, and funding	Lack of information may cause inappropriate interventions
SECRETARIAT	Number of hospitals reporting Hospital Acquired Infections.	Supervisions and monitoring, and reporting	Timely reporting on infections will indicate magnitude of infections caused during deliveries of health care.	Adequate posting of HR as per service standards	Lack of appropriate measures in controlling hospital acquired infections.
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Percentage of wastage of medical supplies maintained.	Medical supplies	Timely distributions of medical supplies will facilitating in utilizing of medical supplies	HR as per service standards and supplies according to annual indent	Increase in shortage and expiry of drugs
DEPARTMENT OF PUBLIC HEALTH	Number of Diabetes clinics established in hospitals and BHU I and improved case management.	Coordination, Budget and HR	Concerted efforts and interventions for the control of diseases related life-style, and establishment of NCD	As per service standards and NCD strategies	Duplication of services resulting extra cost and efforts.



			units in districts		
SECRETARIAT	Number of Diabetes clinics established in hospitals and BHU I and improved case management.	Coordination, Budget and HR	Concerted efforts and interventions for the control of diseases related life-style, and establishment of NCD units in districts	As per service standards and NCD strategies	Duplication of services resulting extra cost and efforts.
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Percentage of functional laboratory services in hospital	Quality and timely supply of laboratory equipment/devices	For prompt and accurate medical interventions, timely, adequate and functional supply of laboratory equipment/devices.	As per Annual Indents and Service Standards	Delay in timely medical interventions
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Percentage of functional radiological equipment in hospital.	Quality and timely supply of radiology equipment/device.	For prompt and accurate medical interventions, timely, adequate and functional supply of radiology equipment/devices.	As per Annual Indent or Service Standards	Delay in timely medical interventions.
DEPARTMENT OF MEDICAL SUPPLIES AND HEALTH INFRASTRUCTURE	Percentage of functional ultrasound equipment in hospitals	Quality and timely supply of ultra-sound and accessories	For prompt and accurate medical interventions, timely, adequate and functional supply of ultra-sound equipment/devices.	As per Annual Indents or Service Standards	Delays in medical interventions

**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. Ugen Dophu  
Secretary

27/07/2016

\_\_\_\_\_  
Date



\_\_\_\_\_  
Tandin Dorji  
Offtg. Director General

27/07/2016

\_\_\_\_\_  
Date